

Rural Healthcare Initiatives in Texas

The Texas State Office of Rural Health (SORH), housed within the Texas Department of Agriculture, collaborated with the Texas Department of State Health Services (DSHS) to spearhead a community paramedicine pilot program to address unique healthcare challenges faced by rural communities. [Community paramedicine](#) is a model in which paramedics and other appropriate personnel can deliver preventive care and education to community members, especially those who may lack access to a routine healthcare provider or face other accessibility challenges. The Texas pilot program created a resilient, seamless community paramedicine referral and deployment process through collaboration with community leaders and partnerships with hospitals and clinics.

Texas Rural Community Health Program Pilot Program Overview

CDC granted Texas DSHS nearly \$39 million in [COVID-19 Health Disparities Grant](#) funds in 2021, with a dedicated carve-out of more than \$4 million intended to reduce comorbidities related to COVID-19 within rural communities. DSHS allocated rural carve-out funds to finance and implement the Texas Rural Community Health Program. The Texas SORH was uniquely positioned to conceptualize and implement this pilot due to its connections to rural hospitals through programs like the Medicaid Rural Hospital Flexibility Program and Small Rural Hospital Improvement Program grants. Ultimately, this pilot showcases how the Texas SORH collaborated with the DSHS Center for Public Health Policy and Practice, DSHS EMS and Trauma Systems, and local emergency medical services (EMS) providers and community leaders to improve healthcare accessibility, reduce potentially avoidable hospital admissions and readmissions, and empower rural residents to actively manage their health.

The pilot spans five counties in the Texas panhandle: Hartley, Deaf Smith, Collingsworth, Lipscomb, and Lynn. The COVID-19 Health Disparities Grant rural carve-out funded community education about how to access this program, hired a contractor to train a variety of personnel in multidisciplinary fields—such as social workers, emergency medical technicians, registered nurses, and others—with the necessary knowledge and skills essential for effective community paramedicine (e.g., clinical skills, reporting, and data collection), and acquired supplies (e.g., necessary laptops and cell phones). Furthermore, the pilot has helped patients manage chronic conditions, such as high blood pressure and diabetes, that can worsen COVID-19 outcomes.

Program Impact and Recommendations for Implementation

When patients are well-informed and have the resources needed to manage chronic conditions, they are better equipped to recognize early warning signs, follow treatment plans, and engage in preventive measures, ultimately minimizing recurrent hospitalizations. For example, a hospital-based program in Hereford in Deaf Smith County observed a significant reduction in emergency department readmissions (see Appendix). By equipping patients—especially seniors—with education and resources, the program empowers individuals to take an active role in managing their health and can help reduce the severity of or complications arising from

chronic conditions. The program has become a beacon of community support and acceptance; the overwhelmingly positive response from the communities highlights the program's role in fostering health, resilience, and a sense of well-being. The success of the pilot program stems from robust community and provider collaboration.

Avoiding Emergency Service Disruptions by Utilizing Non-Emergency Vehicles

Texas quickly recognized the importance of utilizing non-ambulance vehicles, especially in small, rural communities with limited ambulance resources. In setting up this pilot, the Texas SORH incorporated supplemental funds from the Community Development Block Grant Program, specifically through Texas' Fire, Ambulance, and Services Truck Fund. This facilitated the acquisition of eight SUVs for community outreach, serving as practical alternatives to ambulances and avoiding disruptions to emergency services.

Coordination through Established Networks and Referral Processes

The Texas SORH strategically partnered with hospitals and clinics to avoid the program being misunderstood as a direct-to-community emergency service. The pilot program coordinated with hospital chief financial officers, case managers, clinics, primary care providers, and EMS personnel to develop a clear patient referral process. This includes standardized protocols for community paramedicine visits, referral processes, and communication between different healthcare entities. This process creates a more seamless experience for both patients and providers and ensures that providers are informed of the actions taken during community paramedicine visits. The pilot fosters a community-integrated model that can streamline referrals, enhance program efficiency, and ensure consistency in patient care regardless of the location or community served.

Weekly Case Review Meetings

In Deaf Smith County, community paramedicine teams, healthcare providers, and administrators at Hereford Regional Medical Center meet weekly to discuss cases, share insights, identify areas for improvement, and foster ongoing collaboration. This approach allows community paramedics at the medical center to discuss cases and assign the most appropriate personnel to meet client needs during in-home visits.

Sustainability Planning and Conclusion

The Texas SORH, with regular technical assistance from the DSHS Center for Public Health Policy and Practice, worked together in a unique cross-agency partnership to navigate pilot implementation challenges, such as staff turnover, reporting requirements, and adding an evaluation component. SORH and DSHS hold monthly meetings to discuss barriers, successes, ideas for improvement, and further opportunities for collaboration.

The COVID-19 Health Disparities Grant funding for the pilot will end in May 2026, but Medicaid reimbursement for community paramedicine could offer a possible pathway for sustainability

after that point. Community paramedicine is currently ineligible for Medicaid reimbursement in Texas; however, several states (e.g., [Arizona](#), [Georgia](#), [Minnesota](#), [Nevada](#), and [Wyoming](#)) do reimburse for these services.

The Texas SORH and DSHS demonstrated an unwavering commitment to community engagement and collaboration across agencies to support this proof of concept. This community paramedicine pilot offers a model to reduce rural health disparities and enhance overall access to healthcare services. Other states looking to develop similar programs may benefit from standardized care delivery, integrated telehealth modalities, and regular case review meetings to foster continuous quality improvement.

Appendix

Snapshot of a Hospital-Based Community Paramedicine Program in Action

The community paramedicine program at the Hereford Regional Medical Center, a critical access hospital in Deaf Smith County, serves a primarily older population battling diseases such as chronic obstructive pulmonary disease and other chronic conditions, as well as a large Hispanic population. This unique blend of demographics highlights the diverse healthcare needs within the community, particularly amid the challenges posed by the COVID-19 pandemic. Operated by the hospital district's EMS director and a social worker, the program strategically allocates funds to provide essential monitoring tools and comprehensive educational resources. Understanding the heightened susceptibility of older adults to COVID-19 and the exacerbated risks faced by those with underlying chronic conditions, the program focuses on the management of chronic diseases, ensuring that patients understand how to take care of their health conditions. The EMS director and hospital social worker collaborate closely to ensure thorough discharge planning and immediate follow-up care, ensuring that older patients fully comprehend discharge instructions and are equipped with the knowledge and tools to manage their health effectively. Also, their proactive approach includes conducting home assessments to identify and address potential hazards like fall risks. The program promotes continuity of care and effective collaboration, such as thorough, transparent documentation and seamless communication with healthcare providers. By addressing the unique healthcare needs of their community, the program exemplifies a commitment to health equity and community resilience.

About the National Organization of State Offices of Rural Health (NOSORH)

The National Organization of State Offices of Rural Health (NOSORH) was established in 1995 to assist state offices of rural health (SORH) in their efforts to improve access to, and the quality of, healthcare for nearly 61 million rural Americans. NOSORH enhances the capacity of SORH to do this by supporting the development of state and community rural health leaders; creating and facilitating state, regional, and national partnerships that foster information sharing and spur rural health-related programs and activities; and enhancing access to quality healthcare services in rural communities.

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