



MATAGORDA REGIONAL  
MEDICAL CENTER

*People you know. Care you can depend on.*

# Matagorda Regional Medical Center 2023-2025 *Community Health Needs Assessment*

Approved by MCHD Board of Managers on February 28, 2023



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# A Message to Our Community

Dear Community Member:

At Matagorda Regional Medical Center (MRMC), we have spent over 50 years providing high-quality compassionate healthcare to Matagorda County and the greater community. The 2022 Community Health Needs Assessment identifies local health and medical needs and provides a plan for how 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.

Please keep in mind that we do not have enough 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*

# Executive Summary

Matagorda Regional Medical Center (“MRMC” or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with QHR Health (“QHR”) to determine the health needs of the local community and an accompanying implementation plan to address these identified health needs.

This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts
- 5) 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
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

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 Expert Advisors and the broad community was performed to review and provide feedback on the prior CHNA and ascertain the continued relevance of previously identified needs. Additionally, the group reviewed the data gathered from secondary sources to support the determination of the Significant Health Needs of the community.

***The Significant Health Needs identified for Matagorda Regional Medical Center are:***

- Prevention & Education: *Diabetes, Cancer, Heart Disease*
- Mental Health
- Access & Affordability of Healthcare

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources as well as collaboration with other local organizations/agencies. Metrics are included for each health need to track progress.

# Community Health Needs Assessment (CHNA) Overview

## CHNA Purpose

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



## Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

## The CHNA Process



# Process and Methods used to Conduct the Assessment

This assessment takes a comprehensive approach to determine community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data.
- Augmentation of data with community opinions.
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members.

## Data Collection and Analysis

The Hospital relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Area residents were asked to note if they perceived that the opportunities and issues 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 are detailed in the appendix of this report and include:

- *Stratason*
- *[www.countyhealthrankings.org](http://www.countyhealthrankings.org)*
- *CDC Final Deaths 2020*
- *Bureau of Labor Statistics*
- *American Diabetes Association*
- *Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population*
- *American Academy of Family Physicians – AAFP*
- *National Alliance on Mental Illness – NAMI*
- *Rural Health Information Hub*
- *National Cancer Institute*
- *Centers for Disease Control and Prevention – CDC*
- *Health Affairs: Leigh, Du*
- *Robert Wood Johnson Foundation*



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

- A CHNA survey was deployed to local expert advisors and the general public 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 diverse population. 50 survey responses from community members were gathered between September and October 2022.

## **Prioritizing Significant Health Needs**

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. Most respondents agreed with the findings, with only a handful of comments critiquing the data. A list of all needs was developed based on findings from the analysis. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified.

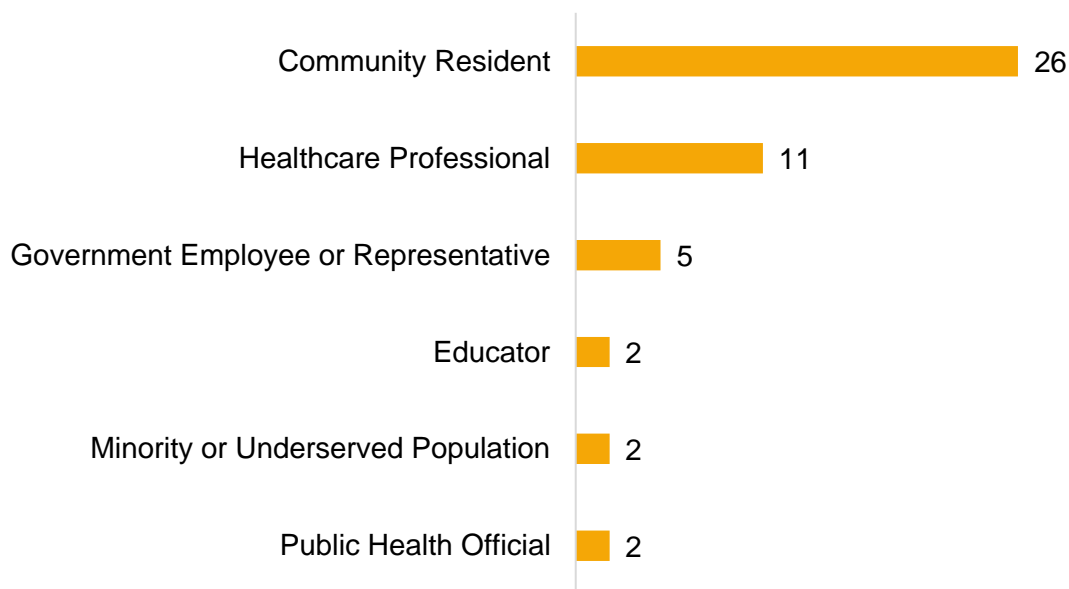
The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

## **Input from Persons Who Represent the Broad Interests of the Community**

Input was obtained from the required three minimum sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Participants self-identified into the following classifications:

- 1) Public Health Official
- 2) Government Employee or Representative
- 3) Minority or Underserved Population
- 4) Community Resident
- 5) Educator
- 6) Healthcare Professional

**Survey Question: Please select all roles that apply to you (n=44)**

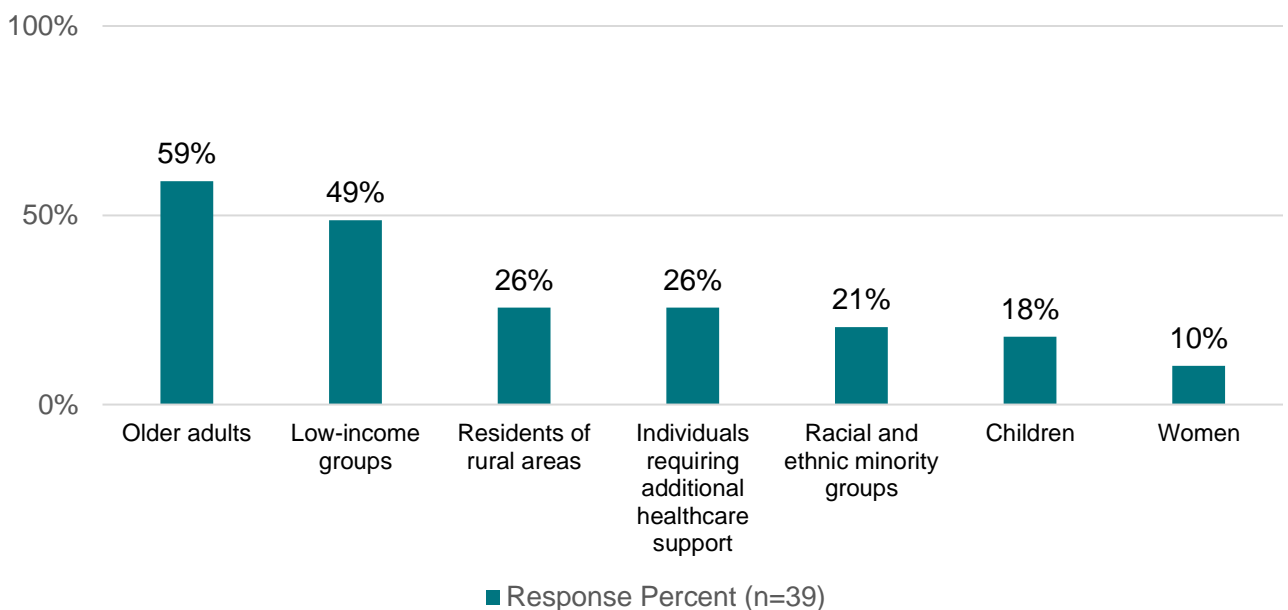




## Input on Priority Populations

Information analysis augmented by local opinions showed how Matagorda County compares 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”) would benefit from additional focus and elaborated on their key needs.

**Survey Question: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**



- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following “take-away” bulleted comments:
  - The top two priority populations identified by the local experts were older adults and low-income groups
  - Summary of unique or pressing needs of the priority groups identified by the respondents:
    - Affordable Healthcare
    - Transportation to/from Services
    - Access to Specialists

## Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to MRMC's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

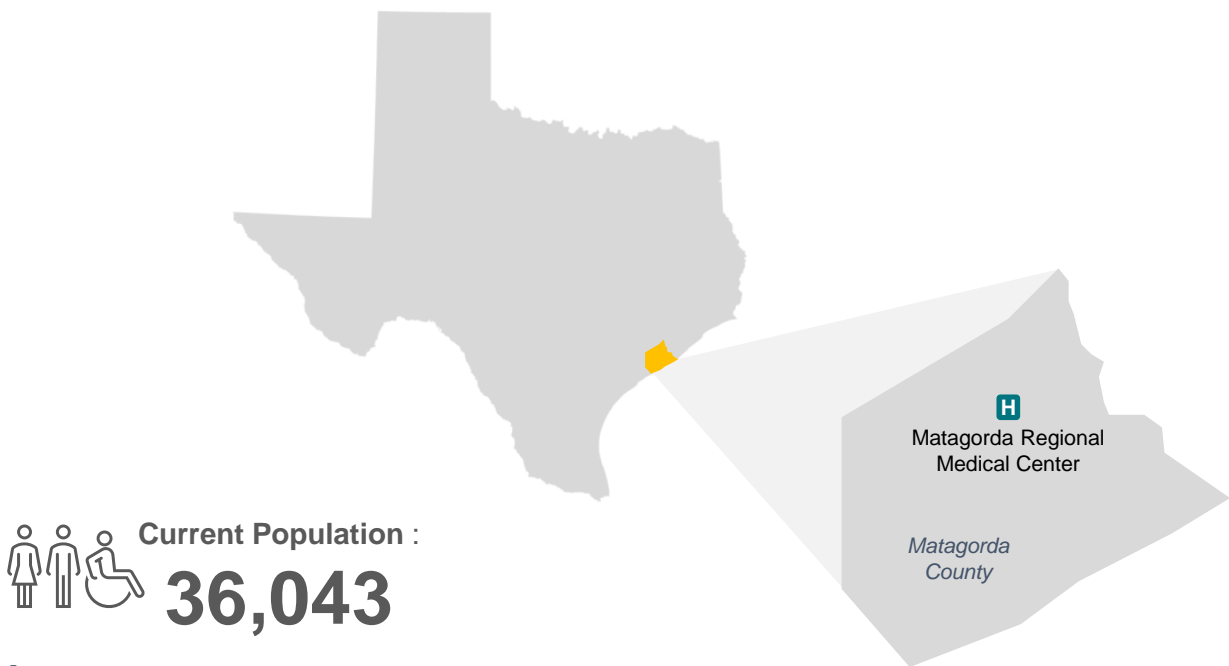


# Community Served

For the purpose of this study, MRMC defines its service area as Matagorda County in Texas which includes the following ZIP codes:

- 77414 – Bay City
- 77457 – Matagorda
- 77440 – Elmaton
- 77456 – Markham
- 77465 – Palacios
- 77458 – Midfield
- 77419 – Blessing
- 77482 – Van Vleck
- 77468 - Pledger

## Matagorda County Demographics



### Age

	Matagorda County	Texas
0 – 17	23.2%	24.7%
18 – 44	32.3%	38.2%
45 – 64	25.4%	23.1%
65 +	19.2%	14.0%

Source: Stratasan, ESRI (2022)

## Race/Ethnicity

	Matagorda County	Texas
White	53.4%	49.1%
Black	10.7%	12.2%
Asian & Pacific Islander	2.0%	5.6%
Other	33.8%	33.0%
Hispanic*	43.4%	39.6%

\*Ethnicity is calculated separately from Race

## Education and Income

	Matagorda County	Texas
Median Household Income	\$57,685	\$70,834
Some High School or Less	16.4%	13.4%
High School Diploma/GED	33.1%	25.5%
Some College/ Associates Degree	30.6%	27.7%
Bachelor's Degree or Greater	19.9%	35.1%

