



Community Health Needs Assessment

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General Background

El Campo Memorial Hospital (“ECMH” or “the hospital”), located in the city of El Campo in the western part of Wharton County Texas, primarily serves the El Campo area. ECMH also serves other residents of Wharton County and residents of Colorado, Jackson and Matagorda counties. The hospital’s mission is a community-oriented health care system dedicated to providing the highest standard of care for residents of its community. The hospital provides general medical and surgical services for inpatient, outpatient and emergency room patients which includes a twenty-four-hour emergency department, intensive care unit, cardiology/respiratory, skilled nursing/rehabilitation, kidney dialysis, physical, occupational and speech therapy, pulmonary rehabilitation, diagnostic testing and imaging services, and sleep studies. It owns and operates the Mid Coast Medical Clinic and is contracted with El Campo Dialysis and Kidney Center to provide inpatient dialysis services. ECMH accepts private insurance and participates in Medicaid and Medicare programs. For those residents of West Wharton County who qualify, ECMH is pleased to offer financial assistance through its indigent and charity care programs.

Licensed for forty-nine beds, ECMH currently staffs and operates twenty-five beds. Several of the patient rooms had been converted into offices. ECMH currently has expansion plans to be completed over a five year period. These plans include expanding the front of the building to create office space which will allow ECMH to convert offices back into patient rooms, expanding the Emergency Room Department and adding additional wing to consolidate the therapy services.

Other hospitals within a 40 mile radius include

- Gulf Coast Medical Center (Wharton, Wharton County) is licensed for 161 beds and is privately owned. While still licensed as a hospital, this medical center currently operates as a walk-in emergency and transfer center.
- Jackson County Hospital District (Edna, Jackson County) is licensed for twenty-five beds.
- Matagorda Regional Medical Center (Bay City, Matagorda County) is licensed for fifty-eight beds and is organized as a hospital district.
- Rice Medical Center (Eagle Lake, Colorado County) is licensed for twenty-five beds and is a critical access hospital.

The residents of El Campo feel ECMH does a good job providing medical healthcare for the community. They feel ECMH provides thorough medical care and the vast majority had pleasant experiences. There were a few complaints about the quality of healthcare provided, but the incidents involved were well over five years old. ECMH has changed its professional staff (physician and nursing) since those incidents and nothing involving recent professional staff was expressed during the community outreach portion of the Community Needs Assessment Evaluation.

ECMH, and its affiliated professional practitioners, are committed to providing quality care in its region, as partially evidenced through joining the National Rural Accountable Care Association (“NRACO”). The NRACO is an Accountable Care Organization (“ACO”) leading and providing guidance to rural hospitals that participate through the complexities of coordinated care model. The ACO initiative in healthcare brings together hospitals and healthcare providers in a regional area that are committed to increasing quality and creating costs savings by implementing new programs that improve care coordination between Medicare beneficiaries and the providers of care. They promote health information exchange between rural, urban and out-of-town healthcare providers that are members of the ACO. The idea of the ACO is that better communication between healthcare providers and patients will improve care management, limit unnecessary expenditures, eliminate duplicate procedures, reduce paperwork and ultimately reduce clinical and medical reporting errors. ACOs currently look at thirty three quality measures in four key domains to measure the amount of quality care patients receive – patient/caregiver experience (8 measures), care coordination/patient safety (10 measures), preventative health (8 measures) and at-risk population (7 measures).

Demographics¹

El Campo Memorial Hospital, located at 303 Sandy Corner Road, El Campo, Texas, in Wharton County, Texas, is located approximately fifty miles from Sugar Land, Texas and Victoria, Texas. It had an estimated population in 2014 of 11,577. This represents a 0.2% decrease from the 2010 United States Census. Wharton and the surrounding counties of Colorado, Jackson and Matagorda had an estimated population in 2014 of 41,168, 20,719, 14,739 and 36,519, respectively. The populations of Wharton, Colorado and Matagorda counties decreased 0.3%, 0.7% and 0.5%, respectively, since 2010 while the population of Jackson County increased by 4.7%. Overall, the negative growth rates are comparable to other rural counties in Texas. From 2010 to July, 2014, the population of the State of Texas increased an estimated 7.2% to 26,956,958. The bulk of this growth has been in urban areas.

El Campo has a higher percentage of females and children under the age of eighteen than Wharton, Colorado, Jackson and Matagorda Counties and the State of Texas, as a whole. While it also has a higher percentage of its population over the age of sixty-five than the State of Texas, it has a slightly lower percentage than the same encompassing and surrounding counties, Wharton, Colorado, Jackson and Matagorda Counties.

¹ Sources include www.city-data.com, quickfacts.census.gov, Houston-Galveston Area Council, Texas Workforce Commission and Texas Department of State Health Services.

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Category	El Campo (a)	Wharton County (b)	Colorado County (b)	Jackson County (b)	Matagorda County (b)	Texas (b)
Female	51.5%	50.7%	49.9%	50.1%	50.2%	50.4%
Children under 18	37.7% (c)	32.2%	28.6%	33.0%	32.6%	33.7%
Persons over 65	14.2% (c)	14.6%	19.4%	16.4%	14.3%	10.3%
Households	3,831 (b)	14,492	7,702	5,216	13,143	9,013,582
Persons per household	2.98 (b)	2.81	2.65	2.71	2.75	2.83
White, not Hispanic/Latino	41.6%	47.7%	59.9%	62.9%	47.4%	45.3%
Hispanic/Latino	47.0%	37.4%	26.1%	29.0%	38.3%	37.6%
African American	10.4%	14.1%	13.1%	7.0%	11.4%	11.8%
Other	1.0% (b)	0.8%	0.9%	1.1%	2.9%	5.3%
Foreign born	10.7%	8.8%	7.6%	6.4%	10.9%	16.5%

(a) 2013 estimates for El Campo except as noted

(b) 2014 estimates

(c) 2010 data

The ethnicity of El Campo also differs greatly from Wharton County, the surrounding counties as well as the State of Texas, in whole. It has a much higher Hispanic/Latino percentage and significantly lower white, not Hispanic/Latino percentage. El Campo also has a smaller percentage of African American residents compared all the counties (except Jackson) and the State of Texas. Roughly two-thirds of the residents speak English and one-third of the residents speak Spanish. Ninety percent of the foreign born residents came from Mexico.

