El Campo Memorial Hospital



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

TORCH MANAGEMENT SERVICES, INC.

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TORCH MANAGEMENT SERVICES, INC.

ACKNOWLEDGEMENTS

TORCH Management Services, Inc. (“TORCH”) would like to thank Brett Kirkham, Chief Executive Officer, and the Board of Directors of Mid Coast Health System for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) for El Campo Memorial Hospital (“ECMH”).

Sincere appreciation is extended to Irma Rocha, Senior Administrative Assistant, for assembling the community focus groups and coordinating participation of diverse community constituents, city, county, and school district leaders, physicians, healthcare providers, and hospital staff.

Special thanks are offered to each participant who volunteered their time to share their observations of issues and opportunities related to the health of those living and working in the areas served by ECMH. Each participant contributed greatly to this assessment by sharing their thoughts, experiences, and individual perspectives. The diverse perspectives expressed by participants are an essential component to this assessment.

Community Health Needs Assessment for:

El Campo Memorial Hospital

Site Visit: **December 2-3, 2025**

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Executive Summary

This document is a Community Health Needs Assessment … not a hospital needs assessment. El Campo Memorial Hospital and its affiliated providers serve as a major contributor in promoting health and wellbeing for those who live and work within the service area.

This CHNA attempts to include additional factors beyond medical care that also impact community health. These other factors are often referred to as social determinants of health and include things like access to care, public services and utilities, housing, transportation, education, mental health, jobs and employment, faith community, etc.

Representative constituents who live and work within the hospital service area shared their insights into the primary health needs and access to care within the district. Public health data specific to El Campo and Wharton County is used as an additional source of information for this assessment.

Some recommendations in this assessment extend beyond the scope and services of ECMH. The source of many of these issues that impact health is tied to complex social determinants that can best be met through the combined efforts of multiple community services, groups, and diverse organizations. An effort is made in this assessment to identify various local resources that can serve together as collaborative partners to improve the overall health and wellbeing of those living and working within the district.

Focus group participants for this CHNA are comprised primarily of ones who live or work within the western portion of Wharton County. Public data is cited in this CHNA for comparative purposes with other Texas counties and the U.S.

Based upon comments by participants and supported by public health data, the following needs or opportunities are offered as recommendations that would contribute to improved community health in Wharton County:

- **Collaborative Community Network to Improve Social and Environmental Factors that Impact Health**
- **Chronic Illness and Disease Self-Management Education**
- **Community Health Education, Outreach, and Communication**
- **Hospital Facility Upgrade**

Discussion of each of these recommendations can be found under the section “Key Findings from Community Interviews and Data Sources” and the following section entitled “Recommendations.”

Wharton County ranks slightly below average (2rd quartile) in comparison with other Texas counties for community health conditions and outcomes. These social

determinants of health include social, economic, and environmental factors beyond medical care that impact the physical, mental, social, and spiritual wellbeing of people.

Recommendations offered by this CHNA should be ranked and prioritized according to need, impact, and available resources. An action plan should be prepared according to this prioritization of need and available resources.

Progress will require the conjoined efforts of individuals from diverse public and private sectors working together. An attempt is made in this assessment to identify local and regional resources that may be available to help with efforts to improve the health and wellbeing of those who live, work, and play within the service area.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT



A Community Health Needs Assessment ("CHNA") provides a systematic review of social determinants of health and their impact within a defined area. The purpose of a CHNA is to identify unmet or underserved health needs of a community regardless of financial impact to the hospital. Community health information is gathered through personal interviews, surveys, and meeting with community focus groups. The information gathered is useful to formulate strategies to improve health, well-being, and quality of life to those living within the community.

CHNA's became a requirement of the IRS in 2014 for all 501 (c) (3) organizations that operate one or more hospital facilities. The CHNA for these organizations must be updated every three years. Other hospitals, including governmental hospital districts, sometimes voluntarily choose to conduct an assessment because of the meaningful information a CHNA can provide as they seek to meet the diverse health needs of the communities they serve.

This CHNA was conducted for El Campo Memorial Hospital and the population located within its service area. The objective is to gain a comprehensive view of the diverse needs of the community, recognize what needs are being met, identify gaps or populations where needs are not being met, and offer recommendations on how to meet these needs. The final step is for the findings and recommendations of the CHNA to be used by the hospital to generate an action plan for improvement.

A key method used to gather information is to meet with and listen to diverse people who live and work in the service area. Healthcare organizations cannot effectively know what the needs are nor how well they are meeting those needs without intentional efforts to listen to those living in the communities they serve. Feedback gained from these groups, combined with other public and internal data, enables the hospital to plan forward based on the needs of the community.

Another objective of the CHNA is to identify partnership opportunities with other local agencies and organizations that will benefit the community in ways greater than any one

of the organizations can accomplish alone. Well meaning service organizations often achieve only limited success because they operate as silos. The Association for Community Health Improvement ("ACHI") has pointed out that the combined efforts of these separate organizations working in partnership for common objectives can bring greater value in improving health for all citizens, from child to senior adult.

Three primary sources of information were gathered to prepare this CHNA: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community constituents.

Community Health Survey Gathered Through Community Health Focus Groups

The Community Health Survey developed for this study gathers real-time responses directly from community constituents. Questions are consistent with each person or group.

Public Data

Vital statistics and other demographic data specific to the service area is gathered from public sources and incorporated into this assessment. Comparisons of this data are made where applicable to state and national benchmarks. Insight into this public data is often gathered through discussion with focus groups.

Community Health Focus Groups

To gain perspective from community residents and local organizations, 20 people representing diverse consitituencies from within the service area met together in 4 separate focus group sessions plus one individual session to offer input on the health status and needs of Wharton County. These focus interviews included individuals or representatives of:

- El Campo Memorial Hospital Board of Directors
- West Wharton County Hospital District Board Members
- El Campo Memorial Hospital CEO
- City of El Campo, Past Mayor, City Manager, and Police Chief
- Texas 329th Judicial District Judge
- Wharton County EMS
- ECMH Medical Staff
- Business leaders
- Diverse citizens and residents living within the District and Service Area

The focus groups were well attended by knowledgeable and engaged persons representating various sectors of the population, including race, ethnicity, gender, income, education, employment and profession. All participants were well informed of local area resources, and shared a genuine interest in wanting to improve the health and wellbeing in Wharton County. In addition, random residents within the City and

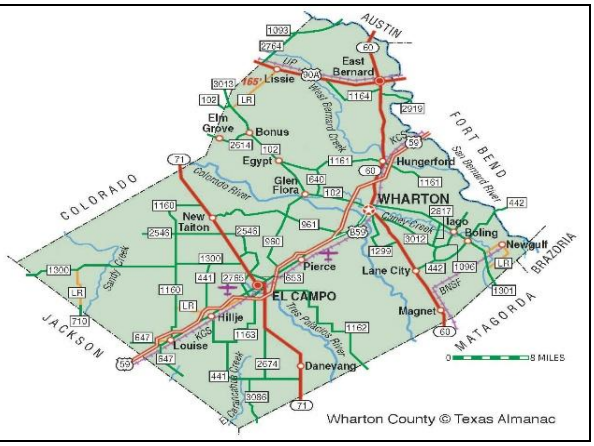
service area were approached to offer their perceptions of the local hospital and access to healthcare. All participants actively contributed to the content found in this assessment.