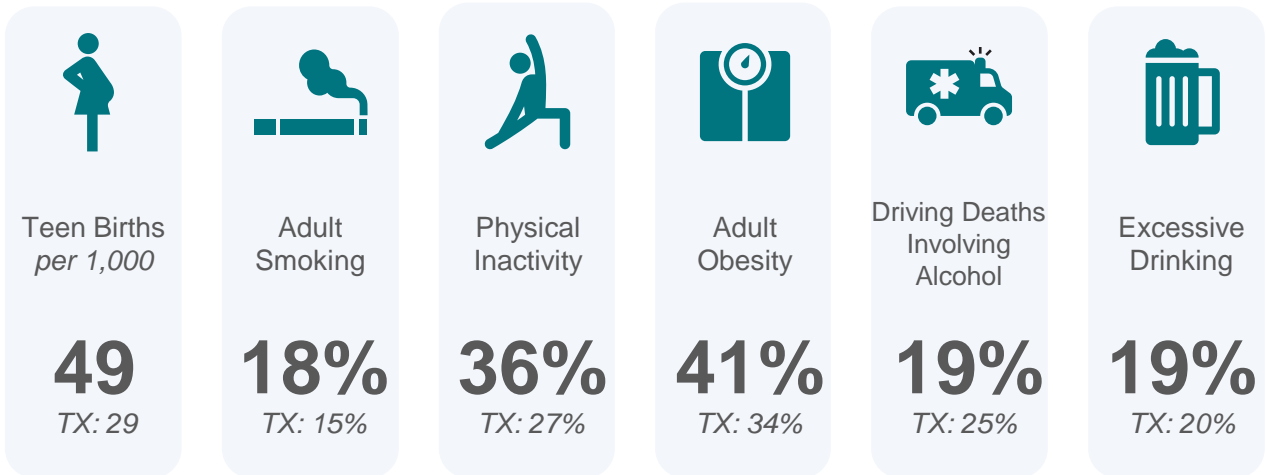
Source: Stratasan, ESRI (2022)

# Community Health Characteristics

The data below provides an overview of Matagorda County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. These statistics were included for reference in the CHNA survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit <https://www.countyhealthrankings.org>.

## Health Status Indicators

### Health Behaviors



### Quality of Life

**Suicide Rate: 12.3**

Per 100,000  
Compared to 13.3 in TX

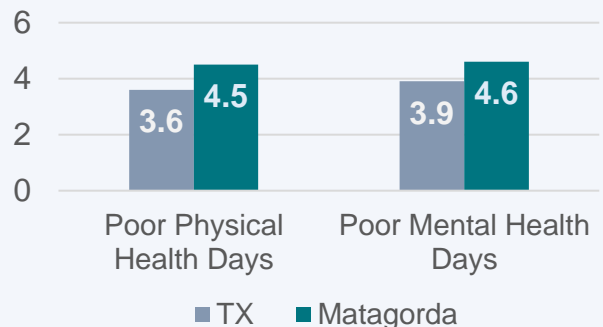
**Poor or Fair Health: 27%**

Compared to 21% in TX

**Low Birthweight: 9%**

Compared to 8% in TX

Average number of physically and mentally unhealthy days in the past 30 days



Source: County Health Rankings 2022 Report, CDC Final Deaths 2020

## Socioeconomic Factors



Income  
Inequality\*

**5.5**

TX: 4.8



Unemployment

**8.3%**

TX: 5.7%



Children in  
Single Parent  
Households

**32%**

TX: 26%



Children in  
Poverty

**24%**

TX: 19%



Violent  
Crime  
per 100,000

**347**

TX: 420



Injury  
Deaths  
per 100,000

**86**

TX: 60

## Access to Health

**Uninsured: 17%**

Compared to 17% in TX

**Preventable Hospital  
Stays: 4,640**

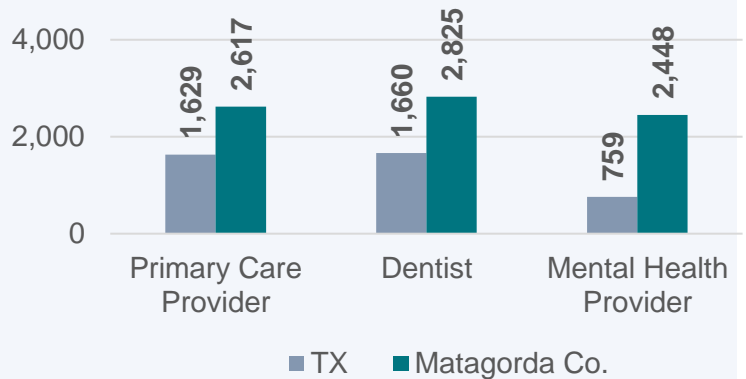
Per 100,000

Compared to 4,255 in TX

**Access to Exercise  
Opportunities: 69%**

Compared to 80% in TX

Number of People per 1 Provider  
(Lower number indicates better access to providers)



## Physical Environment



Air Pollution  
( $\mu\text{g}/\text{m}^3$ )

**9.6**

TX: 9.0



Severe Housing  
Problems\*\*

**19%**

TX: 17%



Driving to Work  
Alone

**85%**

TX: 79%



Broadband  
Access

**68%**

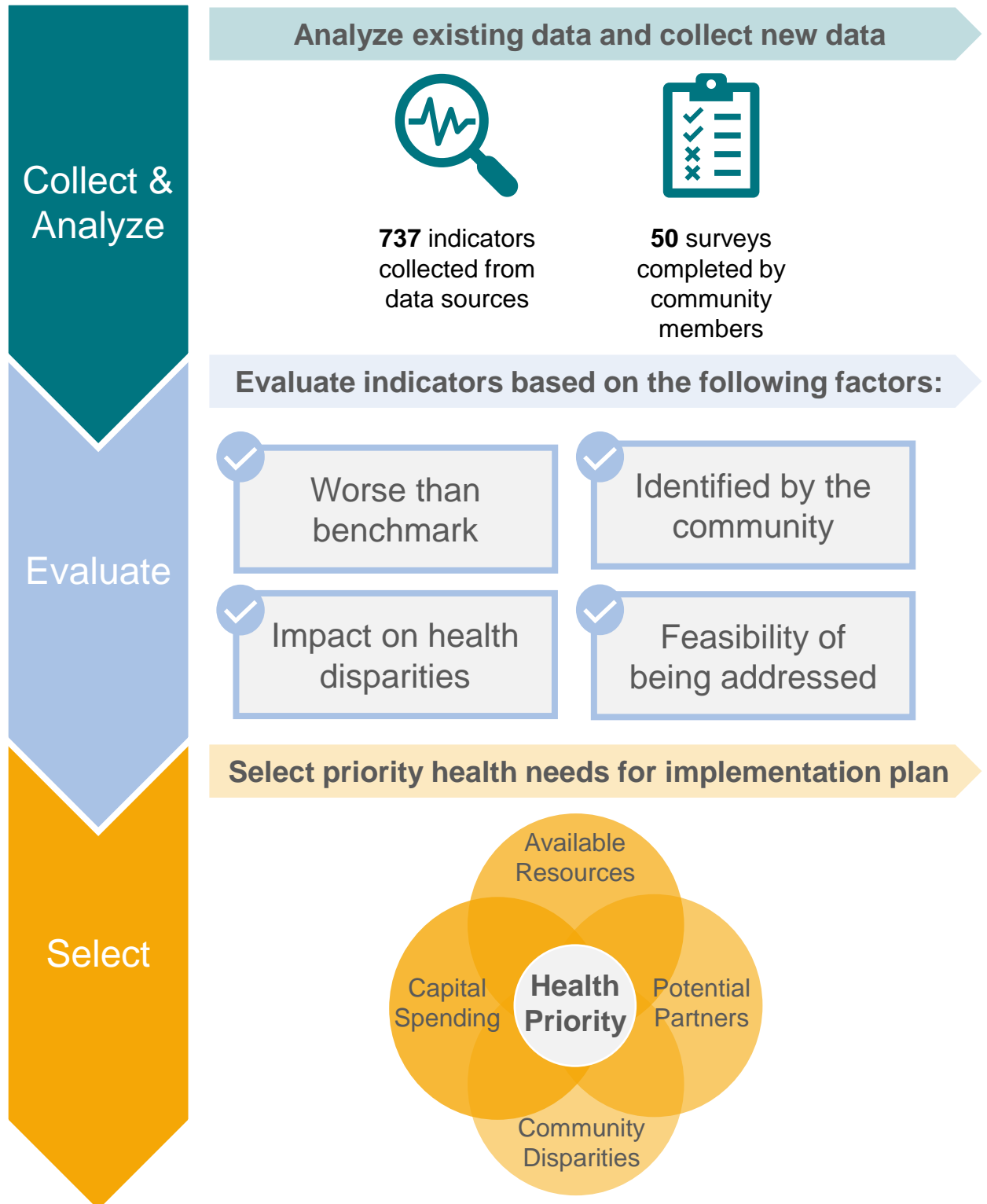
TX: 85%

Source: County Health Rankings 2022 Report, U.S. Bureau of Labor Statistics (2021), Stratasan, ESRI (2022)

Notes: \*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

# Methods of Identifying Health Needs





# Ranked Health Priorities

This process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the external social determinants that influence community health.
- Personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

## Health Factors

***Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).***

Answer Choices	Weighted Average of Votes (out of 5)
Diabetes	4.60
Mental Health	4.56
Cancer	4.52
Heart Disease	4.52
Stroke	4.44
Women's Health	4.28
Alzheimer's and Dementia	4.25
Drug/Substance Abuse	4.24
Obesity	4.24
Liver Disease	4.21
Kidney Disease	4.20
Lung Disease	4.12
Dental	4.00
Other (please specify)	See appendix

## Community Factors

*Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).*

Answer Choices	Weighted Average of Votes (out of 5)
Education System	4.60
Healthcare Services: Physical Presence (location, services, physicians)	4.56
Healthcare Services: Affordability	4.56
Employment and Income	4.52
Healthcare Services: Prevention	4.48
Community Safety	4.46
Access to Senior Services	4.36
Access to Healthy Food	4.21
Access to Childcare	4.12
Affordable Housing	4.12
Access to Exercise/Recreation	4.08
Transportation	3.88
Social Connections	3.84
Other (please specify)	See appendix

**Personal Factors**

*Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).*

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	4.44
Diet	4.36
Smoking/Vaping/Tobacco Use	4.28
Physical Inactivity	4.24
Excess Drinking	4.12
Risky Sexual Behavior	4.08
Other (please specify)	See appendix

## Overall health priority ranking (top 10 highlighted)

Answer Choices	Weighted Average of Votes (out of 5)
Diabetes	4.60
Education System	4.60
Mental Health	4.56
Healthcare Services: Physical Presence (location, services, physicians)	4.56
Healthcare Services: Affordability	4.56
Cancer	4.52
Heart Disease	4.52
Employment and Income	4.52
Healthcare Services: Prevention	4.48
Community Safety	4.46
Stroke	4.44
Livable Wage	4.44
Access to Senior Services	4.36
Diet	4.36
Women's Health	4.28
Smoking/Vaping/Tobacco Use	4.28
Alzheimer's and Dementia	4.25
Drug/Substance Abuse	4.24
Obesity	4.24
Physical Inactivity	4.24
Liver Disease	4.21
Access to Healthy Food	4.21
Kidney Disease	4.20
Lung Disease	4.12
Access to Childcare	4.12
Affordable Housing	4.12
Excess Drinking	4.12
Access to Exercise/Recreation	4.08
Risky Sexual Behavior	4.08
Dental	4.00
Transportation	3.88
Social Connections	3.84

# Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

## Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Diabetes		✓	✓	✓
Education System	✓	✓		✓
Mental Health		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Healthcare Services: Affordability	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Healthcare Service: Prevention	✓	✓	✓	✓
Community Safety		✓		✓