The average and median family household income in El Campo is on the lower end of the spectrum in comparison to the households in the encompassing and contiguous counties and State of Texas, as a whole. However, it is noted that the unemployment rate is fairly consistent throughout most of the area, with the exception of Matagorda County, at 2.5% higher than the surrounding area. Median household incomes for El Campo (\$42,491) and Wharton (\$41,992), in general, are lower than the median household income for Colorado (\$45,262) and Jackson (\$50,856) Counties and the State of Texas (\$52,576). Compared to Colorado (\$24,112), Jackson (\$23,368) and Matagorda (\$22,072) Counties and the State of Texas (\$26,513), residents of El Campo (\$20,653) and Wharton County (\$20,782) earn less money on a per capita basis. As with many areas throughout the state, there tends to be a geographical separation in socio-economic status, with many lower income families in El Campo living south of US Hwy 59, while more affluent families living north of US Hwy 59 and west of TX Hwy 71.

Category	El Campo (a)	Wharton County (b)	Colorado County (b)	Jackson County (b)	Matagorda County (b)	Texas (b)
Unemployment (d)	4.7%	4.7%	4.2%	4.0%	7.2%	4.4%
Median household income	\$42,491 (b)	\$41,992	\$45,262	\$50,856	\$40,410	\$52,576
Per capita income	\$20,653 (b)	\$20,782	\$24,112	\$23,368	\$22,072	\$26,513
Persons living in poverty	21.7% (b)	16.8%	16.0%	14.7%	22.1%	17.2%
Persons living in poverty, White, not Hispanic/Latino (b)	7.1%	7.1%	6.7%	9.8%	14.3%	10.0%

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Persons living in poverty, Hispanic or Latino (b)	26.5%	24.9%	32.7%	19.1%	27.6%	23.0%
Persons living in poverty, Black or African American (b)	47.7%	35.9%	34.0%	23.9%	25.7%	22.0%
Persons living in poverty, other (b)	31.2%	29.6%	15.4%	38.9%	18.8%	12.0%

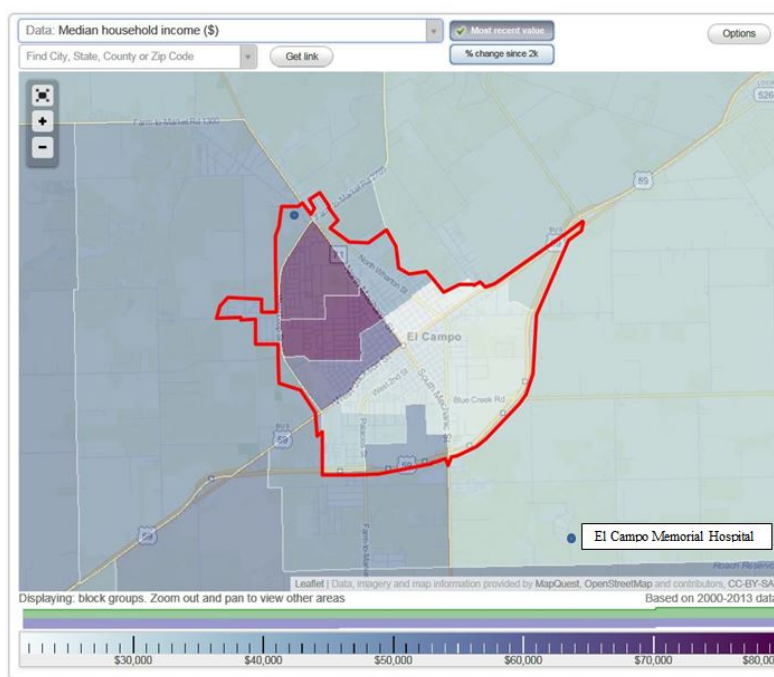
(a) 2013 estimates for El Campo except as noted

(b) 2014 estimates

(c) 2010 data

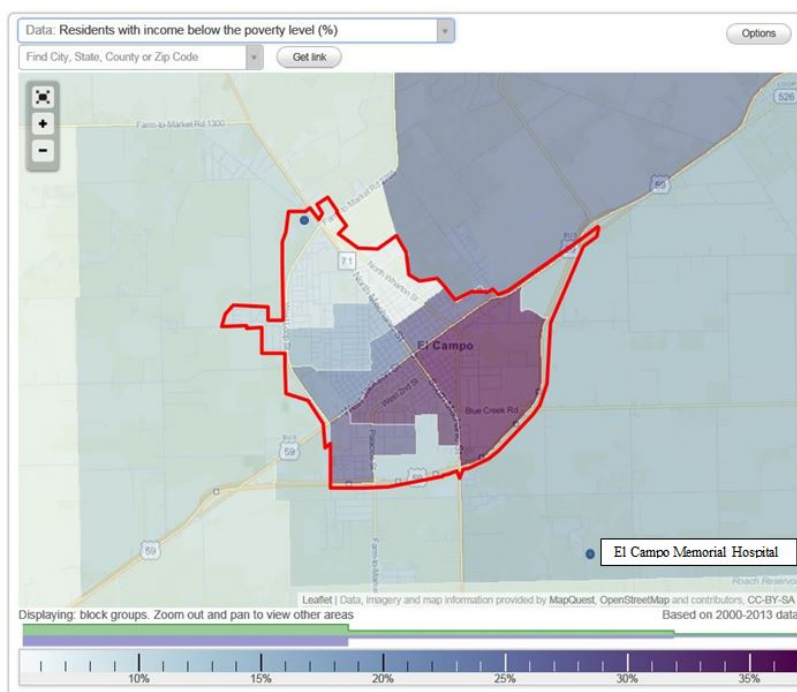
The percentage of residents of El Campo living in poverty (21.7%) significantly exceeds Wharton (16.8%), Colorado (16.0%) and Jackson (14.7%) Counties and the State of Texas (17.2%). The percentage of African American El Campo residents living in poverty (47.7%) far exceeds the percentage of Wharton (35.9%), Colorado (34.0%), Jackson (23.9%) and Matagorda (25.7%) Counties and is more than twice the state of Texas (22.0%). The percentage of Hispano/Latino residents of El Campo living in poverty (26.5%) is more comparable to Hispanic/Latino residents living below poverty in Wharton (24.9%), Colorado (32.7%), Jackson (19.1%) and Matagorda (27.6%) Counties and the State of Texas (23.0%). White, not Hispanic/Latino residents of El Campo and Wharton County had the lowest percentage of residents living below poverty (7.1%), which is lower than the percentages for Jackson (9.8%) and Matagorda (14.3%) Counties and the State of Texas (10.0%). The graphs below illustrate the income and poverty levels by shaded areas of the county.

