Matagorda Regional Medical Center

Bay City, Texas

Community Health Needs Assessment
and Implementation Strategy

MATAGORDA REGIONAL
MEDICAL CENTER

Adopted by Board Resolution January, 2020

Dear Community Member:

At Matagorda Regional Medical Center, we have spent more than 54 years providing high-quality compassionate healthcare to the greater Bay City community. The “2019 Community Health Needs Assessment” identifies local health and medical needs and provides a plan of how Matagorda Regional Medical Center (MRMC) will respond to such needs. This document illustrates one way we are meeting our obligations to efficiently deliver medical services.

MRMC will conduct this effort at least once every three years. The report produced three years ago is also available for your review and comment. As you review this plan, please see if, in your opinion, we have identified the primary needs of the community and if you think our intended response will lead to 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 area organizations and agencies, can collaborate to bring the best each has to offer to support change and to address the most pressing identified needs.

I invite your response to this report. As you read, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community, and together, we can make our community healthier for every one of us.

Thank You,

J. Warren Robicheaux
Chief Executive Officer
Matagorda Regional Medical Center

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EXECUTIVE SUMMARY

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Matagorda Regional Medical Center ("MRMC" or the "Hospital") has performed a Community Health Needs Assessment to determine the health needs of the local community.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Experts was performed to review the prior CHNA and provide feedback, and to ascertain whether the previously identified needs are still a priority. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs for the community.

The 2019 Significant Health Needs identified for Matagorda County are:

1. Diabetes – 2016 Significant Need
2. Affordability/Accessibility – 2016 Significant Need
3. Obesity/Overweight – 2016 Significant Need
4. Education/Prevention
5. Mental Health – 2016 Significant Need
6. Cancer
7. Heart Disease

The Hospital has developed implementation strategies for these seven needs including activities to continue/pursue, community partners to work alongside, and measures to track progress.

APPROACH

APPROACH

A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all 501(c)(3) hospitals as a condition of retaining tax-exempt status. ***While Matagorda Regional Medical Center ("MRMC" or "the Hospital") is not a 501(c)(3) hospital, this study is designed to comply with the same standards and helps assure MRMC identifies and responds to the primary health needs of its residents that will enable MRMC to focus their efforts and resources on the most significant health needs of the community.***

The goal of the CHNA process is to help MRMC determine priority health needs of the area and develop an implementation strategy for addressing those needs.

Project Objectives

MRMC partnered with Quorum Health Resources (Quorum) to:

- Complete a CHNA report
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Community Health Needs Assessment Subsequent to Initial Assessment

Quorum and MRMC followed an established process for the completion of the CHNA and implementation strategy. The goal of the CHNA process is to help the hospital determine the priority health needs of and area and develop and implementation strategy for addressing those needs. The MRMC CHNA report consists of the following information:

(1) A definition of the community served by the hospital facility and a description of how the community was determined;

(2) a description of the process and methods used to conduct the CHNA;

(3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

(4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

(5) a description of resources potentially available to address the significant health needs identified through the CHNA.

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comment but did not maintain identification data.

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all participating in the written comment solicitation process to self-identify themselves into any of the following

representative classifications, which is detailed in an Appendix to this report. Written comment participants self-identified into the following classifications:

(1) Public Health – Persons with special knowledge of or expertise in public health

(2) Departments and Agencies – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

(3) Priority Populations – Leaders, representatives, or members of medically underserved, low income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which include rural residents and LGBT interests, is employed and for consistency is included in this definition

(4) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

(5) Broad Interest of the Community – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs. Perform several independent data analyses based on secondary source data, augment this with Local Expert Advisor opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Local expert area residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the Local Expert Advisor individuals cooperating in this study are displayed in the CHNA report appendix.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Matagorda County compared to all Texas counties	August 6, 2019	2012-2018
IBM Watson Health (formerly known as Truven Health Analytics)	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	August 7, 2019	2019

	area according to the proportion of each group in the entire area; and, to access population size, trends and socio-economic characteristics		
http://svi.cdc.gov	To identify the Social Vulnerability Index value	August 7, 2019	2012-2016
http://www.healthdata.org/us-county-profiles	To look at trends of key health metrics over time	August 6, 2019	2014
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	August 7, 2019	2017

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 25 Local Expert Advisors was received. Survey responses started August 27th, 2019 and ended on September 17th, 2019.
- 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 whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.
- Local opinions of the needs of Priority Populations, while presented in its entirety in the Appendix, was abstracted in the following "take-away" bulleted comments
    - The top priority populations in the area are low-income groups, residents of rural areas, racial and ethnic minority groups, women and children
    - Unique and pressing needs:
        - Affordable and accessible care
        - Additional healthcare education and communication on services available in the community

Having taken steps to identify potential community needs, the Local Experts then participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on a panel of experts with the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

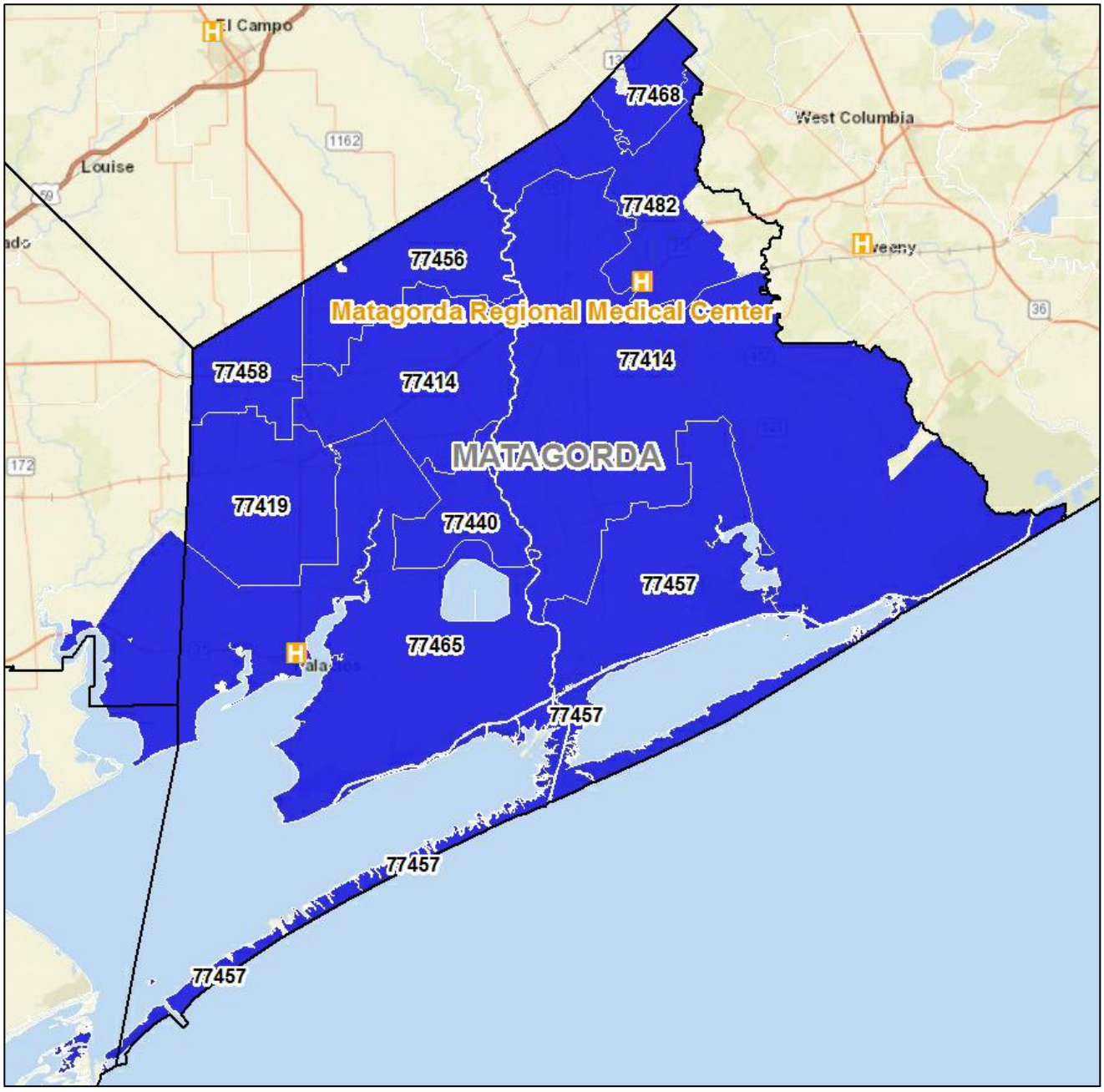
In the MRMC process, each Local Expert had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not

being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The Local Experts then allocated 100 points among the list of health needs, including the opportunity to list additional needs that were not identified from the data.

The ranked needs were divided into two groups: “Significant” and “Other Identified Needs.” The Significant Needs were prioritized based on total points cast by the Local Experts in descending order, further ranked by the number of local experts casting any points for the need. By definition, a Significant Need had to include all rank ordered needs until at least fifty percent (50%) of all points were included and to the extent possible, represented points allocated by a majority of voting local experts. The determination of the break point — “Significant” as opposed to “Other” — was a qualitative interpretation where a reasonable break point in rank order occurred.