# Overview of Priorities

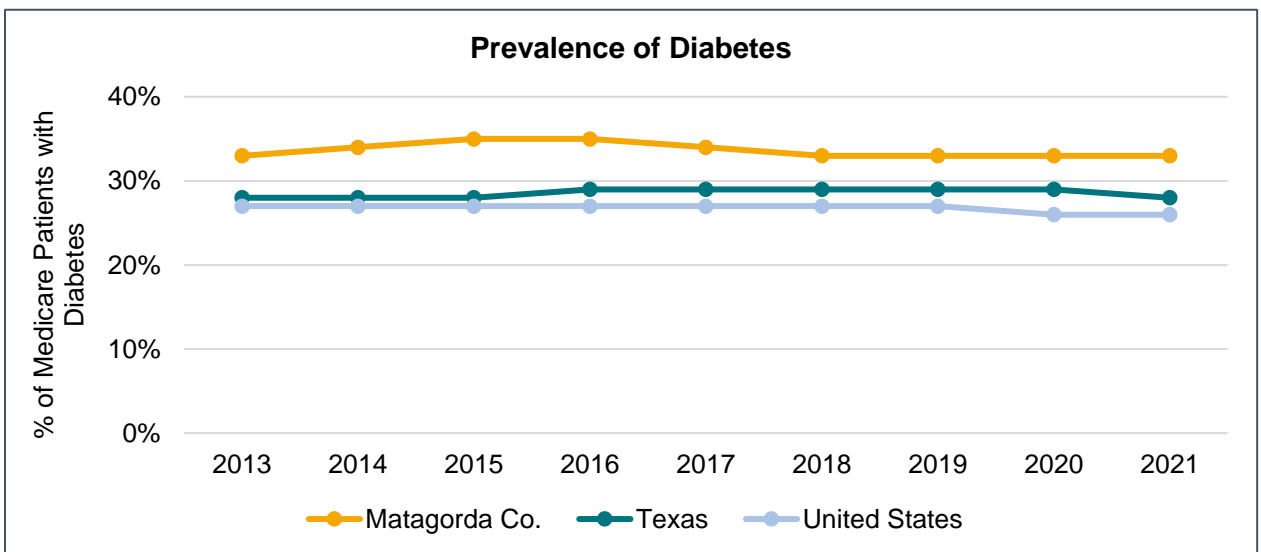
## Diabetes

Diabetes was identified as the #1 health priority with 92% of respondents rating it as important to be addressed (important is categorized as a 4 or 5 rating on the community survey). Diabetes/Obesity was identified as the #1 health priority in the 2019 CHNA report. Diabetes is the 7<sup>th</sup> leading cause of death in Matagorda County and ranks 124<sup>th</sup> out of 254 counties (with 1 being the worst in the state) in Texas for diabetes death rate ([CDC Final Deaths](#)).

Matagorda County also has higher rates of adult obesity and physical inactivity in comparison to Texas. Both are well-established risk factors for type 2 Diabetes development ([American Diabetes Association](#)). In the Medicare population, 33% of patients had diabetes and this rate has remained stable in recent years.

	Matagorda Co.	Texas
Diabetes mortality (per 100,000)	26.3	26.7
Adult obesity	40.8%	34.1%
Physical inactivity	35.5%	26.9%

Source: CDC Final Deaths (2020), County Health Rankings (2019)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Education System

The education system was identified as the #2 priority with 92% of respondents rating it as important to address in the community. Education influences health disparities through access to job opportunities, health insurance, stable housing, and healthy lifestyles ([AAFP](#)).

Matagorda County has a lower population with a high school degree or higher and a lower population with a bachelor's degree or higher compared to the state. Additionally, Matagorda County has a higher number of children enrolled in free or reduced lunch and lower access to broadband than the Texas average.

	Matagorda Co.	Texas
High school graduate or higher	83.6%	86.6%
Bachelor's degree or higher	19.9%	33.4%
Children enrolled in free or reduced lunch	69.5%	60.2%
Broadband access	68.3%	85.1%

*Source: Stratasen ESRI (2022), County Health Rankings (2016-2020)*



## Mental Health

Mental health was the #3 community-identified health priority with 96% of respondents rating it as important to be addressed in the community. Mental Health was identified as the #4 health priority in the 2019 CHNA report. Suicide is the 13<sup>th</sup> leading cause of death in Matagorda County ([CDC Final Deaths 2020](#)).

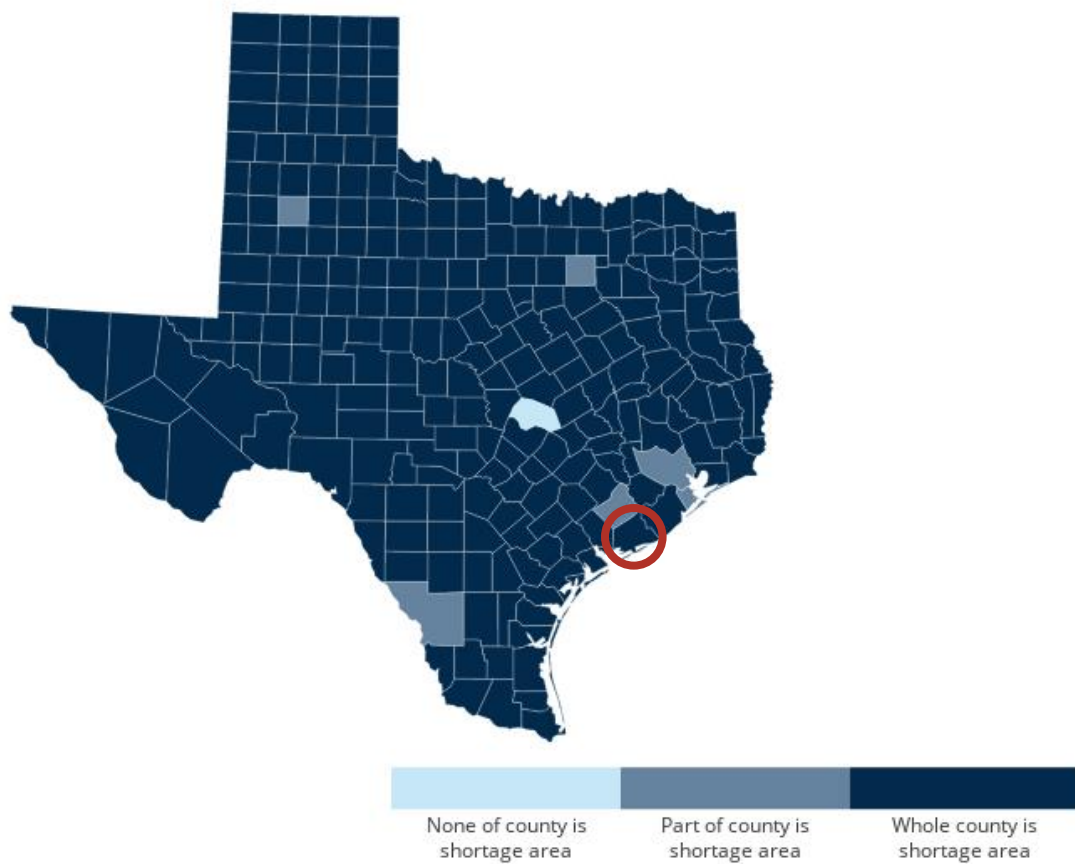
Matagorda County is a designated health professional shortage area for mental health. Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of providers and an inclusive behavioral health workforce ([NAMI](#)).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Matagorda Co.	Texas
Average number of mentally unhealthy days (past 30 days)	4.6	3.9
Number of people per 1 mental health provider	2,448	759
Suicide death rate (per 100,000)	12.3	13.3

*Source: County Health Rankings (2019, 2021), CDC Final Deaths (2020)*

## Health Professional Shortage Areas: Mental Health, by County, 2022 - Texas

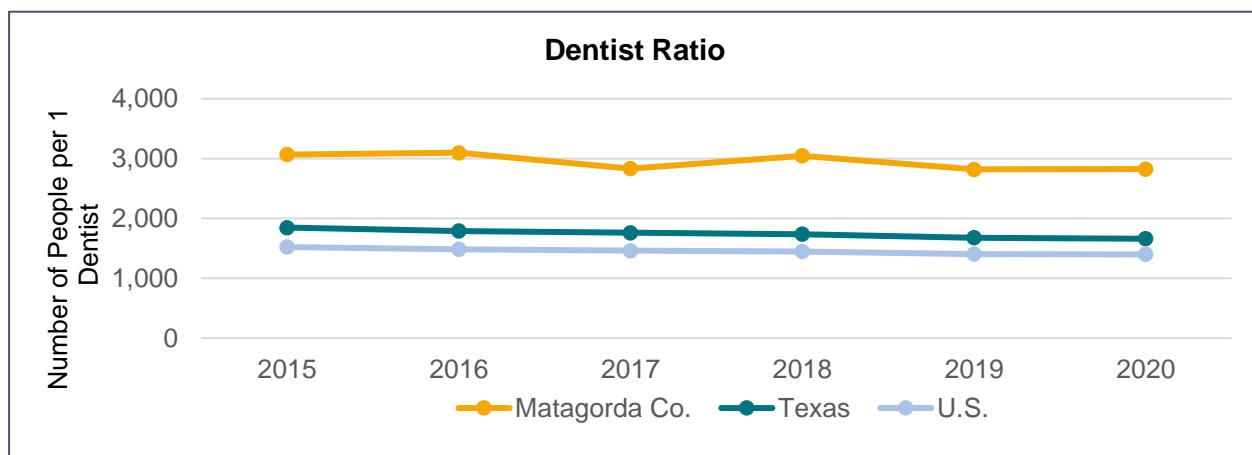
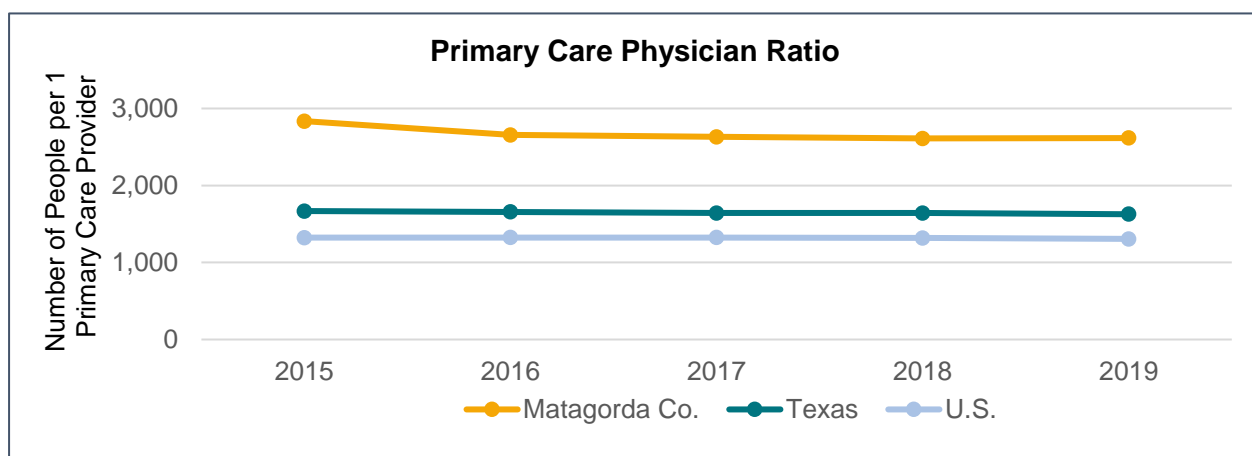


## Healthcare Services: Physical Presence

The physical presence of healthcare services was the #4 identified health need in the community with 92% of survey respondents rating it as important to be addressed. Matagorda County has a lower primary care physician-to-population ratio than Texas, but this rate has been decreasing in recent years (note that the primary care physician ratio includes M.D.s and D.O.s only and excludes advanced practice providers). Additionally, Matagorda County is a designated health professional shortage area for primary care. The dentist ratio in Matagorda County is higher than in the state but has been slightly declining in recent years.