Median Household Income, El Campo
2010-2013 data
(Source: City-Data.com)



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Residents with Income below the Poverty Level, El Campo
2010-2013 data
(Source: City-Data.com)



A contributing factor to the lower levels of income and the poverty levels may be explained by the level of education of El Campo residents. El Campo has the lowest percentage of residents over 24 years old with a high school diploma or equivalent (71.5%) compared to Wharton (75.7%), Colorado (81.9%), Jackson (81.5%) and Matagorda (76.8%) Counties and the State of Texas (81.6%). It also has the lowest percentage of residents over 24 years old with a Bachelor's degree (13.1%) compared to Wharton (13.8%), Colorado (17.5%), Jackson (16.5 %) and Matagorda (14.9%) Counties and the State of Texas (27.1%).

Category	El Campo (a)	Wharton County (b)	Colorado County (b)	Jackson County (b)	Matagorda County (b)	Texas (b)
High school graduate, over 24 years old (b)	71.5%	75.7%	81.9%	81.5%	76.8%	81.6%
Bachelor's degree, over 24 years old (b)	13.1%	13.8%	17.5%	16.5%	14.9%	27.1%

(a) 2013 estimates for El Campo except as noted

(b) 2014 estimates

The United States Department Health and Human Services (“US-HHSC”), Health Resources and Service Administration (“HRSA”) division has designated the area where the hospital is located in Wharton County a Medically Underserved Area (MUA) and a Health Physician Shortage Area (HPSA) for Dental and Mental Health capacity. The location of the hospital is not currently designated as a HPSA within the area of primary care. The MUA and the HPSA designations are based on a combination of factors, including physician to patient population ratios, the poverty level, the age of the population, and the infant mortality rates within the particular area. Each classification of an MUA and HPSA qualification is compiled, measured, and graded based on the respective qualifying criteria for that classification and the MUA or HPSA is awarded based on the respective grade. The hospital regularly monitors its qualification factors for both the MUA and the HPSA to determine any changes in status and necessity for change in application.

Community Healthcare Needs

The purpose of the Community Healthcare Needs Assessment is to identify the healthcare needs of the community, regardless of the ability of the hospital (ECMH, in this case) to meet these needs. Information about the community healthcare needs for El Campo was obtained through interviews, surveys and focus groups. Individuals interviewed or surveyed consisted of members of various ages (eighteen to seventy-four), races, income levels, education levels and household statuses. Participants of the focus groups included members of the ECMH administrative staff and Board of Directors, representatives from Texas Department of State Health Services, Texana Center, Memorial Hermann, Kindred Hospital Sugar Land, SPJST, Bethany Home Health Services, National Church Residences, AngMar Medical Holdings, Court Appointed Special Advocate for Children (“CASA”), Alzheimer’s Association and the Knights of Columbus, and local citizens representing seniors, low income households, Hispanics/Latinos and African Americans.

Lack of Usable Insurance for Low Income Households

The Patient Protection and Affordable Care Act of 2013 (PPACA) was intended to increase the quality and affordability of health insurance, lower the rate of uninsured individuals by expanding public and private insurance coverage and reduce the healthcare costs for individuals and the government. If an individual can afford to purchase a health insurance policy and chooses not to, he or she must pay a fee called the individual shared responsibility payment. The Internal Revenue Service collects this fee when taxpayers file their annual tax return. This fee increases with each year the individual or family does not have health insurance and the significant portion of this fee for most families is the fee imposed per adult and child in the household, as noted below.

For 2014, the fee was the higher of

- 1% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- \$95 per adult and \$47.50 per child under 18 (up to a maximum of \$975).

For 2015, the fee was the higher of

- 2% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- \$325 per adult and \$162.50 per child under 18 (up to a maximum of \$975).

For 2016, the fee is the higher of

- 2.5% of household income (up to maximum amount is the total yearly premium for the national average price of a Bronze plan sold through the Marketplace)
- \$695 per adult and \$347.50 per child under 18 (up to a maximum of \$2,085)

Almost every member of low income households who did not qualify for Medicaid, charity care or indigent programs prior to 2014 who purchased health insurance in 2014 to comply with PPACA found they could not afford the monthly insurance premiums even when purchasing insurance through the Marketplace. In addition, they stated while they had the health insurance coverage, either the deductibles or co-pays were so high they could not take advantage of the insurance. Furthermore, they could not find healthcare providers who accepted their insurance plan or found it extremely difficult to get pre-authorizations for services. In essence, they were forced either to buy insurance they essentially could not use or pay the individual shared responsibility payment fee for not having insurance. For 2014, the individual shared responsibility payment fees El Campo residents who were interviewed ranged from \$350 to \$875. Many residents stated they would have rather used the money they spent on the insurance or the fee for actual healthcare needs. All residents stated they could have used the money for basic living expenses. Of the individuals interviewed who could not afford insurance prior to the passage of PPACA, these individuals also did not purchase insurance in 2015 and they also had not enrolled in the available exchange programs during 2016. They said the individual shared responsibility payment fee was at least sixty percent less than the annual insurance premiums. They stated the same was true of their friends and family members as well.

Based upon provider statistics, the percentage of uninsured patients at ECMH in 2015 amounted to approximately eight percent.

