MATAGORDA REGIONAL MEDICAL CENTER
BAY CITY, TX

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION (DATE)

QHR Consulting Services
Dear Community Resident:

Matagorda Regional Medical Center (MRMC) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The “2013 Community Health Needs Assessment” identifies local health and medical needs and provides a plan to indicate how MRMC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, MRMC, are meeting our obligations to efficiently deliver medical services.

MRMC will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You
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EXECUTIVE SUMMARY
Executive Summary

Matagorda Regional Medical Center (MRMC) is organized and governed as an asset of the Matagorda County Hospital District. A “district hospital” is a government organization, and as such, is not required to produce evidence of providing an adequate amount of “community benefit” to justify retention of their not-for-profit tax status. However, MRMC has elected to voluntarily complete a Community Health Needs Assessment to assure it is responding to the primary health needs of its residents. This study is designed to comply with standards required of a not-for-profit hospital. We assume MRMC acts as a not-for-profit hospital solely for purposes of producing this report. Tax reporting citations in this report do not apply to MRMC.

Project Objectives

MRMC partnered with Quorum Health Resources (QHR) for the following:

- Complete a CHNA report, compliant with the Affordable Care Act; and
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;
- Surplus funds used to improve patient care, expand facilities, train, etc.;
- Controlled by independent civic leaders; and
- All available and qualified physicians are privileged.
- For hospitals who file an IRS form 990, specifically, the IRS requires:
Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;

- The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues;

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);

- Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;

- Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties\(^1\).

\(^1\) Section 6652

- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.
APPROACH
Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;
  - Sources of data and dates retrieved;
  - Analytical methods applied;
  - Information gaps impacting ability to assess the needs; and
  - Identification of with whom the Hospital collaborated.
- The proposed regulations provide that a hospital facility’s CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:
  1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;
  2) Provides the names of organizations providing input and summarizes the nature and extent of the organization’s input; and
  3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.
- Describe the process and criteria used in prioritizing health needs;
- Describe existing resources available to meet the community health needs; and
- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county.

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. Data sources include:
<table>
<thead>
<tr>
<th>Web Site or Data Source</th>
<th>Data Element</th>
<th>Date Accessed</th>
<th>Data Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.countyhealthrankings.org">www.countyhealthrankings.org</a></td>
<td>Assessment of health needs of Matagorda County compared to all TX counties</td>
<td>May 14, 2013</td>
<td>2002 to 2010</td>
</tr>
<tr>
<td><a href="http://www.communityhealth.hhs.gov">www.communityhealth.hhs.gov</a></td>
<td>Assessment of health needs of Matagorda County compared to its national set of “peer counties”</td>
<td>May 14, 2013</td>
<td>1996 to 2009</td>
</tr>
<tr>
<td>Truven (formerly known as Thomson) Market Planner</td>
<td>Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics</td>
<td>May 14, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.capc.org">www.capc.org</a> and <a href="http://www.getpalliativecare.org">www.getpalliativecare.org</a></td>
<td>To identify the availability of Palliative Care programs and services in the area</td>
<td>May 14, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.caringinfo.org">www.caringinfo.org</a> and iweb.nhpc.org</td>
<td>To identify the availability of hospice programs in the county</td>
<td>May 14, 2013</td>
<td>2012</td>
</tr>
<tr>
<td><a href="http://www.healthmetricsandevaluation.org">www.healthmetricsandevaluation.org</a></td>
<td>To examine the prevalence of diabetic conditions and change in life expectancy</td>
<td>May 14, 2013</td>
<td>1989 through 2009</td>
</tr>
<tr>
<td><a href="http://www.dataplace.org">www.dataplace.org</a></td>
<td>To determine availability of specific health resources</td>
<td>May 14, 2013</td>
<td>2005</td>
</tr>
<tr>
<td><a href="http://www.cdc.gov">www.cdc.gov</a></td>
<td>To examine area trends for heart disease and stroke</td>
<td>May 14, 2013</td>
<td>2007 to 2009</td>
</tr>
<tr>
<td><a href="http://www.CHNA.org">www.CHNA.org</a></td>
<td>To identify potential needs among a variety of resource and health need metrics</td>
<td>May 14, 2013</td>
<td>2003 to 2010</td>
</tr>
<tr>
<td><a href="http://www.datawarehouse.hrsa.gov">www.datawarehouse.hrsa.gov</a></td>
<td>To identify applicable manpower shortage designations</td>
<td>May 14, 2013</td>
<td>2013</td>
</tr>
</tbody>
</table>
• In addition, we deployed a CHNA “Round 1” survey to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations.

• We received community input from 27 local expert advisors. Survey responses started Wednesday, May 22, 2013 at 4:04 p.m. and ended with the last response on Friday, May 31, 2013 at 10:43 a.m.;

• Information analysis augmented by local opinions showed how Matagorda County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what.

When the analysis was complete, we put the information and summary conclusions before our local group of experts, who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need, and a new need did emerge from this exchange. Consultation with 18 local experts occurred again via an internet-based survey (explained below) during the period beginning Tuesday, June 11, 2013 at 2:51 p.m. and ended with the last response on Tuesday, June 25, 2013 at 11:21 a.m.

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts. Experts answer questionnaires in a series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts’ forecasts from the previous round, as well as reasons provided for their judgments. The process encouraged experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority, community needs.

In the MRMC process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by QHR and the MRMC executive team where a reasonable break point in the descending rank order of votes occurred, indicated by the weight
amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the MRMC executive team, the dichotomized need rank order (Significant vs. Other) identified which needs the hospital needed to focus upon in determining where and how it was to develop an implementation response.
FINDINGS
Findings

Definition of Area Served by the Hospital Facility

MRMC, in conjunction with QHR, defines its service area as Matagorda County in TX, which includes the following ZIP codes:

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>77414</td>
<td>Bay City</td>
</tr>
<tr>
<td>77419</td>
<td>Blessing</td>
</tr>
<tr>
<td>77440</td>
<td>Elmaton</td>
</tr>
<tr>
<td>77456</td>
<td>Markham</td>
</tr>
<tr>
<td>77457</td>
<td>Matagorda</td>
</tr>
<tr>
<td>77458</td>
<td>Midfield</td>
</tr>
<tr>
<td>77465</td>
<td>Palacios</td>
</tr>
<tr>
<td>77468</td>
<td>Pledger</td>
</tr>
<tr>
<td>77482</td>
<td>Van Vleck</td>
</tr>
</tbody>
</table>

In 2011, the Hospital received 78.1% of its patients from this area.
Demographic of the Community

The 2013 population for Matagorda County is estimated to be 36,577 and expected to increase at a rate of 2.8%. This is in contrast to the 3.3% national rate of growth and the TX growth rate of 7.7%. Matagorda County anticipates a population of 37,614 by 2018.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2013 median age for the county is 37.9 years, which is older than the State median age (34.1 years), and the national median age (37.5 years). The 2013 Median Household Income for the area is $43,142, which is lower than the State median income of $48,509 and the national median income of $49,233. Median Household Wealth value also is above the National and the State values. The Median Home Values for the area is $90,322 which is lower than the National and State values. Matagorda’s unemployment rate as of December, 2012 was 9.4%, which is worse than the 7.8% statewide and the national civilian unemployment rates.¹

The portion of the population in the county over 65 is 15.2%, above the State average. The portion of the population of women of childbearing age is 18.1%, slightly below the State and national average of 20.1%. 10.6% of the population is Black non-Hispanic and 46.1% is White non-Hispanic. The Hispanic population comprises 40.2% of the total.