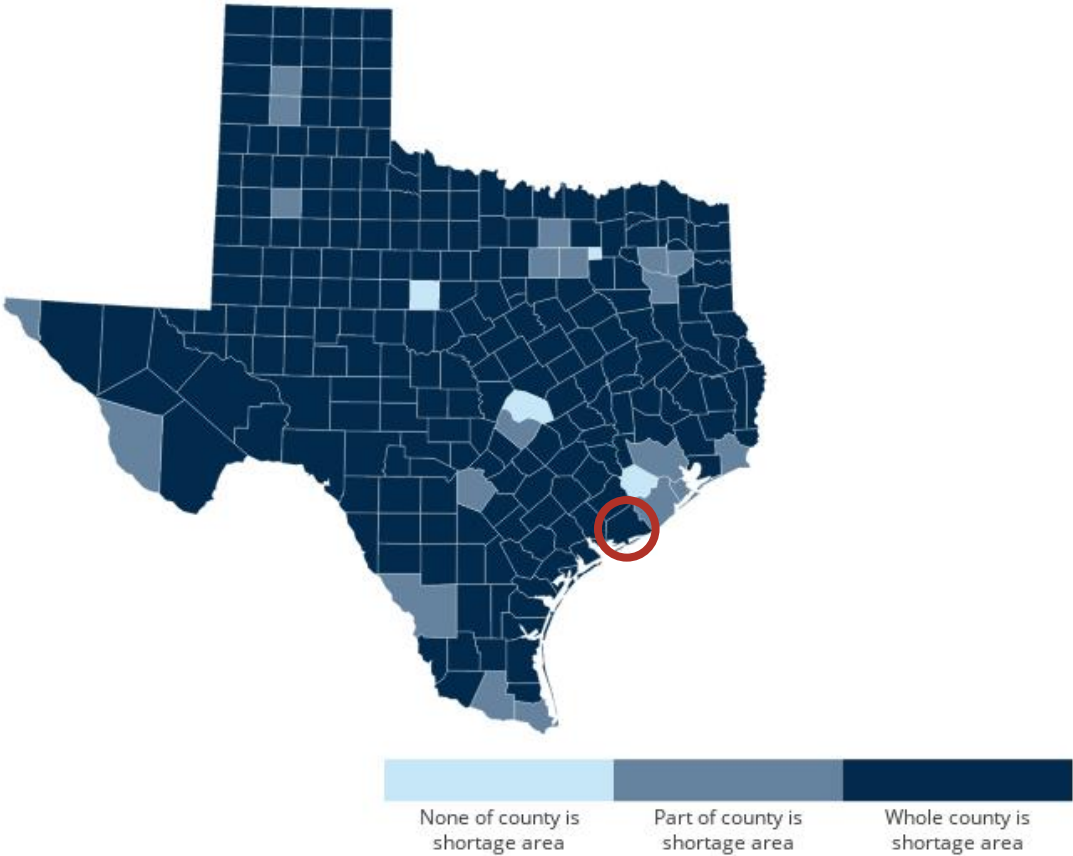
	Matagorda Co.	Texas
Number of people per 1 primary care physician	2,617	1,629
Number of people per 1 dentist	2,825	1,660

Source: County Health Rankings (2019, 2020)



Source: County Health Rankings 2022 Report

Health Professional Shortage Areas: Primary Care, by County, 2022 - Texas



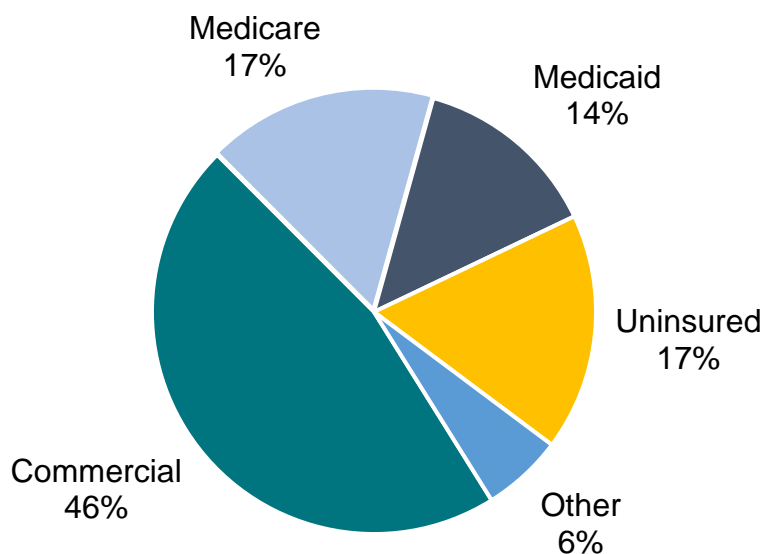
## Healthcare Services: Affordability

Affordability of healthcare services was the #5 identified health need in the community with 88% of survey respondents rating it as important to be addressed. Matagorda County has uninsured rates that compare to the state average. Additionally, low-income groups were identified as the top priority population in the community making the affordability of healthcare services an important need.

	Matagorda Co.	Texas
Uninsured	17.3%	17.2%
Median household income	\$57,685	\$70,834

Source: Stratasan, ESRI (2022)

### Matagorda County Insurance Coverage Estimates



Source: Stratasan, ESRI (2022)

Note: Medicare includes traditional Medicare and Medicare Advantage

## Cancer

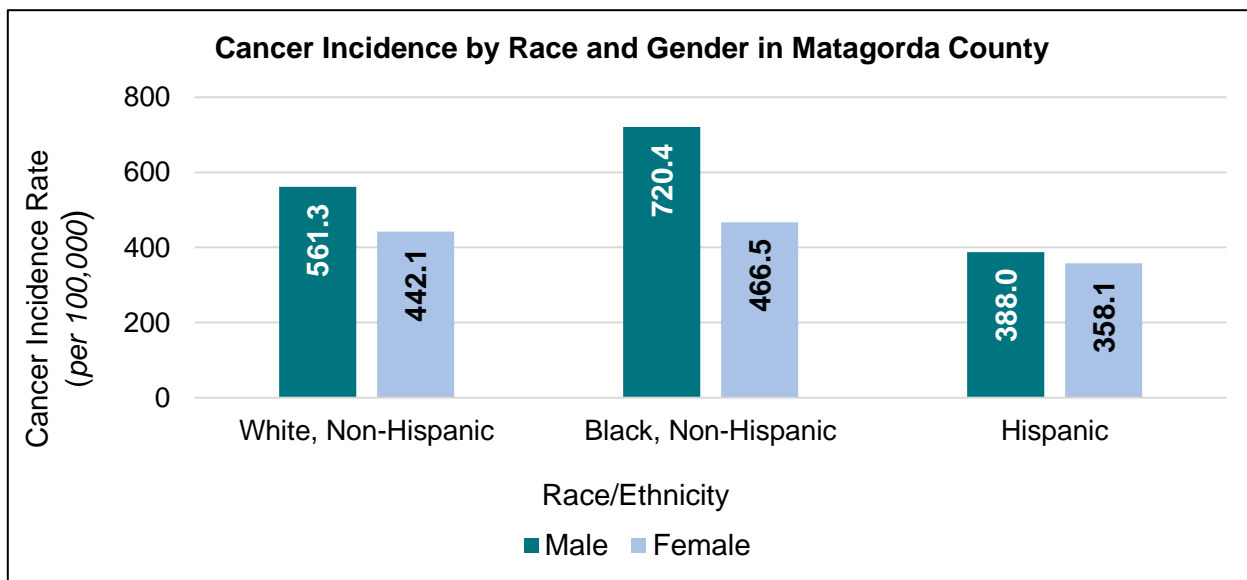
Cancer was identified as the #6 health priority with 88% of survey respondents rating it as important to be addressed. Cancer is the 2<sup>nd</sup> leading cause of death in Matagorda County and ranks 55<sup>th</sup> out of 254 counties (with 1 being the worst in the state) in Texas for cancer death rate ([CDC Final Deaths](#)).

Matagorda County has a higher cancer mortality rate than Texas. Additionally, 23% of Medicare enrollees (women age 65+) in Matagorda County received a mammogram in 2021 and this percentage is lower than Texas and U.S. rates. In addition, Matagorda County has a lower percentage of prostate cancer and cervical cancer screening rates when compared to Texas and the U.S.

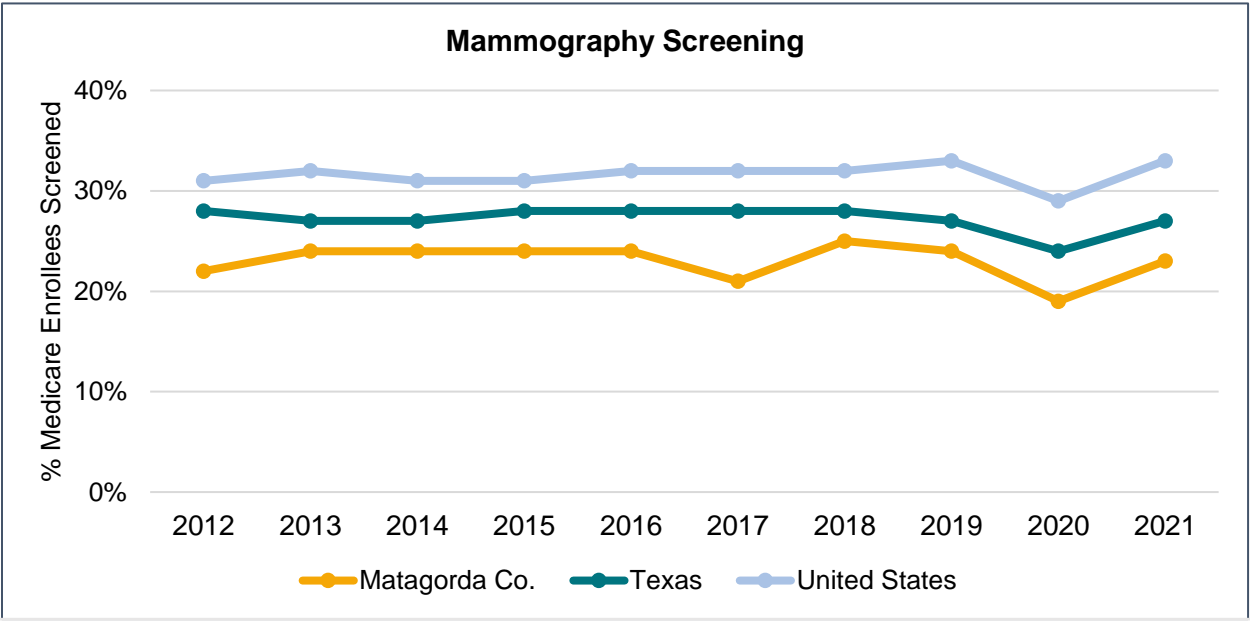
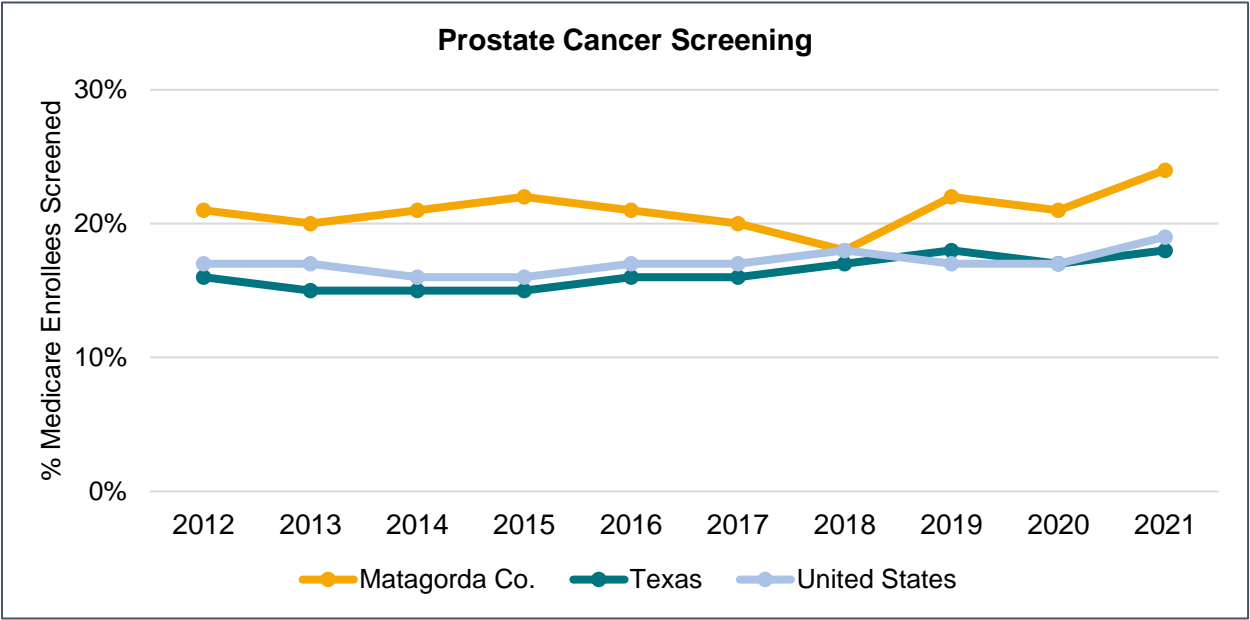
When looking at cancer incidence rates across sex and race/ethnicity in Matagorda County, men typically have higher incidence rates and Non-Hispanic Black men have the highest rate of cancer incidence.

