



2026 COMMUNITY HEALTH NEEDS ASSESSMENT



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ACKNOWLEDGEMENTS

TORCH Management Services, Inc. (“TORCH”) would like to thank Collin McLarty, Chief Executive Officer, and the Board of Directors of Cogdell Memorial Hospital (“CMH”) for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area.

Sincere appreciation is also extended to Angela Savedra, RN, Assistant Chief Nursing Officer for coordinating the community focus groups and assembling participation of diverse community constituents, city and county 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 CMH. Each participant contributed greatly to this assessment by sharing their thoughts, experiences, and diverse perspectives. The individual perspectives expressed by diverse participants are an essential component to this assessment.

Community Health Needs Assessment for:

Cogdell Memorial Hospital

Site Visit: January 6, 7, 8, 2026

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Executive Summary

This document is a Community Health Needs Assessment ... not a hospital needs assessment. Cogdell 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.

Constituents who live and work within Scurry County representing diverse population segments shared their insights into the primary health needs and access to care within the district. Public health data specific to Scurry County is used as an additional source of information for this assessment.

Some recommendations in this assessment extend beyond the scope and services of CMH. The source of many of these issues that impact health is tied to complex societal issues that can best be met through the combined efforts of multiple and diverse community services, groups, and 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.

A strong spirit of community is found to be prevalent in Scurry County. The county ranks favorably in comparison with other Texas counties for many community health conditions and outcomes. This is no doubt a result of the collaborative networking of diverse people and organizations in addressing social needs like food access, housing, transportation, pharmacy assistance, mental health and other factors. CMH is actively engaged in promoting health, wellness, and access to medical services, mental health, and community wellness that extends beyond the hospital or clinics.

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

- Collaborative Community Network to Address Social and Environmental Factors Impacting Health
- Networking with Area School Districts and Texas A&M AgriLife
- Community Health Education, Awareness and Outreach
- Provider and Service Line Growth and Development
- Culture of Service Excellence Within Hospital and Entities

Detailed 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.”

Recommendations offered at the end of 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.

Progress requires 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 Cogdell Memorial Hospital and the population located within the hospital district. 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 District. 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, 138 people representing diverse constituency groups from within the service area met together in 10 separate focus group sessions to offer input on the health status and needs of Scurry County. These focus groups included individuals or representatives of:

- Cogdell Memorial Hospital Board of Directors
- City of Snyder, Mayor, Council Members, Police, Fire Dept., and others
- Scurry County Commissioners and various public services
- Scurry County Sheriff
- Texas DPS Trooper
- Scurry County EMS
- Independent School District Leaders from Snyder, Hermleigh, Ira
- Cogdell Memorial Hospital - Leadership Team
- Cogdell Memorial Hospital Medical Staff
- Business leaders
- Diverse citizens and residents living within the District and Service Area
- Random people polled in the community

The focus groups were well attended by knowledgeable and engaged persons representing 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 Scurry County. Residents representing the most prevalent racial and ethnic population of the county were included in the focus groups and feedback for this CHNA. In addition, some residents within the City and service area were randomly asked about for their perceptions of the local hospital and access to 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 SCURRY COUNTY



Scurry County is located in the Llano Estacado region of north Texas with a population slightly over 16,000 covering 904 square miles. The county is included in a portion of the Permian Basin known for oil and gas production.

The City of Snyder is located in the center of the county and serves as county seat with the largest population of approximately 11,500. Remaining population is scattered throughout the county in undesignated rural areas or small unincorporated communities.

Snyder serves as the intersection of two U.S. Highways and one State Highway creating a higher volume of 24-hour traffic than would be expected for the size of the city. Snyder is the midpoint for travelers between Abilene and Lubbock. Cogdell Memorial Hospital is located in Snyder and serves as the sole hospital and essential healthcare provider in Scurry County.

The area encompassing Scurry County has a long history pre-dating Texas when Native Americans roamed the plains hunting buffalo. The area was site of numerous efforts and skirmishes to remove or relocate Comanche and Apache Indians as westward expansion moved through the plains. This region became known as prime ground for hunting buffalo. In fact, Scurry County received its name from William Scurry who operated a trading post selling supplies to buffalo hunters.

Agriculture, both animal and plant, has always been a mainstay occupation and lifestyle since the first settlers began moving in. Cattle ranching followed by sheep has been a dominant part of the economy since its earliest expansion. Cotton and sorghum have been primary crops since its earliest days of expansion. Farm and ranch agriculture continues to be a key part of the occupational lifestyle and culture of Scurry County.

The 1920's discovery of oil and gas introduced a new source of revenue for the county. In the 1940's production soared and continues to be the leading contributor to the local economy. As today's ranches consolidate and farming shrinks oil and gas continues to be a strong economic mainstay. Wind and solar energy has become a large and growing industry in the county.

Sources: John Leffler. Texas State Historical Association: Handbook of Texas. Scurry County. Published 1952, Updated May 28, 2021.

PROFILE OF COGDELL MEMORIAL HOSPITAL



Mission

To provide compassionate, high-quality healthcare to the patients we serve, and to improve healthcare and healing within our community.

Vision

To be the regional health system of choice for patients, physicians, and employees.

Values

BEST

- B** – Balance
- E** – Excellence
- S** – Stewardship
- T** – Teamwork

Cogdell Memorial Hospital has a long history of serving as the single hospital serving Scurry County. While over half of the population reside in the city of Snyder, approximately 30% of residents are scattered across 904 square miles of open rural spaces. The communities, Board of Directors, hospital leadership team, and medical staff all work together to provide for the healthcare needs of those living, working, and traveling through the county.

CMH is owned and operated by the Scurry County Hospital District, a public hospital district organized as a subdivision under the State of Texas. It is governed by a seven-person board of directors elected from at-large within the district.

CMH is a licensed 25-bed Critical Access Hospital with an emergency department staffed 24-hours per day. CMH is Medicare accredited and designated as a Level IV

Trauma Center by the Texas Department of State Health Services. CMH is open to all communities who need health care within their scope of services.