Other Health Insurance Issues

Some members of the community mentioned the differences between insurance policies offered through their employer or the Marketplace were so complicated or confusing that they chose not obtain coverage. Others stated they “fell through the cracks” when starting a new job because of the probation period before they could get insurance through their employer and they could not afford to purchase short term insurance during this period or afford the COBRA payments from their previous employer.

Due to the lack of insurance or not having adequate insurance, some residents said that they delayed seeking medical care for chronic diseases and other health issues because they felt they could not afford the care, their insurance policy did not provide adequate coverage or they did not qualify for charity or indigent care programs. Many of these residents were unaware that ECMH offered a cash discount card that is available to all patients.

Chronic Diseases

The most common chronic diseases mentioned included

- Diabetes (child and adult)
- Obesity (child and adult)
- Hypertension
- Cardiovascular disease and stroke
- Cancer
- Kidney disease
- Arthritis
- Allergies
- Dementia

Many individuals suffer from more than one of these diseases. ECMH offers several health fairs and health screenings throughout the year as well as education presentations. Most people interviewed or surveyed said they were aware of the fairs and screenings, but many did not attend because they forgot, did not have the time, did not have transportation, did not feel they would benefit, had other obligations or thought they could not afford the screenings. Many expressed a desire to see more education presentations and in contrast, there were also those residents who did attend health screenings or education that were not interested in hearing more about health education at that time.

As with every community, some El Campo and Wharton County residents do not seek care for illnesses or chronic diseases and need to be hospitalized. The reasons for not seeking care included the inability to afford routine healthcare visits or medications, the inability to take time off from work and the lack of transportation. The Texas Department of State Health Services collects data on potentially preventable hospitalizations (See Appendix) for nine diseases and

illnesses. The information reported here was for all hospitals in Wharton County. Potentially preventable hospitalizations are hospital admissions that could have been potentially prevented if the person had access to appropriate outpatient healthcare and followed the healthcare providers' instructions. For the 2008 to 2013 time-period, the average inpatient hospital charge for Wharton County was \$25,173. The highest hospital charges were for long term complications of diabetes (\$47,560), bacterial pneumonia (\$23,297), congestive heart failure (\$24,902) and short term complications of diabetes (\$23,754). In preparation of this report, we should note that while these amounts represent the reported hospital charges for Wharton County, the hospital actually receives significantly lower amounts from third party insurance companies, Medicare, and Medicaid, and other payer sources.

Healthy Living

As noted earlier, childhood and adult obesity is a chronic problem for the community. Members of the community again expressed that they would like to have more education offerings of living healthy lifestyles which included nutrition and exercise for both children and adults. By living a healthier lifestyle, many residents feel they can avoid or control many chronic illnesses such as obesity and diabetes, which often lead to hypertension and cardiovascular, kidney and other diseases.

Lack of Specialists or Services

Many residents want to see more specialists in the community. Specialists mentioned include obstetricians, pediatricians, cardiologists, rheumatologists (arthritis), oncologists, neurologists, otolaryngologists (ear, nose and throat), ophthalmologists (for cataracts) and geriatric physicians. Currently, ECMH does not currently employ or contract with any obstetricians or pediatricians providing specialty care in these areas. While pregnant women can receive pre-natal care, they need to go outside Wharton County for delivery. The small number of pregnancies in Wharton County makes it cost prohibitive to provide delivery services at ECMH. ECMH has cardiologists, otolaryngologists and ophthalmologists, but residents feel they need more access to these providers. One concern, in particular, was the need for more access for cataract surgery. Currently, an ophthalmologist schedules cataract surgeries once a month in El Campo. Many residents have to wait months before they are able to schedule cataract surgery. Another concern was for more access to otolaryngologists for hearing loss and hearing aid services. Residents also felt that, with the aging population of El Campo, there was a need for physicians who could focus more on the unique needs of the elderly, more so than the physicians who provide standard adult medical care. In recognition and response to this specific community concern, it should be mentioned that the hospital did add an internal medicine physician during 2015 that focuses primary on the care for the aging population in El Campo.

The hardship in availability of specialty practitioners and services is an area in healthcare where most all rural and small community hospitals struggle, largely because of the cost of such specialty services in comparison to the amount of need. As mentioned, while the hospital does

recognize the need for specialty services in the community, and provides measures to address where they are able, many times the cost of providing these specialty practitioners and services exceeds the level of need due to the smaller populations.

The “One Stop Shopping” Bias

If a patient needs a particular medical service not available in El Campo, they travel to Sugar Land, Victoria or Bay City for that service. Once they leave the El Campo area, they tend not to come back for other healthcare services in El Campo. This includes routine medical, skilled nursing/rehabilitation, diagnostic and imaging services. Many reasons exist for this bias. Some feel it is easier to have all of the healthcare needs met in one general location. Others felt if the El Campo area could not meet one particular need, they would receive overall better healthcare for all needs in the cities offering more services. Many were not aware that El Campo could provide skilled nursing/rehabilitation, diagnostic and imaging services in El Campo when their physician was located outside of Wharton County. Several stated they would feel more comfortable going to Victoria, Sugar Land or Houston because they perceived those doctors had more experience overall in treating certain conditions and performing surgeries than physicians in El Campo. A majority of the residents were not aware that many visiting providers came from the Victoria, Sugar Land or Houston area. Many residents expressed a desire to stay in the El Campo area for healthcare needs because of convenience if they received support of family, friends and church.

It should be noted that while the community perspective is illustrated in the responses to the outreach and interviews performed, we should also recognize that the primary role of the rural hospital is to focus on the primary care needs for the community in which the hospital serves. It is not within the design or reimbursement mechanism for the rural and community hospital to administer to the more complex diagnosis and treatment that the larger systems provide. The hospital focuses on the treatment of primary care and some tertiary levels of care and maintains a strong intent to educate their community on the services they are able to provide.