	Matagorda Co.	Texas
Cancer mortality rate (per 100,000)	191.1	139.9
Cancer incidence rate (per 100,000)	463.7	415.3
Mammography screening	23.0%	27.0%

Source: CDC Final Deaths (2020), Centers for Medicare & Medicaid Services (2021)



Source: National Cancer Institute (2015-2019)



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population



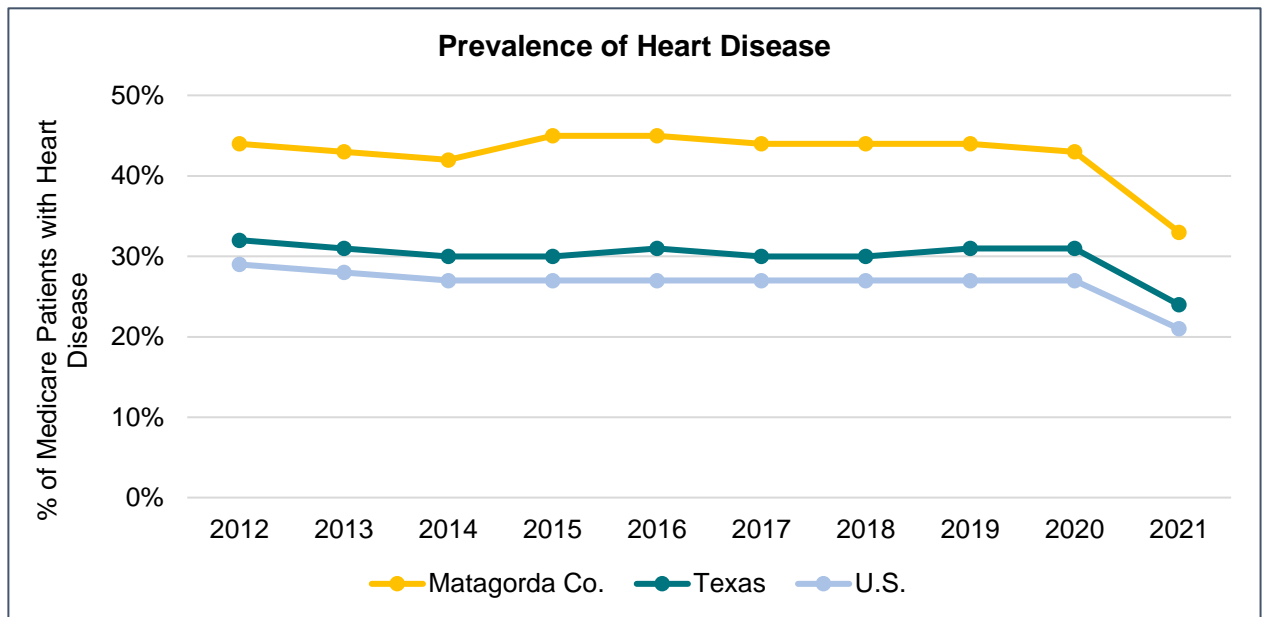
## Heart Disease

In the community survey, heart disease was identified as the #7 health priority with 96% of respondents rating it as important to address. Heart disease was identified as the #5, health priority in the 2019 CHNA report. Heart disease is the leading cause of death in Matagorda County ([CDC Final Deaths 2020](#)).

Matagorda County has a higher mortality rate from heart disease than Texas. In the Medicare population, Matagorda County also has a higher prevalence of heart disease than Texas and the U.S. It is also important to understand that when it comes to health disparities, racial and ethnic minority groups are more likely to die of heart disease than their white counterparts ([CDC](#)).

	Matagorda Co.	Texas
Heart disease mortality rate (per 100,000)	233.3	173.9

Source: CDC Final Deaths 2020



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Employment and Income

Employment and Income was identified as the #8 priority with 92% of survey respondents rating it as an important factor to address in the community. Though employment and income were not identified as a priority in previous CHNA reports, these social indicators play a role in the community's ability to afford healthcare and impact health outcomes. A lack of employment and low income can impact health by affecting mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance ([HealthAffairs](#)).

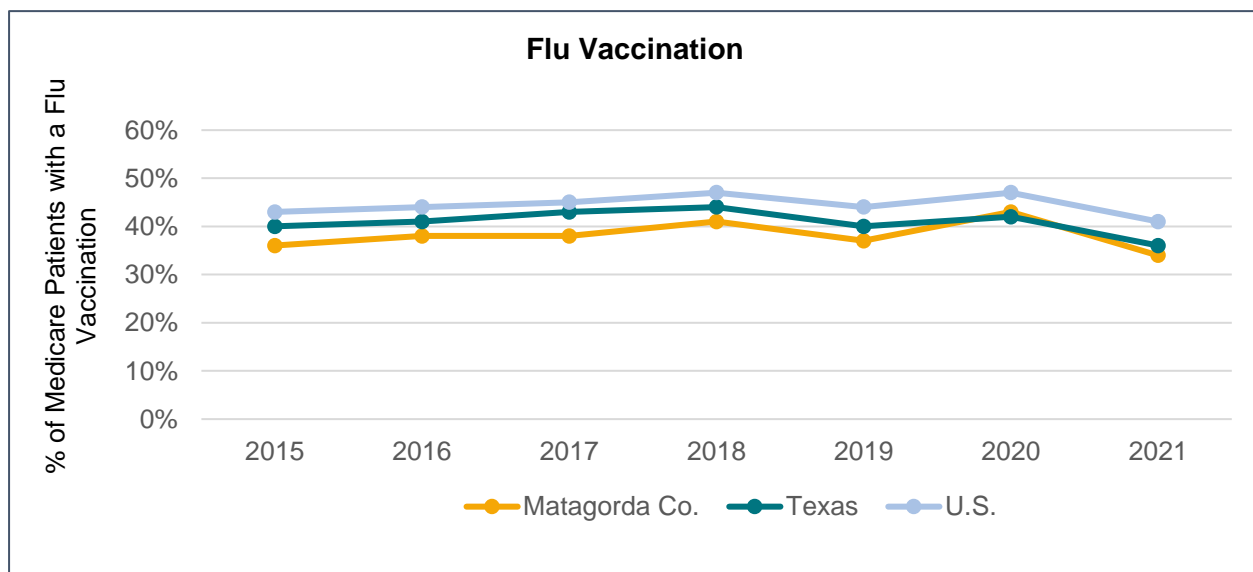
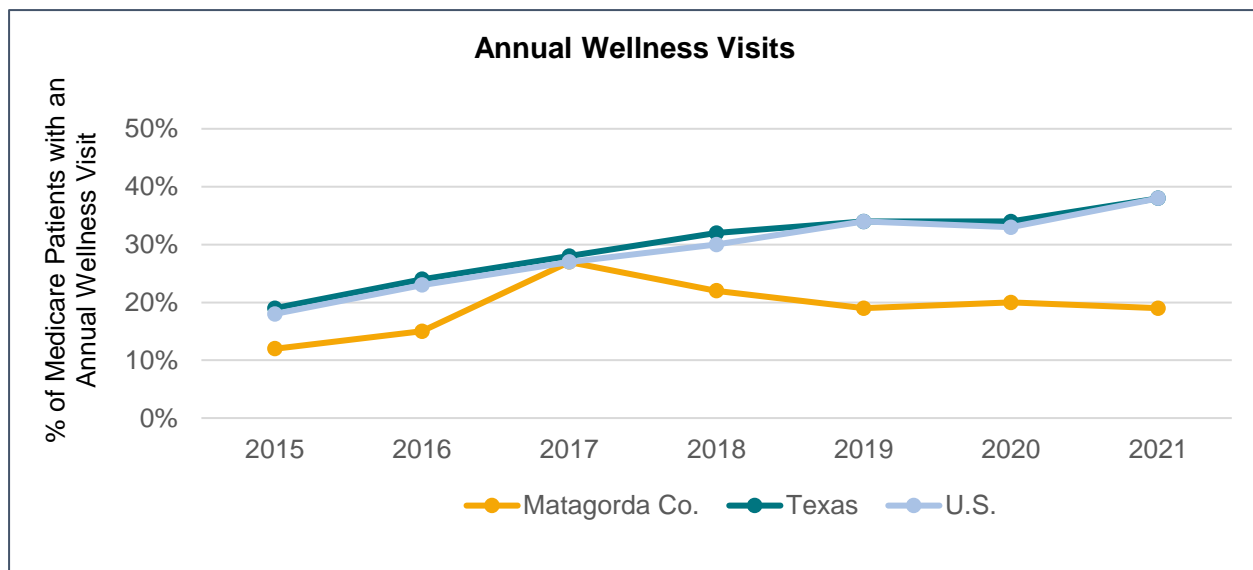
	Matagorda Co.	Texas
Median household income	\$57,685	\$70,834
Income inequality*	5.5	4.8
Children in poverty	24.0%	18.8%
Unemployment	8.3%	5.7%

Source: Stratasen ESRI (2022), County Health Rankings (2016-2020), U.S. Bureau of Labor Statistics (2021)

Notes: \*Ratio of household income at the 80<sup>th</sup> percentile to income at the 20<sup>th</sup> percentile

## Healthcare Services: Prevention

Prevention was the #9 identified health need in the community with 84% of survey respondents rating it as important to be addressed. Among Medicare enrollees, Matagorda County had 19% of patients complete an annual wellness exam in 2021 compared to 38% in Texas and the U.S. Additionally, 34% of Medicare patients in Matagorda County received a flu shot in 2021 compared to 36% in Texas and 41% in the U.S, though all saw a decrease in this rate between 2020 and 2021.



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

## Community Safety

Community Safety was identified as the #10 priority with 88% of respondents identifying it as being important to address in the community. Poor community safety can lead to negative health outcomes like stress, anxiety, depression, pre-term births, and low birthweight babies. Additionally, community safety can impact someone's ability to develop social relationships, participate in outdoor activities, and access healthy foods ([Robert Wood Johnson Foundation](#)).

Matagorda County's violent crime rate is less than the Texas average, however, crimes have been on the rise since 2011 ([County Health Rankings](#)). Additionally, Matagorda County has higher rates of injury deaths and firearm fatalities than the state.



