2012-2013 COASTAL BEND HEALTH NEEDS ASSESSMENT

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COLLEGE OF LIBERAL ARTS
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August 30, 2013
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<td>- Association of the U.S.</td>
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<td>Corpus Christi/Nueces County Health Department</td>
<td>- Eric Harmon, Executive Vice President and CFO</td>
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<td>- Bill Larsen, SPHR, Vice President Human Resources</td>
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<td>- Yvett O’Reilly, Executive Assistant</td>
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<td>Del Mar College</td>
<td>- William Brendel, MD, Medical Director</td>
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<td>United Way</td>
<td>- Catrina Wilson, President and CEO</td>
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<td>- Donna Hurley, Vice President of Community Impact</td>
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<td>- Debbie Gilchrist, RN, BSN, Coordinator for Student Health Services</td>
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<td>Corpus Christi/Nueces County Health Department</td>
<td>- Annette Rodriguez, MPH, Director of Public Health</td>
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<td>Del Mar College</td>
<td>- Lenora Keas, Executive Director, Strategic Planning/Assessment and Workforce</td>
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<td>- Diane Kaiser, RN, MSN, Administrator</td>
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<td>FQHC Rural Community Action Corporation of South Texas</td>
<td>- Diana Bill, MD</td>
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<td>Nueces County Medical Society</td>
<td>- Daniel Vijjeswarapu, MD, President</td>
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<tr>
<td>San Patricio County Department of Public Health</td>
<td>- Virginia Longoria, Community-Based Program Manager</td>
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Authorization

On November 8, 2012, the Social Science Research Center, College of Liberal Arts, Texas A&M University (SSRC) was contracted by the Coastal Bend Health Needs Assessment Steering Committee to conduct a health needs assessment of 19 Coastal Bend counties for 2013. Pursuant to a memorandum between Pamela Robertson, President and CEO of CHRISTUS Spohn Health System, Dr. Luis Cifuentes, Vice President for Research and Scholarly Activity, Dr. Kelly Quintanilla, Dean, College of Liberal Arts, Dr. Philip Rhoades, Director of the SSRC, and Dr. Pamela S. Meyer, Principal Investigator, the following deliverable is in fulfillment of said memorandum and contract.

This report has been produced for the 19 County Coastal Bend Health Needs Assessment by the Social Science Research Center at Texas A&M University-Corpus Christi. Funding was provided through a contract with CHRISTUS Spohn Health System and supported by the Members of the 2012-2013 Coastal Bend Health Needs Assessment Committee.

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Executive Summary

The 2013 Coastal Bend 19 County Health Needs Assessment Steering Committee commissioned a health needs assessment study. The resulting report is based on information garnered from a community telephone survey (random sample), face-to-face interviews (convenience sample), an on-line survey of health care and social service providers, “First Look” discussions were held with health care and social service providers and local health systems’ leaders to review the data and begin to prioritize the top health needs of the region.

This report documents the status in the Coastal Bend area regarding access and utilization of health care services since the first health needs assessment was conducted in 2004 and then again in 2010. Because the focus of the report is a “needs assessment,” the executive summary will highlight the “needs” of the community as supported by the data. This approach helps to delineate the issues and allows for more effective action planning.

Data indicate that some segments of the Coastal Bend population have limited access to health care services.

Over 34% of the telephone survey respondents and 25.1% of the fact-to-face interviewees indicated that they lacked any type of health care coverage. The overall picture of accessibility to health care shows that for some segments of the Coast Bend population, accessibility has not improved since 2004. In addition, the data indicate that some Coastal Bend residents did not comply with their medication regime due to costs. Another issue is that access to providers such as primary care physicians, specialists and extenders is limited by the hours the providers are available and/or the lack of providers in general. It is important to address these discrepancies to ensure that everyone, regardless of his or her circumstances, has equal access to health care, especially given the current economic climate. Recommendations are to:

- Guide the currently uninsured to sign up for health care coverage under the Affordable Care Act.
- Encourage health care providers, clinics, and so on to expand their hours to include the evenings and weekends.
- Recruit primary care physicians and specialists to the area.
- Recruit more extenders (nurse practitioners and physician assistants) to the area.
- Increase health literacy about available health care resources.
- Explore the feasibility of telemedicine in the Coastal Bend, especially for the rural areas.
Data indicate that some residents use the Emergency Department (including those with health insurance) for primary care.