The hospital administrative and professional staff have noted that they do lose a certain amount of the local patient population to the larger tertiary healthcare systems in the Houston area. This transition of patients to some of the larger healthcare systems may be due to the ‘One stop shopping bias’, referred to above, or may even potentially result from the marketing and professional staff communication between the respective healthcare system practitioners and patients, while the patient is receiving care at those system facilities. It is also likely that some transition of patients to the larger healthcare systems is that certain patients from the local communities may not be aware that ECMH offers many of the services patients are seeking. Patient education of this nature may need to be a combined effort between the hospital and the community leaders to educate the local population that they do have options in high quality healthcare services, such as swing-bed services, occupational and physical therapy, and other services, at the local hospital level, which would translate to much more convenient healthcare

close to home. The hospital in El Campo, and the community as a whole, may wish to focus efforts on providing insight to the patient population locally that the hospital can serve the needs of patients in primary care, but can also serve as high-quality post-tertiary care during the transition stages of recovery, in areas of swing-bed and therapy services, as examples.

Teen Pregnancy²

Many residents feel teen pregnancy is still a major issue. The percentage of pregnant girls under eighteen years old in 2013 for Wharton County (19.1%) exceeded the percentage for the other surrounding counties and the State of Texas (15.2%), as a whole. Fewer pregnancies in Wharton County resulted in live births (82.8%) than in the State of Texas (84.6%). A higher percentage of teen pregnancies resulted in fetal deaths in Wharton County (3.4%) compared to the State of Texas (0.4%). This can be explained by the lack of pre-natal care available to pregnant teens and the lack of obstetricians in Wharton County. Wharton County saw a smaller percentage of teens that terminated their pregnancies (13.8%) in comparison to that same statistic throughout the State of Texas (15.0%).

More Hispanic/Latino teens gave birth in Wharton and Matagorda Counties and the State of Texas, as a whole, than white, non-Hispanic/Latinos. and African Americans. This statistic is partially contributed to the general growth in population and specifically higher growth in the Hispanic/Latino population than other ethnicities. A portion of this statistic may also be explained by faith and the respective religious views on the early termination of pregnancy. Many Hispanic/Latino pregnant teens are encouraged to look at a sonogram of the embryo/fetus in order to discourage them from terminating the pregnancies. Once these teens see the embryo/fetus, they generally chose to continue the pregnancy.

Teen Pregnancy (under 18 years old) 2013	Wharton County	Colorado County	Jackson County	Matagorda County	Texas
Total female teens (13-17)	1,522	709	466	1,282	954,592
Total Number of teen pregnancies	29	10	5	22	14,464
Percentage of all teen girls (per 1,000 teens)	19.1%	14.0%	10.7%	17.2%	15.2%
Live births	82.8%	80.0%	80.0%	91.0%	84.6%
Fetal deaths	3.4%	10.0%	0.0%	0.0%	0.4%
Abortions	13.8%	10.0%	20.0%	9.0%	15.0%
White, non-Hispanic/Latino, live births (a)	4	1	2	2	2,148
Hispanic/Latino live births	18	3	2	15	8,595
African American live births	2	4	0	3	1,502

(a) White, non-Hispanic/Latino, also includes other races.

Many residents expressed a lack of education for children, teens and adults for the teen pregnancy issue. Sex education is essentially no longer taught in the public schools and many parents are uncomfortable or unaware of how to bring up the issue of sex education with their

² Source: Texas Department of State Health Services

children. Parents are also not aware of how early children are aware of sexual issues. Some children become aware of them as early as the second or third grade. ECMH has tried to partner with the school district and other organizations in the past to help educate teens but have not had much success in conducting presentations. The issue of sex education was brought up in some focus groups. The consensus was to help educate the parents on how to talk with their children, especially teens, about sexual issues and abstinence. In addition, members of focus groups suggested continuing to partner with the school district and other organizations to educate children and teens about sexual issues and abstinence. Currently, ECMH and the School Health Advisory Committee are working together in addressing this issue.

Alcohol and Substance Abuse

Residents of El Campo felt that El Campo has an alcohol and substance abuse problem similar to other communities. The abuse of prescription medicines has become more common. Patients, particularly on pain medications, pressure their doctors to authorize refills on their medications even though their current medical condition does not warrant the use of prescription drugs. In addition, children often find it easier to take their relatives prescription drugs than to purchase illegal drugs. This presents a problem to both the children and the people for whom the drugs were prescribed.

Focus groups mentioned the need for education about alcohol and drug abuse. The Drug Abuse Resistance Education (DARE) program was available for children in the El Campo area until two years ago. The DARE program has now been replaced with a program named “Keep’in it REAL”, a program that focuses on the choices and decisions elementary and middle-school aged students make, rather than the drugs themselves. Where the curriculum of the DARE program was concentrated toward the types of drugs and the negative effects the drugs have on the body, the new program is designed by prevention specialist and is focused toward making decisions to avoid the abuse of drugs and providing alternative choices for the younger generation of students.

Mental Health Needs

Several residents felt the community needed more mental healthcare providers for both children and adults. The most common mental health issues mentioned were anxiety, depression and bipolar depression. The residents felt they did not have adequate access to services or knew where to go for services.

Lack of Reliable Transportation

Several elderly and lower income residents stated they did not have reliable transportation for routine healthcare needs and would miss appointments or avoid making appointments. They often relied on family members or friends to take them to their medical appointments or to the pharmacy. The American Legion provides a van for appointments in the Houston area, but this service is available only for veterans. Residents can also take the Colorado Valley Transit

(“CVT”) buses to their appointments. CVT has posted bus routes. It also has demand response service (door-to-door and curb-to-curb service with a twenty-four hour advance reservation) and deviated route service within El Campo and around Wharton County to Austin, Colorado and Waller Counties. Residents of these counties can request service to other areas for medical reasons, but must meet strict qualifications and make reservations in advance. Several residents said they liked the idea of this service, but the buses would sometimes pick them up so late that they missed their appointments.

Many residents interviewed said they do not ride the local bus for medical appointments because they found it difficult to determine when they needed to board the bus to make it on time for their appointment since the buses have many stops on their routes. Some stated they do not ride the bus at all because they do not live or work near the bus stops or they found it difficult to get to the bus stops. They were not aware of the demand response or deviated route services CVT offers.