CMH owns and operates 2 primary rural health clinics. One of these operates as a Walk-in-Clinic with no appointment needed. CMH also provides a specialty health clinic to accommodate multiple specialists on a scheduled basis

Service Lines

- ER / Trauma Center
- Acute Inpatient / Swing Bed
- Laboratory
- Diagnostic Radiology/Imaging
- Physical Rehab
- Cardiac and Pulmonary Rehab
- Obstetrics and Newborn Care
- General Surgery
- Orthopedics
- Ophthalmology
- Outpatient and Day Surgery
- Family Clinic (RHC)
- Walk-in-Clinic (RHC)
- Specialty Clinic
- Wellness Center
- Wound Care
- Mental Health Services
- Cogdell Cares
- Growing in Grace

Medical Providers

- 8 - Physician MD or DO
- 4 - Physician Assistant - Certified
- 1 - Family Nurse Practitioner - Certified
- 3- Certified Registered Nurse Anesthetists (CRNA)
- Specialty Providers
 - Anesthesia, Audiology, Cardiology, Dermatology, Endoscopy & Colonoscopy, General Surgery, Geriatrics, Gynecology, Internal Medicine, Nephrology, Oral Surgery, Obstetrics, Ophthalmology, Orthopedics, Pain Management, Pediatrics, Podiatry, Urology
- Other Specialty Providers – Licensed Professional Counselors (LPC) - 4 (plus one independent counselor in Snyder)

Nearest Area Hospitals

Mitchell County Hospital District	Colorado City	25 bed CAH	22 miles
Rolling Plains Memorial Hospital	Sweetwater	35 bed	40 miles
Scenic Mountain Medical Center	Big Spring	146 bed	49 miles
Hendrick Health System	Abilene	522 bed	82miles
Covenant Medical Center	Lubbock	830 bed	90 miles
University Medical Center	Lubbock	499 bed	91 miles

Multiple Contributions of Cogdell Memorial Hospital Scurry County

Cogdell Memorial Hospital is recognized foremost for the hospital, clinics, and various healthcare services it provides. CMH serves as an essential medical and emergency healthcare provider for residents living within its wide service area, as well as many others who work and travel through Scurry County.

In addition to health services, CMH is also a significant contributor to the economic health and well-being of Snyder and Scurry County.

CMH employs approximately 224 full time equivalent employed and contract workers and generated annual payroll wages, salaries, and benefits of \$25.3 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 Scurry County,

In fiscal year 2024, CMH provided service to:

- 9,150 ER Patients (Registrations)
- 26,582 Outpatients (Registrations)
- 712 Combined Inpatient and Swing Bed Patients + 392 Observation Patients

CMH is an integral part of the communities it serves and is a frequent participant at community events, often providing health information and free screenings. CMH employees voluntarily participate in civic activities which support the communities it serves. Employees take pride in working for the local hospital that provides care for their families and neighbors. Employees demonstrate commitment to going over and above to help wherever they are needed.

CMH continually strives to optimize and improve services, quality, facilities, technology, and cost-effectiveness. CMH maintains a welcoming and professional environment serving their community and all who come to them for care.

Economic Impact of Cogdell Memorial Hospital

(Using Actual CMH numbers)

Employment

Direct Impact FTEs 224

Multiplier 1.34

Secondary Impact FTEs 76

Total Impact 300.2

Wages, Salaries, and Benefits

Direct Impact \$25.3 million

Multiplier 1.19

Secondary Impact \$4.8 million

Total Impact \$30.1 million

Average retail sales impact (.25 WSB): \$6.33 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)

https://ruralhealthworks.org/tools-templates/economic-impact/?t+eit_cah

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

Demographic Information for Scurry County



Scurry County Population

2000	16,361
2010	16,921
2020	16,932
2024 (est)	16,211

Race

White non-Hispanic	49%
Hispanic	45%
Black	4.5%
Asian	1.2%
Native American	1.5%

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

Median Age of Total Population

Scurry County	37.0 years
Texas	35.9 years

Source: data.U.S.Census.gov. 2023 American Community Survey

Age Distribution

2024	0-45	5-17	18-24	25-34	35-44	45-54	55-64	65+
Scurry County	6.3%	19%	9.2%	14.8%	13.1%	10.2%	12%*	15.4%*
Texas	6.5%	18.7%	9.7%	14.4%	14%	12.3%	11.2%	13.2%
U.S.	5.7%	16.4%	9.1%	13.7%	13%	12.3%	12.3%	16.8%

** Note: Population ages 55 and older is higher than Texas and U.S.

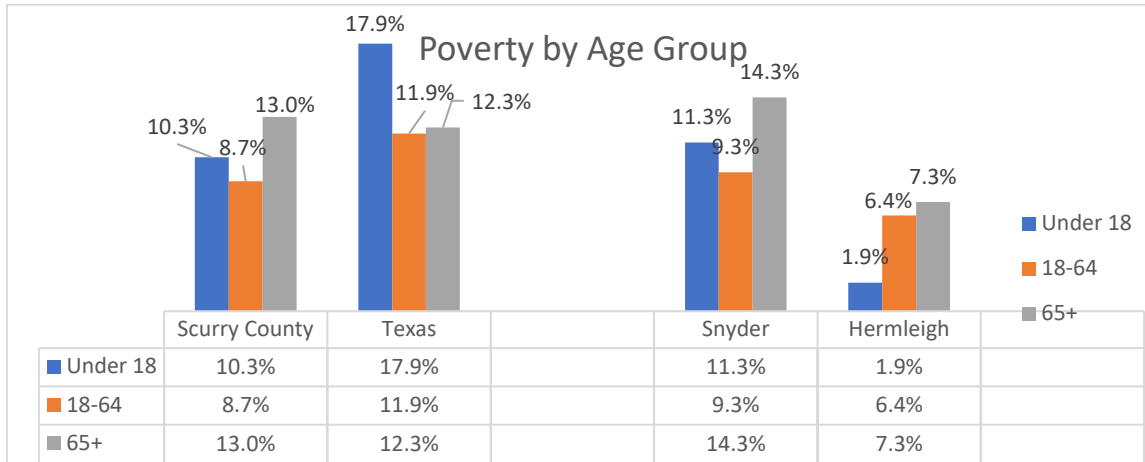
Source: U.S. Census Bureau Quick Facts Population estimates 2024

Income

	<u>Scurry County</u>	<u>Texas</u>
Household Income	\$62,689	\$76,292
Median Income	\$30,274	\$39,446