Accessing appropriate and comprehensive health care services continues to be a significant problem as discussed above and in this report. Access for Coastal Bend residents may be limited by the lack of primary care physicians and the hours the physicians are available. As a result, the Emergency Department serves as the place many go for non-emergent care when a doctor’s office or clinic is not available. Treatment of UTIs, one of the most common diagnoses in the Emergency Department data, for example, would be best under a regular health care provider. Suggestions are to:

- Recruit more extenders (nurse practitioners and physician assistants) to help divert the use of emergency departments for non-emergent care.
- Recruit more primary care physicians to the area.
- Increase health literacy about available health care resources.
- Work with area clinics to expand evening and weekend hours.

Data indicate that some hospitalizations are preventable.

Analysis of the hospital and emergency department utilization data revealed that many patients end up in the hospital for conditions that are preventable such as pneumonia and urinary tract infections (UTI). Pneumonia continues to be a preventable disease seen in the region despite education and vaccination efforts over the past 2 years. UTI patients tend to be mostly elderly and female. Recommendations are to:

- Analyze the hospital and emergency department data to determine where patients with UTIs originate (such as nursing homes, patient’s home, etc.).
- Provide education (such as catheter care, pneumonia vaccinations, and so on) to all health care providers who work with people who are most vulnerable to these diseases.

Data indicate that chronic and co-morbid conditions are prevalent in the Coastal Bend.

For many residents with chronic conditions (e.g., chronic pulmonary disease, congestive heart failure) and infectious diseases (e.g., pneumonia, urinary tract infections), hospitalization and use of the emergency room is a frequent occurrence when the conditions are not stabilized. To reduce the incidence of degenerative diseases requires more preventative measures. Recommendations are to:

- Increase health literacy through patient and family education about disease maintenance.
• Monitor disease treatment specific to each condition to prevent worsening condition and potential readmission through patient navigation programs.

• Increase screenings of disease for early detection.

• Increase awareness on how to best prevent and/or delay the onset of chronic diseases.

• Encourage hospitals to study all readmissions for certain conditions for more effective interventions and monitoring.

• Assign patient navigators/community health workers to patients with a history of readmissions.

Data indicate that obesity is a major problem in our community.

Obesity is a national health problem, and our community is not exempt from this trend. Over seventy percent of the telephone survey respondents have Body Mass Index scores that fall into the overweight or obese categories compared to 65.8% in 2010. Being overweight is linked to a number of health issues including diabetes, hypertension, coronary heart disease, and stroke. To tackle this pervasive problem requires both individual and community efforts. Recommendations are to:

• Create partnerships with health and social service agencies, government and educational institutions to formulate a Coastal Bend initiative to tackle obesity.

• Evaluate successful regional programs that promote healthy lifestyles for possible local implementation.

• Increase education about healthy lifestyles, especially for children.

• Collaborate with local school districts to implement healthy lifestyle programs.

• Enhance the physical environment in the Coastal Bend for safe physical activity.

• Seek grants that fund programs aimed at reducing obesity.

Data indicate mental health issues are increasing in the Coastal Bend.

According to the County Health Rankings, 34% of Coastal Bend residents have inadequate social and emotional issues. Data from surveys and “First Look” discussions also highlight an increase in mental health issues for the area. “Suicidal Ideation” emerged as one of the most common diagnoses in the Emergency Department data. Recommendations are to:

• Incorporate mental health screenings for all Emergency Department patients.

• Facilitate referrals to local mental health providers and/or associations for patients with dual diagnoses.
- Increase patient and family education about mental health issues.
- Create more immediate mental health services for patients with behavioral health diagnoses when discharged from acute care settings.
- Facilitate ED Directors’ sharing of best practices for screening suicidal ideation.

**Data indicate that many people in the Coastal Bend lack health literacy.**

Many Coastal Bend residents seem to be unfamiliar with community resources available to them, lack a basic understanding of health information, and lack preventative measures and screenings. Low levels of health literacy lead to people making inappropriate decisions about their health. “First Look” participants agreed that the lack of health literacy was detrimental to many in our area. Recommendations are to:

- Increase efforts to present hospital discharge information and follow-up information in easily understood language.
- Increase efforts to provide health educational materials and programs in easily understood language.
- Utilize patient navigators/community health workers and continuum of care processes.
- Expand organizational websites to link to sources of information about health, disease, events and resources.

Create multi-media campaigns about the Affordable Care Act for Coastal Bend residents.