In response to the community need in the area of reliable patient transportation, the hospital has sought and recently secured a contract with an agency to assist with the transportation needs for medical services in the community. The specific availability of the patient transportation services afforded through the agreement will be forthcoming, but the hospital is working with the affiliation through the Accountable Care Organization to best serve the needs of the patients in this area of need.

Language and Cultural Barriers

As noted earlier, the largest racial or ethnic group in El Campo is the Hispanic/Latino group. Almost all of the foreign born residents come from Mexico. Roughly one-third of the residents of El Campo speak Spanish and many of these residents speak little or no English. This language barrier makes it difficult for many Hispanics/Latinos to seek out medical care, know what kind of services are available or know about financial assistance through the indigent care and charity programs or the medical discount card. In addition, the Hispanic/Latino community focuses strongly on family and the need of the family members to take care of the sick and elderly. Sometimes, these members find it difficult to seek outside help for medical issues.

Like the Hispanic/Latino community, the African American community also displays cultural barriers. Generally, African Americans interviewed are not very concerned with preventative healthcare and thus, do not participate in health screenings or attend health fairs. As the statistics illustrate, roughly half of the African Americans live below poverty and many of these do not have any form of health insurance. Lack of transportation is also an issue for these residents as well. They generally do not seek out medical care unless they are seriously ill. When they do, they often utilize the emergency room department. In addition, some members were not aware of the all of the financial assistance available.

Most individuals interviewed, surveyed or participating in the focus groups stated that education could help these two communities understand the importance of preventative healthcare and managing chronic diseases. In addition, these residents needed information on the charity and indigent programs and the medical discount card. ECMH currently distributes education materials on these issues to many churches and other organizations, but generally only in English.

The El Campo area also has a small Mennonite community. No members of this community participated in this healthcare needs assessment. In the past community healthcare needs assessment, they indicated they were not familiar with all the services ECMH offered and what financial assistance was available.

Keeping Track of Medical Appointments

Several members of the community mentioned that it was hard for them, family members or friends to keep track of when and where they had appointments. Missed appointments create problems for not only patients but the medical providers. These individuals were not aware that ECMH provides an appointment reminder service.

Improvement in Healthcare through Participation in the Delivery System Reform Incentive Program

The Patient Protection and **Affordable Care Act** (ACA), enacted by President Obama in March 2010, encompasses a section of legislation encouraging hospitals and healthcare providers to focus on the quality of care and measuring improvement in the delivery of healthcare through The Delivery System Reform Incentive Program (DSRIP). This program provides for a regional collaboration of hospitals to participate in various projects targeted toward improving the performance and quality of care, reducing cost, and measuring the clinical outcomes in overall delivery practices.

El Campo Memorial Hospital has initiated one DSRIP project, specifically aimed at improving the quality of care provided by the hospital and affiliated practitioners, as well as reducing the cost of potentially avoidable services. ECMH began an internal project designed to improve communication between patients and healthcare providers. The hospital initiated training to hospital employees on how to interact with the patient community and gain the level of trust confidence necessary for improvement of clinical outcomes.

ECMH recognizes the importance of the quality of care it provides to the patient community as well as the education it provides on an on-going basis to the employees and professional staff that serve the patients in the community. As evident through the participation in the above illustrated DSRIP project, the hospital administration diligently seeks opportunities for improvement in the patient care they provide and takes a conscious approach to working with the community in providing the awareness and knowledge of services available through the hospital.

Recommendations

Breaking through the Language Barrier

ECMH needs to break through the language barrier for its Hispanic/Latino members who speak little to no English. In 2013, the hospital established a goal of providing health related presentations to groups in English and Spanish up to twice a year as needed and to provide hospital and health related information booklets to area churches in Spanish in 2014 and thereafter. The hospital needs to continue and increase its efforts to provide healthcare information to its Spanish speaking community members.

Education

A common thread in many of the community's need is education. Community education should certainly focus on what services the hospital offers, but also what services the hospital is not able to offer, either by design and payment mechanisms of being a rural hospital or because it is too costly for the hospital to offer such services. The below are specific areas noted in outreach to the community where the hospital may concentrate education efforts.

Chronic Diseases and Healthy Lifestyles

ECMH already makes efforts in educating its community on chronic disease and health lifestyles and has done so for many years. Many El Campo residents feel ECMH does a very fine job in educating the community through the flu shot clinics, health fairs, screening and presentations. They suggested expanding on what ECMH currently offers primarily to low income, African American and Hispanic/Latino households.

Financial Assistance

Many residents were not aware of the financial assistance ECMH offers to the community through its charity and indigent care programs. Very few residents were aware that ECMH offers a cash discount card. While ECMH lists this information on its website and has distributed literature throughout the community, it needs to promote the programs more, particularly the cash discount card.

Use and access of the Emergency Room Department

Several residents admit they, family members or friends use the Emergency Room Department ("ER") for non-emergency reasons. Generally, residents who use the ER for non-emergency purposes stated they were uninsured or underinsured. ECMH can include education of the proper use and access of the ER with the chronic disease, healthy lifestyle and financial assistance education. We should note that the hospital currently has an emergency (room – "ER") department that is 1,580 square feet in size, inclusive of a small area for triage, and averages 536 ER visits per month and had a total of 6,428 visits this past fiscal year. The total number of ER visits for the year represents an increase in the number of treated and admitted ER visits this past year of 14.9% and an aggregate increase in all ER patients visits of 1.5% from 2015 to 2016 fiscal year. By comparative review, other hospitals of a similar size, nature, and

number of visits have an average space capacity in the ER of approximately 5,800 square feet. ECMH is treating a similar number and nature of patient visits in the ER department as many of its peer rural and community hospitals at approximately one-quarter of the space availability of the similar hospitals. While we can express that ECMH is treating the ER patients with much smaller space considerations currently than that of like-kind facilities, we would also express that the ER may likely operate at a higher level of efficiency and quality under the presumption of an expanded area to operate on a daily basis.

