

Community Health Needs Assessment

Palacios Community Medical Center

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Executive Summary

A Community Health Needs Assessment (Assessment) was conducted for Palacios Community Medical Center, (Hospital) on June 28th and 29th, 2012, to help prepare the Hospital for the Strategic Planning process to be undertaken, and to meet the requirements of the Regional Healthcare Partnership for the 1115 Waiver program. 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 by an entity to conduct a Community Health Needs Assessment, it is an extremely valuable tool for fulfilling its role in the Community.

The Mission of Palacios Community Medical Center is to provide accessible quality healthcare services to the people of the community and surrounding area; to promote the best opportunity for recovery of good health; and to assure the continued viability of the hospital through planning and sound fiscal management. 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' market area to include the cities of Palacios, Markham, Midfield, Blessing, and Matagorda.

In addition to Palacios Community Medical Center, which operates 17 beds as a Critical Access Hospital, other hospitals in the area include:

- Matagorda Regional Medical Center, Bay City
 - Hospital District
 - 58 beds

Memorial Medical Center, Port Lavaca

- County Hospital
- 25 beds

El Campo Memorial Hospital, El Campo

- Hospital District
- 49 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
2. Vietnamese Community
3. Hispanic Community
4. Senior Citizens
5. School District
6. Auxiliary
7. City Government Leaders
8. Former Board Member and CEO
9. Matagorda County Health District

Additionally, interviews were held with two Board Members, former Patients, and the Hospital CEO. The findings were very broad, but common themes were discovered throughout the two 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 action plans, which will feed into the Strategic Planning process.

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.

Additionally, the following specific services were highlighted:

1. Emergency Room
2. Physical Therapy/Rehabilitation
3. Radiology and Laboratory Services
4. High quality Providers in the Clinic
5. Specialists currently available in the Community

Community Demographics

The Census of 2010 showed the population of Palacios, Texas, to be 4,718, an 8.4% decrease from 2000. There were 2,210 households, and 1,590 families living in the city, with an average household size of 2.9. The land area is 5.04 square miles, with a population density of 935 people per square mile. Persons less than 18 years of age accounted for 23% of the population, and those over 65 accounted for 13.2%.

Of the 4,718 residents, 1,117 were foreign born (15.6% Latin America and 6.1% Asia). The median income for a household in Palacios was \$40,212, and the estimated per capita income was \$15,705. The median age was 34.1 years.

Approximately 18.9 % of the population was living in poverty, (12.9% for White non-Hispanic residents, 85.9% for Black residents, 20.5% for Hispanic or Latino residents). The unemployment rate reported in March 2012 was 10.1%.

Education levels in Palacios are as follows:

- High School or greater: 57.2%
- Bachelor's degree or greater: 12.6%
- Graduate/professional degree 2.7%

Matagorda County is a Health Professional Shortage Area (HPSA) for 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). While there is not currently a HPSA designation for Primary Care Providers in Matagorda County, there is obviously a major shortage in Palacios.

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

- Hispanic race percentage significantly above state average
- Median age significantly below state average
- Foreign-born population percentage significantly above state average
- Percentage of population with a bachelor's degree or higher below state average

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

1. Adult Diabetes rate: 11.1% (8.9% in Texas)
2. Adult Obesity rate: 28.1% (26.6% in Texas)
3. Low-income pre-school obesity rate: 17.8% (15.7% in Texas)

These rates are comparable to other rural counties in Texas, including those adjacent to Matagorda County. While the numbers are not particularly higher for Palacios and Matagorda County, these three issues contribute significantly to the cost of health care, and the overall health of the community. All three were brought up in the Focus Groups as major 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. This is a major area of concern for Healthcare Providers and School Districts throughout the State and Nation.

Of significance to the Palacios community, the Diabetes rate among Hispanics and African Americans is higher than among other races. Additionally, the incidence of hypertension tends to run high in both the Hispanic and Vietnamese populations.

