

Community Health Needs Assessment

El Campo Memorial Hospital

April, 2013

TORCH Management Services, Inc.

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Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for El Campo Memorial Hospital, (Hospital), on March 25th through the 27th, and April 2nd and 3rd, 2013. The value of an Assessment is that it allows Healthcare Organizations to better understand the needs of the Communities they serve, with the ultimate goal of improving the overall health of the local citizens. Whether or not an Organization is required to conduct a Community Health Needs Assessment, it is an extremely valuable tool for fulfilling its role in the Community.

The Mission of El Campo Memorial Hospital states that it is a “community-oriented healthcare system dedicated to providing the highest standard of care” for its’ patients and families. By listening to members of the Community, and reviewing demographic data, the Hospital can gain information on health status, and on where the gaps in healthcare delivery currently exist. Further, it solidifies the Hospital’s role in the Community as a partner in improving the overall health status, and in areas beyond health, such as in education and economic development. The Hospital identifies its’ primary market area as the El Campo area, and its’ secondary market to include the remainder of Wharton County, as well as Colorado, Jackson, and Matagorda Counties.

In addition to El Campo Memorial Hospital, which operates 27 beds (licensed for 49 beds), other hospitals in the area include:

Matagorda Regional Medical Center, Bay City

- Hospital District
- 58 beds

Gulf Coast Medical Center, Wharton

- Investor-owned
- 161 beds

Rice Medical Center, Eagle Lake

- Hospital District
- 25 beds

Jackson County Hospital District

- Hospital District
- 25 beds

The Association for Community Health Improvement (ACHI) points out that this process provides help in understanding where the needs are, and where and how to spend the available health care dollars in a community. ACHI also describes the importance of the Hospital working together as a partner with other local organizations (Health Department, Schools, Churches, Businesses, etc.) to improve the health of all citizens, from the child to the senior adult. The Mission Statement indicates that the Hospital recognizes its' role in the Community.

The Assessment just completed for the Hospital included interviews/focus groups with representatives of the following constituencies:

1. Business Leaders (Chamber of Commerce, Wharton County Library, Northside Education Center)
2. Members of the African American Community
3. Members of the Hispanic Community
4. Members of the Mennonite Community
5. Superintendent of School District
6. Auxiliary/Volunteers
7. Mayor of El Campo, Chief of Police, EMS Director
8. Ministerial Alliance
9. Community Resource Coordination Group

An interview was also completed with Haley Jackson, Team Leader, and Kimberly Nicholson, Program Specialist, Community and Family Health Program, Region 6/5S, Texas Department of State Health Services. In discussing the overall health of the Community, Ms. Jackson suggested that literacy is an area in which Wharton County can direct some focus. The number of residents graduating from high school is somewhat lower than other Counties in the Region, as is the case with those completing two

or more years of college. Combined with the higher poverty levels in Wharton County, the levels of education could be improved. Poverty and lack of insurance are one reflection of a lack of education, and have a major impact on health status. It suggests that the Hospital could seek opportunities to partner with other organizations in the Community to address these issues.

Ms. Jackson and Ms. Nicholson also spoke of the incidence of cancer in Wharton County and in El Campo specifically. While several other participants stated that they felt there is a higher incidence rate of cancer in El Campo, the Department of State Health Services, through the Environmental Epidemiology and Disease Registries (EEDR), completed a re-examination of the incidence data in 2010. The EEDR studied data from 1998 to 2007, and concluded that the incidence of cancer in El Campo was within the expected ranges in both men and women.

Finally, Ms. Jackson and Ms. Nicholson spoke of the teen birth rate in the County having been the highest in the Region in 2010, at 67/1000 of women aged 15-19, and of the incidence of smoking among women in the 3rd trimester (5.3%, compared to 3.7% in Texas). Ms. Nicholson is working with the Child and Infant Death Team to publicize the birth rate issue and will be holding a forum, targeting Hispanic and African American families particularly.