Services currently provided

In order to reduce the “one stop shopping” bias, ECMH can work to provide education the residents about what the hospital has to offer to its community. Patient education and community outreach with respect to the services provided and specialty procedures available at the local level are constant considerations of the hospital. As noted above, hospitals in general, struggle with this type of education, because the typical community involvement with the hospital lies only during the times of need and then solely on the particular services needed at any given time.

ECMH offers many services the residents were not aware were available. These services include skilled nursing/rehabilitation and diagnostic and imaging services. There are other areas where patients are aware of the services provided, but space and efficiency limitations may lead patients to other options available for similar services. In addition to the ER, as mentioned above, a good example of these areas may be the therapy services. While it is evident through a review of the volume that patients have knowledge that the hospital provides physical, respiratory, speech, and occupational therapy services, it is also apparent that the space and equipment capacity in therapy has not grown at that same level as the increases in volume. A review of the utilization in the therapy services provided from 2015 to 2016 fiscal year shows an overall growth in therapy of approximately 10% and more specifically an increase in physical and occupational therapy services of approximately 45.7%. The same review looking at the inpatient vs. outpatient volume in therapy services provides that the hospital has had an increase of 23.4% in treatment of inpatients and a 28.8% increase in outpatient therapy visits. As illustrated with the ER department above, the respective therapy departments are treating consistent levels of volume in patient utilization with much less space considerations than that of peer hospitals. ECMH has a combined square footage for the therapy services of approximately 2,911 square feet in comparison to several like-kind hospitals with similar patient therapy volume of approximate average space of 8,300 square feet. With the level of utilization increases in therapy services at ECMH, it can be supported that renovation and expansion in the therapy areas of patient service should receive consideration for improved efficiency and continued growth potential to meet the needs of the community.

Many residents were happy to hear they could request the orders from their outside physicians be sent to ECMH and the results would be sent automatically to the doctors. ECMH does a very good job on the surgical services it offers and several of the surgeons are visiting healthcare providers. Many residents felt unsure about having some surgical procedures performed at ECMH because they felt surgeons in Victoria or Sugar Land could perform those procedures better. In addition, ECMH can educate the community about its medical appointment reminder service. This will help patients manage their chronic diseases better as well as reduce scheduling problems of the medical providers.

Teen pregnancy

ECMH has partnered with other organizations in the past to put on sex education presentations to teenagers. For various reasons, the presentations were not allowed. ECMH needs to continue its efforts to locate organizations willing and able to allow presentations and ongoing support on sex education for the children and/or presentation for adults on how to teach sex education to their children.

Alcohol and Substance Abuse

Many residents want to see a return of the DARE program. As mentioned above, the DARE program has decreased their respective educational awareness, however it has been replaced by the “Keep’in it REAL” education program, which is more preventative in nature. The DARE program and the more recently initiated “Keep’in it REAL” program are sponsored and funded through both law enforcement and non-profit prevention agencies and are therefore programs outside of the hospital’s area of community responsibility. However, the hospital certainly has the awareness of these programs and contributes to the education and treatment of alcohol and substance abuse, as applicable, through patient care.

Transportation

While some residents are more aware of the services CVT offers, many still did not know of the demand response or deviated route services. ECMH has partnered with CVT in the past to help educate the public on CVT’s usage and access. ECMH should continue with this partnership.

Increasing Specialists and Services

Specialists and medical services

Residents stated they would like to see more specialists in El Campo or more availability of certain specialists and medical services. If these specialists and services were present in El Campo, residents would stay in the area rather than travel to Victoria or Sugar Land. While there are a number of residents expressing a need for rheumatologists, oncologists, otolaryngologist, ophthalmologists and geriatric physicians might suggests that ECMH should consider bringing certain specialists to the El Campo area as visiting providers. Again, as noted above, as with many rural and community hospitals, patient census and the projected visit levels

in these specific areas of specialty must be considerations for each of the specialty services mentioned as a provision for education in this area.

Transportation

One focus group suggested a shuttle dedicated to transporting El Campo residents to and from their medical appointments. While Colorado Valley Transit (CVT) offers demand response or deviated route services and ECMH has partnered with CVT to educate the public about these services, ECMH might also investigate the feasibility of a medical transport shuttle. It should be noted for purposes of the community knowledge, this service would be considered community outreach and community service, as patient transportation is not reimbursable from Medicare or any third party insurer. As noted in “Reliable Transportation” above, the hospital has responded to this need within the community and has recently entered into an agreement with an agency to assist with some of the needs in patient transportation.

APPENDIX

Texas Department of State Health Services

Wharton County

POTENTIALLY PREVENTABLE HOSPITALIZATIONS

www.dshs.state.tx.us/ph

From 2008-2013, adult residents (18+) of **Wharton County** received **\$76,602,898** in charges for hospitalizations that were potentially preventable. Hospitalizations for the conditions below are called **potentially preventable**, because **if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.**

Potentially Preventable Hospitalizations for Adult Residents of Wharton County	Number of Hospitalizations							2008-2013		
	2008	2009	2010	2011	2012	2013	2008 - 2013	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2013 Adult County Population
Bacterial Pneumonia	103	110	145	108	82	93	641	\$26,297	\$16,856,339	\$546
Dehydration	45	40	27	14	27	24	177	\$15,341	\$2,715,441	\$88
Urinary Tract Infection	73	86	101	87	76	60	483	\$18,217	\$8,798,848	\$285
Angina (without procedures)	0	0	0	0	0	0	0	\$0	\$0	\$0
Congestive Heart Failure	164	161	124	163	113	88	813	\$24,902	\$20,245,083	\$655
Hypertension (High Blood Pressure)	26	11	14	13	10	10	84	\$20,149	\$1,692,532	\$55
Chronic Obstructive Pulmonary Disease or Asthma in Older Adults	109	78	104	62	54	58	465	\$22,340	\$10,388,106	\$336
Diabetes Short-Term Complications	18	12	12	11	15	23	91	\$23,754	\$2,161,635	\$70
Diabetes Long-Term Complications	61	53	41	44	39	51	289	\$47,560	\$13,744,915	\$445
TOTAL	599	551	568	502	416	407	3,043	\$25,173	\$76,602,898	\$2,480

Source: Center for Health Statistics, Texas Department of State Health Services

Annual hospitalizations less than 5 and hospitalizations less than 30 for 2008-2013 are reported as 0.