Data Sources

Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

OVERVIEW OF WHARTON COUNTY





Wharton County is located on the Coastal Plain area of Texas southwest of Houston.

The county maintains a good water supply to support its vast agricultural economy. The Colorado River flows through the county from northwest to southeast with numerous creeks throughout the county flowing into the Colorado River.

Wharton County has a long history in the occupation and settlement of this region that predates either Texas or U.S. history. Native American history dates back in this region to prehistoric days. The county served as a major site for agriculture and transportation by early Spanish explorers, followed by Mexico, and the first Texas settlers who arrived from across the world, particularly Europe. Wharton County is recognized in the cattle industry for introducing the first Brahma cattle herds.

Agriculture has been a mainstay occupation and lifestyle since its earliest beginnings by native American Indians, followed by early Spanish and American settlers raising livestock and assorted agricultural crops. A rich agricultural lifestyle consisting of livestock and assorted plant products continues to this day.

Population of the county is recorded as 41,570 in the 2020 census. The City of Wharton, located on the east side of the county with a population of 8,832, serves as county seat. The City of El Campo is the largest city with a population of 12,350 and is located toward the south-central part of the county. These two cities comprise approximately half of the county population. The population of the county has been slowly declining since 2000.

Wharton County holds a whole-county designation as a Health Professional Area (HPSA) for each of primary, dental, and mental health.

Sources: Merle Hudgins. Texas State Historical Association: Handbook of Texas. Wharton County. Published 1952, Updated December 5, 2022.

PROFILE OF MID COAST HEALTH SYSTEM

El Campo Memorial Hospital



Mission

Mid Coast Health System is a community-oriented healthcare system dedicated to providing the highest standard of care for you and your family.

Mid Coast Health System is an integrated network comprised of rural hospitals, primary, specialty, and walk-in clinics operating as a 501 (c) (3) Not for Profit organization. MCHS was organized to bring added value and improved sustainability to rural hospitals through shared leadership services, quality management, reduced operational costs, and other tangible group benefits.

El Campo Memorial Hospital, a subsidiary of MCHS, has a long history of providing hospital and health services to West Wharton County and the surrounding region. ECMH is depended on for providing local access to healthcare within a large service region. Its services are open and available to all people regardless of race, gender, religion, ethnicity, age, or other federal qualifications. Financial assistance, charitable discounts, extended payment plans, and other services are available to help regarding ability to pay.

ECMH has struggled financially in recent years due to challenges common to rural hospitals. Current trends are showing improvement through new leadership and a renewed focus on serving its community. ECMH is served by dedicated medical staff and board leadership. ECMH receives financial support provided by the West Wharton County Hospital District to help maintain access to services for all who need healthcare and provide partial compensation for delivery of unfunded care.

Service Lines

- Age-Friendly Services
- Level IV Trauma Center
- Intensive Care Unit
- Swing Bed
- Imaging Services
- Inpatient Rehabilitation
- Surgical Services
- Pharmacy
- Laboratory
- Cardiology
- Internal Medicine
- Pulmonology
- Women's Health Services
- Wound Care
- Acute Dialysis
- Primary Care

Medical Providers

- 8 - Physician MD or DO
- 1 - Physician Assistant - Certified
- 9 - Family Nurse Practitioner - Certified
- Specialty Physicians – Cardiology, Urology, Nephrology, Oncology/Hematology, Pulmonology/Infectious Disease
- Other Specialty Providers – Podiatry

Nearest Area Hospitals Within 50 Miles

Oakbend Medical Center	Wharton		16 miles
Oakbend Medical Center	Richmond	237 bed	47 miles
Jackson County Hospital	Edna	25 bed (CAH)	28 miles
Matagorda Regional Med. Center	Bay City	58 bed	33 miles
Palacios Community Hospital	Palacios	17 bed (CAH)	36 miles
Rice Medical Center	Eagle Lake	25 bed (CAH)	38 miles
Columbus Medical Center	Columbus	40 beds	41 miles
Citizens Medical Center	Victoria	265 beds	50 miles
DeTar Healthcare System	Victoria	304 beds	53 miles

Multiple Community Contributions of El Campo Memorial Hospital

El Campo Memorial Hospital is recognized foremost as the primary local provider of hospital, clinic, and other primary health services within its service area.

In addition to health services, ECMH is also a significant contributor to the economic health and well-being of El Campo and Wharton County.

ECMH provides direct employment to approximately 249 full time equivalent employed and contract workers and generated annual payroll wages, salaries, and benefits of

$4.5 million in 2024. The local presence of a hospital contributes significantly to the ongoing commercial, residential, and other growth of the region in addition to the direct economic value these jobs create for Wharton County,

In fiscal year 2024, ECMH provided service to:

- 7,665 ER Patients (Registrations)
- 32,645 Outpatient plus Observation Patients (Registrations)
- 2,659 Combined Inpatient and Swing Bed Patients (Discharges)

ECMH is an integral part of the communities it serves and is a frequent participant at community events, often providing health information and free screenings. ECMH employees voluntarily participate in civic activities which support the communities it serves.

ECMH, and the communities served are on a quest to improve services, quality, facilities, technology, and cost-effectiveness. The hospital and community understand their synergistic relationship and are aligned to continue progress to improve health and wellbeing in Wharton County.

Economic Impact of El Campo Memorial Hospital

(Using Actual ECMH numbers)

Employment

Direct Impact FTEs 249
Multiplier 1.34
Secondary Impact FTEs 85
Total Impact 334

Wages, Salaries, and Benefits

Direct Impact $4.5 million
Multiplier 1.19
Secondary Impact $0.86 million
Total Impact $5.36 million

Average retail sales impact (.25 WSB): $1.13 million

SOURCE: National Center for Rural Health Works. Interactive Economic Impact Tool.
Economic Impact – National Center for Rural Health Works.
https://ruralhealthworks.org/tools-templates/economic-impact/?t+eit_cah

El Campo Memorial Hospital is a major contributor to both the ***economic health*** of Wharton County and the personal ***health*** of those who live, work, and travel in the county.

Demographic Information for El Campo



Population		**Race**	
2000	10,445	White non-Hispanic	41%
2010	11,602	Hispanic	51%
2020	12,350	Black	8%
2024 (est)	12,176	Asian	< 1%
		Native American	< 1%

Source: U.S. Census Bureau Quick Facts Population estimates 2024

Median Age of Total Population

Wharton County	38.4 years
Texas	35.5 years

Source: Wharton County, TX - Profile data - Census Reporter

Age Distribution

2024	0-4	5-17	18-24	25-34	35-44	45-54	55-64	65+
Wharton County	6.8%	18.8%	8.2%	11.9%	13.2%	10.6%	12.5%*	17.9%*
Texas	6.5%	18.7%	9.7%	14.4%	14%	12.3%	11.2%	13.1%
U.S.	5.7%	16.4%	9.1%	13.7%	13%	12.3%	12.3%	16.8%