Focus groups were also held with the Hospital Department Directors and Chief Executive Officer, and members of the Hospital Board and the West Wharton County Hospital District. The findings were very broad, but common themes were discovered throughout the five days of interviews, and from those interviews, a prioritized listing of the most important issues has been developed. The prioritized list will be used to develop an implementation strategy for the Hospital as it continues to serve the Community.

While opportunities for improvement were presented and captured, it is fair to point out that many positive comments were also made. Specifically, the Community is pleased with the Hospital's pro-active role in the Community,

and its' on-going efforts to upgrade the services being provided. Compliments were made regarding the Clinic Physicians and other Providers. Additionally, the following specific services were highlighted:

1. Health Fairs and other Educational offering
2. Diabetes Program
3. Walk-in Clinic
4. Involvement of Hospital Staff in the Community
5. Swing bed program
6. Dietary services

Community Demographics

The following data is drawn from a variety of sources, including www.city-data.com, quickfacts.census.gov, the Houston-Galveston Area Council County Profile for Wharton County, and the Health Facts Profile 2007 for Wharton County. The Census of 2010 showed the population of El Campo, Texas, to be 11,624, an increase of 6.2% since 2000. There were 3,799 households, with an average household size of 2.9. The land area is 7.47 square miles, with a population density of 1,557 people per square mile. Persons less than 18 years of age accounted for 29.3% of the population, and those over 65 accounted for 14.2%.

Of the total residents, 7.5% were foreign born (7.0% Latin American). The median income for a household in El Campo in 2011 was \$45,482, and the estimated per capita income was \$21,482. The median age was 34.1 years.

Approximately 20.5% of the population was living in poverty (2009), (6.7% for White non-Hispanic residents, 50.7% for African American residents, 25.6% for Hispanic or Latino residents). The unemployment rate reported in August, 2012, was 7.2%, and was 6.3% in February, 2013.

Education levels in El Campo for those 25 years and older are as follows:

- High School or greater: 67.3%

- Bachelor's degree or greater: 14.7%
- Graduate/professional degree 4.6%

Wharton County is a Health Professional Shortage Area (HPSA) for Primary Care, Dental and Mental Health Providers, and a Medically Underserved Area (MSA), as designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). The designations are based upon the low income population group in the County.

In comparison to the Texas state average, the following facts regarding the city of El Campo are important:

- Hispanic race percentage significantly above state average
- Median age below state average
- Foreign-born population percentage significantly above state average

Current data shows the following key health measures for Wharton County:

1. Adult Diabetes rate: 10.3% (8.9% in Texas)
2. Adult Obesity rate: 30.5% (26.6% in Texas)
3. Low-income pre-school obesity rate: 19.6% (15.7% in Texas)

These rates are comparable to other rural counties in Texas, including those adjacent to Wharton County. While the numbers are not particularly higher for El Campo and Wharton County, these three issues contribute significantly to the cost of health care, and the overall health of the community. All three were discussed in the Focus Groups as concerns. Obesity is an area of concern, both in Adults and in Children, as it can lead to Diabetes, Coronary Artery Disease, Circulatory Disease, and many other chronic conditions, as well as premature death. According to the Texas Diabetes Council, 9.7% of Adults in Texas who are age 18 and above have been diagnosed with Diabetes (approximately 1.8 million people). The Council reports that while there is no significant difference between males and females in the prevalence of Diabetes, the rate increases with age,

impacting the elderly. Further, the Council reports that 26,000 Texas youth (less than 18 years of age) have been diagnosed with Diabetes. According to the Centers for Disease Control, 1 of 3 low income children are obese or overweight before their 5th birthday, and those children are more likely to have high blood pressure, high cholesterol, and Type 2 Diabetes. This is a major area of concern for Healthcare Providers and School Districts throughout the State and Nation.

The National Institutes of Health report that Diabetes is the 7th leading cause of death in the United States. In 2010, 25.8 million Americans of all ages had diabetes. Among those 65 and over, 10.9 million had diabetes, and 215,000 who were less than 20 years old had either Type I or Type II diabetes.

Diabetes is the leading cause of kidney failure, lower limb amputations (non-traumatic), and adult onset blindness. Additionally, Diabetes is a major cause of heart disease and stroke. Of significance to the El Campo community, the Diabetes rate among Hispanics and African Americans is higher than among other races.