COMMUNITY CHARACTERISTICS

Definition of Area Served by the Hospital



For the purposes of this study, Matagorda Regional Medical Center defines its service area as Matagorda County in Texas, which includes the following ZIP codes:[2]

77414 – Bay City	77419 – Blessing	77440 – Elmaton	77456 – Markham	77467 – Matagorda
77458 – Midfield	77465 – Palacios	77468 – Pledger	77482 – Van Vleck	

During 2018, the Hospital received 75.4% of its Medicare inpatients from this area.[3]

[2] The map above amalgamates zip code areas and does not necessarily display all county zip codes represented
[3] IBM Watson Health MEDPAR patient origin data for the hospital

Demographics of the Community [4]

Variable	Matagorda County 2019	Matagorda County 2024	Matagorda County %Change	Texas 2019	Texas 2024	Texas %Change	United States 2019	United States 2024	United States %Change
DEMOGRAPHIC CHARACTERISTICS									
Total Population	37,260	38,241	2.6%	28,959,529	30,972,437	7.0%	329,236,175	340,950,067	3.6%
Total Male Population	18,627	19,138	2.7%	14,369,041	15,364,472	6.9%	162,097,263	167,921,866	3.6%
Total Female Population	18,633	19,103	2.5%	14,590,488	15,607,965	7.0%	167,138,912	173,028,201	3.5%
Females, Child Bearing Age (15-44)	6,671	6,924	3.8%	5,952,413	6,220,953	4.5%	64,251,309	65,231,610	1.5%
Average Household Income	$63,265			$87,385			$89,646		
POPULATION DISTRIBUTION									
Age Distribution									
0-14	7,953	8,143	2.4%	6,230,178	6,433,402	3.3%	61,258,096	61,645,382	0.6%
15-17	1,533	1,618	5.5%	1,258,728	1,354,040	7.6%	12,813,020	13,319,388	4.0%
18-24	3,333	3,447	3.4%	2,912,677	3,127,232	7.4%	31,474,821	32,296,411	2.6%
25-34	4,704	4,781	1.6%	4,065,758	4,105,546	1.0%	44,370,805	43,645,423	-1.6%
35-54	8,221	8,148	-0.9%	7,463,848	7,879,250	5.6%	83,304,733	84,255,193	1.1%
55-64	5,058	4,713	-6.8%	3,286,107	3,509,772	6.8%	42,525,512	43,333,585	1.9%
65+	6,458	7,391	14.4%	3,742,233	4,563,195	21.9%	53,489,188	62,454,685	16.8%
HOUSEHOLD INCOME DISTRIBUTION									
Total Households	14,444	14,933	3.4%	10,285,639	11,012,640	7.1%	125,018,838	129,683,911	3.7%
2019 Household Income									
<$15K	2,602			1,077,114			13,139,420		
$15-25K	1,638			954,796			11,333,086		
$25-50K	3,689			2,296,932			26,888,001		
$50-75K	2,288			1,787,573			21,157,116		
$75-100K	1,380			1,239,690			15,409,735		
Over $100K	2,847			2,929,534			37,091,480		
EDUCATION LEVEL									
Pop Age 25+	24,441			18,557,946			223,690,238		
2019 Adult Education Level Distribution									
Less than High School	2,988			1,619,212			12,173,720		
Some High School	2,365			1,587,890			16,245,471		
High School Degree	8,223			4,676,314			61,068,735		
Some College/Assoc. Degree	7,095			5,362,641			64,945,355		
Bachelor's Degree or Greater	3,770			5,311,889			69,256,957		
RACE/ETHNICITY									
2019 Race/Ethnicity Distribution									
White Non-Hispanic	16,118			11,980,184			197,594,684		
Black Non-Hispanic	3,685			3,443,115			40,877,627		
Hispanic	16,132			11,475,826			60,675,779		
Asian & Pacific Is. Non-Hispanic	729			1,455,588			19,327,168		
All Others	596			604,816			10,760,917		

[4] Claritas (accessed through IBM Watson Health)

Consumer Health Service Behavior[5]

Key health services topics for the service area population are presented in the table below. In the second column of the chart, the national average is 100%, so the 'Demand as % of National' shows a community's likelihood of exhibiting a certain health behavior more or less than the national average. The next column shows the percentage of the population that is likely to exhibit those behaviors.

Where Matagorda County varies more than 5% above or below the national average (that is, less than 95% or greater than 105%), it is considered noteworthy. Items in the table with **red text** are viewed as **adverse** findings. Items with **blue text** are viewed as **beneficial** findings. Items with black text are neither a favorable nor unfavorable finding.

Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle		
BMI: Morbid/Obese	115.3%	35.2%
Vigorous Exercise	97.8%	55.9%
Chronic Diabetes	118.6%	18.6%
Healthy Eating Habits	82.6%	19.3%
Ate Breakfast Yesterday	95.0%	75.1%
Slept Less Than 6 Hours	118.6%	16.2%
Consumed Alcohol in the Past 30 Days	75.6%	40.6%
Consumed 3+ Drinks Per Session	118.8%	33.4%
Behavior		
Search for Pricing Info	91.9%	24.8%
I am Responsible for My Health	101.2%	91.7%
I Follow Treatment Recommendations	98.6%	76.1%
Pulmonary		
Chronic COPD	132.2%	7.1%
Chronic Asthma	109.8%	13.0%
Heart		
Chronic High Cholesterol	104.8%	25.6%
Routine Cholesterol Screening	88.6%	39.3%
Chronic Heart Failure	156.8%	6.3%

Health Service Topic	Demand as % of National	% of Population Affected
Cancer		
Cancer Screen: Skin 2 yr	65.0%	7.0%
Cancer Screen: Colorectal 2 yr	83.3%	17.1%
Cancer Screen: Pap/Cerv Test 2 yr	86.8%	41.9%
Routine Screen: Prostate 2 yr	89.5%	25.4%
Orthopedic		
Chronic Lower Back Pain	121.1%	37.4%
Chronic Osteoporosis	122.0%	12.4%
Routine Services		
FP/GP: 1+ Visit	100.9%	82.0%
NP/PA Last 6 Months	94.3%	39.1%
OB/Gyn 1+ Visit	94.4%	36.2%
Medication: Received Prescription	105.2%	61.6%
Internet Usage		
Use Internet to Look for Provider Info	77.0%	30.8%
Facebook Opinions	80.7%	8.1%
Looked for Provider Rating	74.9%	17.6%
Emergency Services		
Emergency Room Use	114.4%	39.7%
Urgent Care Use	97.6%	32.2%

[5] Claritas (accessed through IBM Watson Health)

Conclusions from Demographic Analysis Compared to National Averages

The following areas were identified from a comparison of Matagorda County to national averages. **Adverse** metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 15% more likely to have a **BMI of Morbid/Obese**, affecting 35%
- 5% less likely to have **Ate Breakfast Yesterday**, affecting 75%
- 19% more likely to **Consume 3+ Drinks per Session**, affecting 33%
- 11% less likely to receive **Routine Cholesterol Screenings**, affecting 39%
- 13% less likely to receive **Cervical Cancer Screening every 2 years**, affecting 42%
- 21% more likely have **Chronic Lower Back Pain**, affecting 37%
- 6% less likely to receive **Routine Ob/Gyn Visit**, affecting 36%
- 14% more likely to **Visit the Emergency Room (for non-emergent issues)**, affecting 40%

Beneficial metrics impacting more than 30% of the population and statistically significantly different from the national average include:

- 24% less likely to have **Consumed Alcohol in the Past 30 Days**, affecting 41%

Leading Causes of Death[6]

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. Texas's Top 15 Leading Causes of Death are listed in the table below in Matagorda County rank order. Matagorda County was compared to all other Texas counties, Texas state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in TX (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Matagorda County Compared to U.S.)
TX Rank	Matagorda Rank	Condition		TX	Matagorda	
1	1	Heart Disease	84 of 247	169.1	237.9	Higher than expected
2	2	Cancer	64 of 247	146.5	192.8	Higher than expected
4	3	Accidents	127 of 247	38.8	52.9	As expected
3	4	Stroke	118 of 247	41.2	50.3	Higher than expected
5	5	Lung	161 of 247	40.5	44.4	As expected
7	6	Diabetes	133 of 247	21.1	25.3	As expected
6	7	Alzheimer's	172 of 247	38.5	23.3	Lower than expected
9	8	Kidney	15 of 247	15.9	22.8	Higher than expected
12	9	Flu - Pneumonia	63 of 246	11.2	22.5	Higher than expected
8	10	Blood Poisoning	14 of 247	15.7	21.2	Higher than expected
10	11	Liver	71 of 247	13.9	15.3	As expected
11	12	Suicide	167 of 247	13.3	12.0	As expected
14	13	Hypertension	50 of 245	8.7	9.3	As expected
15	14	Homicide	33 of 236	5.8	7.1	As expected
13	15	Parkinson's	184 of 243	9.4	5.0	As expected

[6] www.worldlifeexpectancy.com/usa-health-rankings

Priority Populations[7]

Information about Priority Populations in the service area of the Hospital is difficult to encounter if it exists. The Hospital's approach is to understand the general trends of issues impacting Priority Populations and to interact with the Local Experts to discern if local conditions exhibit any similar or contrary trends. The following discussion examines findings about Priority Populations from a national perspective.