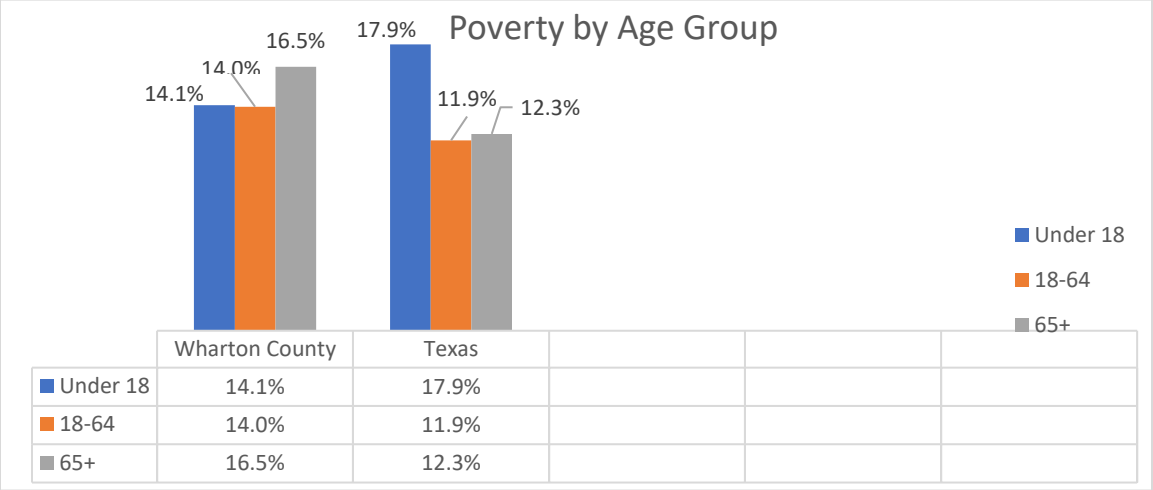
** Note: Population 55 and over much higher than Texas and U.S.

Source: U.S. Census Bureau Quick Facts Population estimates 2024

Median Household Income	**Wharton County**	**Texas**
Median	$27,981	$43,289
Per Capita	$67,356	$78,538

Source: U.S. Census Bureau Quick Facts Population estimates 2024

Poverty by Age Group



	Wharton County	Texas			
Under 18	14.1%	17.9%			
18-64	14.0%	11.9%			
65+	16.5%	12.3%			

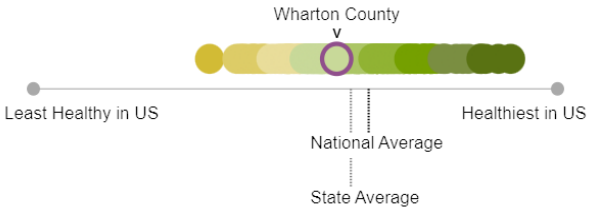
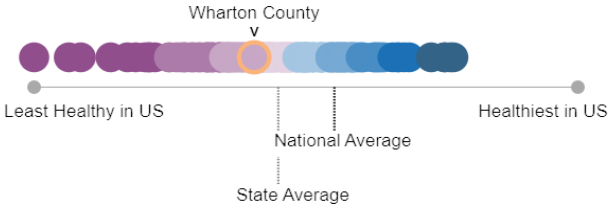
** Note: Poverty among adults and adults under 65 years higher than Texas and U.S.
Source: data.U.S.Census.gov. 2023 American Community Survey

WHARTON COUNTY POPULATION HEALTH and WELLBEING



Comparison of Community Health Infrastructure and Outcomes

2025 County Health Rankings (244 counties reporting)

Wharton Overall Health Ranking	Wharton Health Factors Ranking
County Health Rankings & Roadmaps Wharton County Population Health and Well-being - 2025  Diagram summarizes data released on 03/19/2025 **Wharton County is faring slightly worse than the average county in Texas for Population Health and Well-being, and slightly worse than the average county in the nation.**	County Health Rankings & Roadmaps Wharton County Community Conditions - 2025  Diagram summarizes data released on 03/19/2025 **Wharton County is faring slightly worse than the average county in Texas for Community Conditions, and worse than the average county in the nation.**

Source: County Health Rankings and Roadmaps. www.countyhealthrankings.org/health-data

Wharton County Comparison of Community Health Outcomes

	Wharton County	Texas	U.S.
(Rank)	2nd Qtr. Slightly Below Average		
Length and Quality of Life *(Rank)*			
Life Expectancy	74.4	76.7	77.1
Poor or fair health	24%	20%	17%
Frequent Physical Distress	15%	12%	12%
Frequent Mental Distress	20%	16%	16%
Poor Physical Health Days (per 30 days)	4.7	3.8	3.9
Poor Mental Health Days (per 30 days)	5.7	5.1	5.1
Diabetes Prevalence	14%	13%	10%
HIV Prevalence (per 100k)	210	425	387
Suicides	15	14	14

Source: County Health Rankings and Roadmaps. 2025. www.countyhealthrankings.org/health-data

Wharton County Comparison of Community Conditions

Community Health Factors and Conditions	Wharton County	Texas	U.S.
(Rank)	2nd Qtr. Slightly Below Average		
Food Environment Index (Scale 1 to 10 / Higher is better)	7.3	5.7	7.4
Food Insecurity	17%	16%	14%
Alcohol-Impaired Driving Deaths	14%	25%	26%
Excess Alcohol Consumption*	20%	19%	19%
STI's (per 100k)	399	518	495
Teen Births (per 1,000)	33	23	16
Adult Obesity	41%	36%	34%
Physical Inactivity	31%	25%	23%
Access to Exercise Opportunities	54%	82%	84%
Smoking (Adult)	18%	12%	13%
Uninsured Adults	25%	22%	11%
Uninsured Children	12%	11%	5%
Primary Care Physicians *Year 2022 data	2,320:1	1,660:1	1,330:1
Dentists *Year 2023 data	1,740:1	1,590:1	1,360:1
Mental Health Providers *Year 2025 data	1,450:1	590:1	300:1
Other Primary Care Providers *Year 2025 data	1,240:1	870:1	710:1
Mammogram Screening	33%	41%	44%
Flu Vaccinations	38%	45%	48%
Social and Economic Factors	**Wharton County**	**Texas**	**U.S.**
Median Household Income	60,500	$75,721	$77,700
Children in Poverty	21%	18%	16%
Children Eligible Free Lunch	67%	63%	55%
Child Care Cost Burden	32%	24%	28%
Injury Deaths (per 100k)	96	66	84
Motor Vehicle Crash Deaths (per 100k)	29	14	12
Firearms Deaths (per 100k)	18	14	13
Social Associations (per 10k)	14.8	7.4	9.1
High School Completion	84%	86%	89%
Lack of Social and Emotional Support	32%	29%	25%

Physical Environment	Wharton County	Texas	U.S.
Severe Housing Problems	19%	18%	17%
Access to Parks	25%	46%	51%
Broadband Access	81%	90%	90%
Air Pollution Particulate (micr/m3)	9.2	8.1	7.3
Drinking Water Violations	No		

Source: County Health Rankings and Roadmaps. 2025. www.countyhealthrankings.org/health-data

Chronic Disease Prevalence, Mortality, and Other Health Data

Prevalence of Chronic Illness and Disease in Wharton County

	Wharton	Texas	U.S.
Asthma	3.7%	4.9%	5%
Diabetes (Adult)	7.7%	9.3%	8.9%
Diabetes (Medicare)	30%	27%	26%
Heart Disease (Medicare)	26%	23%	21%
High Blood Pressure (Medicare)	74%	67%	65%
Cancer	423	424	444

SparkMap.org. CHNA Report. Health Outcomes

- *Asthma: Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2018*
- *Diabetes (Adult): Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2021.*
- *Diabetes (Medicare): Data Source: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File . 2023.*
- *Heart Disease: Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.*
- *Hypertension: Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.*

Mortality of Chronic Illness and Disease in Wharton County (per 100k population)

	Wharton County	Texas	U.S.
Heart Disease	144	90	111
Lung Disease	34	34	45
Stroke	91	40	48
Cancer	200	144	183

SparkMap.org. CHNA Report. Health Outcomes.