	Matagorda Co.	Texas
Violent crime (per 100,000)	346.9	420.4
Injury deaths (per 100,000)	86.4	59.8
Firearm fatalities (per 100,000)	17.9	12.7

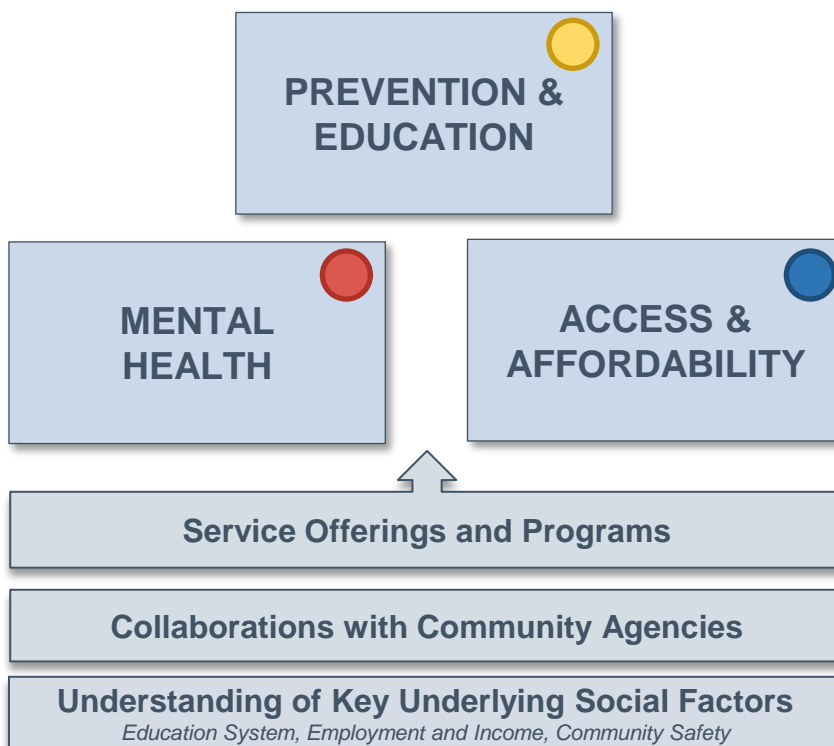
*Source: County Health Rankings 2022 Report (2016-2021)*

# Implementation Plan Strategy

## Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into key groups in order to adequately address the health needs with available time and resources. Note that the Hospital has not chosen to develop programming to address the social determinants of health identified by the community. The Hospital believes there are other organizations in the community better positioned to address the identified community needs and is choosing to focus on the health needs of the community where it feels it can make the greatest impact.

	<b>Diabetes</b>
	<b>Mental Health</b>
	<b>Healthcare Services: Physical Presence</b>
	<b>Healthcare Services: Affordability</b>
	<b>Cancer</b>
	<b>Heart Disease</b>
	<b>Healthcare Services: Prevention</b>



## Prevention & Education

### *Diabetes, Cancer, Heart Disease*

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

- Wellness Center that includes:
  - 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
  - Diabetic and healthy cooking classes
  - Consultation and contracts with Healthplex for management of medical wellness program based on community need assessments
  - Partnership with Texas A&M University and Matagorda County extension agent for health events such as Walking Challenges and Healthy Eating Events
  - Collaboration with Wellness Matagorda County Inc. on 5K and 10K events to focus on community Wellness
- Medical group provides data-driven sustained wellness visits
- Work with and support the Wellness Works program to promote healthy behavior in the workplace and improve health outcomes
  - Health information on nutrition and healthy lifestyles is sent to local employers to educate employees
- Offer various health screening opportunities 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
- Licensed dietician on staff for inpatient, outpatient, and diabetic counseling
- Education at health fairs focusing on healthy eating and nutrition; screenings for BMI, risk assessments, glucose, and cholesterol
- Local WIC programs (Bay City and Palacios) are staffed by the hospital to provide resources/education on nutrition and breastfeeding
- IV and Infusion center
- The Women's Center offers gynecological screening services
- Offer 3-D mammograms, breast ultrasounds, and biopsies
  - A radiologist is onsite to provide diagnostic mammography
- Offer smoking cessation classes
- Offer cardiac rehab and exercise programs



- Offer EKGs, stress tests, blood tests, and sleep studies
- Offer echocardiograms and dopplers to evaluate the blood circulation in arteries and veins throughout the body
- Offer cardiac catheterization
- Offer lipid profiles and cholesterol screenings

**The impact of actions taken since the immediately preceding CHNA:**

- Started a health equity meeting group to discuss how to effectively reduce health disparities and improve access to care for all community members
- Provided reduced-cost mammograms in October for Breast Cancer Awareness Month
- Offered self-screening lab tests at a reduced price one day per week (Thursday)
- Provided education on RSV and the capabilities at the hospital to address these cases

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

- Restart wellness education and programming that was not offered during the COVID-19 pandemic
- Explore the potential of providing CT calcium scoring to better monitor heart disease
- Evaluate adding case management services for better patient care coordination
- Explore grant opportunities to provide more low-cost screening services
- Increase utilization of self-screening lab through increased awareness and marketing
- Increase utilization of services provided at the Women's Center through increased awareness of service offerings and capabilities
- Provide education on RSV at local daycare centers
- Look for opportunities to provide education and programming at senior centers to promote health and wellness in the elderly population
- Future Wellness Center events and service line offerings:
  - Weight-sensitive group exercise
  - Fitness and Health Education classes for the public
  - Wellness outreach to the Spanish-speaking community
  - Healthy cooking and meal preparation classes
  - Senior fitness days
  - Pedestrian and bicycle safety classes



**Identified measures and metrics to progress:**

- Number of screenings performed
  - Mammography
  - A1C
  - EKG
- Number of risk assessments provided through the wellness center
- Participation in health fairs

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Matagorda Medical Group	600 Hospital Circle, Bay City, Texas 77414 (979) 241-6100 <a href="https://www.matagordamedical.com/">https://www.matagordamedical.com/</a>
Wellness Center	135 Medical Center Drive Bay City, TX 77414 (979) 241-5700 <a href="https://www.matagordaregional.org/wellness">https://www.matagordaregional.org/wellness</a>

## Mental Health

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

- Provide educational materials and speakers to local organizations to educate the community on drug 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 emergency department (ED) and inpatients, along with policies and protocols for affirmative screenings
- Collaborate with Texana and MEHOP to refer and treat behavioral health issues
- Refer to a 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

### **The impact of actions taken since the immediately preceding CHNA:**

- Through a grant with Nomi Health, employees receive access to no-cost therapy and mental health services provided by the online mental health company Tava Health
- iPads are now utilized in the ED for mental health screening

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

- Evaluate telehealth opportunities in the ED
- Explore further de-escalation training for employees
- Restart meetings with local law enforcement to discuss appropriate interventions for mental health patients in the ED
- Identify grant opportunities for behavioral health education and programming

### **Identified measures and metrics to progress:**

- Number of patients screened in the ED for suicide
- Number of behavioral health referrals



**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Bay Area Council on Drugs & Alcohol (BACODA)	2947 East Broadway, Suite 400 Pearland, Texas 77581 <a href="https://www.bacoda.org/">https://www.bacoda.org/</a>
Matagorda County Sheriff Department	2308 Avenue F Bay City, TX 77414 (979) 245-5526 <a href="https://www.co.matagorda.tx.us/page/matagorda.Sheriff">https://www.co.matagorda.tx.us/page/matagorda.Sheriff</a>
Matagorda County Women's Crisis Center	3010 Sixth Street Bay City, Texas 77414 (979) 245-9109 <a href="http://www.crisiscnt.com">http://www.crisiscnt.com</a>
Matagorda Episcopal Health Outreach Program (MEHOP)	101 Ave. F. North Bay City TX 77414 (979) 245-2008 <a href="https://mehop.org/">https://mehop.org/</a>
Texana	400 Avenue F Bay City Texas 77414 (979) 245-9231 <a href="https://www.texanacenter.com/">https://www.texanacenter.com/</a>
Local AA and NA chapters	
Other local counselors and therapists	

## Access & Affordability of Healthcare

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

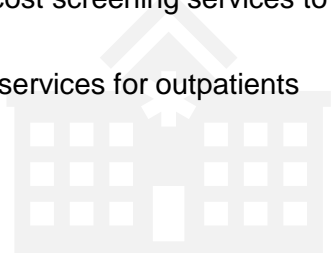
- Medical Assistance Program (MAP) provides primary care services and financial assistance for specialty care to low-income populations
- MAP clinical staff follow up with all unassigned patients discharged from the ED to make sure they connect with a primary care provider
- Collaborate with MEHOP to help people sign up for healthcare exchange
- Financial counselors are available to assist patients in filling out Medicaid applications
- Specialties provided: cardiology, urology, nephrology, ENT, orthopedics, interventional radiology
- Neurology, cardiology, and critical care pulmonology available via telehealth to limit patients' need to travel for care
- Expanded hours and urgent care services available to increase access
- Free and reduced-cost screenings are provided one day per week (Thursday)
- Navigation service provided through the Wellness Works program that gives quick access to physicians for employees of participating employers
- Collaborating with local providers to bring in interoperable EHR systems to streamline local care

### **The impact of actions taken since the immediately preceding CHNA:**

- Walk-in clinic is now open 6 days a week, Monday through Saturday
- Added critical care pulmonology to cover ICU patients via telemedicine
- Developed an occupational health service line to meet the needs of community employers
- Contracted with Wellness Works to provide health fairs, worksite wellness, corporate wellness programs, and workman's compensation management for employers at no charge

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

- Look to grow telehealth offerings to increase access to specialty care in the area
- Recruit a pediatrician and start a pediatrics service line
- Promote the extended hours of the walk-in clinic as well as low-cost screening services to increase utilization
- Convert 2 clinic exam rooms into space to provide pulmonology services for outpatients



**Identified measures and metrics to progress:**

- Number of no-wait, non-emergent appointments
- Hospital readmits within 30 days

**Partner organizations that may also address this need in the community:**

Organization	Contact/Information
Greater Houston Health Connect	<a href="https://www.ghhconnect.org/">https://www.ghhconnect.org/</a>
Matagorda Episcopal Health Outreach Program (MEHOP)	101 Ave. F. North Bay City TX 77414 (979) 245-2008 <a href="https://mehop.org/">https://mehop.org/</a>
Matagorda Medical Group	600 Hospital Circle, Bay City, Texas 77414 (979) 241-6100 <a href="https://www.matagordamedical.com/">https://www.matagordamedical.com/</a>
Other local healthcare providers	

# Appendix

# Community Data

# Community Demographics

Demographic Profile

	Matagorda County				Texas				US AVG.	
	2022	2027	% Change	% of Total	2022	2027	% Change	% of Total	% Change	% of Total
Population										
Total Population	36,043	35,956	-0.2%	100.0%	30,157,100	31,502,395	4.5%	100.0%	3.6%	100.0%
By Age										
00 - 17	8,371	8,400	0.3%	23.2%	7,461,328	7,759,505	4.0%	24.7%	0.0%	21.7%
18 - 44	11,629	11,366	-2.3%	32.3%	11,515,467	11,972,902	4.0%	38.2%	0.3%	36.0%
45 - 64	9,137	8,470	-7.3%	25.4%	6,963,334	6,884,174	-1.1%	23.1%	-4.3%	24.9%
65+	6,906	7,720	11.8%	19.2%	4,216,971	4,885,814	15.9%	14.0%	12.8%	17.4%
Female Childbearing Age (15-44)	6,403	6,266	-2.1%	17.8%	6,236,491	6,479,616	3.9%	20.7%	0.0%	19.5%
By Race/Ethnicity										
White	19,247	19,195	-0.3%	53.4%	14,810,314	14,721,193	-0.6%	49.1%	-1.3%	61.0%
Black	3,874	3,865	-0.2%	10.7%	3,677,321	3,844,683	4.6%	12.2%	0.8%	12.4%
Asian & Pacific Islander	723	723	0.0%	2.0%	1,703,553	1,850,090	8.6%	5.6%	5.6%	6.3%
Other	12,199	12,173	-0.2%	33.8%	9,965,912	11,086,429	11.2%	33.0%	7.8%	20.3%
Hispanic*	15,646	15,610	-0.2%	43.4%	11,954,786	12,673,865	6.0%	39.6%	3.4%	19.0%
Households										
Total Households	13,632	13,595	-0.3%		10,870,117	11,376,878	4.7%			
Median Household Income	\$ 57,685	\$ 64,591			\$ 70,834	\$ 81,850			US Avg. \$64,730   \$72,932	
Education Distribution										
Some High School or Less				16.4%				13.4%		10.1%
High School Diploma/GED				33.1%				25.5%		27.1%
Some College/Associates Degree				30.6%				27.7%		27.7%
Bachelor's Degree or Greater				19.9%				33.4%		35.1%