Begin by analyzing the National Healthcare Quality and Disparities Reports (QDR), which are annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129). These reports provide a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial, ethnic, and socioeconomic groups. The purpose of the reports is to assess the performance of the Hospital's health system and to identify areas of strengths and weaknesses in the healthcare system along three main axes: **access to healthcare**, **quality of healthcare**, and **priorities of the National Quality Strategy** (NQS). The complete report is provided in Appendix C.

A specific question was asked to the Hospital's Local Expert Advisors about unique needs of Priority Populations, and their responses were reviewed to identify if there were any report trends in the service area. Accordingly, the Hospital places a great reliance on the commentary received from the Hospital's Local Expert Advisors to identify unique population needs to which the Hospital should respond. Specific opinions from the Local Expert Advisors are summarized below:[8]

- The top priority populations in the area are low-income groups, residents of rural areas, racial and ethnic minority groups, women and children
- Unique and pressing needs:
    - Affordable and accessible care
    - Additional healthcare education and communication on services available in the community

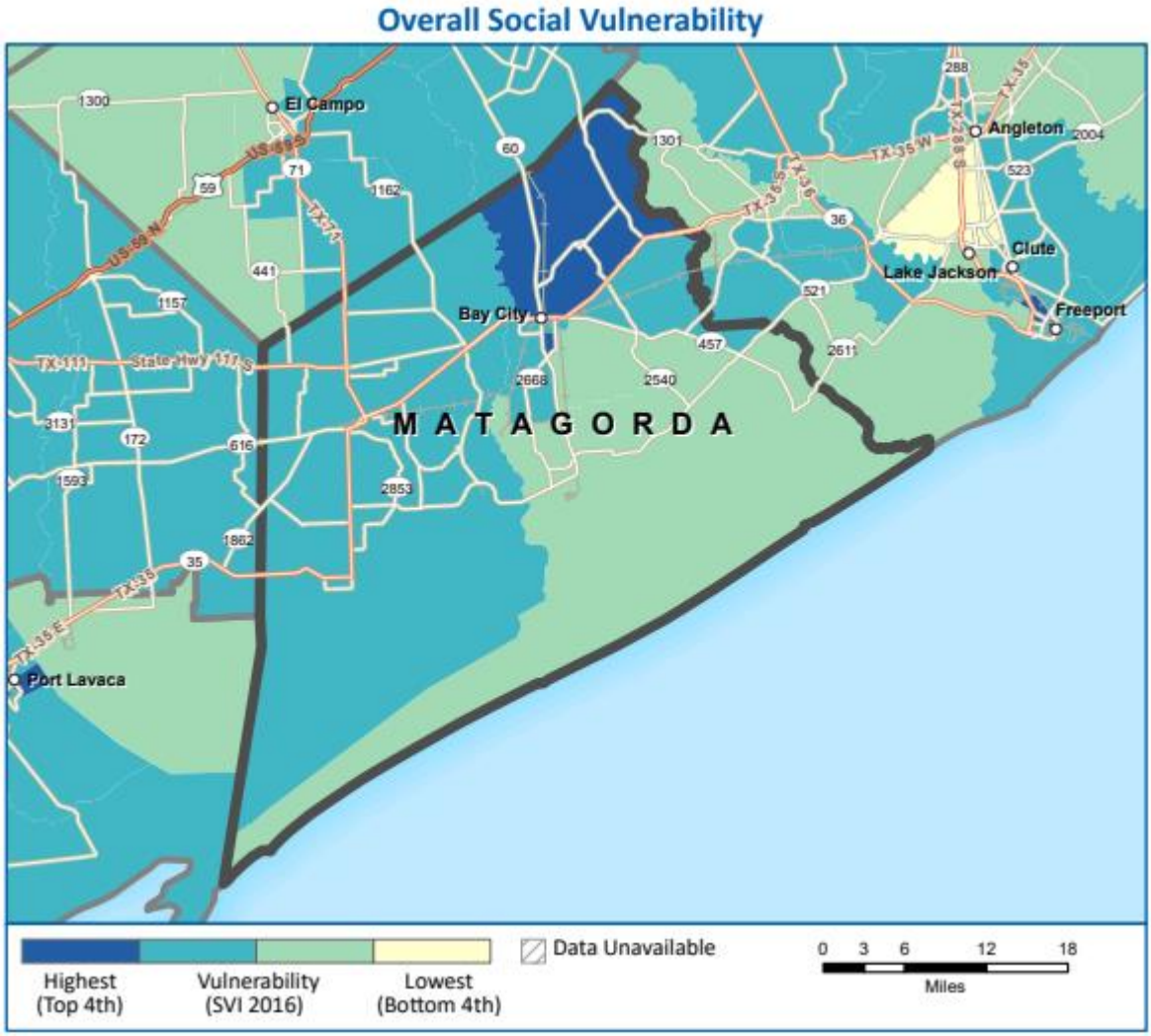
[7] http://www.ahrq.gov/research/findings/nhqrdr/nhqdr14/index.html

[8] All comments and the analytical framework behind developing this summary appear in Appendix A

Social Vulnerability[9]

Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters, or disease outbreaks.

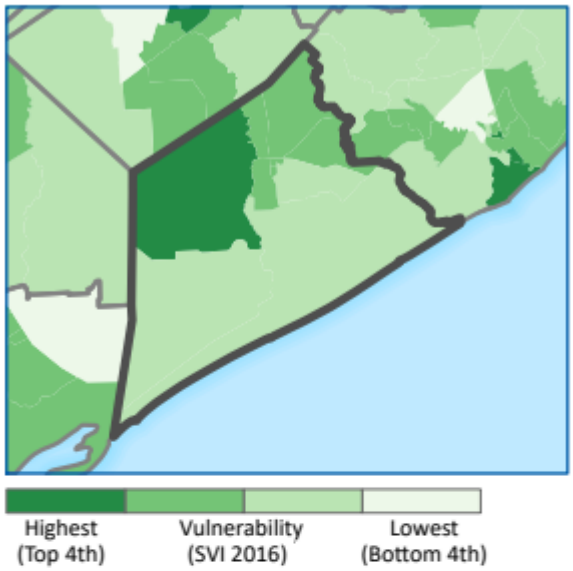
Based on the overall social vulnerability map, Matagorda County falls into the three of the four quartiles of social vulnerability. The top right region of the county (in dark blue) is considered to have the highest social vulnerability, while the area in light green has the lower social vulnerability in the county. The lower the social vulnerability the better.



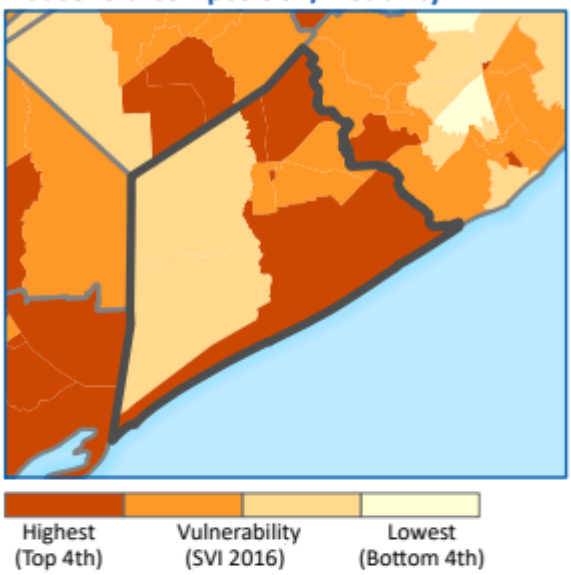
[9] http://svi.cdc.gov

SVI Themes

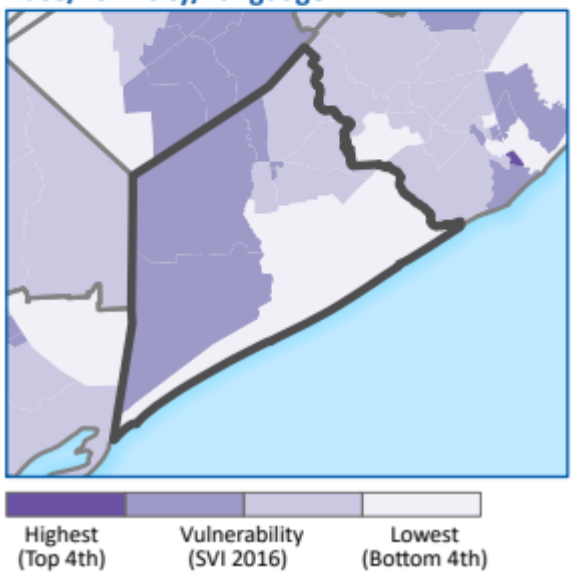
Socioeconomic Status



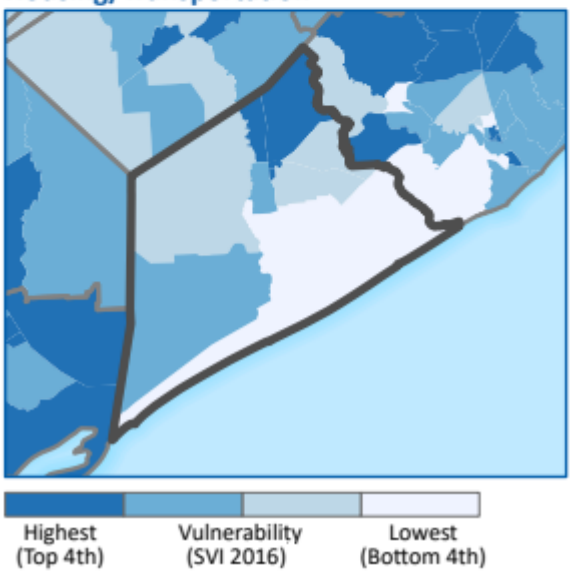
Household Composition/Disability



Race/Ethnicity/Language



Housing/Transportation



Comparison to Other State Counties[10]