Additional chronic diseases being treated in Palacios and Matagorda 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 Matagorda 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 Palacios Community Medical Center 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 Palacios Community Medical Center 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. Physician Access
 - a. Primary Care
 - b. Obstetrics
 - c. Specialty Clinics
2. Service Needs Identified
 - a. Chronic Diseases
 - i. Diabetes
 - ii. Cardiovascular
 - iii. Hypertension
 - iv. Cancer
 - v. Arthritis

- b. Access for the uninsured/underinsured
 - i. Use of Emergency Room
 - ii. Education
- 3. Community Outreach
 - a. Education on major health topics
 - i. Nutrition
 - ii. Disease Management
 - iii. Healthy Lifestyle...exercise
 - b. Education specific to Senior Citizens
 - i. Chronic Disease
 - c. Market services
 - i. Current capabilities
 - ii. Future Plans
- 4. Facility Needs
 - a. Update/replace aging facility
 - b. Equipment needs

Physician Access

Participants in the interviews spoke about the lack of access as a major concern. While the two current providers are considered to be exceptional, the need for a Physician to supplement their practices is seen as vital to the Community. Several stated that residents are leaving to see Physicians in a neighboring Community. The recent addition of a second provider in the Clinic has opened up additional appointments, but some participants spoke of how long it takes to get an appointment, and a few were not aware of the second provider, even though numerous announcements were printed in the newspaper.

Additionally, Obstetrics was discussed several times. The addition of the Obstetrics Clinic has been well received as an important Community service. Having an Obstetrics Clinic on site is a plus for the organization, as it leads to other family members being brought into the system when

needs arise. According to the United States Department of Labor, women make approximately 80% of the health care decisions for the family.

Comments about long waits for appointments were registered several times. When there was only one Provider in the Clinic, it was apparently difficult to get appointments on a timely basis. With the second provider, there are more appointment opportunities. Most of the participants want to see more Specialty Clinics supported by the Hospital, but none were entirely sure which Specialty Clinics currently exist. The Hospital currently has Specialists visiting each month, and has plans to expand the number of Specialty Clinics to address the prevalence of chronic diseases. The more specialized the medical service is, the more difficult it is to recruit. However, the availability of such Clinics are especially important to the Senior population and to the poor, for whom travel is a challenge, so any additional Clinics will be well received.

The most important reason to address Physician Access is, of course, to meet the needs of the Community. Beyond that, providing the right level of Primary Care, supplemented by several Specialty Clinics, is also important for the Hospital to be able to keep Community members in Palacios.

While the majority of those interviewed supported the recruitment of a Primary Care Physician, one person stated that the continuing efforts to recruit and retain a Primary Care Physician might be better placed in the recruitment and retention of Physician Extenders, as the Hospital currently has in the Rural Health Clinic. The reasoning was that it is difficult and expensive to recruit Physicians, and that Physician's Assistants and/or Nurse Practitioners, with Physician support, can deliver high quality care, as is now the case. At any rate, it is appropriate for the Hospital to plan for the future, whether utilizing Extenders or Physicians, or both.

Service Needs Identified

While there was an overall appreciation for the Hospital from most participants, there was also an expression of the need for an increase in addressing chronic diseases in Palacios. As noted earlier, the rate of Diabetes in Matagorda County is 11.1%, and Obesity in Adults is 28.1%.

These two conditions can lead to many other issues related to the Heart and Vascular systems, as well as others, particularly for the Elderly.

With a high rate of unemployment (10.1% in March, 2012), and a high level of those living at or below the poverty level, access to health care for the uninsured/underinsured is an issue for the Palacios community. Several participants brought up the need for additional Providers, in particular a Physician, in order to reduce the amount of Primary Care that is delivered in the Emergency Room. This can, of course, be related to lack of insurance as well as the lack of Physician access. Overall, the Emergency Room received high ratings from the participants for the level of care provided. However, there is an opportunity for the Hospital to define the need, and develop innovative solutions to this common problem which exists in every Hospital in America.

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 Palacios may be increasing, as the rate of Pre-school Obesity for low-income children in Matagorda County is at 17.8%, above the State average. Educating the children can be a first step in educating their parents.

Community Outreach

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 Palacios, 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. The current partnership with the Palacios Independent School District to address nutrition and health for the children is very well received.

Additionally, the work being planned by the Hospital to partner with the Palacios Independent School District through a School-based Clinic is a valuable step in the right direction. The School District has also expressed a desire for the Hospital to participate in its activities addressing the health of the children, including a role on the School Health Advisory Council and in the Parent Academy.

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

As with every community in the State, Palacios and Matagorda 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 Palacios.

The Matagorda County Hospital District (Hospital District), which functions in the Public Health role within the County, confirmed the prevalence of Diabetes, Congestive Heart Failure, Cancer, Obesity, and other chronic conditions in the County. The Hospital is to be commended for its efforts to partner with the Hospital District in addressing the public health needs of Palacios and Matagorda County. The joint development of the Community

Medical Association, a new organization being formed by the Hospital and the Hospital District, will provide the mechanism to obtain County-wide grants to assist in Physician recruitment and other needs. Additionally, plans are being made to combine efforts in offering health fairs and other methods of education throughout the County. The Hospital and Hospital District are also working with the Matagorda Episcopal Health Outreach Program (MEHOP), a Federally Qualified Community Health Center (FQHC) to address education and access, including Dental and Behavioral Health needs. Plans include crisis stabilization and a mobile unit for Behavioral Health.