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

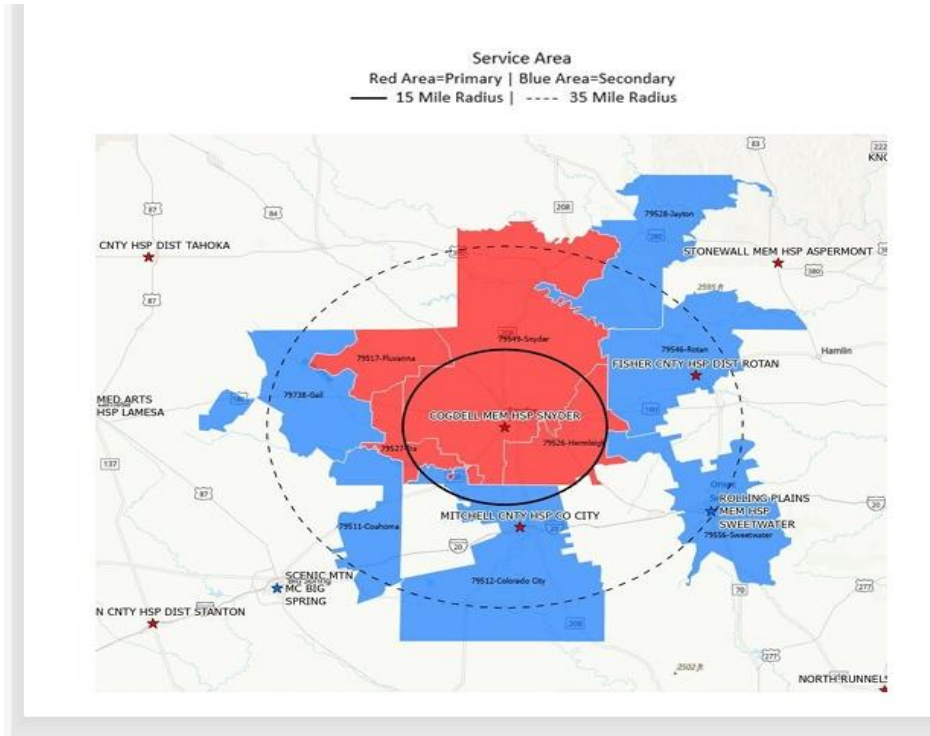
Poverty by Age Group



Source: data.U.S.Census.gov. 2023 American Community Survey

** Note: Poverty among children and adults under 65 years in Snyder and Scurry County is lower than the State of Texas even though Incomes are lower. Poverty for those over 65 is higher than Texas.

Cogdell Memorial Hospital Primary and Secondary Market (Red is primary; Blue is secondary)


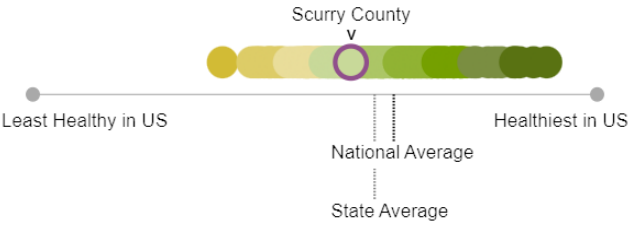

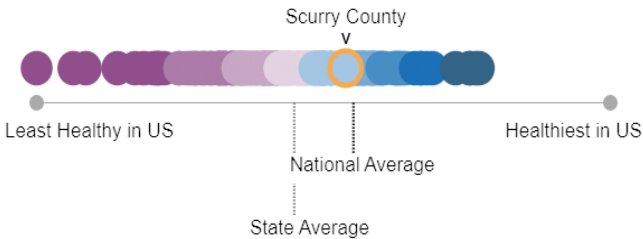


Primary market share for Cogdell Memorial Hospital based upon admissions and registrations includes all of Snyder, Hermitage, Ira, and Fluvanna. Secondary market extends to parts of Colorado City, Sweetwater, Rotan, Jayton, Coahoma, and Gail.

COMPARISON OF SCURRY COUNTY HEALTH INFRASTRUCTURE AND OUTCOMES



2025 County Health Rankings (244 counties reporting)

Scurry Overall Health Ranking	Scurry Health Factors Ranking
<p data-bbox="185 934 488 995">  County Health Rankings & Roadmaps </p> <p data-bbox="185 1024 776 1100">Scurry County Population Health and Well-being - 2025</p>  <p data-bbox="185 1436 581 1457">Diagram summarizes data released on 03/19/2025</p> <p data-bbox="185 1482 808 1566">Scurry 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.</p>	<p data-bbox="898 934 1201 995">  County Health Rankings & Roadmaps </p> <p data-bbox="898 1033 1528 1073">Scurry County Community Conditions - 2025</p>  <p data-bbox="898 1430 1300 1451">Diagram summarizes data released on 03/19/2025</p> <p data-bbox="898 1482 1537 1566">Scurry County is faring slightly better than the average county in Texas for Community Conditions, and slightly worse than the average county in the nation.</p>

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

Comparison of Population Health and Wellbeing

Scurry County Overall Health Ranking

Population Health and Wellbeing	<u>Scurry County</u>	<u>Texas</u>	<u>U.S.</u>
<i>(Rank)</i>	2nd Quartile		
Length and Quality of Life (Rank)			
Life Expectancy	73.7	76.7	77.1
Poor or fair health	25%	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)	102	425	387
Suicides	15	14	14

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

Scurry County Health Factors Ranking

Community Conditions	<u>Scurry County</u>	<u>Texas</u>	<u>U.S.</u>
<i>(Rank)</i>	Above State and U.S		
Food Environment Index	7.7	5.7	7.4
Food Insecurity	16%	16%	14%
Alcohol-Impaired Driving Deaths	27%	25%	26%
Excess Alcohol Consumption*	20%	19%	19%
STI's (per 100k)	306	518	495
Teen Births (per 1,000)	38	23	16
Adult Obesity	39%	36%	34%
Physical Inactivity	31%	25%	23%
Access to Exercise Opportunities	54%	82%	84%
Smoking (Adult)	18%	12%	13%
Uninsured Adults	24%	22%	11%
Uninsured Children	11%	11%	5%
Primary Care Physicians *Year 2022 data	1,390:1	1,660:1	1,330:1
Dentists *Year 2023 data	1,800:1	1,590:1	1,360:1
Mental Health Providers *Year 2025 data	1,620:1	590:1	300:1
Other Primary Care Providers *Year 2025 data	1,470:1	870:1	710:1
Mammogram Screening	23%	41%	44%
Flu Vaccinations	28%	45%	48%
Social and Economic Factors	<u>Scurry County</u>	<u>Texas</u>	<u>U.S.</u>
Children Eligible Free Lunch	65%	63%	55%
Child Care Cost Burden	19%	24%	28%
Injury Deaths (per 100k)	106	66	84
Motor Vehicle Crash Deaths (per 100k)	32	14	12
Firearms Deaths (per 100k)	17	14	13
Social Associations (per 10k)	11	7.4	9.1
High School Completion	85%	86%	89%
Child Care Centers (per 1,000 children under age 5)	4	5	7

Physical Environment			
Severe Housing Cost Burden	5%	18%	17%
Broadband Access	85%	90%	90%
Air Pollution Particulate (micr/m3)	6.5	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 Scurry County