\*Ethnicity is calculated separately from Race

Source: Stratasen, ESRI (2022)



# Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Texas's Top 15 Leading Causes of Death are listed in the tables below in Matagorda County's 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	80 of 254	173.9	233.3	<i>Higher than expected</i>
2	2	Cancer	55 of 254	139.9	191.1	<i>Higher than expected</i>
3	3	COVID-19	82 of 254	105.2	147.6	<i>Higher than expected</i>
5	4	Accidents	121 of 254	44.2	54.4	<i>As expected</i>
6	5	Stroke	100 of 254	41.1	50.7	<i>Higher than expected</i>
7	6	Lung	171 of 254	36.2	43.1	<i>Higher than expected</i>
8	7	Diabetes	124 of 254	26.7	26.3	<i>As expected</i>
4	8	Alzheimer's	166 of 254	44.6	25.6	<i>Lower than expected</i>
12	9	Flu - Pneumonia	56 of 254	12.2	22.3	<i>Higher than expected</i>
10	10	Kidney	23 of 254	15.1	21.5	<i>Higher than expected</i>
13	11	Blood Poisoning	16 of 254	11.6	20.3	<i>Higher than expected</i>
9	12	Liver	94 of 254	15.8	15.1	<i>As expected</i>
11	13	Suicide	174 of 254	13.3	12.3	<i>As expected</i>
15	14	Hypertension	57 of 254	9.3	9.5	<i>As expected</i>
16	15	Homicide	24 of 254	7.6	7.9	<i>As expected</i>
14	16	Parkinson's	199 of 254	11.3	5.0	<i>As expected</i>

\*County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com (2020)

# County Health Rankings

	Matagorda	Texas	U.S. Median	Top U.S. Performers
<b>Length of Life</b>				
Overall Rank (best being #1)	<b>161/254</b>			
- Premature Death*	● 9,491	7,021	8,600	5,600
<b>Quality of Life</b>				
Overall Rank (best being #1)	<b>164/254</b>			
- Poor or Fair Health	● 27%	21%	20%	15%
- Poor Physical Health Days	● 4.5	3.6	4.3	3.4
- Poor Mental Health Days	● 4.6	3.9	4.9	4.0
- Low Birthweight	● 9%	8%	8%	6%
<b>Health Behaviors</b>				
Overall Rank (best being #1)	<b>145/254</b>			
- Adult Smoking	● 17.9%	14.7%	20%	15%
- Adult Obesity	● 40.8%	34.1%	36%	30%
- Physical Inactivity	● 35.5%	26.9%	30%	23%
- Access to Exercise Opportunities	● 68.8%	80.1%	57%	86%
- Excessive Drinking	● 18.7%	19.6%	19%	15%
- Alcohol-impaired Driving Deaths	● 19.1%	25.4%	27%	10%
- Sexually Transmitted Infections*	● 224	445	340.2	161.8
- Teen Births (per 1,000 female population ages 15-19)	● 49	29	25	11
<b>Clinical Care</b>				
Overall Rank (best being #1)	<b>134/254</b>			
- Uninsured	● 21%	21%	11%	6%
- Population per Primary Care Provider	● 2,617	1,629	2,120	1,010
- Population per Dentist	● 2,825	1,660	2,340	1,210
- Population per Mental Health Provider	● 2,448	759	810	250
- Preventable Hospital Stays	● 4,640	4,255	3,940	2,233
- Mammography Screening	● 32%	39%	42%	52%
- Flu vaccinations	● 36%	46%	44%	55%
<b>Social &amp; Economic Factors</b>				
Overall Rank (best being #1)	<b>207/254</b>			
- High school graduation	● 82%	84%	89%	94%
- Unemployment	● 10.5%	7.6%	7.0%	4.0%
- Children in Poverty	● 24%	19%	18%	9%
- Income inequality**	● 5.5	4.8	4.4	3.7
- Children in Single-Parent Households	● 32%	26%	23%	14%
- Violent Crime*	● 347	420	205	63
- Injury Deaths*	● 86	60	89	61
- Median household income	● \$52,241	\$66,048	\$55,100	\$751,00
- Suicides	● 12	1	18	11
<b>Physical Environment</b>				
Overall Rank (best being #1)	<b>231/254</b>			
- Air Pollution - Particulate Matter (µg/m³)	● 9.6	9.0	8.1	5.9
- Severe Housing Problems***	● 19%	17%	13%	9%
- Driving to work alone	● 85%	79%	81%	72%
- Long commute - driving alone	● 28%	39%	32%	16%

\*Per 100,000 Population

\*\*Ratio of household income at the 80th percentile to income at the 20th percentile

\*\*\*Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

## Key (Legend)

- Better than TX
- The same as TX
- Worse than TX

Source: County Health Rankings 2022 Report

# Detailed 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 QHR Health (“QHR”) to:

- Complete a CHNA report, compliant with Treasury – IRS
- Produce the information necessary for the health organizations to issue an assessment of community health needs and document its intended response

### **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 for those who did not have the 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:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the 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 downloadable from the hospital website.
- Failure to complete a CHNA in any applicable three-year period results in an excise tax 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).
- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

## Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

*“The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:*

- 1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*
- 2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*
- 3) written comments received on the hospital facility’s most recently conducted CHNA and most recently adopted implementation strategy.*

*...the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must “solicit” input from these categories and take into account the input “received.” The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts.”*

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this assessment.

To complete a CHNA:

*“... the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:*

- 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.*

*... final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting 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 comments but did not maintain identification data.

*“...the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments.”*

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 those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
  - 2) **Government Employee or Representative** – 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
  - 3) **Minority or Underserved Population** – 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 includes 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) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
  - 6) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics
  - 7) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.
- Other** (please specify)

The methodology takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed by local experts. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis.

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 survey respondents cooperating in this study are displayed in this CHNA report appendix.



Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
Stratasan	Assess characteristics of the primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	November 2022	2022
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state.	November 2022	2013-2020
CDC Final Deaths 2020	15 top causes of death	November 2022	2020
Bureau of Labor Statistics	Unemployment rates	November 2022	2021
American Diabetes Association	Type 2 diabetes risk factors	December 2022	2005
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	December 2022	2020
American Academy of Family Physicians – AAFP	Impact of education on health	December 2022	N.D.
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	December 2022	2021
Rural Health Information Hub	Health professional shortage area maps	December 2022	2022
National Cancer Institute	Cancer incidence rates	December 2022	2014-2018
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	December 2022	2019
Health Affairs: Leigh, Du	Effects of low wages on health	December 2022	2022
Robert Wood Johnson Foundation	Impact of community safety on health outcomes	December 2022	2011

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

- A CHNA survey was deployed to Local Expert Advisors and the general community 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 MRMC's desire to represent the region's geographically diverse population. Community input from 50 survey respondents was received. Survey responses started on September 20<sup>th</sup> and ended on October 21<sup>st</sup>, 2022.

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

In the Hospital's process, the survey respondents 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 survey respondents then ranked each health need's importance from not at all (1 rating) to very (5 rating).

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

# Survey Results

Due to a high volume of survey responses, not all comments are provided in this report. All comments are unedited and are contained in this report in the format they were received.

**Q1: Please select all roles that apply to you.**

Answer Choices	Responses	
Community Resident	59.09%	26
Healthcare Professional	25.00%	11
Government Employee or Representative	11.36%	5
Public Health Official	4.55%	2
Minority or Underserved Population	4.55%	2
Educator	4.55%	2
	Answered	44
	Skipped	6

**Q2: Race/Ethnicity (select all that apply)**

Answer Choices	Responses	
White or Caucasian	84.44%	38
Hispanic or Latino	11.11%	5
Black or African American	6.67%	3
American Indian or Alaska Native	4.44%	2
Asian or Asian American	0.00%	0
Native Hawaiian or other Pacific Islander	0.00%	0
Other (please specify)	0.00%	0
	Answered	45
	Skipped	5

**Q3: Age group**

Answer Choices	Responses	
18-24	2.22%	1
25-34	6.67%	3
35-44	15.56%	7
45-54	24.44%	11
55-64	31.11%	14
65+	20.00%	9
	Answered	45
	Skipped	5

**Q4: What zip code do you primarily live in?**

Answer Choices	Responses	
77414	71.11%	32
77465	13.33%	6
77482	6.67%	3
77957	2.22%	1
77488	2.22%	1
77419	2.22%	1
77440	2.22%	1
Answered		45
Skipped		5

**Q5: Where do you primarily receive your healthcare services?**

Answer Choices	Responses	
Matagorda Regional Medical Center	68.89%	31
Somewhere else (please specify)	31.11%	14
Answered		45
Skipped		5

Comments:

- MEHOP (2)
- PCP Office (2)
- VA Clinic
- Medical Arts Clinic
- El Campo
- Bay City
- Not applicable

**Q6: Which groups would you consider to have the greatest health needs in your community? (please select all that apply)**

Answer Choices	Responses	
Older adults	58.97%	23
Low-income groups	48.72%	19
Residents of rural areas	25.64%	10
Individuals requiring additional healthcare support	25.64%	10
Racial and ethnic minority groups	20.51%	8
Children	17.95%	7
Women	10.26%	4
	Answered	39
	Skipped	11

**What do you believe to be some of the needs of the groups selected above?**

- Many of these groups have programs available to them in our community. More education on personal health may be helpful.
- Low-income = help with payments or co-pays. Older adults = rides to doctor and/or hospital and after care. Individuals requiring additional healthcare support = after care.
- Children/women- birth support. options for non-hospital births (midwives/doulas) as well as postnatal support (lactation consultant). Older adults - more accessible buildings, etc. This seems to be a community with a high average age.
- More medical locations or different companies for children's healthcare instead of only MEHOP. Response healthcare for older adults is very lacking. it takes way to long to get these people help for their needs. Residents of rural areas do not get the same options for health care as residents of the city. needs cannot be met.
- Does it really matter what I think? No, because this is a business and not a charity.
- Everyone I personally know has their medical needs covered.
- Advanced healthcare not available in our rural medical center.
- Physical therapy and walk in clinic.
- Access to health care and education for better health.
- Availability of income to pay for health care; transportation; poor living conditions.
- Basic Health care check ups.
- Transportation and easy access to medical facilities, especially on weekends and holidays.

- Transportation to and from services and funding for services.
- Access to affordable healthcare and transportation needs.
- Diabetes/weight loss and heart disease.
- Obesity and diabetes manageably.
- Constant testing and wellness checks that come with aging.

**Q7: Please share comments or observations about the actions MRMC has taken to address Diabetes and Obesity.**

- MRMC has wellness program that address these issues and a dietician that does diabetes & obesity education.
- No observations.
- MRMC has opened and staffed a full-blown medical wellness center where this education is available.
- MRMC has diabetic education and promotes wellness through physical activity.
- Their old dietician was very active on this front. Not sure what has happened since her retirement.
- I believe they have done a great job with the Wellness Matagorda County movement.
- I don't know what specific actions have been taken by MRMC. I know they raise funds to help the hospital to help the community.
- The rehab center is a good resource.
- Very adequate.

**Q8: Please share comments or observations about the actions MRMC has taken to address Affordability/Accessibility.**

- No observations.
- MRMC has numerous financial assistance programs.
- MRMC takes all types of insurance coverage and provides all indigent care sought.
- I continue to hear where everyone is afforded an equal opportunity to healthcare.
- Zero.
- Awesome job.
- N/A.

**Q9: Please share comments or observations about the actions MRMC has taken to address Education/Prevention.**

- MRMC has a formal education department that provides community education programs periodically.
- No observations.
- I know through the Wellness Center and MRMC Education Director there are programs being offered in this vein.
- N/A.
- The wellness group communicates well with the public with health ideas and menus.
- Moderate education.
- Employees are very well trained.