¹ http://www.countyhealthrankings.org/app/#/texas/2013/matagorda/county/outcomes/overall/snapshot/by-rank
The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important, potentially adverse findings. Items with blue text are viewed as statistically important, potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation, or not considered either favorable or unfavorable in our use of the information.
<table>
<thead>
<tr>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
<th>Health Service Topic</th>
<th>Demand as % of National</th>
<th>% of Population Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight / Lifestyle</strong></td>
<td></td>
<td></td>
<td><strong>Heart</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI: Morbid/Obese</td>
<td>110.2%</td>
<td>26.2%</td>
<td>Routine Screening: Cardiac Stress 2 yr</td>
<td>94.0%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Vigorous Exercise</td>
<td>93.4%</td>
<td>47.4%</td>
<td>Chronic High Cholesterol</td>
<td>102.1%</td>
<td>22.8%</td>
</tr>
<tr>
<td>Chronic Diabetes</td>
<td>110.7%</td>
<td>12.4%</td>
<td>Routine Cholesterol Screening</td>
<td>91.8%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Healthy Eating Habits</td>
<td>89.9%</td>
<td>26.6%</td>
<td>Chronic High Blood Pressure</td>
<td>113.2%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Very Unhealthy Eating Habits</td>
<td>109.4%</td>
<td>3.0%</td>
<td>Chronic Heart Disease</td>
<td>127.6%</td>
<td>10.6%</td>
</tr>
<tr>
<td><strong>Behavior</strong></td>
<td></td>
<td></td>
<td><strong>Routine Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I Will Travel to Obtain Medical Care</td>
<td>96.5%</td>
<td>31.0%</td>
<td>FP/GP: 1+ Visit</td>
<td>102.2%</td>
<td>99.3%</td>
</tr>
<tr>
<td>I Follow Treatment Recommendations</td>
<td>90.2%</td>
<td>36.4%</td>
<td>Used Midlevel in last 6 Months</td>
<td>99.6%</td>
<td>42.4%</td>
</tr>
<tr>
<td>I Am Responsible for My Health</td>
<td>95.0%</td>
<td>53.9%</td>
<td>OB/Gyn: 1+ Visit</td>
<td>67.7%</td>
<td>40.5%</td>
</tr>
<tr>
<td><strong>Pulmonary</strong></td>
<td></td>
<td></td>
<td><strong>Internet Usage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic COPD</td>
<td>122.6%</td>
<td>4.7%</td>
<td>Use Internet to Talk to MD</td>
<td>78.4%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Tobacco Use: Cigarettes</td>
<td>120.8%</td>
<td>34.4%</td>
<td>Facebook Opinions</td>
<td>67.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>Chronic Allergies</td>
<td>107.6%</td>
<td>25.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td></td>
<td></td>
<td><strong>Misc</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography in Past Yr</td>
<td>95.7%</td>
<td>43.5%</td>
<td>Looked for Provider Rating</td>
<td>88.2%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Cancer Screen: colorectal 2 yr</td>
<td>96.1%</td>
<td>24.0%</td>
<td>Charitable Contrib: Hosp/Hosp Sys</td>
<td>95.0%</td>
<td>22.7%</td>
</tr>
<tr>
<td>Cancer Screen: Papi/Cerv Test 2 yr</td>
<td>92.4%</td>
<td>55.7%</td>
<td>Charitable Contrib: Other Health Org</td>
<td>89.6%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Routine Screen: Prostate 2 yr</td>
<td>99.2%</td>
<td>31.6%</td>
<td>HSA/TSA: Employer Offers</td>
<td>82.7%</td>
<td>47.0%</td>
</tr>
<tr>
<td><strong>Orthopedic</strong></td>
<td></td>
<td></td>
<td><strong>Emergency Service</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic Lower Back Pain</td>
<td>104.7%</td>
<td>23.6%</td>
<td>Emergency Room Use</td>
<td>105.0%</td>
<td>36.0%</td>
</tr>
<tr>
<td>Chronic Osteoporosis</td>
<td>113.7%</td>
<td>11.0%</td>
<td>Urgent Care Use</td>
<td>94.4%</td>
<td>22.3%</td>
</tr>
</tbody>
</table>
## Leading Causes of Death

<table>
<thead>
<tr>
<th>TX Rank</th>
<th>Matagorda Co. Rank</th>
<th>Condition</th>
<th>Rank among all counties in TX (#1 rank = worst in state)</th>
<th>Rate of Death per 100,000 age adjusted</th>
<th>TX</th>
<th>Matagorda Co.</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Heart Disease</td>
<td>94 of 253</td>
<td>178.6</td>
<td>238.3</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>2, 10, 16, 17, 23, 24, 29, 30, 31, 33, 34, 36, 39</td>
<td>2</td>
<td>Cancer</td>
<td>44 of 253</td>
<td>163.8</td>
<td>210.4</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>Stroke</td>
<td>123 of 251</td>
<td>43.6</td>
<td>52.1</td>
<td></td>
<td>As expected</td>
</tr>
<tr>
<td>11, 21, 23</td>
<td>4</td>
<td>Accidents</td>
<td>192 of 250</td>
<td>39.9</td>
<td>41.6</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>Lung</td>
<td>161 of 251</td>
<td>41.8</td>
<td>40.8</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>7</td>
<td>6</td>
<td>Diabetes</td>
<td>149 of 248</td>
<td>22.5</td>
<td>26.4</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>13</td>
<td>7</td>
<td>Flu - Pneumonia</td>
<td>67 of 244</td>
<td>15.9</td>
<td>24.1</td>
<td></td>
<td>Lower than expected</td>
</tr>
<tr>
<td>6</td>
<td>8</td>
<td>Alzheimer's</td>
<td>155 of 244</td>
<td>24.9</td>
<td>20.8</td>
<td></td>
<td>As expected</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>Kidney</td>
<td>54 of 247</td>
<td>17.4</td>
<td>18.7</td>
<td></td>
<td>As expected</td>
</tr>
<tr>
<td>12</td>
<td>10</td>
<td>Blood Poisoning</td>
<td>36 of 242</td>
<td>14.5</td>
<td>17.7</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>15</td>
<td>11</td>
<td>Liver</td>
<td>107 of 239</td>
<td>11.6</td>
<td>12.2</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>28</td>
<td>12</td>
<td>Homicide</td>
<td>18 of 192</td>
<td>6.0</td>
<td>10.0</td>
<td></td>
<td>Lower than expected</td>
</tr>
<tr>
<td>8</td>
<td>13</td>
<td>Hypertension</td>
<td>93 of 228</td>
<td>7.6</td>
<td>7.6</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>14</td>
<td>14</td>
<td>Suicide</td>
<td>217 of 243</td>
<td>11.7</td>
<td>7.0</td>
<td></td>
<td>Higher than expected</td>
</tr>
<tr>
<td>27</td>
<td>15</td>
<td>Parkinson's</td>
<td>96 of 221</td>
<td>6.6</td>
<td>6.3</td>
<td></td>
<td>Higher than expected</td>
</tr>
</tbody>
</table>
Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations." The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations," which are groups with unique healthcare needs or issues that require special attention.

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:
  - Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and
  - Functional Status Preservation and Rehabilitation - Female Medicare beneficiaries age 65 and over, who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Blacks were worse than Whites and staying the same:
  - Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;
  - Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;
- Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
- Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;
- Timeliness – Adults who needed immediate care for an illness, injury, or condition in the last 12 months, who received care as soon as they wanted; emergency department visits where patients left without being seen; and
- Access – People with a usual primary care provider; people with a specific source of ongoing care.

**Measures for which Asians were worse than Whites and getting better:**
- Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
- Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.

**Measures for which Asians were worse than Whites and staying the same:**
- Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and
- Access – People with a usual primary care provider.

**Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and staying the same:**
- Heart Disease – Hospital patients with heart failure who received recommended hospital care;
- HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
- Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;
- Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;
- Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home healthcare patients who were admitted to the hospital; and
- **Access** – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and getting worse:
  - Cancer – Adults age 50 and over who ever received colorectal cancer screening; and
  - Patient safety – Adult surgery patients who received appropriate timing of antibiotics.

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting better:
  - Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;
  - Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and
  - Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:
  - Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;
  - Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;
  - Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;
  - HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;
  - Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;
  - Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;
  - Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;
- Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;

- Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months and got care as soon as wanted;

- Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and

- Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting worse:

  - Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our local expert advisors about unique needs of priority populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the local expert advisors are summarized as follows:

- Access to specialist regarding diabetes management and cardiovascular disease.

- Obesity and related chronic diseases are pressing health issues among Matagorda County citizens.

- I believe the County needs to focus on preventive care, wellness programs and facilities that are affordable to the majority of our citizens.

- Not only clinicians, but non-traditional partners that interface with community residents regularly are critical players such as local government, schools, churches, local businesses, independent health providers, and public health practitioners.

- Affordable health insurance and preventative services for the low income, uninsured, or minority groups.
Statistical information about special populations follows:

### Access to Care: Matagorda County, TX

In addition to use of services, access to care may be characterized by medical care coverage and service availability.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured individuals (age under 65)¹</td>
<td>8,650</td>
</tr>
<tr>
<td>Medicare beneficiaries</td>
<td></td>
</tr>
<tr>
<td>Elderly (Age 65+)</td>
<td>4,740</td>
</tr>
<tr>
<td>Disabled</td>
<td>865</td>
</tr>
<tr>
<td>Medicaid beneficiaries</td>
<td></td>
</tr>
<tr>
<td>²</td>
<td>8,733</td>
</tr>
<tr>
<td>Primary care physicians per 100,000 pop²</td>
<td>67.1</td>
</tr>
<tr>
<td>Dentists per 100,000 pop²</td>
<td>26.8</td>
</tr>
<tr>
<td>Community/Migrant Health Centers³</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Health Professional Shortage Area³</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

*nd* No data available.

³ HRSA. Geospatial Data Warehouse, 2009.

### Vulnerable Populations: Matagorda County, TX

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

#### Vulnerable Populations Include People Who¹

<table>
<thead>
<tr>
<th>Vulnerable Population</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have no high school diploma (among adults age 25 and older)</td>
<td>7,086</td>
</tr>
<tr>
<td>Are unemployed</td>
<td>1,186</td>
</tr>
<tr>
<td>Are severely work disabled</td>
<td>750</td>
</tr>
<tr>
<td>Have major depression</td>
<td>1,890</td>
</tr>
<tr>
<td>Are recent drug users (within past month)</td>
<td>2,019</td>
</tr>
</tbody>
</table>

*nd* No data available.