	Scurry	Texas	U.S.
Asthma	4.4%	4.9%	5%
Diabetes (Adult)	7.1%	9.3%	8.9%
Diabetes (Medicare)	26%	27%	26%
Heart Disease (Medicare)	25%	23%	21%
High Blood Pressure (Medicare)	67%	67%	65%
Cancer	404	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 Scurry County (per 100k population)

	Scurry County	Texas	U.S.
Heart Disease	76	90	111
Lung Disease	71	34	45
Stroke	42	40	48
Cancer	185	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

Summary of Population Health Outcomes and Conditions (Summary from above tables)

Comparison of Community <i>Health Outcomes</i>	
<u>Favorable</u>	<u>Unfavorable</u>
<ul style="list-style-type: none"> • HIV 	<ul style="list-style-type: none"> • Life Expectancy • Poor Physical and Mental Health Days • Frequent Physical and Mental Health Distress

Community <i>FACTORS AND CONDITIONS</i> Impacting Health	
<u>Favorable</u>	<u>Unfavorable</u>
<ul style="list-style-type: none"> • Overall Favorable Comparative Conditions • Food Environment Index • STI's • Child Care Cost Burden • Housing Cost Burden • Air Pollution Particulates • Drinking Water 	<ul style="list-style-type: none"> • Dentists, Mental Health Professionals, Other Primary Care Providers • Teen Births • Physical Inactivity • Access to Exercise • Access to Parks • Smoking • Flu Vaccinations • Mammogram Screening • Injury Deaths • Motor Vehicle Crash Deaths

Comparison of Prevalence and Outcomes of Illness and Disease

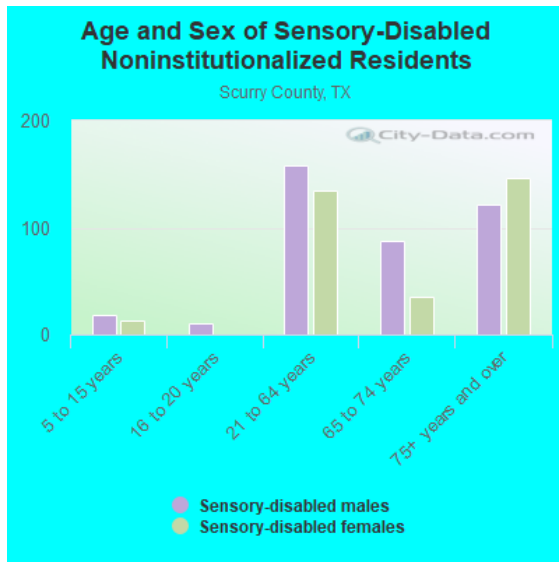
<u>Favorable Prevalence</u>	<u>Unfavorable Prevalence</u>	<u>Favorable Mortality</u>	<u>Unfavorable Mortality</u>
Asthma	Heart Disease (Slight)	Heart Disease	Lung Disease (2x higher)
Diabetes – Adult		Stroke (Equivalent)	
Diabetes – Medicare			
Cancer			

** Note: Scurry County compares Favorably to the State of Texas in many factors and conditions of health.

Scurry County compares Favorably in Mortality of Heart Disease and Stroke, and Unfavorably for Lung Disease

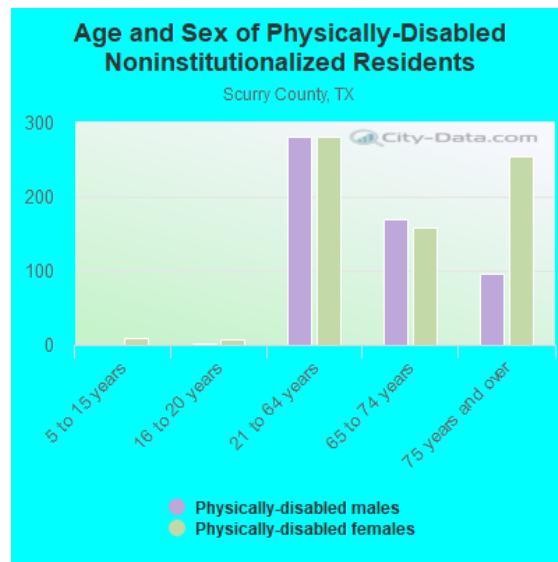
Sensory and Physically Disabled Persons in Scurry County

Source: City-Data.com. 2023. www.city-data.com/county/Scurry_County-TX.html



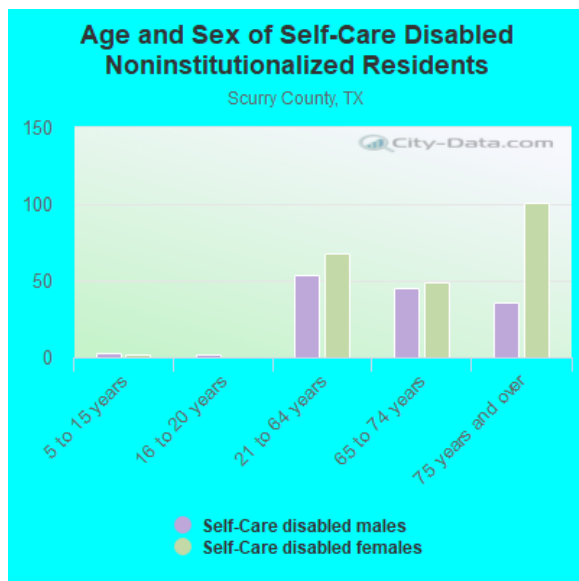
Approximate number of persons:

Age 21-64	Male 160	Female 140
Age 65-74	Male 80	Female 35
Age 75+	Male 120	Female 150



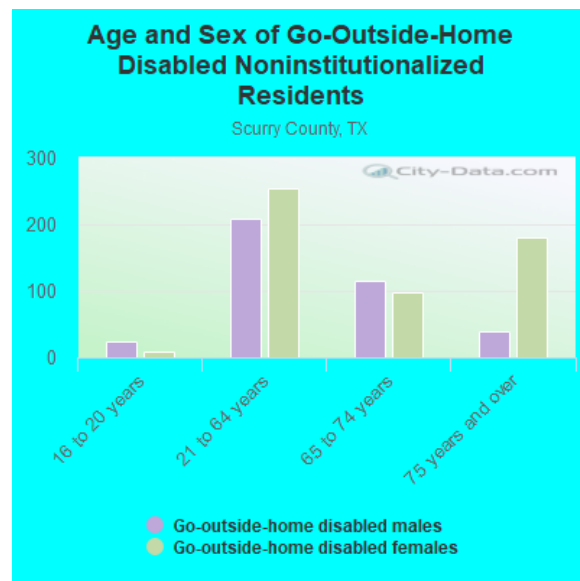
Approximate number of persons:

Age 21-64	Male 285	Female 285
Age 65-74	Male 175	Female 160
Age 75+	Male 95	Female 260



Approximate number of persons:

Age 21-64	Male 52	Female 65
Age 65-74	Male 45	Female 50
Age 75+	Male 35	Female 100



Approximate number of persons:

Age 21-74	Male 15	Female 5
Age 65-74	Male 205	Female 250
Age 75+	Male 35	Female 180

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 on those living in these areas.