- Heart Disease: *Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*
- *Lung Disease: Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023*
- *Stroke: Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.*
- *Cancer: Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023*

*** *Observation*:

- *Prevalence of chronic disease in Wharton County is close to or equivalent with Texas and U.S.*
- *Mortality rates for these same chronic diseases, however, are much higher than Texas and U.S.*
- *Average Lifespan is more than two years shorter than Texas and U.S.*
- *Question: Why is this? This observation is worth further review. Culture, diet, and social behavior may contribute to this deficit.*

Summary of Population Health Outcomes and Conditions

(Summary from above tables)

FAVORABLE **Community Health and Wellbeing *OUTCOMES***	**UNFAVORABLE** **Community Health and Wellbeing *OUTCOMES***
• HIV Index • STI's • Food Index • Adult Driving Deaths • Social Associations	• Life Expectancy • Poor Physical and Mental Health Days • Frequent Physical and Mental Health Distress • Suicides

UNFAVORABLE

Community *FACTORS AND CONDITIONS* Impacting Health

- Motor Vehicle Crash Deaths
- Teen Births
- Adult Obesity
- Physical Inactivity
- Adult Smoking
- Uninsured Adults
- Mammogram Screening
- Flu Vaccinations
- Primary Care Physicians, Dentists, Mental Health Professionals
- Children on Free Lunch
- Injury Deaths
- Firearm Deaths
- Access to Exercise
- Access to Parks
- Access to Broadband
- Air Pollution

Unfavorable Mortality of Illness and Disease

- **Heart Disease**
- **Stroke**
- **Cancer**

COMMON CHALLENGES FACED BY RURAL HOSPITALS

Rural hospitals in Texas and the U.S. are increasingly threatened with survival. The *Cecil Sheps Center for Health Services Research* reports that 109 rural hospitals have closed in the U.S. since 2005, with 24 of those hospitals being in Texas. A 2025 study by the *Center for Healthcare Quality and Payment Reform* identified 22 rural hospitals in Texas at risk of closure in the next 2-3 years. Texas leads the nation in the number of rural hospital closures. (https://ruralhospitals.chqpr.org/).

The average person living in rural America is growing increasingly older and sicker as younger people move to urban areas for better jobs and wages. Rural hospitals struggle to maintain a workforce of doctors, professional providers, and other trained staff to provide care to the community. Over 60% of hospital revenue in rural communities is from Medicare, Medicare Advantage, and Medicaid which most often fails to cover the cost of providing services. Many of the remaining population are largely uninsured or underinsured.

Three common factors threaten all rural hospitals: 1. Lack of primary care physicians, advanced practice providers (APP's), nurses and other specialized staff; 2. Outmigration to larger urban or regional hospitals; 3. Lack of financial resources to maintain technology and facilities necessary to keep up with medical practice standards of care. With the population of rural communities becoming increasingly older, this creates real hardships for those living in these areas.

So how does Wharton County compare to other Texas counties? Like most rural counties, age demographics are higher and income demographics are lower in Wharton County compared with overall Texas and U.S. counties. Likewise, the number of medical providers serving Wharton County is lower than Texas and the U.S.

Community Networks: Communities must begin thinking of "healthcare" more broadly than merely "hospital." Rural hospitals must actively become engaged with their community greater than ever before in seeking innovative ways to sustain operations and fulfill their mission to improve health and wellbeing.

Community health involves much more than the presence of a hospital or any single medical provider. Rural hospitals are beginning to see benefits in establishing collaborative networks that include other area health providers, social and service resource groups, public services, faith communities, and others to collectively meet local health needs. This is much more effective to truly improve the wholistic health and well-being of a community. Health issues are rarely single dimensional. They typically include intertwined wholistic factors involving body, mind, social, and spiritual components. *(Hancock, Katie, Texas A&M University Health Science Center; Brian Sasser, Episcopal Health Foundation. "Texas Communities Facing Rural Hospital Closures. Texas A&M Rural and Community Health Institute. May 23, 2017. https://architexas.org/news/rural-hospital.html)*

Health and well-being involve much more than the absence of illness and disease. Collaborative networks of local community groups and service providers can be more effective in improving the health and well-being of a community than waiting for an adverse event to occur that leads to hospital admission.

There is growing evidence that improving social factors that impact health and wellbeing of a community can contribute to reduced crime and violence. Many life-threatening safety calls involving police are related to health and adverse social behaviors that escalate over periods of time. Police and Sheriff departments today actively seek ways to interact with other social services to reduce the incidence of crime and create safer communities.

Public services in Wharton County maintain collegial and positive networking relationships with the various civic, business, charitable, faith, private, and other public organizations within the county. This provides ECMH an opportunity to build upon collaborative networks already established to improve community health and well-being.

Information Technology and Data Access: Access to sound, analytical data needed for hospital leadership to make informed strategic decisions has historically been a weakness for rural community hospitals. This is much improved today through the electronic health record and internet access to many sources of data analytics. This enables hospitals today to make better, safer, more informed decisions than in the past.

ECMH has adopted CPSI as its electronic health technology system. CPSI has a long history as a cost-effective EHR in rural hospitals that meets meaningful-use standards required for future growth, changes in healthcare delivery, and access to vital patient health data.

Governance: Stability of a local hospital board focused on governance while empowering an accountable senior leadership team is and has always been a key factor in achieving ongoing success. One key success indicator for rural hospital survival is effective board governance led by capable and engaged community board members. Conversely, hospitals that are led by boards focused on personal agendas or micro-managing rather than policy and accountability are the ones most likely to fail. (*Toney, Mark E. and Richard B. Becker, M.D. "Rural and Community Hospitals – Disappearing Before Our Eyes.": Rural Health Voices. National Rural Health Association. Friday July 31, 2020. https://www.ruralhealthweb.org/blogs/ruralhealthvoices*)