Additional chronic diseases being treated in El Campo and Wharton County include Cardiovascular and Respiratory illnesses, along with Congestive Heart Failure, Hypertension, and others. The Texas Department of State Health Services provides data that indicates Potentially Preventable Hospitalizations, by County, listing these and other conditions. (See Appendix p. 25 for the report on Wharton County). The premise of this report is that the referenced hospitalizations could have been prevented if the patient had access to and complied with the appropriate outpatient care.

While the “cost” of these hospitalizations is defined as hospital charges, and the data reflect “potentially preventable hospitalizations”, it is a source for El Campo Memorial Hospital to consider as it addresses access, quality, cost effectiveness, and coordination of care across providers.

Priorities Identified in Interviews

Much of the information presented is based on the perceptions of the members of the Community, most of whom have had some experience with El Campo Memorial Hospital and its services and staff. Even if a comment made was only perception and not based on experience, perception is reality, and needs to be considered. Additionally, information shared with the Interviewer is often what gets repeated within the Community, and therefore becomes the basis for what people believe about the Hospital.

The following topics were most often repeated by a significant number of participants, and are listed as priorities for the Board and Administration to consider as future planning is being developed.

1. Educational Offerings and Community Outreach
 - a. Diabetes
 - b. Management of other chronic diseases
 - c. Teen pregnancy
 - d. Healthy lifestyle
2. Access for the Uninsured/Underinsured
 - a. Use of the Emergency Room
 - b. Education on how to access care
 - c. Financial assistance programs
3. Partnerships
 - a. School-based Clinics
 - b. Medical Transportation for elderly
 - c. Healthy lifestyle
 - d. Churches, DSHS, and other Organizations/Agencies

Educational offerings

Participants in the interviews spoke about the need for increased educational offerings in the community. While complimentary of many of

the presentations currently being made, they expressed a need to reach more people, particularly in the minority communities. The current Diabetic program is well received, and suggestions were made to continue building on what now exists. Other requests were made for education regarding chronic disease management through classes, presentations, and support groups. The two annual Health Fairs are very popular, and a good resource for education as well as screenings.

Specific health care issues that were raised included:

- a. Diabetes (child and adult)
- b. Obesity (child and adult)
- c. Hypertension
- d. Cancer
- e. Cardiac
- f. Nutrition (child and adult)
- g. Arthritis
- h. Healthy life style
- i. Allergies

As with every community in the State, El Campo and Wharton County have individuals who are dealing with one or more of these issues. The Health Fairs that have been held were described as helpful, and most participants want to see more of these activities, both at the Hospital as well as in the Community. Again, as with every community, the growing number of Senior Citizens presents a special need for education on disease prevention, education, and counseling on specific diseases. Several people encouraged the Hospital to provide special opportunities for the Senior Citizens, through Churches as well as other organizations in El Campo.

In questions asked about the overall health of the Community, opportunities for improvement, and ways in which the Hospital can improve the health and quality of life of El Campo, education came up in most interviews. The education not only included the need for Community members to better understand the various disease categories affecting them and their loved

ones. Beyond that, there is a need for education and support in how to live a healthy life style, in order to mitigate the growth of the most serious diseases. Additionally, the possibility of the Hospital partnering with the El Campo Independent School District through a School-based Clinic is a valuable step in the right direction.

Several participants suggested that many residents are not always aware of the services offered by the El Campo Memorial Hospital, and that increased marketing to the entire Community would be helpful. This is not unusual, in that individuals tend to not be aware, unless they are currently receiving services. It simply means that the effort to market services is an ongoing process, which helps individuals and families realize the great resource that the Hospital is, and helps to keep people in the Community for their healthcare needs. Efforts are being made to market the services, Providers, and new equipment, and new opportunities to do so should be pursued.