**Q10: Please share comments or observations about the actions MRMC has taken to address Mental Health.**

- No observations.
- Periodically provide an onsite mental health expert on an as needed basis.
- I am not aware of the actions MRMC has taken to address mental health.
- I know of no action on this variable.
- N/A.
- This is one area that I believe the State and Federal governments should pay more attention, I think our local medical group does what it can to help, but much more is needed.
- Meds instead of other methods.
- MRMC goes above and beyond even offering free telehealth to employees with mental health issues.

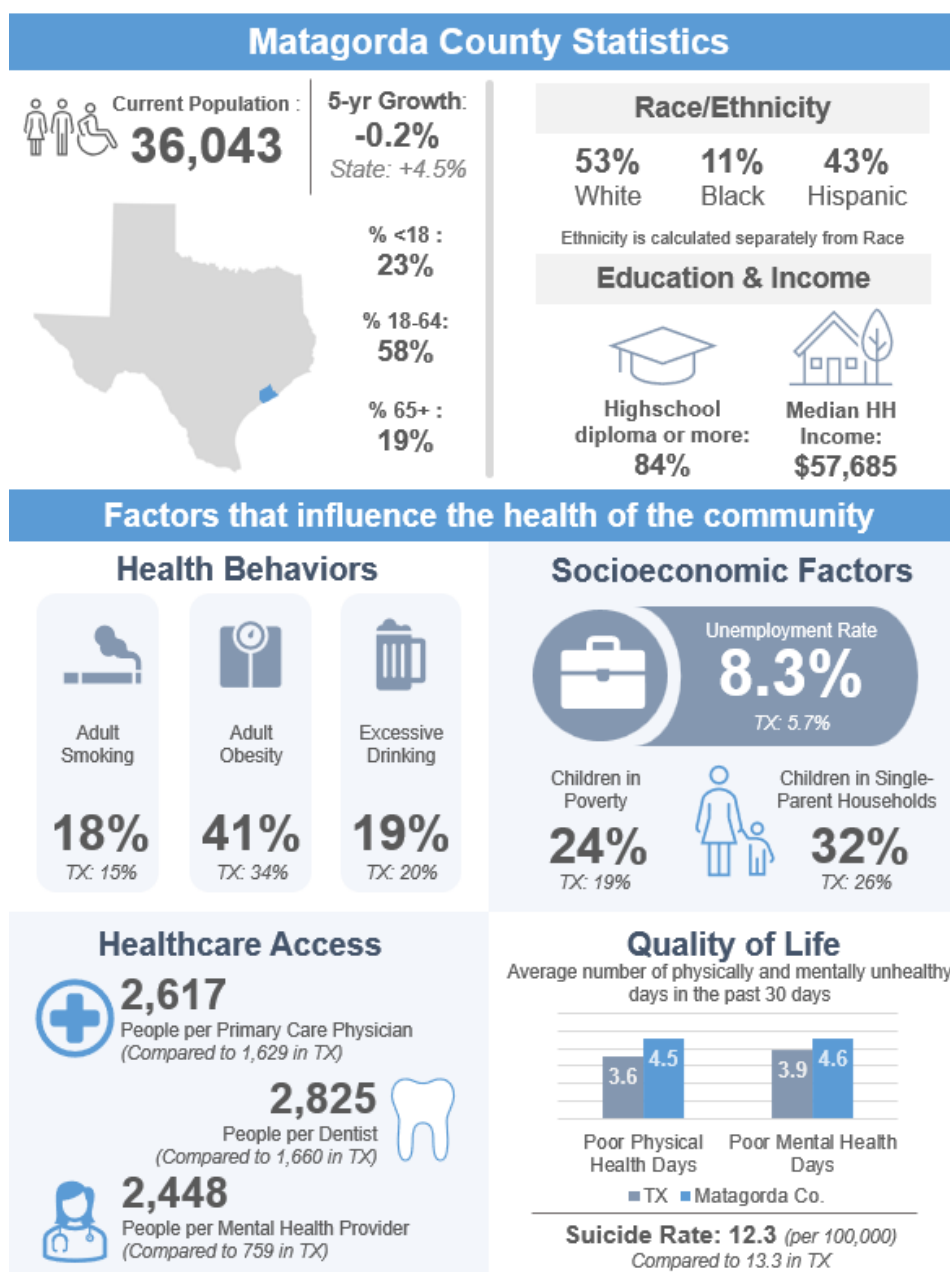
**Q11: Please share comments or observations about the actions MRMC has taken to address Heart Disease.**

- No observations.
- MRMC has a cardiologist on staff that periodically offers educational programs.
- I believe they brought a cardiologist on staff and have an excellent heart doctor who has been here for many years.
- MRMC offers education and wellness.



- They do have a cardiologist on staff, I believe.
- Again, education and ideas on better health.
- Not enough heart Dr. Hanna is overloaded.
- Campaigns, classes, and awareness.

Q12: Do you believe the above data accurately reflects your community today?



Answer Choices	Responses	
Yes, the data accurately reflects my community today	81.48%	22
No, the data does not reflect my community today	18.52%	5
	Answered	27
	Skipped	23

#### Comments:

- No, the population is lot greater than you show, there are a lot of illegal immigrants, just for instance take a walk through or public-school systems, our local grocery store, those are just a few examples. I know this is probably going directly in the trash, just because you think this is racist, but you know its not, most of the community officials are out of touch with the real happenings of the community. I believe this problem puts a tremendous strain on our local health system.
- The hospital is so politicized, it does not try to accommodate your health needs if you are not positive with COVID 19. MEHOP seems the same way.
- Our community is not educated.
- We understand where we are in the data. It is difficult to get the public to see themselves in the data.
- It seems to be accurate.
- The income is more correct, and Hispanic is greater than white.

**Q13: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Diabetes	0	0	2	6	17	25	4.60
Mental Health	0	0	1	9	15	25	4.56
Cancer	0	0	3	6	16	25	4.52
Heart Disease	0	0	1	10	14	25	4.52
Stroke	0	0	4	6	15	25	4.44
Women's Health	0	1	6	3	15	25	4.28
Alzheimer's and Dementia	0	1	4	7	12	24	4.25
Drug/Substance Abuse	1	0	5	5	14	25	4.24
Obesity	1	0	4	7	13	25	4.24
Liver Disease	0	1	5	6	12	24	4.21
Kidney Disease	0	1	5	7	12	25	4.20
Lung Disease	0	2	5	6	12	25	4.12
Dental	0	1	6	10	8	25	4.00
Other (please specify)	0						
						Answered	25
						Skipped	25

**Q14: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Education System	0	0	2	6	17	25	4.60
Healthcare Services: Physical Presence (location, services, physicians)	0	0	2	7	16	25	4.56
Healthcare Services: Affordability	0	0	3	5	17	25	4.56
Employment and Income	0	0	2	8	15	25	4.52
Healthcare Services: Prevention	0	0	4	5	16	25	4.48
Community Safety	0	0	3	7	14	24	4.46
Access to Senior Services	0	0	5	6	14	25	4.36
Access to Healthy Food	0	0	6	7	11	24	4.21
Access to Childcare	0	2	5	6	12	25	4.12
Affordable Housing	0	2	4	8	11	25	4.12
Access to Exercise/Recreation	1	0	5	9	10	25	4.08
Transportation	0	3	6	6	9	24	3.88
Social Connections	0	2	9	5	9	25	3.84
Other (please specify)	1						
						Answered	25
						Skipped	25

**Comments:**

- Need a 24/7 urgent care. not an after-hours clinic.

- Adding healthcare offerings.
- Work collaboratively with community partners.
- Have the capability to treat patients at the hospital.
- Reputation within the community, available services. Lower tax rate, more comparable with neighboring counties offering similar services.
- ER. we've got to figure a way to recruit local doctors. contracting staff leads to horrible reviews.
- Mental health services.
- Community education.
- Physicians' services like ones offered in Houston, another cardiologist.
- Give public access to more Drs. No room for expansion due to median income or less.
- Raise Pay. Pay a Livable wage.

**Q15: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)**

	1	2	3	4	5	Total	Weighted Average
Livable Wage	0	0	3	8	14	25	4.44
Diet	0	1	3	7	14	25	4.36
Smoking/Vaping/Tobacco Use	1	0	4	6	14	25	4.28
Physical Inactivity	0	0	4	11	10	25	4.24
Excess Drinking	0	0	7	8	10	25	4.12
Risky Sexual Behavior	0	0	8	7	10	25	4.08
Other (please specify)	1						
						Answered	25
						Skipped	25

Comments:

- All are so important.

**Q16: On a scale of 1 to 10 (with 1 being the worst and 10 being the best), how would you rate MRMC's current ability to meet community healthcare needs?**

1	2	3	4	5	6	7	8	9	10	Total	Weighted Average
1	2	1	1	2	4	4	3	0	3	25	4.44
										Answered	25
										Skipped	25

**Q17: Overall, how much has the COVID-19 pandemic affected you and your household?**

Answer Choices	Responses	
Some impact, does not change daily behavior	47.83%	11
Noticeable impact, planning for changes to daily behavior	26.09%	6
Significant daily disruption, reduced access	13.04%	3
No impact, no change	13.04%	3
Severe daily disruption, immediate needs unmet	0.00%	0
Answered		23
Skipped		27

**Q18: What has been negatively impacted by the COVID-19 pandemic in your community? (Please select all that apply)**

Answer Choices	Responses	
Employment	80.95%	17
Education	57.14%	12
Poverty	47.62%	10
Childcare	33.33%	7
Access to healthcare services	28.57%	6
Social support systems	23.81%	5
Transportation	23.81%	5
Public safety	19.05%	4
Food security	19.05%	4
Nutrition	19.05%	4
Racial and cultural disparities	19.05%	4
Housing	14.29%	3
Other (please specify)	9.52%	2
Answered		40
Skipped		35

Comments:

- Isolation.



**Q19: Have you or your family delayed using any of the following healthcare services during the COVID-19 pandemic? (Please select all that apply)**

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	23.81%	5
Elective care (planned in advance opposed to emergency treatment)	23.81%	5
Specialty care (care and treatment of a specific health condition that require a specialist)	19.05%	4
All types of healthcare services	9.52%	2
Urgent care/walk-in clinic	9.52%	2
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	9.52%	2
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	9.52%	2
None of the above	47.62%	10
Other (please specify)	0.00%	0
	Answered	21
	Skipped	29

**Q20: How can healthcare providers continue to support the community through the challenges of COVID-19? (please select all that apply)**

Answer Choices	Responses	
Serving as a trusted source of information and education	71.43%	15
Offering alternatives to in-person healthcare visits	57.14%	12
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	52.38%	11
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	38.10%	8
Sharing local patient and healthcare providers stories and successes with the community	33.33%	7
Other	9.52%	2
	Answered	21
	Skipped	29

**Comments:**

- Stop restricting access to healthcare facilities! The pandemic is over.

**Q21: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)**

Answer Choices	Responses	
Primary care	81.82%	18
Emergency care	59.09%	13
Elder/senior care	59.09%	13
Urgent care	54.55%	12
Specialty care	50.00%	11
Pediatrics/children's health	50.00%	11
Mental health	45.45%	10
Women's health	40.91%	9
Chronic disease management programming	31.82%	7
Substance abuse services	31.82%	7
Other (please specify)	0.00%	0
	Answered	22
	Skipped	28

**Q22: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)**

Answer Choices	Responses	
Video visits with a healthcare provider	65.00%	13
Smartphone app to communicate with a healthcare provider	55.00%	11
Telephone visits with a healthcare provider	50.00%	10
Virtual triage/screening option before coming to clinic/hospital	50.00%	10
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	40.00%	8
Patient portal feature of your electronic medical record to communicate with a healthcare provider	30.00%	6
Other (please specify)	0.00%	0
	Answered	20
	Skipped	30

**Q23: Please share resources and solutions that would help you and the community get through the COVID-19 crisis.**

- Additional nursing staff.
- The pandemic is over please stop limiting health care.
- We need to get it under control and back to normal.
- We are through what I would assume is the worst, so I'm not sure what more one could do?
- Telehealth visits for children the day we call in for an appointment.