Several participants suggested that many residents are not always aware of the services offered by the Palacios Community Medical Center, 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 to market the services, Providers, and new equipment have been increased over the past year, and more plans are being developed.

Vietnamese and Hispanic Communities

The Vietnamese Community in Palacios has existed for several decades, and the level of trust in the Hospital is increasing as younger adults become business leaders in the Community. The Hospital recently cared for one of the leaders of the Vietnamese Community in his last days of life, and is perceived by the immediate family as well as others as having been compassionate and caring, and respectful of the culture and practices. Family members were pleased with the Hospital's care, and stated that it has not always been that way. One of the younger members of the Vietnamese Community related that the older members are not trusting of

the government, or institutions they consider part of the government (ie. the local Hospital), based on their experiences in their former homeland.

Efforts have been made in the past to have a member of this Community serve on the Hospital Board, without success. Those efforts should continue, as the Vietnamese are important to the overall Community, and a representative on the Board would help insure that the Hospital meets their needs physically, emotionally, and culturally. One member indicated a willingness to help translate for those needing health care, in order to assist the providers. Additionally, the Roman Catholic Church plays an instrumental role in the lives of the Vietnamese Community, having helped them transition into a new life when they arrived in Palacios. The local Pastor in Palacios is a good resource for the Hospital as it reaches out to meet the needs of the Vietnamese residents.

Another Community that has a significant presence in Palacios is the Hispanic Community. Texas Demographics (www.texas-demographics.com) and Census Viewer (www.censusviewer.com) both report that 60% of the population of Palacios is of Hispanic or Latino origin. As with the Vietnamese Community, the Hispanic Community at times has issues with the language barrier, but also has members, such as the one who was interviewed, who willingly assist others with understanding the health care system. It was stated that Hispanic residents of Palacios do not always understand what is available to them, how to access the healthcare system, and how to interpret the financial requirements. Most 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 Palacios Community Medical Center.

An Hispanic family recently had a family member cared for in the Hospital, while under Hospice care, and were pleasantly surprised to learn of the services available. The loved one had been hospitalized in Victoria, Texas, because the family was not aware that the Palacios Community Medical Center could provide the same services locally. The family felt that their loved one was well cared for, and that their emotional and cultural needs were respected by the Hospital staff.

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 the best 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. It was also suggested that the Hospital could be a site for field trips, where the children get to see the facilities and programs available.

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

Facility Needs

The Palacios Community Medical Center is doing good work in developing new programs, upgrading the facilities, and replacing outdated medical equipment, to better meet the needs of the Community. In the interviews, several individuals complimented the Hospital on the new exterior look, and on the new equipment that has been purchased.

At the same time, participants spoke of the need to continue to update the facility where it is practical, and to develop plans to replace the aging structure. Continuing to improve the financial situation and Physician access, both Primary and Specialty, will help to insure the long-term viability of the Hospital. Ultimately, the Hospital leadership should be able, through dedication and planning, to have a new building. The planning efforts will take time, and the process should begin soon, as long-term planning is initiated. As short-term issues are addressed, the beginning of a business plan for the long term is encouraged.

Along with the long-term plan for a new facility, the Hospital can continue to replace outdated equipment, and add new equipment in order to continually upgrade the facility and the services it provides.

Summary and Recommendations

In summary, the feedback from the various participants can be very beneficial to Palacios Community Medical Center, as the future needs 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. Palacios Community Medical Center is indeed a Community-based entity, by virtue of having re-opened when the Hospital District consolidated all its services in Bay City. 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 action plans, with the Community, engaging them in the process. Because that has always been the practice of Palacios Community Medical Center, 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. Develop a Physician Recruitment and Retention Plan to insure the needed access for patients, the availability of Primary Care and Specialty Providers at the proper level, and to accommodate future planning for potential retirements.
2. In conjunction with Physician recruitment, continue efforts to recruit Physicians' Assistants and Nurse Practitioners into the organization.

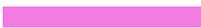
3. Continue the efforts to address chronic diseases through staffing, equipment planning, education, and partnering with other organizations, to include the Matagorda County Hospital District.
4. Continue to engage Community partners, including business leaders, Churches, the Hispanic and Vietnamese Communities, and the School District, to develop and present programs on ways to insure a healthy lifestyle, and on the major health issues facing the Community and its members.
5. Conduct a review and analysis to assess space and equipment needs for the future, and begin the development of a business plan to replace the current Hospital and expand the Rural Health Clinic within the next 4 years.