Teen pregnancy is a major issue in Wharton County, and opportunities to partner with Schools, Churches, the Department of State Health Services, and other organizations to address this issue should be pursued. In many of the focus groups, the topic of healthy living was discussed. It was stated that many do not know how to improve their lifestyle, or may have difficulty accessing what is available. Suggestions were made about nutrition and exercise classes being offered through businesses, Churches, and other organizations, to reach more people. Additionally, the Weight Loss program previously provided through the Hospital was very popular, and it was suggested that the Hospital assist other organizations in setting up their own programs.

The lack of an Obstetrics program in Wharton County was raised several times. The fact that the Hospital in Wharton has recently discontinued its' Obstetrics program has many in the community concerned. While it is not practical for the El Campo Memorial Hospital to re-institute Obstetrics, it should consider ways to partner with the Department of State Health Services, the MEHOP Health Center, and other organizations to determine

if there are opportunities to help address this situation. Such opportunities might relate to the topic of teen pregnancy as one aspect of the problem.

Access for uninsured/underinsured

With a 6.3% rate of unemployment, and a high level of those living at or below the poverty level (17% of the total population in Wharton County, and 23.3% in El Campo), access to health care for the uninsured/underinsured is an issue for the El Campo community. Several participants brought up the need for educating the Community on the use of the Emergency Room. Particularly, they spoke of the tendency of individuals to not seek care until it becomes an emergency. Further, it was acknowledged that some individuals or families always use the Emergency Room for routine care. A strong, continuing education program in the Community can be focused on these issues.

Educational programs can be targeted to the uninsured/underinsured through the local Churches, with support of the Church leaders. In speaking with members of the minority communities, it was expressed that people do not usually know what financial assistance is available, nor how to access it. The Hospital offers several programs, including Medication Assistance, Medical Discount Card, Indigent and Charity care programs, and screening for eligibility for Medicare, Medicaid, and others. Efforts to make people more aware of these programs should be continued, and increased as possible.

Additionally, participants expressed the need for education on nutrition and exercise as a way of dealing with access issues and prevention of diseases among all the population, including the uninsured/underinsured. The Hospital is in a unique position to provide such education, both among the adult population as well as with those under 18 years of age. The rate of Diabetes in Children in El Campo may be increasing, as the rate of Pre-school Obesity for low-income children in Wharton County is at 17.8%, above the State average. Educating the children can be a first step in educating their parents.

Partnerships

The Texas Department of State Health Services (DSHS), which fulfills the Public Health role within the County, confirmed the prevalence of Diabetes, Congestive Heart Failure, Cancer, Obesity, Teenage Pregnancy, and other chronic conditions in the County. The Hospital is to be commended for its efforts to partner with other organizations in addressing the public health needs of El Campo and Wharton County, and the DSHS is available to partner with the Hospital as well. The Hospital provides a number of educational opportunities in the Community, through partnerships, such as the Diabetic Education program, the annual County-wide Health Fair, the annual Hospital Health Fair, and free screenings at local businesses and organizations.

As an active member and leader in the Community, El Campo Memorial Hospital can continue to make major contributions to the health and overall lifestyle by leveraging its position of leadership. While the Hospital cannot take on every task by itself, it can assist other organizations through partnerships to address population health and lifestyle in its' Community.

African American, Hispanic, and Mennonite Communities

Members of the African American community spoke of specific health issues which concern them. As was mentioned in other interviews, the issue of cancer prevalence was raised, particularly due to ground water contamination from the former aluminum plant. In speaking of broader health issues, they stated that many issues are controlled at least to some extent by personal habits, such as lack of exercise, overeating, smoking, and others. Further, they stated that most members of their community do not participate in screenings, do not see the need for prevention, and do not have insurance. All three of these issues contribute to individuals accessing care only when they become seriously ill. Members are also concerned about access for the younger members to community activities, when financial and transportation issues are so prevalent.

It was suggested that the Hospital and Clinic continue the educational and screening efforts, and do so through the Churches. The leaders in the

African American community are willing to work with the Hospital to provide access to the Church communities. Some members of the community use the Hospital and Clinic now and are satisfied with what is available, while others choose to go elsewhere if they are able to do so.