¹ The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.
Findings

Upon completion of the CHNA, QHR identified several issues within the Matagorda community:

Conclusions from Public Input to Community Health Needs Assessment

- 27 area residents participated in a survey asking opinions about their perception of local healthcare needs. In descending order of opinion, seven topics were identified as being of "Major Concern" or "Most Important Issue to Resolve":
  1. The need for affordable health care, and prevention of chronic medical conditions for all populations.
  2. Concerns about elderly issues, chronic diseases and the affordability (insurance) of care.
  3. Specific service needs of diabetes and cancer prevention.
  4. More local health services, access to emergency services, disease prevention, and educational health needs.
  5. Need more education on healthy eating, smoking cessation, obesity and dental health for low income community members (uninsured).
  6. Diabetes and cancer prevention education are needed in the community.
  7. Accessible care, preventative services and affordable insurance is needed in keeping our community healthy.

Summary of Observations from Matagorda County Compared to All Other State Counties, in Terms of Community Health Needs

- In general, Matagorda County residents are at about average health for State;
- In a health status classification termed "Health Outcomes," County ranks number 145 among the 232 ranked counties (best being #1). On the beneficial side of the ledger, low birth weight births among County mothers is 8.2%, a value approaching the national goal but above the state averages. Premature Death rate (death prior to age 75) in Matagorda County is statistically above the state average and the national goal. Self-reported health status measures show County residents above the state average national goal; and
- In another health status classification "Health Factors," Matagorda County does not fare as well, ranking 201st among the 232 counties. Clinical care measures are below the state average. Conditions where improvement remains to achieving state average rates and then national goals include:
Summary of Observations from Matagorda County Peer Comparisons

The federal government administers a process to allocate all counties into "peer" groups. County "peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Matagorda County is compared to its national set of peer counties and compared to national rates make the following observations:

UNFAVORABLE - observations occurring at rates worse than national AND worse than among peers:

- Very low birth weight <1500 g);
- Births to women under 18;
- White non-Hispanic infant mortality;
- Post-neonatal infant mortality;

- Adult smoking;
- Adult obesity;
- Physical inactivity;
- Excessive drinking;
- Motor vehicle crash death rate;
- Sexually transmitted disease;
- Teen birth rate;
- Uninsured;
- Primary care physicians;
- Preventable hospital stays;
- Diabetic screening;
- Mammography screening;
- Unemployment;
- Children in poverty;
- Children in single parent households;
- Violent crime rate;
- Drinking water safety; and
- Limited access to healthy food
Matagorda Regional Medical Center
Community Health Needs Assessment
Bay City, TX

- Female breast cancer;
- Colon cancer;
- Coronary heart disease;
- Homicide;
- Lung cancer; and
- Stroke.

SOMEWHAT A CONCERN - observations because occurrence is EITHER above national average or above peer group average:

- Premature births (<37 weeks);
- Births to unmarried women;
- Infant mortality; and
- Motor vehicle injuries.

BETTER PERFORMANCE – better than peers and national rates:

- Low birth weight (<2500 g);
- Births to women ages 40 to 54;
- Hispanic infant mortality;
- Neonatal infant mortality;
- Suicide; and
- Unintentional Injury.

Conclusions from the Demographic Analysis Comparing Matagorda County to National Averages

Matagorda County in 2013 comprises 36,577 residents. During the next five years, it is expected to see a population increase of 2.8% to achieve 37,614 residents. This growth is slower than anticipated state (7.7%) and national (3.3%) growth. The population is older and has a lower median income than the state or national comparisons. 15.2% of the population is age 65 or older, a higher percentage than TX. 1.8% are non-Hispanic White, Asian, and Pacific Island origin; Hispanics constitute 40.2% of the population; Blacks comprise 10.6% of the population; Whites 46.1%. Females ages 14 to 44 comprise 18.1% of the population, slightly less than the percentage in TX (20.8%) or the nation (19.8%).
The following areas were identified comparing the county to national averages. Metrics impacting more than 30% of the population and that are statistically significantly different from the national average:

- Pap/Cervix Screening was 8% below average, impacting 56% - an adverse finding;
- Responsible for health was 5% below average, impacting 54% - an adverse finding;
- Vigorous exercise was 7% below average, impacting 47% - an adverse finding;
- Employer Health Savings Accounts was 7% below average, impacting 47% - neither a beneficial or adverse finding;
- Cholesterol Screening was 8% below average, impacting 47% - an adverse finding;
- OB/GYN Visit was 12% below average, impacting 41% - an adverse finding;
- Compliant With Treatment Recommendations was 9% below average, impacting 36% - an adverse finding;
- Emergency room use was 6% above average, impacting 36% - and adverse finding;
- Making Charitable Contributions to Non-Health Organizations was 10% below average, impacting 35% - neither a beneficial or adverse finding; and
- Smoking was 21% above average, impacting 31% - an adverse finding.

Situations and conditions statistically significantly different from the national average, but impacting less than 30% of the population include:

- Chronic High Blood Pressure was 13% above average, impacting 29% - an adverse finding;
- Morbid Obese was 11% above average, impacting 28% - an adverse finding;
- Healthy Eating Habits was 10% below average, impacting 27% - an adverse finding
- Chronic Allergies was 8% above average, impacting 26% - an adverse finding;
- Cardiac Stress Screening was 8% below average, impacting 15%
- Chronic Diabetes was 20% above average, impacting 12% - an adverse finding;
- Chronic Osteoporosis was 14% above average, impacting 11% - an adverse finding;
- Chronic Heart Disease was 28% above average, impacting 11% - an adverse finding;
- Chronic COPD 23% was above average, impacting 5% - an adverse finding; and
- Very Unhealthy Eating Habits was 9% above average, impacting 3% - an adverse finding.
Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Matagorda County found:

- Palliative Care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do not exist in the county; and
- Hospice 8 programs exist in the county.

Ranking the causes of death in County finds the leading causes to be the following (in descending order of occurrence):

- Heart Disease #1 cause of death statewide and in County 238/100,000 ranking #94 among 253 TX Counties;
- Cancer #2 cause of death statewide and in County 210/100,000 ranking #44 TX County - significantly higher than expected;
- Stroke #3 cause of death statewide and in County 52/100,000 ranking #123 TX County;
- Accidents #4 cause of death in County, statewide #11 – 41.6/100,000 ranking #192 TX County – significantly higher than expected;
- Lung Disease #5 cause of death in County, statewide #4 - 40.8/100,000 ranking #161TX County – significantly higher than expected;
- Diabetes #6 cause of death in County, statewide #7 – 26.4/100,000 ranking #149 TX County – significantly higher than expected;
- Flu-Pneumonia #7 cause of death in County, statewide #13 – 24.1/100,000 ranking #67 TX County - significantly lower than expected;
- Alzheimer’s #8 cause of death in County, statewide #6 – 20.8/100,000 ranking #155 TX County;
- Kidney Disease #9 cause of death in County and statewide – 18.7/100,000 ranking #54 TX County;
- Blood Poisoning #10 cause of death in County, statewide #12 – 17.7/100,000 ranking #36 TX County - significantly higher than expected;
- Among other leading causes of death, Liver, Hypertension, Suicide, and Parkinson’s are significantly higher than expected; Homicide is significantly lower than expected;
- The incident of Heart Disease is above state and national average. The incident of Stroke deaths is above state and national average. Diabetes is well above state average;
• Life expectancy for Matagorda males in 1989 was 70.5 years, 3.1 years behind the top counties, improving in 2009 to 73.7 years, only 6.8 years behind the top counties; and

• Life expectancy for Matagorda females in 1989 was 78.3 years, 2.4 years behind the top counties, improving in 2009 to 79 years, only 4.7 years behind the top counties.
EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION PLAN
Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources as well as the response to the needs by Matagorda Regional Medical Center. The following list includes:

- Identifies the rank order of each identified Significant Need;
- Presents the factors considered in developing the ranking;
- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;
- Identifies Matagorda Regional Medical Center current efforts responding to the need;
- Establishes the Implementation Plan programs and resources Matagorda Regional Medical Center will devote to attempt to achieve improvements;
- Documents the Leading Indicators Matagorda Regional Medical Center will use to measure progress;
- Presents the Lagging Indicators Matagorda Regional Medical Center believes the Leading Indicators will influence in a positive fashion; and
- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Matagorda Regional Medical Center is the major hospital in the service area. Matagorda Regional Medical Center is a 58 bed, acute care medical facility located in Bay City, TX. The next closest facilities are outside the service area and include:

- Sweeny Community Hospital – 14 bed critical access hospital in Sweeny, TX; 21.7 miles from Bay City (27 minutes)
- El Campo Memorial Hospital – 26 bed acute care medical facility in El Campo, TX; 31.3 miles from Bay City (42 minutes)
- Gulf Coast Medical Center – 35 bed acute care medical facility in Wharton, TX; 33.1 miles from Bay City (29 minutes)
- Palacios Community Medical Center – 17 bed critical access hospital in Palacios, TX; 26.7 miles away from Bay City (27 minutes)

All data items analyzed to determine significant needs are “Lagging Indicators,” measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the Matagorda Regional Medical Center Implementation Plan utilizes “Leading Indicators.” Leading Indicators anticipate change in the
Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected, anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application Leading Indicators also must be within the ability of the hospital to influence and measure.