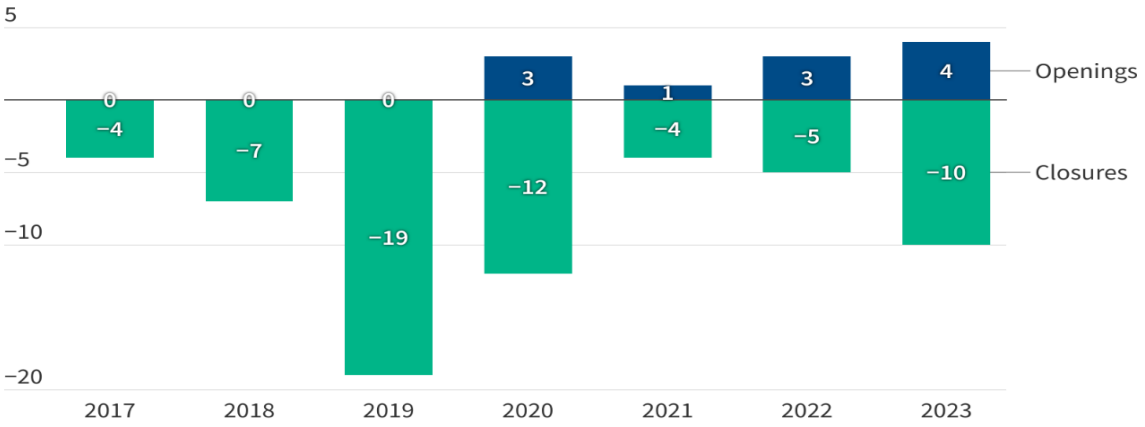
El Campo Memorial Hospital is a private non-profit hospital governed by a voluntary board of directors. These directors serve to ensure that the hospital is operated by competent and accountable leadership. The board hired a new CEO 3 years ago who is providing the hospital with more stable direction and rebuilding trust within the community.

The following two tables are included as added emphasis to show the very real threats to sustainability of rural hospitals in the U.S.

Figure 20

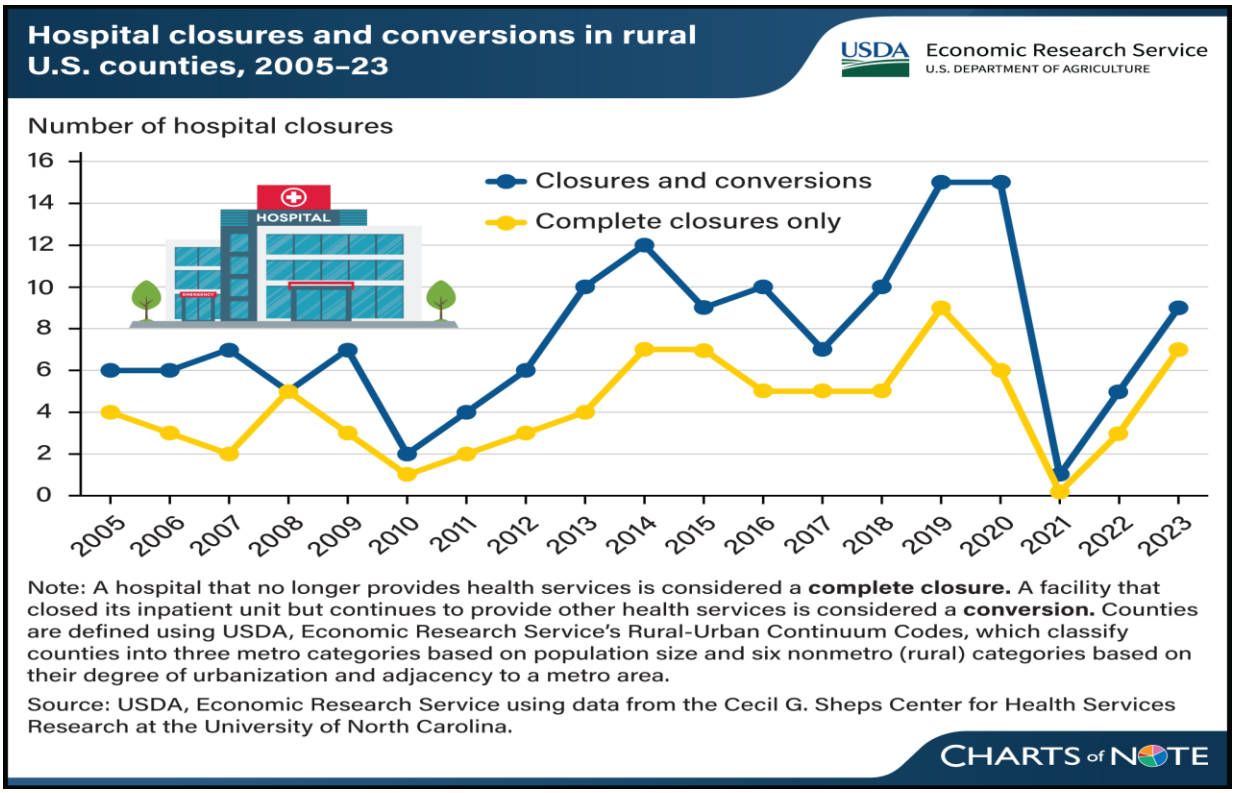
Hospital Closures Outpaced Openings in Rural Areas From 2017 to 2023

Number of general acute care hospital openings and closures in rural areas, 2017 to 2023



Note: Rural is defined as nonmetropolitan.
Source: MedPAC Data Books, 2022 and 2024.

KFF



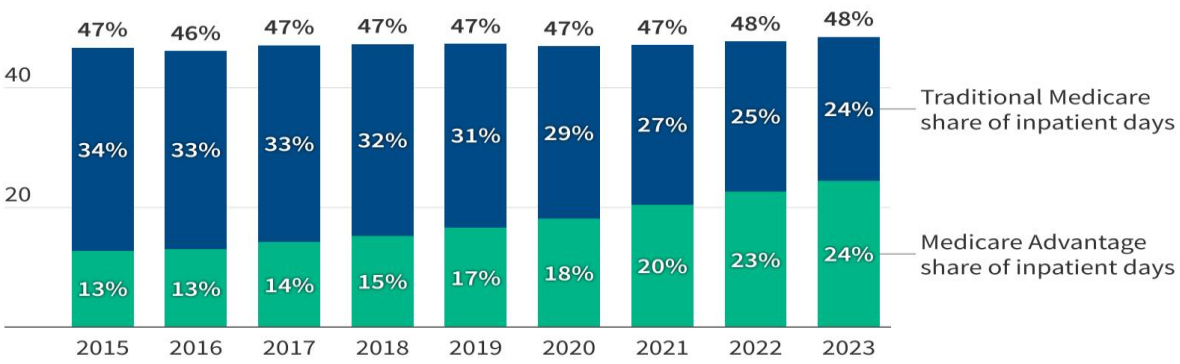
Growth of Medicare Advantage Plans v. Traditional Medicare *(national aggregate)*

- MC Advantage plans have an adverse impact on Critical Access Hospitals

Figure 24

Medicare Advantage Steadily Increased As Share of Inpatient Days Between 2015 and 2023, While the Share Attributable to Traditional Medicare Decreased

Traditional Medicare and Medicare Advantage inpatient days as a percent of total inpatient days



Note: Analysis of general short-term hospitals, excluding those in U.S. territories. The total Medicare share in 2023 may differ from the share reported in Figure 23 because the latter is based on discharges rather than days and pulls from a different data source and group of hospitals.

Source: KFF, Medicare Advantage Enrollees Account for a Rising Share of Inpatient Hospital Days, updated with 2023 data.

KFF

LOOKING FORWARD



COVID-19 and the years 2020 - 2021 will be looked back upon as a major transformational period in healthcare, all of America and the entire world. The foundations of these transformations have been evolving for more than a decade but have now escalated into full force. Many of these changes will remain and bring added value to healthcare access and delivery.