**Data indicate that asthma is a problem for many children in our area.**

Telephone and provider survey data and “First Look” participants indicated that asthma is a problem for Coastal Bend children, especially those living in rural areas. The source of the rise of asthma in our area is unclear. Recommendations are to:

- Create collaborations to improve the condition of children with asthma.
- Evaluate the factors that contribute to asthma (e.g., air quality, individual genetics, living conditions, individual anxiety) and how the situations could be improved.

**Data indicate that there are women’s health issues in our community.**

The data indicate that many women do not regularly receive mammograms and pap smears. The lack of screening can lead to more serious conditions if there are no early interventions. Also, the data revealed that 18.8% of respondents who have been pregnant reported preterm births; this is well above the state norm of 6% and national norm of 12%. Most women who reported a preterm birth lived in rural areas of the
Coastal Bend; this finding raises the issues of access to prenatal care and health literacy. Recommendations are to:

- Increase women’s health literacy.
- Increase the number of culturally sensitive education programs about women’s health issues (e.g., breast cancer, prenatal care).
- Provide supportive measures to increase utilization of preventative screenings.

**Continued collaboration among health care and social service providers is important for the Coastal Bend.**

After the 2010 health needs assessment, the Coastal Bend Health Needs Assessment Task Force was formed and began working on collaborative solutions to needs that had been identified (e.g. pneumonia vaccination campaign and web-based health resource) They began meeting to plan the 2013 health needs assessment in the summer of 2012. The level of the cooperation among its members is highly commendable and should be applauded. To address the needs of any community requires a holistic approach to coordinate and avoid duplication of efforts. With a shifting paradigm resulting from the Affordable Care Act, evaluation of how best to proceed is important. Recommendations are to:

- Continue the Coastal Bend Health Needs Task Force and consider wider representation.
- Develop a 3 year community needs strategic plan in conjunction with the coordinators of the Region 4 DSRIP initiatives.
- Determine the unmet community needs the Task Force will be responsible for overseeing and increase resources for the Task Force projects.
Coastal Bend Counties

Aransas  Jim Hogg  McMullen
Bee  Jim Wells  Nueces
Brooks  Karnes  Refugio
DeWitt  Kenedy  San Patricio
Duval  Kleberg  Victoria
Goliad  Lavaca
Jackson  Live Oak

Introduction: Background and Purpose

The purpose of needs assessment in health care is to gather information required to produce change beneficial to the population’s overall health (Rossi and Freeman, 1982). For this project, multiple perspectives on health needs may lead to re-conceptualizing a problem or a prospective intervention, or may indicate the advisability of continuing or abandoning current measures.

The recent passage of the Patient Protection and Affordable Care Act requires tax exempt hospital systems to conduct health needs assessments and develop community benefit plans every three years. Once the community is identified, a written Community Health Needs Report should be available to everyone in that community. Fortunately for our community, the region’s health systems (for-profit and not-for-profit) joined forces to create a task force charged with overseeing the health needs assessment process in 2010 and now in 2012-2013.

Recently, the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute presented the 2013 County Health Rankings and Roadmaps. The rankings are based on a collection of 50 reports that reflect the overall health of counties in every state across the United States. The model used to assess and ultimately rank each county is based on 30 individual measures grouped into two broad categories: Overall Health Outcomes and Overall Health Factors. Morbidity (ill health) and mortality (death) comprise the composite Overall Health Outcomes score. The Overall Health Factors measure is derived from individual measures capturing health
behaviors, clinical care, social and economic factors, and the physical environment in each county.

The rankings allow a state to compare its counties in terms of overall health and factors that influence health. The indicators include health outcomes (mortality and morbidity) and health factors (health behaviors, clinical care, social, economic factors and physical environment). The purpose of the project was to get a standard way to measure how healthy a county is and see where it can improve. Those counties having high ranks (e.g. 1 or 2) are estimated to be the “healthiest.”

Coastal Bend counties are not ranked highly. On most indicators, the Coastal Bend counties are ranked in the middle to bottom range. For comparison purposes, each county in the Coastal Bend was given a “report card” based on the 2013 County Health Rankings as detailed in the Appendix A. Table 1 compares the overall County Health Rankings of the Coastal Bend counties for 2010 and 2013.