**Significant Needs**

1. **Mental Health/Suicide/Substance Abuse** — Suicide is the 14th leading cause of death in TX and county; worse than expected; Local Experts cite mental health access issues.

   **Problem Statement:** There is a lack of mental health services in the county.

   **MRMC Services Available to Respond to This Need Include:**
   - MRMC Geriatric Psych Program

   **MRMC Implementation Plan Programmatic Initiatives:**
   - MRMC efforts can help provide more access to the mental health services
   - MRMC will establish an integrated approach to mental health by coordinating its efforts with other local resources on mental health initiatives.
   - MRMC will collaborate in evaluating the need and resources to address mental health issues of the county.

   **Leading Indicator MRMC Will Use to Measure Progress:**
   - Volume of patients who complete a mental health screening in the ED:
     - 2012 suicide attempt patient encounters = 16

   **Lagging Indicator MRMC Will Use to Identify Improvement**
   - Suicide death rate 7.0 per 100,000 in Matagorda county

<table>
<thead>
<tr>
<th>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEHOP (services)</td>
</tr>
<tr>
<td>TEXANA (services)</td>
</tr>
</tbody>
</table>
2. OBESITY/OVERWEIGHT – Local experts listed nutritional educational needs; Engage in Vigorous Exercise below avg. impacts 47.4% of pop.; Morbid obese above average impacts 28% of pop.; Very Unhealthy Eating Habits impacts 3% of pop.; Healthy eating habits below avg. impacts 26.6% of pop.; Obesity impacts 28% of adults and increasing faster than TX or US trend.

Problem Statement: Obesity impacts 28% of the adult population in the county.

MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:
• MRMC worksite wellness educational program

MRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:
• MRMC will establish an integrated approach to obesity by coordinating its efforts with other local resources on obesity prevention initiatives.
• MRMC will lead by example by fostering employee and community involvement in prevention initiatives.
• MRMC will expand its program on wellness to other county businesses and industries.
• MRMC will implement a worksite wellness program for its employees.
• MRMC will provide community wide education in collaboration with Coastal Health Connection

ANTICIPATED RESULTS FROM MRMC IMPLEMENTATION PLAN
• MRMC anticipates a greater participation in community awareness programs.

LEADING INDICATOR MRMC WILL USE TO MEASURE PROGRESS:
• Annual enrollment in MRMC worksite obesity prevention program, 2013 = 195

LAGGING INDICATOR MRMC WILL USE TO IDENTIFY IMPROVEMENT
• Reduction in the percent of Matagorda residents having an obesity value of 28%

<table>
<thead>
<tr>
<th>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Palacios Community Medical Center (PCMC)</strong></td>
</tr>
<tr>
<td>311 Green Ave. Palacios, TX  77465  (361) 972-2511</td>
</tr>
<tr>
<td><strong>MEHOP</strong></td>
</tr>
<tr>
<td>101 Ave. F North, Bay City, TX  77414  (979) 245-2008</td>
</tr>
<tr>
<td><strong>Cheryl Sacco, MD (Weight Management)</strong></td>
</tr>
<tr>
<td>1120 Avenue G, Bay City, TX  77414  (979) 245-5721</td>
</tr>
<tr>
<td><strong>Mike Neret, MD (Weight Management)</strong></td>
</tr>
<tr>
<td>1809 Merlin St, Bay City, TX  77414  (979) 244-2007</td>
</tr>
<tr>
<td><strong>Fit for Life</strong></td>
</tr>
<tr>
<td>2200 Avenue F, Bay City, TX  (979) 245-5535</td>
</tr>
</tbody>
</table>
3. **AFFORDABILITY** — Local Experts cite lack of access and affordability concerns. Uninsured rate for county is 29%.

Problem Statement: Local residents are underinsured and not aware of available resources.

**MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- MRMC Medical Assistance Program (MAP)

**MRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:**

- MRMC will collaborate with Coastal Health Connection and other local resources to educate the community about available resources
- MRMC in collaboration with CHC and the community will evaluate ways to improve access to affordable health care.

**ANTICIPATED RESULTS FROM MRMC IMPLEMENTATION PLAN**

- MRMC efforts can help address the symptoms of and results from problems of affordability and access.

**LEADING INDICATOR MRMC WILL USE TO MEASURE PROGRESS**

- Volume of patient financial assistance efforts should increase from 2012 volumes.
  - 2012 MAP applications = 764

**LAGGING INDICATOR MRMC WILL USE TO IDENTIFY IMPROVEMENT**

- Number of County residents uninsured minus the MAP = (8650 – 117 = 8533)

<table>
<thead>
<tr>
<th>Other Local Resources</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMC</td>
<td>311 Green Ave, Palacios, TX 77465</td>
<td>361-972-2511</td>
</tr>
<tr>
<td>MEHOP</td>
<td>101 Ave. F North, Bay City TX 77414</td>
<td>979-245-2008</td>
</tr>
<tr>
<td>TEXANA</td>
<td>400 Avenue F, Bay City, TX 77414</td>
<td>979-245-9231</td>
</tr>
</tbody>
</table>

4. **PRIORITY POPULATIONS** — 30% of children live in poverty; 14% of low incomes have low food access; local experts note low income and children need better education on healthy food choices and concerns about the number of uninsured in their community.

Problem Statement: High poverty levels and food scarcity exist in the county especially among children.

**MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:**

- MRMC Women Infant and Children (WIC) program
**MRMC Implementation Plan Programmatic Initiatives:**

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how MRMC services can benefit from their initiatives.
- MRMC will initiate efforts by contacting each organization to establish a forum for effort collaboration.

**Anticipated Results from MRMC Implementation Plan**

- MRMC efforts can help address the symptoms of and results from problems related to food access.

**Leading Indicator MRMC Will Use to Measure Progress:**

- Volume of patients applying for WIC:
  - 2012 applications = 4581

**Lagging Indicator MRMC Will Use to Identify Improvement**

- Crude mortality rate for deaths of under age 18 pop.; reduction in deaths from 17

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**Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>State of Texas Medicaid</td>
<td>P.O. Box 14200, Midland, TX 79711</td>
<td>1-800-252-8263</td>
</tr>
<tr>
<td>Palacios ISD</td>
<td>1209 Twelfth Street, Palacios, TX 77465</td>
<td>361-972-5491</td>
</tr>
<tr>
<td>Bay City ISD</td>
<td>520 7th Street, Bay City, TX 77414</td>
<td>979-245-5766</td>
</tr>
<tr>
<td>Tidehaven ISD</td>
<td>P.O. Box 129, El Maton, TX 77440</td>
<td>361-588-6321</td>
</tr>
<tr>
<td>Matagorda ISD</td>
<td>P.O. Box 657, Matagorda, TX 77457</td>
<td>979-559-0628</td>
</tr>
<tr>
<td>Van Vleck ISD</td>
<td>142 S. Fourth St., Van Vleck, TX 77482</td>
<td>979-245-8518</td>
</tr>
<tr>
<td>Community food pantries and feeding programs</td>
<td>Bay City, TX</td>
<td></td>
</tr>
</tbody>
</table>

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**5. Compliance Behavior/Predisposing Conditions** – Local experts cite education and prevention as needs; “I am responsible for my health” below average and impacts 53.9% of population; “Follows treatments” is below normal and impacts 36.4% of population; High School Graduation rate is 91% while Some College is at 45% for Matagorda county.
**Problem Statement:** Not enough residents engage in immunization compliance according to the CDC guidelines.³

**MRMC Services Available to Respond to This Need Include:**

- MRMC provides flu shots for its employees
- MRMC provides opportunity to receive pneumonia vaccine on admission for appropriate population

**MRMC Implementation Plan Programmatic Initiatives:**

- MRMC will implement an Educational program for Priority Population members.
- MRMC will collaborate with the CHC for public awareness of immunization resources

**Anticipated Results from MRMC Implementation Plan**

- Increased immunization compliance for Matagorda county residents.

**Leading Indicator MRMC Will Use to Measure Progress:**

- CMS core measure of the percent of patients assessed and given pneumonia vaccine.
  
  - Pneumonia vaccines in 2012 = 213

**Lagging Indicator MRMC Will Use to Identify Improvement**

- Cluster profile of “I am responsible for my health” below average and impacts 53.9% of population

### Other Local Resources Identified during the CHNA Process Which Are Believed Available to Respond to This Need Include the Following:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCMC</td>
<td>311 Green Ave, Palacios, TX 77465</td>
<td>361-972-2511</td>
</tr>
<tr>
<td>Physician practices</td>
<td>Bay City, TX</td>
<td></td>
</tr>
<tr>
<td>MEHOP</td>
<td>101 Ave. F North, Bay City TX 77414</td>
<td>979-245-2008</td>
</tr>
<tr>
<td>Local Pharmacies</td>
<td>Bay City, TX</td>
<td></td>
</tr>
<tr>
<td>South Texas Medical</td>
<td>2100 Regional Medical Dr, Wharton, TX</td>
<td>979-532-1700</td>
</tr>
</tbody>
</table>

6. **Physicians** – 90.3% of pop have used a Primary care physician at least once; Primary Care Physician to Population Ratio significantly higher (adverse) than TX average and US goal

**Problem Statement:** There is not a current evaluation of the number of providers in the county.

MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- MRMC physician and midlevel recruitment efforts

MRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- MRMC in collaboration with CHC will evaluate the number of providers in the county.
- MRMC will review the success of its provider recruitment process and enter discussions about how to construct the most desirable practice environment.
- MRMC will recruit and employ providers as needed through an affiliated medical group.