TMSI, Inc. is appreciative of Don Bates and his team 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 Palacios and the surrounding area. It has been a pleasure for us to assist you in conducting this Community Health Needs Assessment.

APPENDIX

Palacios, Texas

Population in 2010: 4,718. Population change since 2000: -8.4%

Males: 2,359  (50.0%)

Females: 2,359  (50.0%)

Median resident age:  34.1 years

Texas median age:  40.8 years

Zip codes: [77465](#).

Estimated median household income in 2009: \$40,212 (it was \$27,623 in 2000)

Palacios: \$40,212

Texas: \$48,259

Estimated per capita income in 2009: \$15,705

[Palacios city income, earnings, and wages data](#)

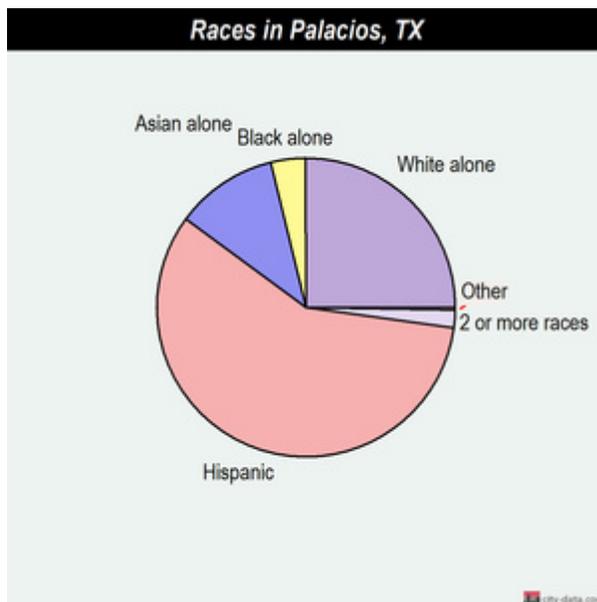
Estimated median house or condo value in 2009: \$64,328 (it was \$45,400 in 2000)

Palacios: \$64,328

Texas: \$125,800

Mean prices in 2009: All housing units: \$67,457; Detached houses: \$79,638; Townhouses or other attached units: \$78,061; in 2-unit structures: \$78,061; Mobile homes: \$21,997; Occupied boats, RVs, vans, etc.: \$87,068

Median gross rent in 2009: \$373.



- **Hispanic** - 2,848 (60.4%)
- **White alone** - 1,200 (25.4%)
- **Asian alone** - 414 (8.8%)
- **Black alone** - 183 (3.9%)
- **Two or more races** - 43 (0.9%)
- **American Indian alone** - 25 (0.5%)
- **Other race alone** - 5 (0.1%)

Mar. 2012 cost of living index in Palacios: 79.5 (low, U.S. average is 100)

www.city-data.com

Matagorda County, Texas

People QuickFacts	Matagorda	
	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%

Black 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

Matagorda 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
- Black/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

Matagorda County

POTENTIALLY PREVENTABLE HOSPITALIZATIONS

www.dshs.state.tx.us/ph

From 2005-2010, adult residents (18+) of **Matagorda County** received **\$49,878,866** 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 Matagorda 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	125	116	131	117	111	109	709	\$19,983	\$14,167,737	\$524
Dehydration	29	31	21	32	27	29	169	\$11,322	\$1,913,375	\$71
Urinary Tract Infection	69	52	58	63	60	97	399	\$13,952	\$5,567,030	\$206
Angina	9	9	8	8	6	10	50	\$10,62	\$531,176	\$20

(without procedures)								4		
Congestive Heart Failure	144	135	133	99	92	105	708	\$18,097	\$12,812,461	\$474
Hypertension (High Blood Pressure)	7	8	17	13	15	16	76	\$11,161	\$848,241	\$31
Asthma	24	11	19	25	28	40	147	\$15,339	\$2,254,793	\$83
Chronic Obstructive Pulmonary Disease	67	46	51	53	62	69	348	\$16,322	\$5,679,882	\$210
Diabetes Short-term Complications	0	13	21	12	24	18	88	\$13,886	\$1,221,970	\$45
Diabetes Long-term Complications	33	32	28	27	47	44	211	\$23,138	\$4,882,200	\$181
TOTAL	507	453	487	449	472	537	2,905	\$17,170	\$49,878,866	\$1,845

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

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.