To better understand the community, Matagorda County has been compared to all 244 counties in the state of Texas across six areas: Length of Life, Quality of Life, Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

In the chart below, the county's rank compared to all counties is listed along with measures in each area compared to the state average and U.S. Median.

	Matagorda	Texas	U.S. Median
Length of Life			
Overall Rank *(best being #1)*	**197/244**		
- Premature Death*	10,000	6,700	8,100
Quality of Life			
Overall Rank *(best being #1)*	**207/244**		
- Poor or Fair Health	23%	18%	17%
- Poor Physical Health Days Reported in Past 30 Days (average)	4.1	3.5	3.9
- Poor Mental Health Days Reported in Past 30 Days (average)	3.8	3.4	3.9
- Low Birthweight	9%	8%	8%
Health Behaviors			
Overall Rank *(best being #1)*	**191/244**		
- Adult Smoking	17%	14%	17%
- Adult Obesity	31%	29%	32%
- Physical Inactivity	26%	23%	26%
- Access to Exercise Opportunities	64%	80%	66%
- Excessive Drinking	17%	19%	17%
- Alcohol-Impaired Driving Deaths	33%	28%	28%
- Sexually Transmitted Infections*	304.6	520.4	321.7
- Teen Births *(per 1,000 female population ages 15-19)*	56	37	31
Clinical Care			
Overall Rank *(best being #1)*	**137/244**		
- Uninsured	20%	19%	10%
- Population to Primary Care Provider Ratio	2,660:1	1,660:1	2,050:1
- Population to Dentist Ratio	2,830:1	1,760:1	2,450:1
- Population to Mental Health Provider Ratio	2,630:1	960:1	970:1
- Preventable Hospital Stays	5,892	4,966	4,648
- Mammography Screening	31%	37%	40%
- Flu vaccinations	38%	43%	42%
Social & Economic Factors			
Overall Rank *(best being #1)*	**222/244**		
- Unemployment	7.2%	4.3%	4.4%
- Children in Poverty	26%	21%	21%
- Children in Single-Parent Households	39%	33%	32%
- Violent Crime*	347	420	205
- Injury Deaths*	79	56	82
Physical Environment			
Overall Rank *(best being #1)*	**192/244**		
- Air Pollution - Particulate Matter	9.8 $\mu g/m^3$	8.8 $\mu g/m^3$	9.2 $\mu g/m^3$
- Severe Housing Problems**	16%	18%	14%

Per 100,000 Population

****Severe housing problems = overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities***

[10] www.countyhealthrankings.org

Conclusions from Other Statistical Data[11]

The Institute for Health Metrics and Evaluation at the University of Washington analyzed all 3,143 U.S. counties or equivalents applying small area estimation techniques to the most recent county information. The below chart compares Matagorda County statistics to the U.S. average, as well as the trend in each measure over a 34-year span.

Matagorda County	Current Statistic (2014)	Percent Change (1980-2014)
UNFAVORABLE Matagorda County measures that are **WORSE** than the U.S. average and had an **UNFAVORABLE** change		
- Female Tracheal, Bronchus, and Lung Cancer*	46.1	28.5%
- Female Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	67.0	8.8%
- Male Diabetes, Urogenital, Blood, and Endocrine Disease Deaths*	78.2	29.8%
- Female Liver Disease Related Deaths*	19.5	49.3%
- Male Liver Disease Related Deaths*	33.3	14.5%
UNFAVORABLE Matagorda County measures that are **WORSE** than the U.S. average and had a **FAVORABLE** change		
- Female Life Expectancy	79.0	2.1%
- Male Life Expectancy	74.4	9.0%
- Female Heart Disease*	163.5	-30.8%
- Male Heart Disease*	240.7	-47.7%
- Female Stroke*	51.1	-41.9%
- Male Tracheal, Bronchus, and Lung Cancer*	74.6	-49.8%
- Female Breast Cancer*	30.7	-0.3%
- Female Self-Harm and Interpersonal Violence Related Deaths*	11.0	-15.8%
- Male Self-Harm and Interpersonal Violence Related Deaths*	33.0	-33.2%
- Female Transport Injuries Related Deaths*	13.5	-31.6%
- Male Transport Injuries Related Deaths*	38.7	-48.6%
DESIRABLE Matagorda County measures that are **BETTER** than the US average and had an **UNFAVORABLE** change		
- Male Mental and Substance Use Related Deaths*	15.7	376.3%
DESIRABLE Matagorda County measures that are **BETTER** than the US average and had a **FAVORABLE** change		
N/A		
AVERAGE Matagorda County measures that are **EQUAL** to the US average and had an **UNFAVORABLE** change		
- Female Mental and Substance Use Related Deaths*	8.8	515.5%
AVERAGE Matagorda County measures that are **EQUAL** to the US average and had a **FAVORABLE** change		
- Male Stroke*	48.3	-56.8%
- Male Breast Cancer*	0.3	-29.3%
- Female Skin Cancer*	1.6	-21.8%
- Male Skin Cancer*	3.2	-18.5%

*rate per 100,000 population, age-standardized

[11] http://www.healthdata.org/us-county-profiles

Community Benefit

Community benefit activities or programs seek to achieve a community benefit objective, including improving access to health services, enhancing public health, advancing increased general knowledge, and relief of a government burden to improve health. This includes activities or programs that do the following:

- Are available broadly to the public and serve low-income consumers.
- Reduce geographic, financial, or cultural barriers to accessing health services, and if they ceased would result in access problems (for example, longer wait times or increased travel distances).
- Address federal, state, or local public health priorities such as eliminating disparities in access to healthcare services or disparities in health status among different populations.
- Leverage or enhance public health department activities such as childhood immunization efforts.
- Otherwise would become the responsibility of government or another tax-exempt organization.
- Advance increased general knowledge through education or research that benefits the public.

Activities reported by the Hospital in its implementation efforts and/or its prior year tax reporting (FY2018) included:

- Estimated unreimbursed cost of charity care, government-sponsored programs, and other community benefit in 2018: $15,000,000.

IMPLEMENTATION STRATEGY

Significant Health Needs

The methodology 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 MRMC. The following list:

- 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 MRMC current efforts responding to the need including any written comments received regarding prior MRMC implementation actions
- Establishes the Implementation Strategy programs and resources MRMC will devote to attempt to achieve improvements
- Documents the Leading Indicators MRMC will use to measure progress
- Presents the Lagging Indicators MRMC 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, MRMC is the major hospital in the service area. MRMC is a 58-bed, acute care medical facility located in Bay City, Texas. The next closest facilities are outside the service area and include:

- Sweeny Community Hospital in Sweeny, TX; 24 miles (31 minutes)
- Palacios Community Medical Center in Palacios, TX; 27 miles (31 minutes)
- El Campo Memorial Hospital in El Campo, TX; 33 miles (40 minutes)

All statistics 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 MRMC Implementation Strategy uses “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.

1. **DIABETES – 2016 Significant Need; Matagorda County's diabetes prevalence rate and obesity rate are worse than the state average; Diabetes is the #6 leading cause of death in Matagorda County; Matagorda County's diabetes, urogenital, blood, and endocrine disease related death rate is worse than the US average and increased from 1980-2014**

3. **OBESITY/OVERWEIGHT – 2016 Significant Need; Matagorda County's diabetes prevalence rate and obesity rate is worse than the state average; Diabetes is the #6 leading cause of death in Matagorda County; Matagorda County's diabetes, urogenital, blood, and endocrine disease related death rate is worse than the US average and increased from 1980-2014**

Due to the similar actions required to address these needs, a single implementation strategy has been developed.