ANTICIPATED RESULTS FROM MRMC IMPLEMENTATION PLAN

- Increase in the number of providers at MRMC.

LEADING INDICATOR MRMC WILL USE TO MEASURE PROGRESS:

- MRMC will develop a tracking method to measure progress:
  - Number of primary care practitioners interviewed/recruited for a position at MRMC = 1

LAGGING INDICATOR MRMC WILL USE TO IDENTIFY IMPROVEMENT

- Primary care physician to population ratio, Matagorda is 67 primary care physicians per 100,000.

<table>
<thead>
<tr>
<th>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</th>
</tr>
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<tbody>
<tr>
<td><strong>PCMC</strong></td>
</tr>
<tr>
<td><strong>MEHOP</strong></td>
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</table>

7. MATERNAL AND INFANT MEASURES - Local experts noted that a focus of attention in Matagorda County is the rate of teen births and the health of these infants. One asked “whose responsibility is the health education that focuses on how to prevent pregnancy in those women (children!) 18 and younger?” OB/GYN visit below average impacts 40.5% of pop.; Better than Peers and US rates- Low Birth Weight, Births to Women Age 40 to 54, White non Hispanic Infant Mortality and Neonatal Infant Mortality. Worse than US or Unfavorable rates worse than US - Births to Unmarried Women, Peers for Births to Women Under 18, Infant Mortality, Post Neonatal Infant Mortality and Very low birth weight.

Problem Statement: Need to reduce the number sexually active teens in the county.

MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- MRMC provides childbirth classes for community
MRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with CHC and offer resources responding to this need by identifying how MRMC services can benefit their initiatives.

- Increase awareness of the MRMC childbirth classes available

ANTICIPATED RESULTS FROM MRMC IMPLEMENTATION PLAN

- A reduction in the number of STD cases and teen pregnancies in the county.

LEADING INDICATOR MRMC WILL USE TO MEASURE PROGRESS:

- Volume of patients enrolled in the MRMC childbirth classes:
  - 2012 patients = 6

LAGGING INDICATOR MRMC WILL USE TO IDENTIFY IMPROVEMENT

- Lower the percent of pregnant women in Matagorda County not seeking prenatal care late or during their first trimester from 37%\(^4\), 8.1% of births to women under age 18 in county.

| Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following: |
| PCMC | 311 Green Ave, Palacios, TX 77465 | (361) 972-2511 |
| MEHOP | 101 Ave. F North, Bay City TX 77414 | (979) 245-2008 |
| Pregnancy Center | 1418 Avenue H, Bay City, TX 77414 | (979) 245-9900 |

8. Cancer – #2 cause of death statewide and in Matagorda County; Local experts noted highest resident concern. Lung Cancer and Colon Cancer rates are above national average; Breast Cancer rate is above national but below peer average.

Problem Statement: Cancer detection and screening services need greater participation by community members.

MRMC SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- MRMC provides Colonoscopy and mammography screenings

MRMC IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the Coastal Health Connections which offer resources responding to this need by identifying how MRMC services can benefit their initiatives. MRMC will initiate efforts by contacting each organization to establish a forum for effort collaboration.

\(^4\) [http://datacenter.aecf.org/data/tables/3200-births-to-women-receiving-late-or-no-prenatal-care?loc=45&loct=5#detailed/5/6515-6768/false/35,18,17,16/any/8248,8249](http://datacenter.aecf.org/data/tables/3200-births-to-women-receiving-late-or-no-prenatal-care?loc=45&loct=5#detailed/5/6515-6768/false/35,18,17,16/any/8248,8249)
• Allocating resources to acquire educational material to distribute to patients receiving a cancer diagnosis or interested in the disease.

ANTICIPATED RESULTS FROM MRMC IMPLEMENTATION PLAN
• An increase in the use of screening and cancer detection services leading to earlier intervention and increased survival.

LEADING INDICATOR MRMC WILL USE TO MEASURE PROGRESS:
• Volume of colonoscopy and mammography exams should increase from 2012 volumes.
  - 2012 colonoscopy exams = 489
  - 2012 mammography exams = 1050

LAGGING INDICATOR MRMC WILL USE TO IDENTIFY IMPROVEMENT
• Cancer death rate 164 per 100,000 in county

<table>
<thead>
<tr>
<th>Other Local Resources identified during the CHNA process which are believed available to respond to this need include the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Cancer Society</td>
</tr>
<tr>
<td>PCMC</td>
</tr>
<tr>
<td>MEHOP</td>
</tr>
<tr>
<td>Local physician practices</td>
</tr>
</tbody>
</table>

Other Needs Identified During the CHNA Process

9. DIABETES - #7 cause of death statewide; 26.4 per 100,000 ranking #149 TX Counties – significantly higher than expected for Matagorda Co.; Chronic Diabetes above avg. impacts 12.4% of pop.; screening rate is higher than TX avg. and US goal

10. DENTAL - 21% of residents have poor dental health, exceeds 13% TX avg.; Dentists to Population Ratio significantly higher (adverse) than TX avg. and US goal

11. BLOOD PRESSURE (High) - Hypertension 13th cause of deaths in Matagorda County, death rate higher than expectations; 13% above average, impacting 29% of the population.

12. CORONARY HEART DISEASE - #1 cause of death statewide; death rate per 100,000, 238, ranking #94 among 253 TX Counties - higher than expected. Chronic Heart Disease above avg. impacts 10.6% of pop.; Routine cardiac stress testing below avg. impacts 14.7% of pop.
13. **ACCIDENTS** - #11 cause of death statewide; 41.6 per 100,000 ranking #192 TX Counties – significantly higher than expected; death rates worse than US AND Peers for Motor Vehicle Injuries; Approximately better than Peers and US rates for Unintentional Injury; Motor Vehicle Crash Death Rate higher than TX or US avg.

14. **EMERGENCY SERVICES** - Emergency Room use above avg. impacts 36% of pop.

15. **CHOLESTEROL (HIGH)** - Chronic high cholesterol affects 22.8% of the pop.; Routine cholesterol screening below avg. impacts 46.6% of pop.

16. **SMOKING/TOBACCO USE** - 24% of the population use Tobacco; above national average use for County and TX.

17. **CHRONIC COPD/LUNG DISEASE/PULMONARY** - Lung Disease affects 40.8 out of 100,000, and is 5th leading cause of death in Matagorda County; Chronic COPD impacts 23% and is above average, impacting 5% of the pop.; Chronic allergies above avg. impacts 16.5% of pop.

18. **POLLUTION** - Air particulate matter better than TX avg. but worse than US goal; Water, drinking water safety worse than TX and US goal.

19. **PREVENTABLE HOSPITALIZATION** - Preventable Hospital Stays slightly higher than TX avg. and US goals.

20. **LIFE EXPECTANCY/PREMATURE DEATH** - Life expectancy increased but females improved better than males; Premature Death rate (death prior to age 75) in Matagorda County is statistically above the state average and the national goal.

21. **PALLIATIVE CARE & HOSPICE** - Palliative care programs do not exist in Matagorda County, 8 facilities provide Hospice services in the county.

22. **KIDNEY DISEASE** - #9 cause of death in County and statewide – 18.7 per 100,000 ranking #54 in TX Counties which is as expected.

23. **STROKE** - #3 cause of death statewide and in County 52 per 100,000 ranking #123 TX Counties - as expected for Co, and TX.; Unfavorable rates worse than US and Peers for Stroke.

24. **WELLNESS CENTER** - Local experts cited as a need for Matagorda County.

25. **ALZHEIMER’S** - #6 cause of death statewide; 20.8 per 100,000 ranking #155 TX Counties; as expected.

26. **CHRONIC OSTEOPOROSIS (bone disease)** - Local experts cited as a need for Matagorda county.
27. **FLU-PNEUMONIA** - #13 cause of death statewide; 24.1 per 100,000 ranking #67 in TX Counties - significantly lower than expected.

28. **LOW BACK PAIN (Chronic)** - Chronic low back pain above avg. impacts 23.6% of pop.