So how does Scurry County compare to other Texas counties? Like most rural counties, age demographics is higher, and income demographics are lower in Scurry County compared with overall Texas and U.S. counties. And while trailing slightly behind overall Texas and U.S. counties for the number of medical providers, Scurry County appears to be more favorably served locally than the average rural county per population. As a public hospital district, CMH has wisely invested its resources in clinics, growing its primary and specialty medical staff, modern facilities and current technology.

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 mental 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 Scurry County maintain collegial and positive networking relationships with the various civic, business, charitable, faith, private, and other public organizations within the county. This provides CMH 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.

CMH has adopted Oracle Cerner as its electronic health technology system. Cerner 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>)

CMH is a public hospital district governed by a seven-person board of directors. These directors serve voluntarily to ensure that the hospital is operated by competent and accountable leadership. The hospital governance and leadership team has earned the continued support of their constituency who utilize the local services for their personal

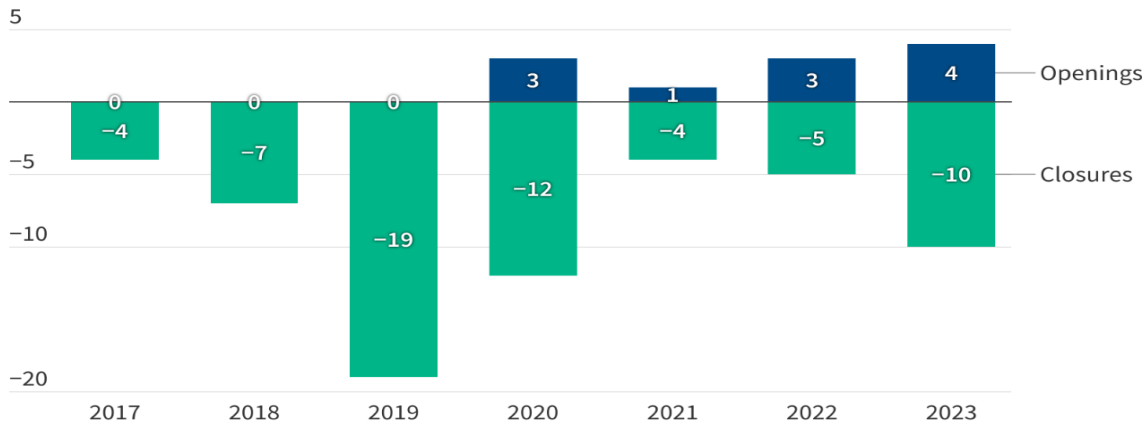
health needs. The community recognizes the challenges faced by the hospital and supports efforts of the board to maintain essential health services for the community.

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



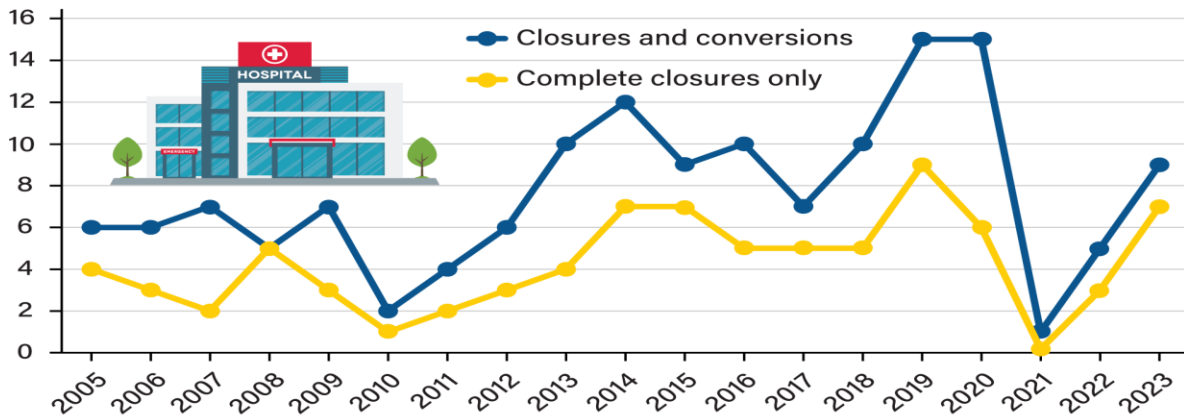
Note: Rural is defined as nonmetropolitan.
Source: MedPAC Data Books, 2022 and 2024.

KFF

Hospital closures and conversions in rural U.S. counties, 2005–23

USDA Economic Research Service
U.S. DEPARTMENT OF AGRICULTURE

Number of hospital closures



Note: A hospital that no longer provides health services is considered a **complete closure**. A facility that closed its inpatient unit but continues to provide other health services is considered a **conversion**. Counties are defined using USDA, Economic Research Service's Rural-Urban Continuum Codes, which classify counties into three metro categories based on population size and six nonmetro (rural) categories based on their degree of urbanization and adjacency to a metro area.

Source: USDA, Economic Research Service using data from the Cecil G. Sheps Center for Health Services Research at the University of North Carolina.

CHARTS of NOTE

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

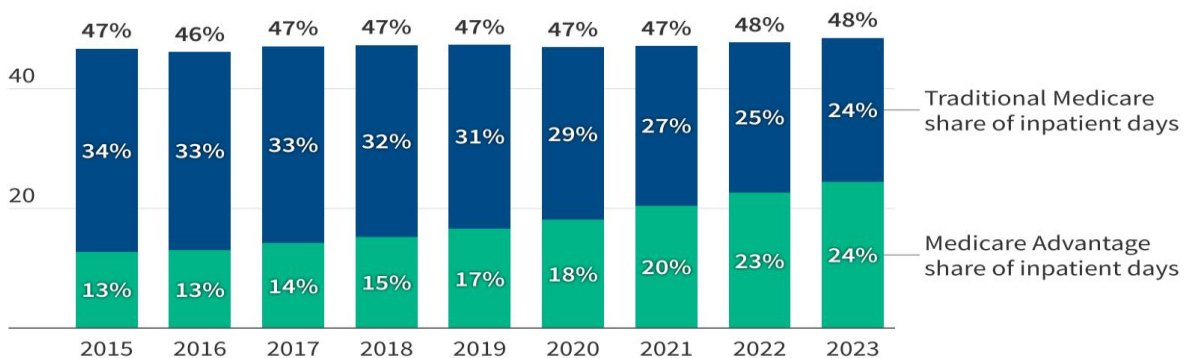
- MC Advantage plans have an adverse impact on Critical Access Hospitals

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

60% of 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 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 community on opportunities to improve community health and priorities.