Public comments received on previously adopted implementation strategy:

- *See Appendix A for full list of comments*

MRMC services, programs, and resources available to respond to this need include:

- Licensed dietician on staff for inpatient, outpatient, and diabetic counseling
- Sponsor local events including 5K/10Ks, Pedal Palacios
- Provide educational materials and speakers to local organizations to educate the community on health and wellness
- Education at health fairs focusing on healthy eating and nutrition; screenings for BMI, risk assessments, glucose, and cholesterol on teachers and students (results provided to parents)
- Through Wellness Works program, send health information on nutrition and healthy lifestyles to local employers to educate employees
- Local WIC programs (Bay City and Palacios) staffed by hospital to provide resources/education on nutrition and breastfeeding
- DSRP project to improve patient compliance for A1C levels

Additionally, MRMC plans to take the following steps to address this need:

- New General surgeon and FCP in medical weight loss and weight management
- Offer two big cooking classes a year
- Continue to integrate a whole life cycle of medical wellness and weight management programs

MRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- New wellness center with medically supervised weight-management program and diabetic monitoring program, walking track, cardiovascular equipment, and weights; available with medical referral and through employee wellness programs
- Provided additional community education focusing on weight management, healthy lifestyles, nutrition, physical activity, etc.
- Sponsor, organize, and manage community health challenges to promote healthy lifestyles

Anticipated results from MRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency	X	
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MRMC intended actions is to monitor change in the following Leading Indicator:

- Number of risk assessments provided through wellness center

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult Obesity rate = 32%[12]
- Enrollment in diabetes education programs targeting prediabetes and diabetes patients

[12] Houston-Galveston Area Council. 2013 County Health Data Indicators.

MRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Texas AM ArgiLife Extension	Sumathi Venkatesh	Agriculture and Life Sciences Building 600 John Kimbrough Boulevard, Suite 509 7101 TAMU College Station, TX 77843-7101 (979) 845-7800
Wellness Matagorda Inc.	Loy Sneary	700 3rd Street Bay City, TX 77414 (979) 241-5952
Matagorda Medical Group	Lauren Fox	600 Hospital Circle Bay City, TX 77414 (979) 241-6100 www.matagordamedical.com

2. **AFFORDABILITY/ACCESSIBILITY – 2016 Significant Need; Matagorda County's uninsured rate and unemployment rate are worse than the state average and US median**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

MRMC services, programs, and resources available to respond to this need include:

- Medical Assistance Program (MAP) provides primary care services and financial assistance for specialty care to low income populations
- Local WIC programs (Bay City and Palacios) staffed by hospital to provide resources/education on nutrition, breastfeeding, and immunizations
- Clinical staff follows up with all unassigned patients discharged from the ED to make sure they connect with a PCP
- Collaborate with MEHOP to help people sign up for healthcare exchange
- Specialties provided: cardiology, urology, nephrology, ENT, orthopedics, interventional radiology
- Tele-neurology, tele-psychiatry (55+), tele-cardiology available
- Expanded hours and urgent care services available to increase access
- Free and reduced-cost screenings provided at local health fairs
- Reduced-cost lab screenings provided one day a month
- Provide educational materials and speakers to local organizations to educate the community on health and wellness
- Hospital staffs the county jail clinic and provides medications
- Navigation service provided through Wellness Works program that gives quicker access to physicians for employees of participating employers
- Collaborating with local providers to bring in interoperable EHR systems to streamline local care

Additionally, MRMC plans to take the following steps to address this need:

- In process of providing clinical navigation for specialty care that is not provided locally

MRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Expanded PT/OT/Speech therapy services and medically-supervised weight loss will be available in new wellness center
- Joined Regional Health Information Exchange (Greater Houston Health Connect) to facilitate patient data

transfer across providers

- Provide tele pulmonary critical care

Anticipated results from MRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MRMC intended actions is to monitor change in the following Leading Indicator:

- Total number of no-wait, non-emergent appointments = 4,940

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Readmits to hospital within 30 days

MRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Matagorda Episcopal Health Outreach Program (MEHOP)	Celeste Harrison	1700 Golden Ave, Bay City, TX 77414 (979) 245-2008 www.mehop.org
Matagorda County Sheriff's Department	Sheriff Skipper Osbourne	2308 Avenue F, Bay City, TX 77414 (979) 245-5526

Organization	Contact Name	Contact Information
Matagorda Medical Group	Lauren Fox	600 Hospital Cir, Bay City, TX 77414 (979) 241-6100 www.matagordamedical.com
Other local physicians	MRMC-driven by Jerry Young, DO J. Warren Robicheaux Aaron Fox Terri Cox	104 7th Street Bay City, TX 77414 (979) 245-6383

4. **EDUCATION/PREVENTION – Local expert concern; Matagorda County's number of preventable hospital stays, mammography screening rate, and flu vaccination rate are worse than the state average and US median; Residents of Matagorda County are less likely to receive routine cholesterol screenings and routine cervical cancer screenings compared to the US average**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

MRMC services, programs, and resources available to respond to this need include:

- Through wellness center membership
    - One-On-One Equipment Orientation: Covers safety, wellness facility etiquette, proper usage of equipment and more.
    - Health Risk Assessment (HRA): Review health history and current health status, and record baseline measurements.
    - Personalized strength and conditioning program with workout planning and goal development.
    - Nutrition Consultation: Improve diet and eating habits.
    - Thirty Day Check-In: Review progress and finalize your personal Health 360° plan.
    - Access to group exercise classes (chair yoga, POP Pilates, Bootcamp, etc.) at no additional charge.
- Medical group provides data driven sustained wellness visits
- Works with and supports Wellness Works to promote healthy behavior in the workplace and improve health outcomes
- Offer various health screenings throughout the year
- Healthcare professionals are available to speak on health topics to interested community groups, professional organizations, businesses, and schools through the Speakers Bureau
- Groups of local students meet monthly with Governance Board to learn about possible jobs/healthcare industry
- Brings in multiple high school students to shadow various healthcare professionals
- Wellness Center offers diabetic classes and healthy cooking classes

Anticipated results from MRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers		X
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations	X	
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MRMC intended actions is to monitor change in the following Leading Indicator:

- Participation in corporate and community-based health fairs

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Adult Obesity rate = 32%[13]
- Diabetes, urogenital, blood, and endocrine disease mortality rate = 67.0 (F) and 78.2 (M) per 100,000 population[14]

MRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Wellness Matagorda Inc.	Loy Sneary	700 3rd Street Bay City, TX 77414 (979) 241-5952

[13] Houston-Galveston Area Council. 2013 County Health Data Indicators.
[14] The Institute for Health Metrics and Evaluation. 2014. Matagorda County. Age-adjusted.

Organization	Contact Name	Contact Information
Matagorda Medical Group	Lauren Fox	600 Hospital Circle Bay City, TX 77414 (979) 241-6100 www.matagordamedical.com

5. **MENTAL HEALTH – 2016 Significant Need; Matagorda County's population to mental health provider ratio is worse than the state average and US median; Matagorda County's frequent mental distress rate is worse than the state average; Suicide is the #12 leading cause of death in Matagorda County; Matagorda County's mental health and substance use related deaths rate increased significantly from 1980-2014**

Public comments received on previously adopted implementation strategy:

- *See Appendix A for a full list of comments*

MRMC services, programs, and resources available to respond to this need include:

- Geri-psych inpatient unit (12 beds) with a full-time psychiatrist, and tele-psychiatry services
- Provide educational materials and speakers to local organizations to educate the community on drugs and alcohol abuse
- Provide depression screenings and tobacco screenings as part of the Medicare annual wellness visits
- Sponsor and participate in local health fairs to provide education and awareness on drunk driving and substance abuse (including smoking cessation)
- Provide suicide screenings for ED and inpatients, along with policies and protocols for affirmative screenings
- Collaborate with Texana and MEHOP to refer and treat behavioral health issues, and Bay City Recovery for substance abuse issues
- Refer to local pain management physician to help treat chronic pain
- Employee Assistance Program available to help employees and family members with counseling for behavioral health, substance abuse, bereavement, etc.
- Chaplains round daily and meet with patients upon request to provide spiritual counseling
- Opioid stewardship committee that helps address mental health issues related to opioid use
- Several hospital staff and Chaplain are trained in Critical Incident Stress Management (CISM)
    - CISM is a peer-driven stress management program that combines pre-crisis preparation, stress education and post-event response to help people recover more quickly from stressful job-related incidents and trauma

Additionally, MRMC plans to take the following steps to address this need:

- Look into partnering with local law enforcement with Narcan
- Find ways to provide additional information to patients on local resources for behavioral health substance abuse
- Reinstating narcotic contracts to help manage opioid use in the area

MRMC evaluation of impact of actions taken since the immediately preceding CHNA:

- Staffed trained on de-escalation and crisis intervention

- Partnered with the police department on the community wide task force where they discuss mental health challenges in the community
- Provided education to hospital providers on behavioral health services available through MEHOP
- Added social worker
- Added mental health providers on website

Anticipated results from MRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MRMC intended actions is to monitor change in the following Leading Indicator:

- Number of patients screened in ED for suicide = 11,282
    - Number of patients referred out due to affirmative screening = 54
- Number of patients referred out for behavioral health issues = 16

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Suicide death rate = 12.0 per 100,000 population[15]

[15] World Life Expectancy. 2017. Matagorda County. Age-adjusted.

MRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Texana Mental Health Center	General	3007 N Richmond Rd, Wharton, TX 77488 (979) 532-6100 https://www.texanacenter.com/
Matagorda Episcopal Health Outreach Program (MEHOP)	Celeste Harrison	1700 Golden Ave, Bay City, TX 77414 (979) 245-2008 www.mehop.org
Bay City Recovery	Jonnie Montalbo	2908 Rugeley St, Bay City, Texas 77414 F/@baycityrecovery
Local law enforcement	Chief Robert Lister	2201 Avenue H, Bay City, TX 77414 (979) 245-8500

Other local resources identified during the CHNA process that are believed available to respond to this need:

Organization	Contact Name	Contact Information
Matagorda County Women's Crisis Center, Inc.	Patti McKelvy	3010 6th St, Bay City, TX 77414 (979) 245-9109 https://crisiscnt.com
Bay Area Council on Drugs & Alcohol (BACODA)	Marian Bullard	2417 Avenue G, Bay City, TX 77414 (979) 323-9608 http://bayareacouncilondrugsandalcohol.homestead.com/
Local AA Chapter		2701 Avenue H, Bay City, Texas 77414 (979) 245-6499
Local NA Chapter		Jo Davis Field Center 2908 Rugeley Street, Bay City, TX 77414 The Service Center 2505 Avenue M, Bay City, TX 77414 http://www.naws.org/meetingsearch/

6. **CANCER – Local expert concern; Matagorda County's mammography screening rate is worse than the state average and US median; Residents of Matagorda County are less likely to receive cervical cancer screenings every two years compared to the US average; Cancer is the #2 leading cause of death in Matagorda County; Matagorda County's female tracheal, bronchus, and lung cancer rate is worse than the national average and increased from 1980-2014; Male tracheal, bronchus, and lung cancer rate and female breast cancer rate are worse than the US average (2014)**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

MRMC services, programs, and resources available to respond to this need include:

- IV and Infusion center
- Offer 3-D mammograms, screenings and biopsies
- Provide chemotherapy services if needed
- Offer smoking cessation classes

MRMC does not intend to develop an implementation strategy for this Significant Need

MRMC is choosing not to respond to this need. MRMC recognizes the importance of this need, however, MRMC feels that other strong organizations in the community address this need and that MRMC can have a greater impact by putting attention and resources toward other significant needs for which are better qualified to serve.

Federal classification of reasons why a hospital may cite for not developing an Implementation Strategy for a defined Significant Need	
1. Resource Constraints	**X**
2. Relative lack of expertise or competency to effectively address the need	**X**
3. A relatively low priority assigned to the need	
4. A lack of identified effective interventions to address the need	
5. Need is addressed by other facilities or organizations in the community	**X**

7. **HEART DISEASE – Local expert concern; Residents of Matagorda County are less likely to receive routine cholesterol screenings compared to the US average; Heart disease is the #1 leading cause of death in Matagorda County; Matagorda County's female and male heart disease rate is worse than the US average (2014)**

Public comments received on previously adopted implementation strategy:

This was not a significant health need in 2016, so no comments were solicited.

MRMC services, programs, and resources available to respond to this need include:

- Offer cardiac rehab and exercise programs
- Offer smoking cessation classes
- Provides a wide variety of services to assist with cardiac care needs
- Offer EKGs, stress test, blood test, and sleep studies
- Offer echocardiograms and dopplers to evaluate the blood circulation in arteries and veins throughout the body
- Offer cardiac catheterization
- Lipid profiles and cholesterol screenings
- Licensed dietician on staff for inpatient, outpatient, and diabetic counseling
- Sponsor local events including 5K/10Ks, Pedal Palacios
- Provide educational materials and speakers to local organizations to educate the community on health and wellness
- Education at health fairs focusing on healthy eating and nutrition; screenings for BMI, risk assessments, glucose, and cholesterol on teachers and students (results provided to parents)
- Through Wellness Works program, send health information on nutrition and healthy lifestyles to local employers to educate employees
- Local WIC programs (Bay City and Palacios) staffed by hospital to provide resources/education on nutrition and breastfeeding
- DSRP project to improve patient compliance for A1C levels
- New wellness center with medically supervised weight-management program and diabetic monitoring program, walking track, cardiovascular equipment, and weights; available with medical referral and through employee wellness programs
- Provided additional community education focusing on weight management, healthy lifestyles, nutrition, physical activity, etc.
- Sponsor, organize, and manage community health challenges to promote healthy lifestyles

Additionally, MRMC plans to take the following steps to address this need:

- Look into adding a calcium scoring
- New General surgeon and FCP in medical weight loss and weight management
- Offer two big cooking classes a year
- Continue to integrate a whole life cycle of medical wellness and weight management programs

Anticipated results from MRMC Implementation Strategy

Community Benefit Attribute Element	Yes, Implementation Strategy Addresses	Implementation Strategy Does Not Address
1. Available to public and serves low income consumers	X	
2. Reduces barriers to access services (or, if ceased, would result in access problems)	X	
3. Addresses disparities in health status among different populations		X
4. Enhances public health activities	X	
5. Improves ability to withstand public health emergency		X
6. Otherwise would become responsibility of government or another tax-exempt organization	X	
7. Increases knowledge; then benefits the public	X	

The strategy to evaluate MRMC intended actions is to monitor change in the following Leading Indicator:

- Number of risk assessments provided through wellness center.
- Participation in corporate and community-based health fairs

The change in the Leading Indicator anticipates appropriate change in the following Lagging Indicator:

- Number of heart disease related deaths = 237.9 per 100,000 population[16]

[16] World Life Expectancy. 2017. Matagorda County. Age-adjusted.

MRMC anticipates collaborating with the following other facilities and organizations to address this Significant Need:

Organization	Contact Name	Contact Information
Wellness Matagorda Inc.	Loy Sneary	700 3rd Street Bay City, TX 77414 (979) 241-5952

Other Needs Identified During CHNA Process

8. **Substance/Drug Abuse – 2016 Significant Need**
9. **Physical Inactivity**
10. **Hypertension**
11. **Maternal and Infant Measures – 2016 Significant Need**
12. **Alzheimer's**
13. **Kidney Disease**
14. **Smoking/Tobacco Use**
15. **Suicide – 2016 Significant Need**
16. **Chronic Pain Management**
17. **Alcohol Abuse**
18. **Dental**
19. **Accidents**
20. **Lung Disease**
21. **Flu/Pneumonia**
22. **Respiratory Infections**
23. **Stroke**
24. **Women's Health**
25. **Liver Disease**

Overall Community Need Statement and Priority Ranking Score

Significant needs where hospital has implementation responsibility

1. Diabetes – 2016 Significant Need
2. Affordability/Accessibility – 2016 Significant Need
3. Obesity/Overweight – 2016 Significant Need
4. Education/Prevention
5. Mental Health – 2016 Significant Need
6. Heart Disease

Significant needs where hospital did not develop implementation strategy

1. Cancer

Other needs where hospital developed implementation strategy

1. N/A

Other needs where hospital did not develop implementation strategy

1. N/A

APPENDIX

Appendix A – Written Commentary on Prior CHNA (Local Expert Survey)

Hospital solicited written comments about its 2016 CHNA. 25 individuals responded to the request for comments. The following presents the information received in response to the solicitation efforts by the hospital. No unsolicited comments have been received.

1. **Please indicate which (if any) of the following characteristics apply to you. If none of the following choices apply to you, please give a description of your role in the community.**

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	8	10	18
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	5	12	17
3) **Priority Populations**	8	9	17
4) Representative/Member of **Chronic Disease Group** or Organization	6	11	17
5) Represents the **Broad Interest of the Community**	21	2	23
Other			4
Answered Question			25
Skipped Question			0

Congress defines "Priority Populations" to include:

- Racial and ethnic minority groups
- Low-income groups
- Women
- Children
- Older Adults
- Residents of rural areas
- Individuals with special needs including those with disabilities, in need of chronic care, or in need of end-of-life care
- Lesbian Gay Bisexual Transsexual (LGBT)
- People with major comorbidity and complications

2. **Do any of these populations exist in your community, and if so, do they have any unique needs that should be addressed?**

- *education and financial assistance*
- *Available family or personal affordable health care.*
- *Diabetes prevention, and congestive heart failure prevention*
- *We have a high volume of low-income and Medicaid patients, especially in our OB/GYN clinics. We find these patients aren't always aware of assistance programs available to them, so they delay care. We also have many*

pediatric patients who are establishing care with family practice providers rather than pediatricians due to self-reported access issues or unsatisfactory care from their pediatricians.

- *Education on Wellness and Prevention of chronic diseases, including availability of preventive medications. Education on Maternal Issues*
- *Access to care (physical access such as transportation) and education to improve patient compliance with health plans and/or preventive plans.*
- *Education on health issues*

In the 2016 CHNA, there were seven health needs identified as "significant" or most important:

1. **Mental Health/Suicide/Substance Abuse**
2. **Affordability/Accessibility**
3. **Obesity/Overweight**
4. **Diabetes**
5. **Maternal and Infant Measures**

3. Should the hospital continue to consider and allocate resources to help improve the needs identified in the 2016 CHNA?