Following is a summary of some innovative practices using new ideas or improved methods that have potential to improve access and quality of care to rural communities.

Technology: Telehealth and other digital technology to support virtual and remote patient care is rapidly becoming accepted as the new norm. Advanced uses of telehealth are expanding exponentially. New digital applications are being introduced almost daily to provide face-to-face virtual patient care visits. Numerous healthcare apps for chronic care conditions are available to download onto personal devices such as watches and phones, monitored 24/7 by your provider. Many of these are beginning to interface with the patient's personal medical record. (Harrison, Marc. Psychiatric Services 68:5, May 2017. Harvard Business Review. https://hbr.org/2020/07/what-one-health-care-ceo-is-learning-from-the-pandemic)

This technology can present a range of new options and opportunities for rural communities. Technology is being effectively used to bring primary and specialty medical consultations to small rural communities that cannot attract or support physicians. In communities that have basic primary care coverage, diagnostic equipment can be placed in the local clinic or hospital that will transmit results to a specialist located elsewhere.

Technology and alternate care models will continue reducing demand for hospital beds as patients are able to be treated at home, outpatient centers, or other non-hospital sites.

Prevention and Reduction of Social Disparities: Health delivery in the U.S. is slowly shifting from sick care to health care. Healthcare in the U.S. has historically been built around an episodic model where people seek access to care only after an adverse event happens. Delivery now is shifting toward a focus on prevention by maintaining health and wellbeing. It has been estimated that roughly 60% of health conditions in the U.S. are determined by behavioral lifestyle and environmental factors, 30% by genetics, and approximately 10% to 20% to actual medical conditions.

It has been determined that the greatest single determinant of health in the U.S. is the zip code in which a person lives. Focusing on social determinants of health leads to the formation of community networks involving medical providers including the hospital, school district, city, county and state services, social and mental health services, faith communities, and others. These community networks work collaboratively to reduce the incidence of illness, disease, accidents, violence, drugs, malnutrition, and other factors that impact health. (O'Neill Hayes, Tara and Rosie Delk. Sept. 4, 2018. American Action Forum. https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/)

Integrate Mental Health with Primary Care: The national shortage of mental health providers and services is multiple times worse in rural populations than urban across Texas and the U.S.

There is a movement to use primary care practitioners to detect mental health issues in patients during routine medical exams, hopefully before harmful events occur. Telehealth is now being used to effectively expand the reach of mental health professionals into rural populations. It is further believed that the reduction of social disparities through the collaborative efforts of community networks discussed above can lead to improved mental health in rural areas. (Carpenter-Song, Ph.D., Elizabeth, and Claire Snell-Rood, Ph.D. "The Changing Context of Rural America: A Call to Examine the Impact of Social Change on Mental Health and Mental Health Care." Psychiatric Services 68:5, May 2017. https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600024#:~:text=The%20Changing%20Context%20of%20Rural%20America%3A%20A%20Call,States%20have%20affected%20the%20experience%20and%20meaning%20of)

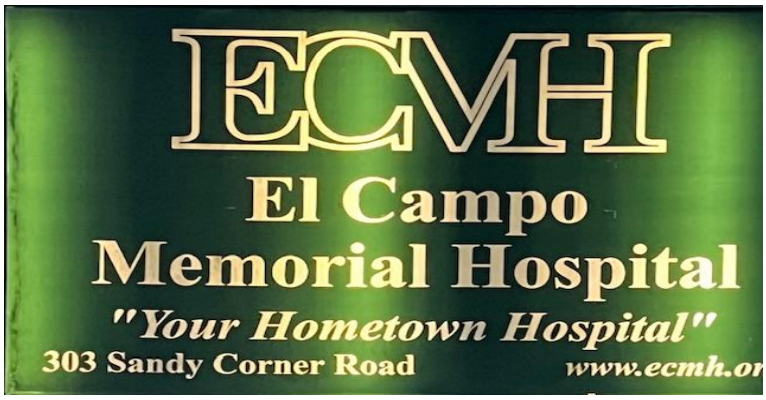
Accelerated Innovation: The speed at which new innovations in healthcare delivery is being introduced will continue at an even faster rate. Besides new technology and community networks mentioned above, new models for healthcare delivery are being introduced almost daily. CVS, Walgreen, and Walmart are all beginning to offer primary care services. Amazon has created a healthcare division that they claim will revolutionize the delivery of healthcare the same way they have redefined retail purchasing. Innovative methods of providing home visits to check on patients following discharge from the hospital or Emergency Department are becoming common.

Consumer Centric: Consumers have become a significant driver of changes in health delivery over the past decade and will only become more dominant. In the past doctors mostly determined the care plan and patients mostly followed their doctor's recommendations. Today, through internet access to information, satisfaction surveys, new technologies, etc., consumers are more knowledgeable and aware of options and express their opinions for courses of action. This trend will continue.

Consolidation of Healthcare Providers: Consolidation of healthcare providers working for or with hospitals and health systems is expected to continue in the future. (Toney, Mark E. and Richard B. Becker, M.D. "Rural and Community Hospitals – Disappearing Before Our Eyes.": Rural Health Voices. National Rural Health Association. Friday July 31, 2020. https://www.ruralhealthweb.org/blogs/ruralhealthvoices)

Hospital Alternative Delivery Models and Options: Community health is in a current state of transition. Despite best efforts, many rural communities will not be able to sustain their hospital into the future. There are viable alternatives to consider for communities that are threatened with losing their hospital. Rural Emergency Hospitals (REH) is one new classification enabling qualified hospitals which are endangered to offer services limited to Emergency Department and outpatient services. A new payment model is in place to support these limited service REH's.

KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES



This section provides an account of direct feedback, perceptions, and other key findings received from community constituents related to access and availability of local healthcare services. It includes comments about services that are currently available or lacking but needed. Community focus groups were asked to comment about other facets of the community that impact health: Social and Physical Environment; Chronic Illness and Disease; Mental Health and Drug Abuse; and Lifestyle Behaviors. This section includes ideas from the general public on opportunities to improve community health and their perception of top priorities.

❖ FOCUS GROUP PERCEPTION OF LOCAL HEALTHCARE SERVICES, NEEDS AND OPPORTUNITIES

- **Describe current access to local primary healthcare services**
  - Access to primary care clinics is good
    - Walk-in patients and appointments both accepted
  - Access to hospital services is good
    - Services are available to all who present for care
  - Hospital maintains a charity policy and provides extended payment plans, assists with qualification for payment programs, insurance support, etc.