**Overall Community Need Statement and Priority Ranking Score:**

**Significant Needs Where Hospital Has Implementation Responsibility**

1. AFFORDABILITY
2. MENTAL HEALTH/SUICIDE/SUBSTANCE ABUSE
3. OBESITY/OVERWEIGHT/ACCESS TO HEALTH FOOD
4. CORONARY HEART DISEASE
5. MATERNAL AND INFANT MEASURES
6. DIABETES
7. SMOKING/TOBACCO USE
8. COMPLIANCE BEHAVIOR/PREDEPOSING CONDITIONS
9. ACCIDENTS

**Significant Needs Where Hospital Did Not Develop Implementation Plan**

None

**Other Needs Where Hospital Developed Implementation Plan**

None

**Other Identified Needs Where Hospital Did Not Develop Implementation Plan**

10. CANCER
11. EMERGENCY SERVICES
12. PRIORITY POPULATIONS
13. CHOLESTEROL (HIGH)
14. DENTAL
15. STROKE
16. BLOOD PRESSURE (High)
17. CHRONIC COPD/LUNG DISEASE/PULMONARY
18. PREVENTABLE HOSPITALIZATION
19. PALLIATIVE CARE & HOSPICE
20. PHYSICIANS
21. LIFE EXPECTANCY/PREMATURE DEATH
22. POLLUTION
23. CHRONIC OSTEOPOROSIS
24. ALZHEIMER'S
25. LOW BACK PAIN (Chronic)
26. FLU-PNEUMONIA
27. KIDNEY DISEASE
APPENDICES
Appendix A – Local Expert Advisor Opinion About Significant Needs

A total of 27 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. “What do you believe to be the most important health or medical issue confronting the residents of your County?” Answers were placed in a “Word Cloud” format for analysis and generated the following image:

Word Clouds are analytical tools, which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article word (i.e., “a,” “the,” etc.), non-contextual verbs (i.e., “is,” “are,” etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- Life conditions-medical specifically
- Lack of specialty care specially mental
- Uninsured and under insured
- I believe that the most important health issues affecting Matagorda County residents are obesity and related chronic diseases. Approximately 29% of Matagorda County adults were obese in 2009, compared with the state average of approximately 28%. The rate of diabetes in Matagorda County was also higher than the state average in 2009, with 11% of Matagorda County residents diagnosed with the disease, as compared to 9.7% across the state. The direct causes of obesity and obesity-related chronic diseases are well-established – inadequate levels of physical activity and consumption of calorie-dense, low nutritional value foods are
the main contributors to energy imbalances and health complications. However, if we are to look beyond these direct causes, it becomes clear that obesity and other chronic diseases stem from a combination of systematic and build environment factors. For instance, if healthy foods or safe areas for physical activity are inaccessible to residents, it becomes very difficult to engage in these types of healthy behaviors that would contribute to good health and prevent chronic conditions. In order to encourage the types of environments that promote health, policies and programs need to be put in place. The policy and programmatic areas of community design, transportation systems, agricultural activities, and access to goods and services all play an important part in determining the health of a community. In Matagorda County in 2009, almost 40% of the population had low access to a grocery store, and there were only two recreation/fitness facilities in the entire county. Strategies to address health issues confronting the Matagorda County population should take into account these multi-factorial and multi-level influences on health. Efforts should be made to engage stakeholders on multiple levels in order to stimulate change that will have lasting impact on the health of Matagorda County residents.

• The cost of emergency medical care provided to citizens by our hospitals has outgrown the revenue available to cover such costs, particularly in the case of Palacios Community Medical Center whose budgeted revenue does not include any revenue from taxes collected by the Matagorda County Hospital District. Either we need to make sure the Center is subsidized by the taxation of the Hospital District or the Center needs to collaborate with Matagorda County General Hospital for additional help in providing care to our citizens.

• I believe we have a shortage in primary health doctors, mental health doctors and the inability to attract and keep good specialty doctors in the unmet needs categories we have such as orthopedic surgeons and urologists, etc.

• Preventive Health Care- People are (1) not willing to seek medical attention early on due to financial or lack of concern, and (2) not willing to take steps to address their own health needs in order to stay healthy.

• Chronic diseases appear to be among the most important health issue facing Matagorda County. It is well-documented that chronic disease is the leading cause of death and disability in the U.S. and Matagorda County is no exception. More important than the health issue of chronic disease is understanding how populations get to the phase of chronic illness where they have to rely on treatment which often results in preventable and costly in-patient hospitalization and daily management the disease. The disease is only the physical manifestation of illness; however, there are many pathways that can be addressed to prevent or reduce the risk of disease. Clinicians and direct-care providers must begin to think upstream and address distal and intermediate causes that directly contribute to chronic disease which can be prevented to decrease these negative, long term diseases. Careful evaluation of upstream causes of chronic disease is very useful for the development of
prevention strategies at the level of the total target population. Instead of focusing on the disease conditions that plague Matagorda County, it is more beneficial to the community residents and has a higher return on investment to focus efforts on prevention strategies.

- Upstream factors for chronic diseases can be attributed to distal and intermediate causes. Distal causes include background factors that may predispose and individual or population to more or less health risk such as social class, educational attainment, or employment status. Intermediate causes occur between distal and proximate causes and contribute to the impact of distal causes. Intermediate causes include behaviors such as tobacco smoking, sedentary lifestyle, stress or high sugar consumption. More important for an entire population than an individual, the physical and built environment and the assets and capacity of a community can facilitate a healthy community and healthy population. The residents of a community are one of its greatest assets and if they cannot or are not thriving, the community usually suffers as well.

- According to County Health Rankings published by the Robert Wood Johnson Foundation, Matagorda County ranks 145th in health out of 232 counties ranked in Texas, with 1 being better health and 232 being poorer health. Health behaviors such as tobacco smoking, lack of physical activity and poor nutrition and seem to contribute to the lack of optimal health of residents in the County. Even though these may preliminarily appear to be individual-level health behaviors, there are environmental and policy changes that could assist with lowering these prevalence rates which would result in a decreased burden of chronic disease burden for the County. For example, considering smoke-free ordinances in public establishments is one policy change that could reduce tobacco smoking and secondhand tobacco smoke exposure for those who choose not to smoke. In addition, implementing safe sidewalk structures that improve connectivity to popular destinations, ample street lighting that make people feel safer when walking, bike lanes that facilitated safe places for cyclists to ride from one point to another, crosswalks and traffic calming islands that facilitated safe crossing for pedestrians are all changes to the physical environment that would support increased physical activity and reduced obesity for all, and not only the few that are fortunate to live in neighborhoods equipped with these features. In addition, the rate of uninsured appears to be higher in Matagorda County than that of Texas (29% vs. 26%, respectively). Similarly, the high rate of unemployment further exacerbates this issue (11.6% in Matagorda County vs. 7.9% in Texas). Lastly, limited access to healthy food appears to be an issue for the County.

- From 2006-2010, age-adjusted mortality rates for cardiovascular disease were calculated for Matagorda County and the four adjacent counties including Brazoria, Jackson, Fort Bend, and Wharton counties and the state of Texas. According to the Cardiovascular Disease in Texas: A Surveillance Report – 2012, Matagorda County had the highest age-adjusted mortality rate for both conditions: 222.6 deaths per 100,000 for heart disease and 52.9 deaths per 100,000 for stroke. Age-adjusted rates for other geographic regions were respectively as
follows: Brazoria County (201.6/45.4), Jackson County (215.0/38.3), Fort Bend County (164.2/41.0), Wharton County (194.3/48.7), and Texas (195.2/48.4).

- Of course, both preventive care and clinical care are necessary for a healthy community – the two works in concert. Individuals will always need medical care, which they should be able to receive when they need it, where they need it, and it should be of high quality. At the same time, residents of a community should be able to live, work and play in a community that supports the health of all residents and also makes the healthy choice the easy and safe choice. Sources: http://www.countyhealthrankings.org/app/texas/2013/matagorda/county/outcomes/overall/snapshot/by-rank

- Need for affordable health care.

- Obtaining affordable health care.

- The ability to pay for medical procedures for those who have no medical insurance.

- Access to local Primary/Specialty/Mental Health providers.

- Not enough doctors or specialists. So many of the physicians are not taking new patients or not taking some insurance companies. Most appointments are not available for one to two weeks because they are so busy. This postpones the very treatments that individuals need. People can suffer while waiting, much less complicate the illness.

- Cancer affecting individuals at younger ages. Individuals that are younger receiving screenings to assist in early detection of illnesses/diseases.

- Funding from Texas and the State not joining the nation is health care.

- We must not place all of the funding of our Hospital on just a few of us who pay for our healthcare, insurance, and Taxes. Someone needs to step up and let us pay our way and let the people who don’t care pay their own way. We cannot afford to provide health care for people who should be working but are just too lazy.

- The availability of specialists (Neurologists, Oncologists, Endocrinologists, Hematologists, Plastic Surgeons etc). Our Matagorda County residents need to be able to access specialists within their own counties. Educational & Wellness programs to educate a healthy living lifestyle. Affordable choices of medical transportation for the elderly & disabled to their medical appointments.

- Increasing cost of medical care. Many citizens do not have private health insurance. Group policies are expensive to the companies offering them and to the employees who pay part of the costs. Hospitals and doctors have to charge more to those who have insurance or can pay. We have a large population of people who are probably illegal residents. They are least
likely to have any kind of medical coverage or to be able to pay for medical care they receive as a result of emergencies.