Another group that has a significant presence in El Campo is the Hispanic community. Texas Demographics (www.texas-demographics.com) and Census Viewer (www.censusviewer.com) both report that 47% of the population of El Campo is of Hispanic or Latino origin. The Hispanic community at times has issues with the language barrier, but also has members, such as the ones who were interviewed, who willingly assist others with understanding the health care system. Further, the residents of Mexico do not necessarily interact with Mexican Americans, even within the same neighborhoods and Churches, which adds to communication challenges. There is a feeling among Hispanics that cancer is unusually high, due to chemicals that are used for spraying farm crops. They also agree that the other major health issues identified in the various interviews are of concern.

It was stated that Hispanic residents of El Campo do not always understand what is available to them, how to access the healthcare system, and how to interpret the financial requirements. Some of the members of this community have insurance, whether it is Medicaid, CHIP, or commercial, but do not understand that they can get what they need at El Campo Memorial Hospital. Those who have no insurance typically seek help in the Emergency Room when they need it.

It was suggested by the Hispanic community that the Hospital and Clinic expand the efforts to market services and to educate the people, and to include presentations and printed materials in Spanish.

While the Hospital offers activities such as Health Fairs, Open House activities, and other group activities, the Hispanic population as a whole does not usually participate. It was suggested that one way to reach the families is often through their children. This may be done through programs the Hospital offers in partnership with the Schools, such as

nutrition or exercise. The Hospital could be a site for field trips, where the children get to see the facilities and programs available.

Finally, as with the African American families, the Church is an important aspect of the lives of Hispanics, and the local Churches can be a good resource for the Hospital in reaching out to the Hispanic Community, and in understanding its' culture and practices.

A smaller community in El Campo is that of the Mennonites. While they have concerns about chemicals from spraying, they do not feel that the incidence of cancer is any higher than in other communities. They agree that Diabetes, Respiratory ailments, and Allergies are high in the area. Mennonite community members indicated that they do access the Hospital and Clinic as needed, but requested more information on what services and what financial assistance is available. Some members have insurance, while others do not, but governmental insurance is accessed for the children.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to El Campo Memorial Hospital, as the future plans of the Hospital and related facilities are considered. The Hospital is a prime example of what can be done when the Board, Administration, Providers, and Staff work with the Community to provide the right services in the right location, at the right time. El Campo Memorial Hospital is indeed a Community-based entity, with a local Board, and an Administration that encourages Community involvement by the staff. Building on what exists today, listening to the Community and to the Staff, and seeking innovative ways to deliver care will benefit the Community for years to come. It is a Federal requirement that the Hospital share the findings of this Assessment, along with implementation plans, with the Community, thereby engaging them in the process. In so doing, the Hospital will be

able to continue to rely on Community members to support it as plans are developed and implemented.

Recommendations are as follows:

1. Review current educational and outreach plans, and determine methods of increasing these activities, especially to minority communities. Efforts should include addressing the chronic health issues as well as pursuing a more healthy lifestyle, and should take into consideration cultural and language barriers.
2. Increase efforts to educate the community, particularly the uninsured/underinsured, on accessing care at the appropriate time and in the appropriate setting.
3. Develop plans to expand/create partnerships within the Community to address specific issues, to include School-based Clinics, Non-emergency Transportation for the elderly, and ways to improve lifestyle. Potential partners include the School District, the Department of State Health Services, local Churches, and other agencies and organizations, to include the Ministerial Alliance.

TMSI, Inc. is appreciative of Tisha Zalman in providing us this opportunity, and Donna Mikeska for assistance in scheduling the participants for the interviews. We also appreciate all the individuals who took time to meet with us and share their insights into the health needs of El Campo and the surrounding area. It has been a pleasure for us to assist you in conducting this Community Health Needs Assessment.*

*This Community Health Needs Assessment (CHNA) has been conducted by Dick Sweeden, Senior Management Consultant, TORCH Management Services, Inc. (TMSI) Mr. Sweeden's background and experience include 30 years in healthcare administration, and 10 years as a healthcare consultant. As a member of the TMSI team, he is the primary consultant who conducts CHNAs for TORCH member hospitals.