- **What hospital or medical service lines do you consider to be most critical to be maintained locally in the District?**
  - Clinics – Primary and Specialty
  - General acute inpatient hospital services
  - Emergency Department
  - EMS

- **What medical specialty services <u>not</u> currently available do you consider most needed in the community?**
    - Orthopedics
    - Neurology
    - Ophthalmology

- **What medical services are local residents most likely to travel out of town to receive?**
    - "All except emergency and primary care services"

- **How would you rate your confidence in El Campo Memorial Hospital and its providers to care for your emergency and primary care needs?** (scale of 1 to 10 with 10 being the highest)
    - Scores consistently ranged low among all focus group participants. 3 to 4 was most commonly cited. 7 was the highest score received.
    - Cleanliness concerns were repeatedly cited pertaining to all parts of the hospital including both public as well as private patient care and clinical areas
    - Patient privacy was also expressed as a concern

❖ FOCUS GROUP PERCEPTION OF ISSUES RELATED TO SOCIAL DETERMINANTS IMPACTING LOCAL HEALTH

Social and Physical Environment

Favorable / Resources Available	Issues / Opportunities / Requests
Local food pantries with shared participation among churches and civic groups Active Ministerial Alliance working together in shared social ministries Colorado Valley Transit provides available public transportation. Scheduling difficulties limit utilization. Nutrition classes provided by Texas A&M AgriLife and other local educators	Poverty related issues: • Housing • Transportation • Health insurance

Mental Health and Substance Abuse

Favorable / Resources Available	Issues / Opportunities / Requests
Local or Area Counseling • Turning Leaf • Wharton – Vibrance Health • Ministerial Alliance beginning outreach Alcoholics Anonymous Recovery program Texas Tech Rural Health Outreach	County jail serves as primary lockup and holding site for drug abusers Substance Abuse – Lack of substance abuse treatment programs available locally

Chronic Illness & Disease

Favorable	Issues / Opportunities / Requests
Primary Care Providers do a good job managing chronic illness and offering personalized education in the clinic. Texas A&M AgriLife provides ongoing nutrition education and individual consultations upon request	Community health education to be offered on various health and wellness topics Expanded personalized education teaching lifestyle and behavioral self-

Cardiopulmonary education Cardiac Rehab Annual health fair is provided	management of individual chronic illness and disease. Improved chronic care supervision and management following clinic visits and hospital discharge. Virtual device monitoring was suggested.

Lifestyle Behaviors

Favorable	Issues / Opportunities / Requests
Senior Center – Socialization, meals, exercise and other activities After School Centers on Education (ASCE) – Activities for students and adolescents Community sports and recreation programs	Funding shortages limit ability to provide more student programs and activities

❖ **AREA RESOURCES IDENTIFIED FOR POTENTIAL COLLABORATIVE OPPORTUNITIES**

• Senior Center in El Campo • El Campo Independent School District • Cities of El Campo • Wharton County Public Services • Texas A&M AgriLife • Texas Tech University Rural Health Outreach Programs	• Area Ministerial Alliance • Texas Community Coordination Resource Group (CCRG) • Call 211 – Texas Information and Referral Network (TIRN) • Other area hospitals • Colorado Valley Transit Network

- **<u>PRIORITY</u> ISSUES AND RECOMMENDATIONS EXPRESSED BY COMMUNITY FOCUS GROUPS (no rank order)**
  - **<u>Most Frequently Cited</u>**
    - Community outreach services for poverty related issues
    - Chronic disease self-management education
    - Funding sources to support community health initiatives
    - Improved communication of hospital plans and progress

RECOMMENDATIONS

The following recommendations for community health improvement are based upon a combination of recurring feedback from direct community response and supported with public data pertaining to community health.

Some of these recommendations for improving community health extend beyond the scope of El Campo Memorial Hospital. The hospital lacks the resources, scope, or ability to address these recommendations alone. Effective action will be achieved only through the collaborative efforts of other organizations working together to improve community health.

- **Collaborative Community Network to Improve Social and Environmental Factors that Impact Health**
- **Chronic Illness and Disease Self-Management Education**
- **Community Health Education, Outreach, and Communication**
- **Hospital Facility Upgrade**

- **RECOMMENDATION: Collaborative Community Network to Improve Social and Environmental Factors that Impact Health**

> ***It is recommended that collaborative efforts be made to include cross sections of the community to identify and recommend action to improve multi-faceted social determinants that impact community health.***

Health is more than the absence of illness and disease. It involves social, mental, physical, and spiritual dimensions. It includes public health, employment opportunities, education and other facets.

Housing, education, employment, access to food, transportation, public utility and environmental services, public safety, faith and spirituality, recreation, etc. all factors in the health and wellbeing of individuals and communities.

Meaningful improvement can best be achieved through a multi-disciplinary approach that includes participants beyond medical providers whose interest and experience is related to issues pertaining to social determinants of health.

Issues Cited:

- Lack of available and affordable housing was cited as an issue adversely impacting population growth, personal health, and sustainability of essential community services.
- Transportation was cited as an issue constraining the ability of some individuals, particularly those in outlying areas of the service area, to attain medical care or other essential services that impact wellbeing.
- Poverty related issues were cited multiple times that impact health and wellbeing.
- A shortage of job growth opportunities is causing younger adults and families to move away to seek more sustainable employment.
- School districts face multiple challenges in meeting educational objectives due to issues related to health of students and teachers, funding shortages, and numerous other social issues beyond their primary scope of education.

Ideas for Consideration

- Selectively assemble a collaborative network of diverse community partners whose interests, objectives, and experiences qualify them to contribute to finding resolutions to issues impacting community health and wellbeing.
    - The network should include participants from non-healthcare occupations, public, private, education, and social services, as well as healthcare sector
    - Prioritize current issues that negatively impact local community health
    - Identify key factors that contribute to these issues

    - Develop a plan of action including funds needed.
    - Identify grant or foundation support to provide funding assistance

- ECMH, El Campo ISD, City of El Campo, and TX A&M AgriLife share common issues and objectives where networking can bring added value versus working independently:

    - Identify common issues that align in each of the community needs assessments conducted by this hospital, the El Campo Independent School District SHAC (School Health Advisory Council), the City's needs assessment, and Texas A&M AgriLife Community Assessment. What opportunities exist for these entities to achieve greater success by working together?
    - Identify educational opportunities for ECMH and GISD to partner in student training for health related occupations such as Certified Nursing Aid, Pharmacy Tech, safety training for baby-sitting, elder care support, etc.
    - Collaborate with schools, public and private service organizations to offer adolescent programs focusing on prevention and positive messaging campaigns
- NOTE: *The Palacios Community Hub is a model that demonstrates how collaborative networking of limited resources can bring added value to community health.*

- **RECOMMENDATION: Community Health Education, Outreach, and Communication**

> ***It is recommended that ECMH continue to improve upon its efforts to promote wellness, community health education, and communication of locally available services.***

An opportunity exists for ECMH to improve and expand upon its community outreach. The community supports the hospital and wants to see it improve, grow, and remain as trusted community health resource.

While the hospital is involved throughout the year in promoting health, wellness, and awareness of hospital services the messaging is still missing broad constituencies. Some are aware of and acknowledge recent improvements in the hospital but many remain unaware about future plans or sustainability of the hospital. This uncertainty causes many to go elsewhere for their primary healthcare needs.

Feedback from individuals who contributed to this CHNA states a desire for more community education on health topics and awareness of hospital and clinic services.

A desire for updates on future plans and direction of the hospital was widely mentioned. Many, even supporters who participated in focus group surveys, are unaware of the ECMH decision to cancel plans once considered to build a new hospital.

Topical health programs can be presented by various ECMH providers, practitioners, and staff. These programs would achieve multiple objectives: Provide meaningful health education to the community; Introduce providers to the community; Promote hospital, clinics, and services available.

Health fairs are beneficial to provide education, information about the hospital and other health services available, and basic health screenings.