- I believe a huge problem our elderly residents face that are either too young for Medicare, or have Medicare and don't have a supplemental insurance, they can't afford their health care coverage for their part, or all their medications due to being on a fixed income. So, that makes the patients not be compliant with their medications because they can't afford them, then they end up hospitalized continuously over and over for the same diagnosis. This in turn forces the hospital to lose money due to multiple hospitalizations for the same diagnosis.

- Lack of health insurance

- Drug abuse among residents of Matagorda County and especially students is rampant. It is exceedingly difficult if not tantamount to impossible to educate a mind that is under the influence of drugs and/or alcohol. There needs to be greater education than the current levels to educate students constantly to the degenerative effects of drug use.

- Undetected or non compliant chronic health conditions.

- Rising health insurance costs and affordable health care.

- Public awareness of health issues and related health services available. Included is public perception of local services related to historical views. The size of the county continues to be an issue related to access and transportation. Lack of infrastructure in some specialty areas.
Our second question to the local experts was, “Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what.”

The responses generated the following image:

Specific verbatim comments received were as follows:

- Access to specialist regarding diabetes management and cardiovascular disease. Based on the work that I do, I would say that STDs in our community is a valid concern.

- As mentioned in the previous question, obesity and related chronic diseases are pressing health issues among Matagorda County citizens. Access to healthy foods and safe places for physical activity are particularly pressing needs for citizens in poverty, and the poverty rate in the county has been on the rise since 2000. According to data from the Southern Rural Development Center, the poverty rate was 15.9% in 2000 and had risen to 20.9% in 2009. Poverty has a large impact on health, both from the prevention and treatment perspective. People in poverty are less likely to have access to healthy foods, more likely to be food insecure (not sure where their next meal is coming from) and safe places for recreation and physical activity. They are less likely to receive preventative screenings, are more likely to delay visits to the doctor, and ultimately, are more likely to be suffering from later stages of disease when they do finally go to a doctor. As I mentioned in my previous response, I believe that multiple groups in the community must be engaged in order to prevent obesity and related chronic diseases. Policy and other decision makers must be
aware of the impact of their policies and programs on the health of the population, and should be held accountable to make decisions that improve the health and well-being of the citizens they serve. Grassroots coalitions should be encouraged to form and should be offered funding and technical assistance. These types of coalitions can help to empower the general community to identify specific issues they want to focus on and create the changes they identify that they need. Schools must be engaged in educating children on how to stay fit and eat healthy. Hospitals and clinics should engage in the community to assess needs, and should provide a mixture of strong health care for those who are already ill and strong prevention efforts to help citizens avoid illness in the first place. Finally, it will be important that all groups engage with one another - it is much easier to maximize impact when all parties involved in similar efforts are coordinating with one another. Diabetes and obesity need to be addressed proactively via affordable prevention. Perhaps local providers could volunteer time monthly to provide care to underserved areas.

- I believe the County needs to focus on preventive care, wellness programs and facilities that are affordable to the majority of our citizens. It should start with the students - walking clubs and other activities that do not have to include competitive athletics.

- I can't speak to chronic disease needs, but do believe that we have a large segment of low income population that needs primary healthcare and advanced healthcare needs and believe that MCHD should take a leading role in building the network to care for these citizens. I believe the collaboration between MCHD, MEHOP and PCMC is a good first step, but we still need more doctors in MC that can serve these needs. Obesity, Diabetes; this is something I think every medical entity should be involved with outreach awareness, screenings, health/exercise options. To the community's credit, this has started with the health and wellness program. However, only those who have "bought in" to this are participating.

- It is well documented that all populations mentioned above (uninsured persons, low-income persons, and minority groups) suffer from poorer health outcomes than their counterparts. It will take a concerted effort involving all players to reduce any health inequities or disparities that exist in Matagorda County. Not only clinicians, but non-traditional partners that interface with community residents regularly are critical players such as local government, schools, churches, local businesses, independent health providers, and public health practitioners.

- Obesity and related diseases -- need for education which could be handled through healthcare organizations, social services and the schools. Community should be educated on nutrition and healthy lifestyle choices, but also on the consequences of obesity like diabetes, heart disease, high risk pregnancies, etc.

- They need to be able to see a physician regularly, not just when there is a major problem.
• 1) Increase number of Primary Care providers-both hospitals to recruit, 2) Provide local access to Specialists or transportation to Physician practice - Enter into Telemedicine contract with large teaching hospital, or when contracting Specialists, state that 1 day per week will be in Palacios, Blessing, etc. 3) Promote access to Mental Health - Medication monitoring, Individual therapy, group therapy, short term locked facility, and long term locked facility, etc.

• The families that live in Matagorda full time are basically low income families who have no insurance. They can't pay and they have no way to reduce the cost unless they go to the emergency room as indigent care. A lot of families also have limited transportation available. It would be wonderful to have a local source for medical care once a week.

• I do not feel that the need is greatest to the low income, uninsured, or minority groups. I feel the greatest need is the individual that either has health insurance but a large deductible and large premiums or the individual that is not offered health insurance through their employer and is trying to do the correct thing by insuring his/her family. I feel the group of individuals that you all mentioned have a lot more options with in the community then someone who falls in the category that I mentioned above. As someone who pays my health insurance premiums and works in the health care field, I see a lot of patients like myself that try very hard to do the right thing by paying for insurance and avoid seeking medical care unless it is absolutely necessary. Whereas others who are not required to try to help themselves over abuse the system by crowding the ERs and over utilizing their benefits and run into the doctor’s office for minor things. I truly believe that because people have larger premiums/deductibles this is keeping them from preventative measures/test that could detect certain types of cancer that are widely diagnosed.

• Hypertension, Diabetes II, COPD, Cancer, CHF and Mental Health issues are areas that our community needs thorough education. We as a medical community need to work together to provide a good continuum of care. Discharge planners/Social workers/Clinical Educators at the Clinic & Hospital Level should ensure through the discharge planning phase that the following are done: Education of patient & family members of Disease Process & comprehension confirmed of the instructions. Prescriptions called into Pharmacy. Home Health reinforce and follow through with the compliance of the education/instruction received, as well as confirm that patient follows up with PCP/Specialists and explore any other socio-economical factors in the home that may impact the patient's health. Health & Human Services offices, Department of Assistive Rehabilitative offices, Department of Aging & Disability Services and Adult Protective Services need to take a more active role and be proactive in assisting those who need resources apply and become eligible for all services possibly eligible for.

• I again say we don't mind helping those that help themselves, but we are tired of paying for people who can work but don't.
• Matagorda County has a higher than state or national unemployment rate. It has had higher than average unemployment for years. Large components of the unemployed are Hispanic and African American. These groups are least likely to have medical coverage and to use expensive Emergency Rooms for their medical care. Qualified medical service persons have said we also have a large number of unhealthy problems due to poor diet selection and not knowing how to cook fresh vegetables or meats in healthy ways—ways other than frying. Packaged and fast foods are substituted for health food choices. I do not know who should be responsible for educating an adult population in health living and dietary choices. While it is a medical problem, reaching this population is difficult. It is a scatter and diverse population where access to large groups of its individuals is not readily available. Unhealthy indications are obesity, high blood pressure, diabetes, etc.

• Poverty robs people of hope. Hopelessness fosters an environment where people will abuse substances in order to escape reality. Poverty is very high in my school district.

• MEHOP as an FQHC is the access point for uninsured and low-income individuals to receive care for both acute as well as chronic conditions. Patients are still being accepted by all 3 adult medical providers as well as the pediatric provider. Individuals will require assistance to navigate the changes with health reform. Access during the evening and on weekends for uninsured and low-income needs to be expanded. There is also a significant need for diagnostic availability as well as specialty care for this population group.

• Potential health issues are related to unhealthy lifestyles. Low-income and Hispanic populations need continued education on healthy lifestyles for themselves and most of all for their children. Schools repeatedly educate the children but somehow parents need to be educated as to what they are doing to themselves and to their children.