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

- **Describe current access to local primary healthcare services**
 - Access to clinics and hospital is very good
 - Open to all who present for care without discrimination
 - Hospital provides assistance with extended payment plans, qualification for payment programs, insurance support, etc.
 - Transportation to clinic or other medical appointments is widely cited as a constraining issue for some patients
 - CMH provides patient transportation two days per week
 - Senior Center provides limited transportation 2 hours per morning
 - Spartan provides scheduled public patient transportation
- **What hospital or medical service lines do you consider to be most critical to be maintained locally in the District?**

○ Clinics – Primary and Specialty	○ Obstetrics
○ Walk-in-Care Clinic	○ Physical Therapy
○ ER	○ Wound Care
○ EMS – Ground and Air Flight	○ Mental Health Services
○ Lab, Radiology, other Diagnostic	○ Prescription Assistance

- **What unmet needs impacting health do you consider to be the most critical in the District?**
 - Non-emergent transportation
 - Detox Center
 - Prescription Assistance
 - Substance Abuse
 - Caregiver / Support Services
 - Durable Medical Equipment
 - Mental Health
 -

- **What medical specialty services not currently available do you consider most needed in the community?**
 - Dialysis Center
 - Endocrinology
 - Orthopedic
 - ENT
 - Urology
 - General Surgery
 - Psychiatrist / Telepsychiatry
 - Infusion Therapy

- **What medical services are local residents most likely to travel out of town to receive?**
 - Cardiology
 - General Surgery
 - Orthopedic Surgery
 - Urology
 - Gastroenterology
 - Psychiatry

- **What CMH service lines do you consider to be high quality**
 - ER - Physicians and EMS Response
 - Nursing
 - Diagnostic Tests – Lab / Imaging, etc.
 - Primary Clinics including Walk-in
 - Behavioral Health
 - Well-equipped modern technology

- **How aware are people in the community of services provided by the hospital and other organizations?**
 - Overall low to medium
 - Improved communication needed of available services
 - Ideas offered but no consensus of best media or methods
 - KSNY Radio recommended by multiple groups
 - CMH Wellness Center and Cafeteria cited as resources that could be better promoted

- **How would you rate your confidence in Cogdell Memorial Hospital and its providers to care for your emergency and primary care needs? (scale of 1 to 10 with 10 being the highest)**
 - Most common scores offered were at or around “5” with minimal variation.
 - Mid-range score was consistent among all participating groups – Employee, Community, Hospital leadership, Public officials, etc.

- All expressed support for the hospital, it's essential value to the community, but a perceived need and opportunity for quality and customer service improvement.
- **What current services or service lines need improvement**
 - Billing
 - Telephone Customer Service – Improved messaging and call-backs
 - Turnaround time for diagnostic results reporting
 - Ultrasound, including Doppler, availability
 - Retention of providers and staff

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

- **What general aspects of Scurry County do you consider to be “healthy” or “unhealthy?”**

Healthy

- Fresh air / Open skies
- Towle Park / Nature Trails
- Gymnasium available
- Low Crime / Safety
- Parent involvement

Unhealthy

- Underutilized activity resources
- Allergies

- **What aspects of community health and wellbeing do you consider other than illness and disease?**

- | | |
|--|---|
| <ul style="list-style-type: none">○ Aging population needs○ Support groups○ Drug rehab and recovery○ Parks / Recreation / Trails○ Collaborative community and provider relationships | <ul style="list-style-type: none">○ Jobs / Economy / Wages○ Schools and education○ Public utilities○ Law enforcement |
|--|---|

Social and Physical Environment

Favorable	Issues / Opportunities / Requests
<p>Local food pantries with shared participation among churches and civic groups. (<i>County food index scores considerably favorable to Texas and US</i>)</p> <p>Local Housing Authority. 80 apartments plus rental homes. Variable rates adjusted for income. (<i>Housing scores favorable to Texas and U.S.</i>)</p> <p>Senior Center in Snyder. Good resources for socialization, daily meals (in-house and delivered), various classes and activities.</p> <p>Non-Emergent Medical Transportation:</p> <ul style="list-style-type: none"> ○ <u>Spartan Public Transportation</u>: Good public resource for regional medical appointments. Scheduling difficulties limit utilization. ○ <u>Citizens Center</u>: 2 hours daily ○ <u>Cogdell Hospital</u> – 2 days / week <p>County Welfare Office and Ministerial Alliance – Both work together well to offer utility assistance, pharmacy assistance and other social services</p> <p>Temporary Emergency Housing</p> <p>Gateway Domestic Abuse Shelter</p> <p>Nutrition classes provided by Texas A&M AgriLife and other local educators</p>	<p>Non-emergent medical transportation</p> <p>Childcare availability for workers</p> <p>Prescription assistance</p> <p>Affordable housing for population segments</p>

Mental Health and Substance Abuse

Favorable	Issues / Opportunities / Requests
<p>Cogdell Cares Counseling – 4 LPC’s</p> <p>Community Private Practice LPC – 1</p> <p>On-site access by area School Districts to licensed professional counseling and mental telehealth services through Texas Tech University (TTU) rural outreach program.</p> <p>Active substance abuse recovery programs provided locally through Narcotics Anonymous (NA), Celebrate Recovery.</p> <p>CMH and Snyder Police collaborative response to mental health crisis events</p> <p>CMH Growing with Grace senior behavioral health services</p>	<p>Lack of area substance abuse treatment programs. County jail serves as primary lockup and detox holding site for drug abusers. Estimated 95% of total inmates are held due to drug related issues</p> <p>Generational poverty and other domestic issues contribute to perpetuation of drug abuse</p> <p>Need for Alcoholics Anonymous (AA) chapter expressed by community groups</p>