Ideas for Consideration

- Present relevant community health topics using medical staff providers and practitioners as presenters in communities throughout the service area.
    - Topic Ideas: Self-management of chronic health issues like diabetes, hypertension, COPD, nutrition education, colon care, stress management, and other topics.
    - Consider using Zoom or other virtual transmission to expand access to view these programs.
    - Offer programs at places where people naturally congregate

- Food often provides a positive incentive to attract audiences!

- Provide community health fairs to offer screenings, health education, and greater awareness of local resources available.

- Each day include one “heart healthy” menu selection on the cafeteria line (among popular choices) to introduce good tasting healthy foods to begin influencing improved nutrition. Consider offering a discount to encourage positive selection and make recipes available to take home.

- Promote hospital, clinic services and wellness education using various social media platforms to expand awareness and availability of services. Sources like Facebook, X, and Tik Tok are being used increasingly by hospitals to promote services and health information.

- Actively seek collaborative opportunities with other organizations such as the School District, Texas A&M AgriLife, Food Pantry, churches and ministerial alliance, and others to promote healthy lifestyle and behaviors.

- Post links to contemporary health topics from reputable sources on the hospital website.

- Provide public information informing of public services available such as:
  - Texas Area Agency on Aging
  - Call 211 – Single number gateway to reference and access a full range of Texas public services
  - Education assistance offered by ECMH on insurance plans available and differences between plans
  - Texas Community Resource Coordination Groups (CRCGs) - County based groups of local partners and community members that work with parents, caregivers, youth and adults to identify and coordinate support services, including behavioral health, basic needs and caregiver support. They help people whose needs can't be met by one single agency and who would benefit from interagency coordination. CRCG’s are State funded resources. Contact:
    - Amanda Andersen
      aandersen@ricebirds.net
      (979) 543-9051
      Area served: Wharton County

- **RECOMMENDATION: Chronic Illness and Disease Self-Management Education**

> *It is recommended that efforts be made to provide patient and community education on ways to improve health and wellbeing through lifestyle and behavioral management of chronic illness and disease.*

Prevalence of Diabetes, Hypertension, and COPD were cited by many as common health issues in Wharton County. Lifestyle factors contributing to chronic disease such as smoking, physical inactivity, and obesity are shown as unfavorable health factors in Wharton County.

Ongoing efforts to integrate chronic disease management and education into its established primary care clinics should continue. Group classes offering self-management education through nutrition, lifestyle, and behavioral changes can be offered to patients who share common diagnoses.

Efforts to utilize patient navigators as well as virtual home-monitoring of chronic patients are encouraged (and expressed by one physician). These efforts help to monitor compliance with treatment directives and proactively respond to changes as they occur.

Opportunities to engage ECMH professional staff to offer community education on topics like nutrition, diabetes, COPD, etc. should continue.

- **RECOMMENDATION: Hospital Facility Upgrade**

> *It is recommended that a plan be developed to systematically improve upon the structural, logistical design, safety, and cosmetic improvement of the main hospital facility.*

El Campo Memorial Hospital is in immediate need of renovation and deferred maintenance. Now that tentative plans to build a replacement hospital have been cancelled it is essential that a plan be developed to progressively renovate the facility to meet current community needs, service delivery, and expectations.

SUMMARY

El Campo Memorial Hospital is an essential healthcare provider serving Wharton and surrounding counties. The value of this hospital, associated clinics and services to the community is widely evident and openly expressed. ECMH is a 501 (c) (3) organization that clearly fulfills its non-profit mission by investing its resources to improve and sustain access to healthcare in rural communities.

ECMH is working diligently to improve transparency and improve trust within El Campo and its service area. The ECMH leadership team, hospital board members, and community leaders are working together to strengthen the position of ECMH to serve the community health needs of the service area for years to come.

ECMH is guided by a dedicated board of directors, leadership team, medical staff, and employees. Hospital leadership has built relationships with city, county, school, other public entities and constituents to improve upon the wholistic needs of the people they serve. Each of these public and private entities share a common struggle with funding shortages. Collectively they find ways to meet the needs of diverse constituents who live and work in El Campo and Wharton County.

This is a Community Health Needs Assessment … not a hospital needs assessment. The primary issues impacting the health and wellbeing of Wharton County as presented by survey participants are indeed community issues, not merely hospital issues. MC ECMH strives to do its part to improve community health, but, as this CHNA indicates, greater impact can be achieved only through the combined efforts of all community sectors working together.

The strong “spirit of community” within the Wharton County service area creates favorable opportunity to act on these recommendations. This cooperative culture provides a positive framework to make a tangible impact in improving community health.

Next Steps: *Present this CHNA to the hospital Board of Directors and hospital leadership team.*

- *Share this CHNA with all focus group participants who contributed to this assessment.*
- *Post this CHNA on the hospital website for public access. Sharing this assessment with the community is required and often creates synergy leading to combined strategic efforts of individuals and groups.*
- *Rank and prioritize the recommendations of this CHNA based upon urgency, impact, and available resources. All cannot be implemented at once.*
- *Invite collaborative partners from other service providers to join in reviewing, responding, and contributing to the recommendations*

- *Prepare an action plan and timeline to address these recommendations.*

Thank you for inviting TORCH Management Services, Inc. to conduct this Community Health Needs Assessment on behalf of the hospital and community. A special thanks is extended to all the participants who took their time to meet and contribute to this assessment. The recommendations in this report are a direct result of their input combined with public data. The recommendations are intended to serve as a platform to promote concerted efforts, identify solutions, and overcome obstacles leading to improved community health for all who live and work in the Wharton County service area.



END OF REPORT

FOCUS GROUP QUESTIONS

Community Health Needs Assessment

***From your perspective*:**

- How would you describe the current access and availability of health services in this area?
- What do you consider to be the most critical health needs in your county?
    - How well are these needs being met by the hospital and other providers or resources in the area?
- What service lines provided by your local hospital do you consider to be most critical to this community?
    - What would the impact be if those services were not available?
- What service lines that are NOT available do you think are most needed in the community?
- What physician specialties that are NOT available locally do you consider to be most needed?
- What medical services are local residents most likely to travel out of town to receive?
- How much confidence do you (and the community) have in the services provided by this hospital?
    - On a scale of 1 to 10 (10 being highest) how would you and/or the community rank the hospital for the services provided?
    - What hospital service lines do you consider to be high quality?
    - What hospital service lines do you think need improvement?

Community Health

- When I speak of “community health” or “healthy community,” what is the first thing that comes to your mind?
- What do you consider to be “healthy” or “unhealthy” about your community?

- In describing health and wellbeing, ***what aspects other than*** illness and disease do you consider?

- "Other" Categories of Community Health

    - Social and Physical Environment (*Nutrition, Housing, Transportation, Violence, Domestic Abuse, etc*.)
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Chronic Illness and Disease (*Diabetes, Hypertension, COPD, CHF, etc*.)
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Mental Health and Substance Abuse
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - Lifestyle Behaviors (*Teen pregnancy, STI's, Obesity, Smoking, Exercise, Recreation, etc.)*
        - What are the 2 biggest issues in this category?
        - What area resources are available?

    - How aware do you think people in your community are of the availability of services for the above issues?

    - Of every issue or need expressed today, what would you say are the "Top 3 priority issues?

Mid Coast Health System

El Campo Memorial Hospital