• The health indicators for multiple factors for Matagorda County are higher than both state and national averages. The uninsured rate is higher than the state average and almost 3 times the national benchmark. It will take the collaboration of multiple public and private entities to adequately address the identified issues.
## Appendix B – Process to Identify and Prioritize Community Need

<table>
<thead>
<tr>
<th>Need Candidate</th>
<th>Total Points Allocated</th>
<th>Cumulative Percent of Response</th>
<th>Number of Local Experts Voting for Need</th>
<th>Point Break from Higher Need</th>
<th>Need Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MENTAL HEALTH / SUICIDE / SUBSTANCE ABUSE</td>
<td>154</td>
<td>10.9%</td>
<td>13</td>
<td>10</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>2. OBESITY / OVERWEIGHT</td>
<td>147</td>
<td>9.8%</td>
<td>10</td>
<td>7</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>3. AFFORDABILITY</td>
<td>131</td>
<td>8.7%</td>
<td>9</td>
<td>6</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>4. ETHNIC POPULATIONS</td>
<td>114</td>
<td>7.5%</td>
<td>8</td>
<td>5</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>5. COMPLIANCE BEHAVIOR / PREDEPosING CONDITIONS</td>
<td>111</td>
<td>7.3%</td>
<td>8</td>
<td>5</td>
<td>Significant Needs</td>
</tr>
<tr>
<td>6. PHYSICIANS</td>
<td>99</td>
<td>6.5%</td>
<td>7</td>
<td>4</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>7. MATERNAL AND INFANT MEASURES</td>
<td>88</td>
<td>5.7%</td>
<td>7</td>
<td>4</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>8. CANCER</td>
<td>82</td>
<td>5.4%</td>
<td>6</td>
<td>3</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>9. SMOKING / TOBACCO USE</td>
<td>69</td>
<td>4.5%</td>
<td>5</td>
<td>2</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>10. DIABETES</td>
<td>66</td>
<td>4.3%</td>
<td>5</td>
<td>2</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>11. DENTAL</td>
<td>47</td>
<td>3.1%</td>
<td>3</td>
<td>2</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>12. BLOOD PRESSURE (HIGH)</td>
<td>41</td>
<td>2.7%</td>
<td>3</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>13. CORONARY HEART DISEASE</td>
<td>39</td>
<td>2.5%</td>
<td>3</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>14. ACCIDENTS</td>
<td>32</td>
<td>2.1%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>15. CHOLESTEROL (HIGH)</td>
<td>30</td>
<td>1.9%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>16. KIDNEY DISEASE</td>
<td>30</td>
<td>1.9%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>17. STROKE</td>
<td>29</td>
<td>1.9%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>18. HOSPITALIZATION</td>
<td>29</td>
<td>1.9%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>19. CHRONIC COPD / LUNG DISEASE / PULMONARY</td>
<td>27</td>
<td>1.7%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>20. POLLUTION</td>
<td>26</td>
<td>1.7%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>21. PREVENTABLE HOSPITALIZATION</td>
<td>25</td>
<td>1.6%</td>
<td>2</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>22. LIFE EXPECTANCY / PREMATURE DEATH</td>
<td>19</td>
<td>1.2%</td>
<td>1</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>23. PALLIATIVE CARE &amp; HOSPICE</td>
<td>18</td>
<td>1.2%</td>
<td>1</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>24. ALZHEIMER'S</td>
<td>11</td>
<td>0.7%</td>
<td>1</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>25. FLU-PNEUMONIA</td>
<td>7</td>
<td>0.4%</td>
<td>1</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>26. WELLNESS CENTER</td>
<td>5</td>
<td>0.3%</td>
<td>1</td>
<td>1</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>27. CHRONIC OSTEOPOROSIS (bone disease)</td>
<td>2</td>
<td>0.1%</td>
<td>0</td>
<td>0</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td>28. LOW BACK PAIN (Chronic)</td>
<td>2</td>
<td>0.1%</td>
<td>0</td>
<td>0</td>
<td>Other Identified Needs</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1498</strong></td>
<td><strong>15</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Company or Organization</td>
<td>Title or Position</td>
<td>Area of Expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matagorda County</td>
<td>County Judge</td>
<td>Chief Elected Official</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Texas AHEC East Coastal Region</td>
<td>Healthcare</td>
<td>Public health</td>
<td></td>
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<tr>
<td>Matagorda County</td>
<td>Port Director</td>
<td>Government Special District</td>
<td></td>
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<tr>
<td>Matagorda Independent School District</td>
<td>Superintendent</td>
<td>Representative of a special population</td>
<td></td>
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<tr>
<td>Crisis Center</td>
<td>Executive Director</td>
<td>Non profit victim services</td>
<td></td>
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<tr>
<td>Matagorda County Economic Development Corporation</td>
<td>Executive Director</td>
<td>Economic growth for county</td>
<td></td>
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<tr>
<td>MEHOP</td>
<td>CEO</td>
<td>Director of FQHC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palacios Community Medical Center</td>
<td>CFO</td>
<td>Healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SR Farms</td>
<td>Owner</td>
<td>long term resident</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palacios ISD</td>
<td>Superintendent</td>
<td>Education</td>
<td></td>
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</tbody>
</table>
Company or Organization: Texas Department of State Health Services
Title or Position: Program Specialist
Area of Expertise: obesity prevention, food security, food systems, public health

Company or Organization: Bay City ISD
Title or Position: Superintendent
Area of Expertise: Education

Company or Organization: Bay City Chamber of Commerce and Agriculture
Title or Position: President
Area of Expertise: Business community

**Advice Received from Local Experts**

Q. Do you agree with the observations formed about the comparison of Matagorda County to all other State counties?

- Unemployment now in the low 9's.

- I have not had a reason for examining data related to the above findings. Therefore, I assume the findings are backed by reasonable surveys, hospital records, crime statistics, etc. I am surprised by the county's high rankings in these categories, but I know that we are a high unemployment, low education and low household income county.

![Pie chart showing agreement with comparison of Matagorda County to other TX Counties]

- I find it difficult to tell whether these data points are accurate or not, mainly due to their presentation. For instance, it is listed above that adult obesity affects 28% per 100,000 - this is not an accurate way to report data. If listing as a rate, the numbers should have been...
presented as 28 per 100,000. If that is the way it was meant to be reported, I also find that number to be incredibly low. My research has found that most counties in Texas have an obesity rate of about 30% of the adult population (or 30,000 per 100,000). In terms of diabetic and mammography screening, are these the number who ARE getting screened, or the number who ARE NOT getting screened? I am interested to give a better report on my observations, however, I would need to be given a more detailed and clear portrait of this data in order to do so.

- We have a population that is under employed and a pay scale that is lower than any county near us. The thing that will help our community is education and higher pay scales.

Q. Do you agree with the observations formed about the comparison of Matagorda County to its peer counties?

![Pie chart showing 95% agree and 5% disagree.]

- I will agree because I have no statistics for comparison on which to base a disagreement.

Q. Do you agree with the observations formed about the population characteristics of County to County?

![Pie chart showing 87% agree and 13% disagree.]

- I disagree with some or all of the above observations. 13%
• I would like to see the data used to determine the % of the population impacted. The impact appears low for chronic allergies, DM, and heart disease.

• I do not review health records or data as part of my job or interests. Therefore, these are mostly new findings to me. I can observe a few that seem accurate, such as high smoking rates, unhealthy eating habits reflected by obesity, etc., but the others I take are from hospital and medical records to which I would not have access. So, I concur with the findings.

• I would expect the growth rate of the county to be higher due to the Tanaris plant being built and bringing 600 well paid jobs to the county.

• I am not familiar with most of these health metrics, so do not feel comfortable agreeing or disagreeing with these observations. From my knowledge of the county, I do believe that the obesity, eating habits, and diabetes data looks accurate, therefore would agree with those specific observations.

Q. Do you agree with the observations formed about the opinions from local residents?

I disagree that insurance, health services, access to specialty providers and specific service needs are the most important health or medical issues for the residents of Matagorda County. It is well-documented that medical care accounts for 10% of one's health while behavior and environment account for 70% of one's health. It's time to shift the focus from sick care (high cost personal services) to preventive care (healthy lifestyles, healthy places). The best model of this paradigm shift is the framework from health equity which focuses on upstream factors instead of downstream factors. Focusing on health services, access to specialty providers and specific service needs are downstream factors and while having insurance is important (provides access), it will not shift the distribution of health for a
community in the positive direction - it merely provides an option to access the system easier, but does not implicate better health.

- One that deserves major attention in Matagorda County is the rate of teen births and the health of these infants. Whose responsibility is the health education that focuses on how to prevent pregnancy in those women (children!) 18 and younger? Thanks.

- I agree with these findings. I also believe from the previous sets of data that education and moral/responsible education is needed to address the high number of single family households, teen pregnancies, and lack of medical care when young women are pregnant. We are supporting and encouraging a life-cycle spiral for those in these situations that is a negative on the long-term potential of our children and their children.

- Education on the factors listed is available in at least 2 locations and various facilities. It is my belief the population doesn't want to access the education. Care is available at FQHC; however, public has been reluctant to access at the sites.

- While I agree that the above answers are very important to address, I believe that, regarding the prevention of disease, more is needed than education. In order to prevent chronic diseases and other health issues, it is essential to examine the root causes of these issues. For instance, it is one thing to educate an individual about the importance of eating a healthy diet, but if high risk individuals do not have access to healthy foods, it will be extremely difficult for them to eat well. Addressing chronic diseases like diabetes and obesity at their root causes may involve community education, along with supporting community gardens to supplement diets, encouraging convenience stores to carry more fresh and healthy products, including fruits, vegetables, and whole grain breads, and working with local restaurants to offer healthier menu items. The prevention of chronic diseases will require a comprehensive approach that reaches beyond individual-level education, and I believe this is extremely important to acknowledge and address.

Q. Do you agree with the observations formed about the additional data analyzed about Matagorda County?
• Most of these top ranked causes of death in Matagorda County are due to 3 health behaviors: tobacco use, poor diet, and lack of physical activity. Is Matagorda County designed to make the healthy choice the easy choice for its residents? Do county-wide policies support a healthy lifestyle for ALL residents?

• I do not have enough information to make an informed decision.

• I have seen some information previously that identified some of the above rankings and comparisons. These seem about parallel with the limited public health information I have previously seen.