	Yes	No	Response Count
Mental Health/Suicide/Substance Abuse	23	0	23
Affordability/Accessibility	19	2	21
Obesity/Overweight	23	0	23
Diabetes	23	0	23
Maternal and Infant Measures	19	1	20

Comments:

- *It is very important for you to continue these services, there is no one else providing this in our rural area*

4. Please share comments or observations about the actions MRMC has taken to address <u>MENTAL HEALTH/SUICIDE/SUBSTANCE ABUSE.</u>

- *Have partnered with BCPD and local civic leaders to raise awareness of the need for mental health dollars in our community.*
- *Social Worker has been hired. Meeting with local agencies (government and law enforcement) to better coordinate efforts.*
- *Partner with community providers to improve access to tertiary care for those in need of psychiatric services.*
- *I am not aware of any of these actions. I have noticed especially in the past year that we are dismissing more patients from our practice due to prescription drug abuse and non-compliance with treatment plans involving prescription drugs. We also would greatly benefit from having a local mental health resource or a telehealth*

option.

- *senior care is excellent but minimal outpatient psychiatric f/up available*
- *MRMC launched an Opioid Stewardship Team and is working on reducing the prescribing of Opioids*
- *Mental health is definitely an issue in the county*
- *Educate the community on the programs available but the family needs to be the main leader in this with a stronger emphasis on religion*
- *Few resources including fewer resources from state and federal programs have made this topic an issue. It is a top concern for MRMC, but resources are needed to make it a top priority. There is much willingness -- to the point of eagerness -- to address these concerns on campus, but human and financial resources are not available.*
- *I am not sure I know what is being done in that area*
- *Better promotion of available mental health providers and service*

5. Please share comments or observations about the actions MRMC has taken to address <u>AFFORDABILITY/ACCESSIBILITY</u>.

- *Have added a pulmonologist via telemedicine to help patients who can't afford to travel stay closer to home for care. Moved further into the Greater Houston Health connect program via EMR.*
- *Can now access information through GHHC*
- *Providing Urgent care on Saturday and Sunday has helped provide affordable access to care.*
- *To my knowledge, we do not have a navigation program for specialty care not available in the county, and this is needed. The providers I work with have established referral patterns they use, but an actual navigation program would be incredibly beneficial resource for the patients, especially those who do not have an established PCP. It would also help ensure that our patients return to us for services we provide rather than losing them to the large systems in Houston. The HIE implementation with Greater Houston Health Connect was a slow and painful process and not received well with the providers I work with. It is occasionally used by a few support staff, but the providers do not use the information available.*
- *makes care available*
- *Opened urgent care and walk in clinic*
- *There are many citizens that do not have insurance*
- *MAP program is important asset. Also, MRMC has the availability of specialist for patients to see.*
- *We've expanded hours and reassessed cash pay discounts for uninsured and underinsured patients. Moving in the right direction for affordability and accessibility.*
- *I know that they serve anybody and I know they do what they can to save money*
- *appears to be good resources for affordability/accessibility. Could use patient educator on how insurance works: copay, deductible, out of pocket, percentages, etc.*

6. **Please share comments or observations about the actions MRMC has taken to address <u>OBESITY/OVERWEIGHT</u>.**

- *new surgeon can and has performed some bariatric procedures to help high risk patients lose weight.*
- *The WC will be providing diabetic prevention programs focusing on nutrition and weight loss to proactively prevent Diabetes and Obesity.*
- *The programs and events I'm aware of don't seem to have high participation, although I hear a lot of positive feedback from patients and community members regarding the wellness center staff.*
- *major problem in the community more cultural, difficult to change a mindset*
- *Wellness Center Interventions and Membership has grown substantially.*
- *I don't have much information about the obesity problem in the community*
- *Wellness programs such as exercise and dietary education. The key is finding what triggers the motivation in the person*
- *Wellness center and targeted, customized programs.*
- *The wellness Matagorda program continues to help with overweight and unhealthily lifestyles*
- *Walking Challenges*
- *Very few have benefits for surgical options. Statistically, non-surgical efforts are rarely successful, less than 5% lose and maintain weight loss. To succeed, we need to change our focus*
- *Advancing to developing weight loss surgical options*

7. **Please share comments or observations about the actions MRMC has taken to address <u>DIABETES</u>.**

- *Have had educational events geared to the public at the new Dome for food preparation and diabetes education*
- *Have started diabetes prevention program (DPP)*
- *As above*
- *I believe there was a partnership with A&M to host a diabetes nutritional/cooking class. It was promoted in the clinics I work with, but did not seem to have any physician support.*
- *classes at the hospital are helpful more publicity to the local health care providers would be helpful and to the general population*
- *Dietary Counseling for Diabetes patients*
- *I don't have any information about diabetes concerns in the community.*
- *Not sure if MRMC is doing enough education for diabetics. Once a patient is identified there needs to be a set plan in place to follow up on this patient. My experience is that diabetics are terrible patients. Possibly because they do not know the severity of the disease*

- *Wellness center and targeted, customized programs.*
- *again not sure other than wellness Matagorda*
- *Classes & healthy cooking events*
- *The most effective treatment for diabetes is roux en Y gastric bypass but patients don't seem to be counseled on this*

8. Please share comments or observations about the actions MRMC has taken to address <u>MATERNAL AND INFANT MEASURES</u>.

- *Have added a second OB doctor to our staff.*
- *Have applied for Neonatal designation; Preparing for Maternal designation*
- *Good actions on MIM.*
- *I am not aware of any of the listed actions being taken. I do not believe there would be support among the current OB/GYN providers to participate in education classes in the schools or other venues.*
- *good access to care available cultural lack of interest in appropriate f/up care*
- *Received Neonatal Designation from the State. Currently working on Maternal Designation.*
- *I know we have a problem with child abuse*
- *WIC program*
- *Added to OB/GYN staff and supplied educational technology at the bedside to help with patient education. This program is scalable as new needs are identified.*
- *I am not aware of any, except the WIC program*

Appendix B – Identification & Prioritization of Community Needs (Local Expert Survey Results)

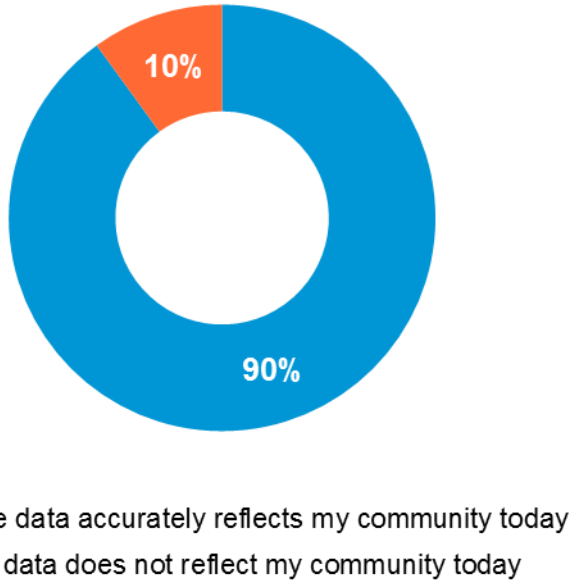
Need Topic	Total Votes	Number of Local Experts Voting for Needs	Percent of Votes	Cumulative Votes	Need Determination
Diabetes*	216	17	10.8%	10.8%	Significant Needs
Affordability/Accessibility*	208	15	10.4%	21.2%	
Obesity/Overweight*	178	14	8.9%	30.1%	
Education/Prevention	170	15	8.5%	38.6%	
Mental Health*	155	13	7.8%	46.4%	
Cancer	146	11	7.3%	53.7%	
Heart Disease	104	12	5.2%	58.9%	
Substance/Drug Abuse*	96	11	4.8%	63.7%	Other Identified Needs
Physical Inactivity	87	10	4.4%	68.0%	
Hypertension	86	10	4.3%	72.3%	
Maternal and Infant Measures*	85	9	4.3%	76.6%	
Alzheimer's	58	9	2.9%	79.5%	
Kidney Disease	54	7	2.7%	82.2%	
Smoking/Tobacco Use	52	9	2.6%	84.8%	
Suicide*	48	8	2.4%	87.2%	
Chronic Pain Management	44	7	2.2%	89.4%	
Alcohol Abuse	40	8	2.0%	91.4%	
Dental	38	6	1.9%	93.3%	
Accidents	35	8	1.8%	95.0%	
Lung Disease	27	6	1.4%	96.4%	
Flu/Pneumonia	18	6	0.9%	97.3%	
Respiratory Infections	17	5	0.9%	98.1%	
Stroke	15	5	0.8%	98.9%	
Women's Health	13	5	0.7%	99.5%	
Liver Disease	10	3	0.5%	100.0%	

Individuals Participating as Local Expert Advisors

	Yes (Applies to Me)	No (Does Not Apply to Me)	Response Count
1) **Public Health Expertise**	8	10	18
2) **Departments and Agencies** with relevant data/information regarding health needs of the community served by the hospital	5	12	17
3) **Priority Populations**	8	9	17
4) Representative/Member of **Chronic Disease Group** or Organization	6	11	17
5) Represents the **Broad Interest of the Community**	21	2	23
Other			4
Answered Question			25
Skipped Question			0

Advice Received from Local Expert Advisors

Question: Do you agree with the comparison of Matagorda County to all other Texas counties?