APPENDIX

El Campo (city), Texas

People QuickFacts	El Campo	Texas
<i>i</i> Population, 2011 estimate	11,612	25,631,778
<i>i</i> Population, 2010 (April 1) estimates base	11,602	25,145,561
<i>i</i> Population, percent change, April 1, 2010 to July 1, 2011	0.1%	1.9%
<i>i</i> Population, 2010	11,602	25,145,561
<i>i</i> Persons under 5 years, percent, 2010	8.4%	7.7%
<i>i</i> Persons under 18 years, percent, 2010	29.3%	27.3%
<i>i</i> Persons 65 years and over, percent, 2010	14.2%	10.3%
<i>i</i> Female persons, percent, 2010	52.0%	50.4%
<i>i</i> White persons, percent, 2010 (a)	76.1%	70.4%
<i>i</i> African American persons, percent, 2010 (a)	10.9%	11.8%
<i>i</i> American Indian and Alaska Native persons, percent, 2010 (a)	0.3%	0.7%
<i>i</i> Asian persons, percent, 2010 (a)	0.5%	3.8%
<i>i</i> Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	Z	0.1%
<i>i</i> Persons reporting two or more races, percent, 2010	1.7%	2.7%
<i>i</i> Persons of Hispanic or Latino origin, percent, 2010 (b)	47.0%	37.6%
<i>i</i> White persons not Hispanic, percent, 2010	41.6%	45.3%

<i>i</i> Living in same house 1 year & over, percent, 2007-2011	85.9%	82.1%
<i>i</i> Foreign born persons, percent, 2007-2011	10.1%	16.2%
<i>i</i> Language other than English spoken at home, percent age 5+, 2007-2011	34.5%	34.4%
<i>i</i> High school graduate or higher, percent of persons age 25+, 2007-2011	67.7%	80.4%
<i>i</i> Bachelor's degree or higher, percent of persons age 25+, 2007-2011	14.6%	26.1%
<i>i</i> Veterans, 2007-2011	540	1,618,413
<i>i</i> Mean travel time to work (minutes), workers age 16+, 2007-2011	20.5	24.8
<i>i</i> Housing units, 2010	4,491	9,977,436
<i>i</i> Homeownership rate, 2007-2011	66.8%	64.5%
<i>i</i> Housing units in multi-unit structures, percent, 2007-2011	15.8%	24.0%
<i>i</i> Median value of owner-occupied housing units, 2007-2011	\$87,600	\$126,400
<i>i</i> Households, 2007-2011	3,799	8,667,807
<i>i</i> Persons per household, 2007-2011	2.99	2.79
<i>i</i> Per capita money income in the past 12 months (2011 dollars), 2007-2011	\$21,881	\$25,548
<i>i</i> Median household income, 2007-2011	\$45,482	\$50,920
<i>i</i> Persons below poverty level, percent, 2007-2011	23.3%	17.0%

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, County Business Patterns, Economic

Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report, Census of Governments

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Wharton County, Texas

People QuickFacts	Wharton County	Texas
Population, 2011 estimate	36,809	25,674,681
Population, 2010 (April 1) estimates base	36,702	25,145,561
Population, percent change, April 1, 2010 to July 1, 2011	0.3%	2.1%
Population, 2010	36,702	25,145,561
Persons under 5 years, percent, 2011	7.2%	7.6%
Persons under 18 years, percent, 2011	26.0%	27.1%
Persons 65 years and over, percent, 2011	14.6%	10.5%
Female persons, percent, 2011	50.0%	50.4%
White persons, percent, 2011 (a)	83.6%	80.9%
African American persons, percent, 2011 (a)	11.8%	12.2%
American Indian and Alaska Native persons, percent, 2011 (a)	1.2%	1.0%
Asian persons, percent, 2011 (a)	2.1%	4.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.1%	0.1%

Persons reporting two or more races, percent, 2011	1.3%	1.7%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	39.2%	38.1%
White persons not Hispanic, percent, 2011	46.7%	44.8%
Living in same house 1 year & over, 2006-2010	88.6%	81.5%
Foreign born persons, percent, 2006-2010	10.2%	16.1%
Language other than English spoken at home, pct age 5+, 2006-2010	26.9%	34.2%
High school graduates, percent of persons age 25+, 2006-2010	76.6%	80.0%
Bachelor's degree or higher, pct of persons age 25+, 2006-2010	14.1%	25.8%
Veterans, 2006-2010	3,050	1,635,367

Source U.S. Census Bureau: State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits, Consolidated Federal Funds Report

Wharton County, Texas

SNAPS data is derived from the 2000 U.S. Census and several 2003 CDC databases.