Chronic Illness & Disease

Favorable	Issues / Opportunities / Requests
<p>Primary Care Providers manage chronic illness and offer personalized education in the clinic.</p> <p>Texas A&M AgriLife provides ongoing nutrition education and individual consultations upon request</p> <p>Cardiopulmonary Rehab available at CMH</p> <p>Annual health fair is provided</p> <p>Good relationships between CMH and area school districts</p>	<p>Community health education requested pertaining to various health and wellness topics</p> <p>Personalized education on wholistic, nutritional, lifestyle, and behavioral management of chronic illness</p> <p>Need for Dietician for nutritional counseling</p> <p>Need for Diabetic Counselor</p> <p>Opportunities to grow CMH relationship with area school districts. (ie) School shots; Wellness; Student CTE programs; other</p>

Lifestyle Behaviors

Favorable	Issues / Opportunities / Requests
Senior Center – Socialization, meals, exercise and other activities	Smoking – Comparatively high to Texas and U.S.
City and County parks offer recreational, walking trails, disc golf, and other activities	Organized activity events for adults. Improved utilization of existing resources – Runs, Biking, Disc golf, Pickle Ball, Volleyball
Hospital cafeteria is cited as one of the most popular local places for eating outside the home.	Wellness / Prevention education

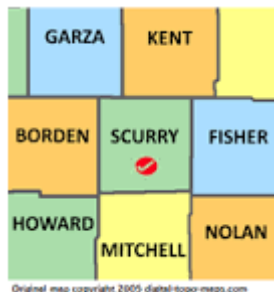
❖ AREA RESOURCES IDENTIFIED FOR POTENTIAL COLLABORATIVE OPPORTUNITIES

<ul style="list-style-type: none"> • Senior Center in Snyder • Independent School Districts • Scurry County, Welfare, Housing, and Multiple Public Services • Texas A&M AgriLife • Texas Tech University Rural Health Outreach Programs • Spartan Transportation • Ministerial Alliance / Churches • Cogdell Memorial Hospital and Clinics 	<ul style="list-style-type: none"> • Snyder Community Resource Center • Local Volunteer Fire Departments • Area Churches and Faith Communities • Texas Community Coordination Resource Group (CCRG) • Call 211 – Texas Information and Referral Network (TIRN) • Gateway Domestic Abuse Shelter • Other area hospitals
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• PRIORITY ISSUES AND RECOMMENDATIONS EXPRESSED BY COMMUNITY FOCUS GROUPS (no rank order)

<u>Priority</u>	<u>Secondary</u>
<ul style="list-style-type: none"> • Community Collaborative Network • Networking with Schools and AgriLife • Community Health Education • Service Line Awareness • Growth of Service Lines and Providers 	<ul style="list-style-type: none"> • Dialysis Center • Infusion Therapy • Support Groups / Parenting Classes • Job Growth and Economic Diversification • Detox and Drug Treatment Center

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 Cogdell 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 Address Social and Environmental Factors Impacting Health
- Networking with Area School Districts and Texas A&M AgriLife
- Community Health Education, Awareness and Outreach
- Continuing Efforts to Expand Upon Access to Mental Health Services
- Provider and Service Line Growth and Development
- Culture of Service Excellence Within Hospital and Entities

➤ **RECOMMENDATION: Collaborative Community Network to Address Social and Environmental Factors Impacting Health**

It is recommended that a collaborative network comprised of individuals with multidisciplinary experiences be organized to identify and recommend action to improve social and environmental factors 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, economic 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.

It is essential to include multi-disciplinary participants beyond medical providers whose interest and experience is related to identified issues to effectively impact social determinants of health. Community health involves diverse individuals and organizations working together toward common objectives.

The recent alliance formed engaging a Cogdell Cares Behavioral counselor with local and county law enforcement to jointly respond to 911 calls that are potentially life threatening and may involve mental health serves as a good example. This is a progressive action not often found in other communities.

Issues Cited:

- Transportation for non-emergent medical appointments was repeatedly cited as an issue constraining the ability of some individuals to reach their providers. Limited transportation is being provided by CMH, the Senior Center, and Spartan Transportation but improvements can be made for local and regional appointments.
- Lack of available and affordable housing was cited as an issue adversely impacting lower income residents and recruitment of skilled and professional workers. *Note: Public data shows housing in Scurry County to be favorable to Texas and the U.S.*
- Utilities and prescription assistance was cited as a widespread and ongoing issue. Assistance is available locally through public and private sources.
- Need for additional childcare services was cited.
- School districts are challenged to maintain health of students and teachers to strengthen education, maximize funding, and achieve other mission objectives

Ideas for Consideration

- Selectively assemble a collaborative network of diverse community partners whose interests, objectives, and experiences qualify them to contribute to offering 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 issues that adversely impact local community health
 - Identify contributing causes to these issues
 - Develop a plan of action including funds needed.
 - Identify grant or foundation support to provide funding assistance

➤ **RECOMMENDATION: Networking with Area School Districts and Texas A&M AgriLife**

It is recommended that CMH, area school districts, and Texas A&M AgriLife meet periodically to identify issues impacting student, family, employee, and community health.

School districts serve on the front lines of community health. Schools are often among the first places where seasonal illness shows up. Social and domestic issues impacting student educational performance are frequently identified by teachers.

Primary compensation by the State to School Districts is tied directly to student attendance. School ratings are measured by student performance which may be impacted by health issues. Schools are under pressure to maximize attendance and constantly improve student achievement. Public schools maintain a Student Health Advisory Council (SHAC) and are required to produce an annual assessment of issues impacting student health.

Texas A&M AgriLife offers a wide range programs to benefit student, family and consumer health, education, and wellbeing. AgriLife conducts periodic assessments of community needs to plan their local programs and objectives.

CMH operates Rural Health Clinics, Behavioral Health, and other services to benefit the health of those living and working in Scurry County. CMH is conducting this Community Health Needs Assessment (CHNA) to identify unmet or underserved needs of community residents.

Ideas for Consideration

- Share and compare information gathered from each of these three organizations' community needs assessments to identify common and overlapping needs and opportunities. Additional opportunities will likely be identified that will favorably benefit each of these organizations and the communities they serve.
- Identify Career Technology Education (CTE) programs for health-related occupations that benefit students, schools, and the hospital. Skilled programs such as: Certified Nursing Aid (CNA); Physical Therapy Aid (PTA); Phlebotomy; Pharmacy Tech; Medical Terminology; Safety training for baby-sitting, elder care support; others.
- Collaborate with schools, public and private service organizations to offer adolescent programs focused on prevention and positive messaging campaigns
- Work with School Districts to provide convenient and expedient access to hospital clinic providers for student, teacher, and staff primary visits. Virtual telehealth visits or physical site presence can be considered.