The purpose of this information is to assist in improving healthcare and reducing healthcare costs.

This information is not an evaluation of hospitals or other healthcare providers.

Potentially Preventable Hospitalizations (2008-2013) (01/20/15)

<p>Bacterial Pneumonia is a serious inflammation of the lungs caused by an infection. Bacterial pneumonia primarily impacts older adults. Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for bacterial pneumonia.</p>
<p>Dehydration means the body does not have enough fluid to function well. Dehydration primarily impacts older adults or institutionalized individuals who have a limited ability to communicate thirst. Communities can potentially prevent hospitalizations by encouraging attention to the fluid status of individuals at risk.</p>
<p>Urinary Tract Infection (UTI) is usually caused when bacteria enter the bladder and cause inflammation and infection. It is a common condition, with older adults at highest risk. In most cases, an uncomplicated UTI can be treated with proper antibiotics. Communities can potentially prevent hospitalizations by encouraging individuals to practice good personal hygiene; drink plenty of fluids; and (if practical) avoid conducting urine cultures in asymptomatic patients who have indwelling urethral catheters.</p>
<p>Angina (without procedures) is chest pain that occurs when a blockage of a coronary artery prevents sufficient oxygen-rich blood from reaching the heart muscle. Communities can potentially prevent hospitalizations by encouraging regular physical activity; smoking cessation; controlling diabetes, high blood pressure, and abnormal cholesterol; maintaining appropriate body weight; and daily administration of an anti-platelet medication (like low dose aspirin) in most individuals with known coronary artery disease.</p>
<p>Congestive Heart Failure is the inability of the heart muscle to function well enough to meet the demands of the rest of the body. Communities can potentially prevent hospitalizations by encouraging individuals to reduce risk factors such as coronary artery disease, diabetes, high cholesterol, high blood pressure, smoking, alcohol abuse, and use of illegal drugs.</p>
<p>Hypertension (High Blood Pressure) is a syndrome with multiple causes. Hypertension is often controllable with medications. Communities can potentially prevent hospitalizations by encouraging an increased level of aerobic physical activity, maintaining a healthy weight, limiting the consumption of alcohol to moderate levels for those who drink, reducing salt and sodium intake, and eating a reduced-fat diet high in fruits, vegetables, and low-fat dairy food.</p>
<p>Chronic Obstructive Pulmonary Disease or Asthma in Older Adults: Chronic Obstructive Pulmonary Disease is characterized by decreased flow in the airways of the lungs. It consists of three related diseases: asthma, chronic bronchitis and emphysema. Because existing medications cannot change the progressive decline in lung function, the goal of medications is to lessen symptoms and/or decrease complications. Communities can potentially prevent hospitalizations for Chronic Obstructive Pulmonary Disease by encouraging education on smoking cessation and minimizing shortness of breath.</p> <p>Asthma occurs when air passages of the lungs become inflamed and narrowed and breathing becomes difficult. Asthma is treatable, and most flare-ups and deaths can be prevented through the use of medications. Communities can potentially prevent hospitalizations for Asthma by encouraging people to learn how to recognize particular warning signs of asthma attacks. Treating symptoms early can result in prevented or less severe attacks.</p>
<p>Diabetes Short-term Complications are extreme fluctuations in blood sugar levels. Extreme dizziness and fainting can indicate hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar), and if not brought under control, seizures, shock or coma can occur. Diabetics need to monitor their blood sugar levels carefully and adjust their diet and/or medications accordingly. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.</p>
<p>Diabetes Long-term Complications include risk of developing damage to the eyes, kidneys and nerves. Risk also includes developing cardiovascular disease, including coronary heart disease, stroke, and peripheral vascular disease. Long-term diabetes complications are thought to result from long-term poor control of diabetes. Communities can potentially prevent hospitalizations by encouraging the regular monitoring and managing of diabetes in the outpatient health care setting and encouraging patient compliance with treatment plans.</p>

For more information on potentially preventable hospitalizations, go to: www.dshs.state.tx.us/ph.

Potentially Preventable Hospitalizations (2008-2013) (01/20/15)

El Campo Memorial Hospital
Community Health Needs Assessment
2016 Calendar Year End

Exhibit 1

Measures for Use in Establishing Quality Performance Standards

Domain	Measure
Patient/Caregiver Experience	Getting timely care, appointments and information
	How well providers communicate with patients
	Patients' rating of providers
	Access to specialists
	Health promotion and education
	Shared decision making
	Health status/function status
	Stewardship of patient resources
Care Coordination/patient safety	Risk standardized all condition readmission
	Ambulatory sensitive conditions admissions: chronic obstructive pulmonary disease or asthma in older adults
	Ambulatory sensitive conditions admissions: heart failure
	Skilled nursing facility 30-day all-cause readmission measures
	All-cause unplanned admissions for patients with diabetes
	All-cause unplanned admissions for patients with heart failure
	All-cause unplanned admissions for patients with multiple chronic conditions
	Percent of primary care physicians who successfully meet Meaningful Use requirements
	Documentation of current medications in the medical record
	Falls: screening for future fall risk
Preventative Health	Breast cancer screening
	Colorectal cancer screening
	Preventative care and screening: influenza immunization
	Pneumonia vaccination status for older adults
	Preventive care and screening: body mass index screening and follow-up
	Preventive care and screening: tobacco use: screening and cessation intervention
	Preventive care and screening: screening for high blood pressure and follow-up documented
	Preventive care and screening: screening for clinical depression and follow-up plan
At-risk Populations	Diabetes: hemoglobin A1c poor control
	Diabetes: eye exam
	Controlling high blood pressure
	Ischemic vascular disease: use of aspirin or other antithrombotic
	Heart failure: beta-blocker therapy for left ventricular systolic dysfunction
	Coronary artery disease: angiotensin-converting enzyme inhibitor or angiotensin receptor blocker therapy
	Depression remission at twelve months