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Population:

- **Total Population:** 37,957
- Males: 18,789
- Females: 19,168

Ethnicity:

- White: 19,932
- African American/African American: 4,767
- Hispanic: 11,881
- Native American/Eskimo: 136
- Asian: 846
- Hawaiian / Pacific Islander: 0
- Other: 6
- 2 or more: 389

Top 5 Languages spoken at home:

1. English only (25,910)
2. Spanish (8,410)
3. Vietnamese (560)
4. German (75)
5. French (65)

Top 7 Countries of Origin for Immigrants

Total Reported: 3,760

1. Mexico (2,973)
2. Vietnam (356)
3. Philippines (50)
4. Guatemala (46)
5. Nicaragua (42)
6. India (39)
7. Germany (33)

Top 5 Religions by Adherents:

1. Southern Baptist Convention (9,072)
2. Catholic Church (8,880)

3. United Methodist Church, The (2,000)
4. Presbyterian Church (U.S.A.) (729)
5. Churches of Christ (634)

- No School: 792
- No High School: 2,588
- Some High School: 3,599
- High School: 7,345
- Some College: 5,117
- Associate's Degree: 1,138
- College Degree: 2,232
- Master's Degree: 518
- Professional Degree: 126
- Doctoral Degree: 54

- Centers for Disease Control and Prevention
1600 Clifton Rd
Atlanta, GA 30333
- 800-CDC-INFO
(800-232-4636)
TTY: (888) 232-6348
- cdcinfo@cdc.gov

Wharton County

POTENTIALLY PREVENTABLE HOSPITALIZATIONS

www.dshs.state.tx.us/ph

From 2005-2010, adult residents (18+) of **Wharton County** received **\$81,377,258** 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							2005-2010		
	2005	2006	2007	2008	2009	2010	2005-2010	Average Hospital Charge	Hospital Charges	Hospital Charges Divided by 2010 Adult County Population
Bacterial Pneumonia	206	156	139	107	107	142	857	\$22,268	\$19,083,532	\$632
Dehydration	63	67	47	43	36	26	282	\$14,570	\$4,108,837	\$136
Urinary Tract Infection	79	83	93	72	83	99	509	\$16,413	\$8,354,328	\$277
Angina (without procedures)	5	5	0	0	0	0	0	\$0	\$0	\$0
Congestive Heart Failure	185	190	140	178	154	123	970	\$23,396	\$22,694,437	\$751
Hypertension (High Blood Pressure)	13	19	24	25	10	12	103	\$16,621	\$1,711,956	\$57
Asthma	31	33	25	32	27	28	176	\$17,662	\$3,108,451	\$103
Chronic Obstructive	84	58	65	84	55	83	429	\$18,479	\$7,927,533	\$262

Pulmonary Disease										
Diabetes Short-term Complications	12	20	10	18	12	12	84	\$22,970	\$1,929,485	\$64
Diabetes Long-term Complications	56	72	68	61	53	41	351	\$35,495	\$12,458,700	\$412
TOTAL	734	703	611	620	537	566	3,761	\$21,637	\$81,377,258	\$2,694

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

The number of hospitalizations is likely greater than what is reported, because there is no hospital in the county or the hospital(s) is not required to report data to DSHS.

Annual hospitalizations less than 5 and hospitalizations less than 30 for 2005-2010 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.

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.](#)

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.](#)

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.](#)

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.

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.

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.

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 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.

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 by encouraging education on smoking cessation and minimizing shortness of breath.

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.

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.

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