- Potential to expand primary care access to students, especially those who qualify for Medicaid or other medically underserved programs, benefitting both the patient and rural health clinic.
- Potential to reduce absentee days for students and teachers

➤ **RECOMMENDATION: Community Health Education, Awareness and Outreach**

It is recommended that CMH continue to grow its efforts to promote wellness, education, and improved awareness of locally available services. CMH has a solid organization, facilities, and exemplary staff in place to grow its community outreach, education, and awareness.

CMH is active with communities throughout the year in promoting wellness and awareness of hospital services. The hospital sponsors an annual health fair and participates in numerous other community events.

Feedback from individuals who contributed to this CHNA was consistent in stating a desire for more community education on health topics and awareness of hospital and clinic services. Overall awareness of comprehensive services provided by CMH rated low to medium.

Topical health programs can be presented by various CMH 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 of the hospital and other health services available, and basic health screenings.

Several participants pointed to the hospital cafeteria as one of the best places in town to eat at an affordable cost, but many people don't know about this. This presents an opportunity to draw more people into the cafeteria, promote awareness of programs and services, and introduce tasty "heart healthy" menu choices and recipes to influence healthier nutrition

There was no clear consensus method for increasing awareness to the public though numerous methods were mentioned. Several suggested KSNY Radio as a well-listened local radio station in the county.

These activities should continue while always seeking new ways to improve communication and outreach.

Ideas for Consideration

- Present relevant community health topics using medical staff providers and practitioners as presenters in communities throughout the service area.
 - Sample Topics:
 - Signs, symptoms, and services available for various health issues

- How to feel better through healthy lifestyle adjustments while living with chronic issues like diabetes, hypertension, COPD.
 - Other topics: Nutrition education; Colon Care; Stress Management; and other topics.
 - Consider using Zoom or other virtual transmission sources to expand access for viewing 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 promote 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.
 - Host community health fairs to provide screenings, health education, and introduction to services and resources available locally.
 - Actively seek collaborative opportunities with other organizations such as the Senior Center, churches, library and others to promote health and wellness.
 - 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 on insurance plans and those accepted by CMH and local providers. Inform the public of differences between Medicare and Medicare Advantage 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: Jodi Powell, Chair, 2506 Ave. B, Snyder, TX (325) 574-4716.

➤ **RECOMMENDATION: Continuing Efforts to Expand Upon Access to Mental Health Services**

It is recommended that efforts continue to expand upon access to and availability of mental health services.

Cogdell Memorial Hospital is to be commended for its efforts to expand access and availability of mental health services through two separate behavioral programs and other community involvement. Snyder Police Department and Scurry County Sheriff's Department are to be commended for their progressive efforts to include a mental health counselor in their response to 911 calls presenting as potential mental health crisis events. Local and area school districts are effectively utilizing mental telehealth services provided through Texas Tech rural health outreach programs.

A need exists to improve regional access to drug detox, rehabilitation, recovery and maintenance programs. Collaborative efforts between multiple entities in regional cities and the state will likely be necessary to meet these objectives.

➤ **RECOMMENDATION: Provider and Service Line Growth and Development**

It is recommended that hospital leadership maintains keen focus on service line growth, provider development, and changing delivery methods.

The leadership of CMH should maintain vigilance to identify new service line opportunities, provider needs, and methods of delivery to meet the ever-changing healthcare environment and evolving needs of the community.

Due diligence must be a part of these evaluations for feasibility and congruency with the hospital mission and vision.

Primary Recommendation

- Registered Dietician Nutritionist and Certified Diabetes Care Specialist
 - Consistent recommendation from community, hospital providers and staff
 - Supports promotion of patient education and improved health through behavioral self-management of chronic illness and disease
- Evaluation and Prioritization of Staff Development Needs and Opportunities. Specialties suggested by focus groups:
 - Orthopedics; General Surgery; Urology; ENT; Endocrinology; Pulmonology; Psychiatry and Neurology
- Growth Opportunities for Surgery

Secondary Recommendation

- Dialysis Center
 - Frequently mentioned. This is a significant investment that would need a solid feasibility study to project the utilization, financial sustainability, options for ownership and operations, and other factors.
- Women's Health Services
 - Commonly mentioned as a "want." Women's health services, including OB, certain Gyn, and mammography, are currently provided as a primary care service but not as a branded product line.
- Infusion Therapy
 - Explore feasibility of providing local infusion therapy services locally to reduce travel to distant medical centers

➤ **RECOMMENDATION: Hospital Service Excellence Culture**

It is recommended that focused efforts be made to establish a culture of service excellence among all employees and providers throughout all CMH entities and services

The overall perception of services provided at Cogdell Memorial Hospital and Clinics consistently ranked around “5” on a scale of 1 to 10 (10 being highest). This “middle of the scale” ranking was consistent among almost all focus groups, including both community and hospital staff. All support the hospital and place high value on the availability of local providers and diagnostic medical services. None stated that they would refuse to use the hospital or services when needed, but all indicated areas needing improvement.

It is recommended that focused efforts be made to establish a culture of service excellence among all employees and providers throughout all hospital entities and service lines. Changing perceptions takes time but can be achieved.

Positive Perception

- ER Providers and service
- Walk-in-Care Clinic
- Diagnostic tests
- Well-equipped facility and technology

Opportunities for Improvement

- Telephone service – Messaging and call-backs frequently cited as poor and need improvement
- Billing services
- Turnaround time for reporting results of diagnostic tests
- Retention of providers and staff
- Employee morale and turnover
- Entrance to ER

Hospital leadership expressed acknowledgement of each of these opportunities and spoke of actions and plans already underway to address most of these listed.

SUMMARY

Cogdell Memorial Hospital is a well-respected vital healthcare provider serving Scurry and surrounding counties. CMH is a good steward in its use of limited resources to provide essential services that enhance the safety and wellbeing of the diverse populations they serve.

CMH is guided by a dedicated board of directors, leadership team, medical staff, and employees. Hospital leadership is intentional in efforts to cooperate with city, county, school, other public entities and constituents to improve upon the wholistic needs of the people they serve. There is a real sense of “community” among the diverse constituents who contributed to this Community Health Needs Assessment.

The strong “spirit of community” within Scurry County creates favorable opportunity to act on these recommendations. This cooperative culture provides a positive framework to make a tangible impact in improving community health. In fact, when comparing diverse factors of health in Scurry County with the State of Texas and U.S., the county today ranks favorably on many of these factors. CMH is actively engaged in promoting health, wellness, and access to medical services, mental health, and community wellness that extends beyond the hospital or clinics.

This is a Community Health Needs Assessment ... not a hospital needs assessment. The primary issues impacting the health and wellbeing of Scurry County as presented by survey participants are indeed community issues, not merely hospital issues. CMH 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.

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 Scurry 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?”