Comments:

- *It appears to be accurate but do not possess data to argue otherwise at this time*
- *question psychiatric availability, obesity %, physical inactivity*
- *I did not gather this information so I cannot comment about this year. This is the info that was presented last year so it should be accurate.*
- *I do not know how accurate this data is*
- *Obesity seems a little low*
- *Access to exercise has improved with addition on wellness center.*

Question: Do you agree with the demographics and common health behaviors of Matagorda County?

Comments:

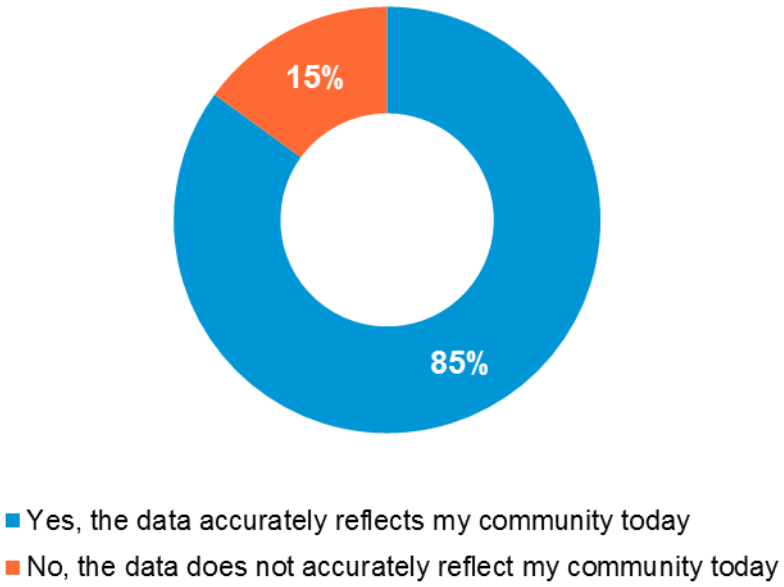
- *not sure but pretty close*
- *Should be accurate if obtained from a credible source.*
- *I do not know if this information is accurate*

Question: Do you agree with the overall social vulnerability index for Matagorda County?

Comments:

- *Do not have sufficient knowledge in this area to answer.*
- *I do not know if this information is accurate*

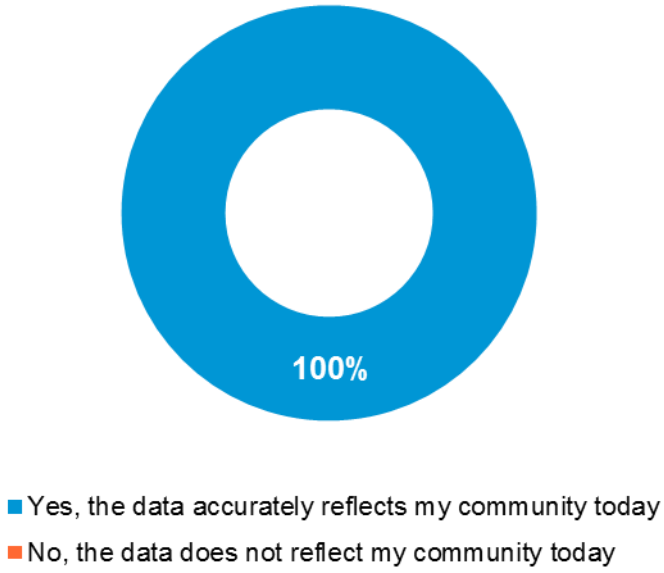
Question: Do you agree with the national rankings and leading causes of death?



Comments:

- *I expected diabetes and hypertension to be higher than expected.*
- *I would expect diabetics be higher than expected.*

Question: Do you agree with the health trends in Matagorda County?



Comments:

- *Undecided would need more information*

Appendix C – National Healthcare Quality and Disparities Report

The National Healthcare Quality and Disparities Reports (QDR; annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 (P.L. 106-129)) are based on more than 300 healthcare process, outcome, and access measures, covering a wide variety of conditions and settings. Data years vary across measures; most trend analyses include data points from 2000-2002 to 2012-2015. An exception is rates of uninsured, which we are able to track through 2017. The reports are produced with the support of an HHS Interagency Work Group (IWG) and guided by input from AHRQ's National Advisory Council and the Institute of Medicine (IOM), now known as the Health and Medicine Division of the National Academies of Sciences, Medicine, and Engineering.

For the 15th year in a row, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving healthcare quality and reducing healthcare disparities. As mandated by the U.S. Congress, the report focuses on "national trends in the quality of health care provided to the American people" (42 U.S.C. 299b-2(b)(2)) and "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations" (42 U.S.C. 299a-1(a)(6)).

The 2017 report and chartbooks are organized around the concepts of access to care, quality of care, disparities in care, and six priority areas—including patient safety, person-centered care, care coordination, effective treatment, healthy living, and care affordability. Summaries of the status of access, quality, and disparities can be found in the report.

The report presents information on trends, disparities, and changes in disparities over time, as well as federal initiatives to improve quality and reduce disparities. It includes the following:

- **Overview of Quality and Access in the U.S. Healthcare System** that describes the healthcare systems, encounters, and workers; disease burden; and healthcare costs.
- **Variation in Health Care Quality and Disparities** that presents state differences in quality and disparities.
- **Access and Disparities in Access to Healthcare** that tracks progress on making healthcare available to all Americans.
- **Trends in Quality of Healthcare** that tracks progress on ensuring that all Americans receive appropriate services.
- **Trends in Disparities** that tracks progress in closing the gap between minority racial and ethnic groups and Whites, as well as income and geographic location gaps (e.g., rural/suburban disparities).
- **Looking Forward** that summarizes future directions for healthcare quality initiatives.

Key Findings

Access: An estimated 43% of access measures showed improvement (2000-2016), 43% did not show improvement, and 14% showed worsening. For example, from 2000 to 2017, there were significant gains in the percentage of people who reported having health insurance.

Quality: Quality of healthcare improved overall from 2000 through 2014-2015, but the pace of improvement varied by priority area:

- Person-Centered Care: Almost 70% of person-centered care measures were improving overall.

- Patient Safety: More than two-thirds of patient safety measures were improving overall.
- Healthy Living: More than half of healthy living measures were improving overall.
- Effective Treatment: More than half of effective treatment measures were improving overall.
- Care Coordination: Half of care coordination measures were improving overall.
- Care Affordability: Eighty percent of care affordability measures *did not* change overall.

Disparities: Overall, some disparities were getting smaller from 2000 through 2014-2015; but disparities persist, especially for poor and uninsured populations in all priority areas.

Trends

- Trends show that about 55% percent of quality measures are improving overall for Blacks.[17] However, most recent data in 2014-2015 show that about 40% of quality measures were worse for Blacks compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Asians. However, most recent data in 2014-2015 show that 20% of quality measures were worse for Asians compared with Whites.
- Trends show that almost 35% of quality measures are improving overall for American Indians/Alaska Natives (AI/ANs). However, most recent data in 2014-2015 show that about 30% of quality measures were worse for AI/ANs compared with Whites.
- Trends show that approximately 25% of quality measures are improving overall for Native Hawaiians/Pacific Islanders (NHPIs). However, most recent data in 2014-2015 show that nearly 33% of quality measures were worse for NHPIs compared with Whites.
- Trends show that about 60% of quality measures are improving overall for Hispanics, but in 2014-2015, nearly 33% of quality measures were worse for Hispanics compared with non-Hispanic Whites.
- Variation in care persisted across the urban-rural continuum in 2014-2016, especially in access to care and care coordination.

Looking Forward

The National Healthcare Quality and Disparities Report (QDR) continues to track the nation's performance on healthcare access, quality, and disparities. The QDR data demonstrate significant progress in some areas and identify other areas that merit more attention where wide variations persist. The number of measures in each priority area varies, and some measures carry more significance than others as they affect more people or have more significant consequences. The summary charts are a way to quantify and illustrate progress toward achieving accessible, high-quality, and affordable care at the national level using available nationally representative data. The summary charts are accessible via the link below.

[17] Throughout this report and its appendixes, "Blacks" refers to Blacks or African Americans, and "Hispanics" refers to Hispanics or Latinos. More information is available in the Reporting Conventions section of the Introduction and Methods.

This report shows that while performance for most access measures did not change significantly over time (2000-2014), insurance coverage rates did improve (2000-2016). Quality of healthcare improved in most areas but some disparities persist, especially for poor and low-income households and those without health insurance.

U.S. Department of Health and Human Services (HHS) agencies are working on research and conducting programs in many of the priority areas—most notably opioid misuse, patient safety, effective treatment, and health disparities.

Link to the full report:

https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2017qdr.pdf