### Table 1. Comparison of 2010 and 2013 Coastal Bend County Health Rankings.

<table>
<thead>
<tr>
<th>County</th>
<th>2010 Overall Rank (of 221)</th>
<th>2013 Overall Rank (of 231)</th>
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<td>Aransas</td>
<td>186</td>
<td>204</td>
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<tr>
<td>Bee</td>
<td>77</td>
<td>109</td>
</tr>
<tr>
<td>Brooks</td>
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<td>229</td>
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<tr>
<td>DeWitt</td>
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<tr>
<td>Duval</td>
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</tr>
<tr>
<td>Goliad</td>
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<td>Jackson</td>
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</tr>
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<td>Jim Hogg</td>
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<td>Jim Wells</td>
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<td>San Patricio</td>
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<td>102</td>
</tr>
<tr>
<td>Victoria</td>
<td>82</td>
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Note: Missing values are common for individual measures. Not all counties, especially smaller counties, compile data on each of the approximately 30 measures used to calculate the ranking score, or they have sample sizes simply too small for any meaningful comparison. PHI substitutes the state average for missing values in the calculation of rankings, an accepted technique for treatment of missing data.

In terms of Overall Health Outcomes, Coastal Bend counties’ rankings ranged from a high of 7 (Goliad) to a low of 229 (Brooks) out of 231 counties. In 2013, the mean rank was 109.65, a slight increase from 2010 (Kenedy and McMullen Counties were not
ranked). On Overall Health Factors, Coastal Bend counties’ ranks ranged from 13 (LaVaca) to 230 (Brooks) out of 232 with a mean rank of 122.29, a slight decrease from 2010. These lower ranks suggest that the Coastal Bend counties need to improve health outcomes by addressing all health factors with evidence-based practices and policies.

The 2013 Coastal Bend Health Needs Assessment involved hospitalized and emergency department patients’ information, the health care and social service providers’ (survey and “First Look” discussions) and the views of the community at large (telephone and community surveys). That is, this project used a mixed methods design approach to assess the community’s health needs. Detailed information about the methodology is discussed in next section of this report. The data analysis - provides the community information to help prioritize their health care needs and develop strategies on how best meet those needs.
Methodology

The data for the project came from the following sources:

- In-patient and Emergency Department data from CHRISTUS Spohn Health System, Citizens Medical Center, Corpus Christi Medical Center, and Driscoll Health System
- On-line survey of health care and social service providers
- Telephone survey of residents in the 19 counties of the Coastal Bend using random sampling.
- Community survey of residents using convenience sampling
- Health care and social service provider community feedback to the “First Look” of the data collected

Coastal Bend Health Systems Hospitalization Data

In-patient and emergency department data from CHRISTUS Spohn Health System, Citizens Medical Center, Corpus Christi Medical Center, and Driscoll Health System were combined to determine the patterns of health care utilization and prevalence of disease among the four hospital systems’ patients. The data did not have any information identifying patients, so some of the cases may be repeat patients.

The four excel files with in-patient data contained the following information: home zip code, patient’s home county, discharge date, patient’s age, patient’s gender, patient’s race/ethnicity, discharge disposition, DRG, DRG description, principal diagnosis code, principal diagnosis description, secondary diagnosis code, secondary diagnosis description, financial class, primary insurance, and patient’s employment status.

Similarly, the four excel files with the emergency department data contained the same information listed above with the addition of CPT codes and level descriptions.

The in-patient and emergency department data excel files were combined into two distinct files and analyzed using the Statistical Package for the Social Sciences. Some variables were transformed to increase the comparability of the data. To simplify the analysis, the response categories for age, race, financial class, and employment status were reorganized into a smaller number of categories.

Variables indicating the most common principal and secondary diagnoses were created for each year. In addition, certain diseases were examined by age, race/ethnicity, and gender to determine if certain subgroups are more likely to have particular diseases/conditions than were others.
For the 19 counties in the Coastal Bend area, data from the four area hospital systems, CHRISTUS Spohn Health System, Citizens Medical Center, Corpus Christi Medical Center, and Driscoll Health System, are combined and form the basis of this analysis. Overall, the data represent 214,651 patient hospitalizations from September 1, 2010 through August 31, 2012. The following section serves as an introduction to the background of Coastal Bend patients and the conditions that brought them to the hospitals.

**Basic Description of Hospitalized Patients**

Overall, the majority of cases were from the CHRISTUS Spohn Hospital System (60.1%) followed by the Corpus Christi Medical Center and Citizens Medical Center as shown in Table 2. With its targeted population, Driscoll Health System comprised 4.3% of the total. Patients from Nueces County comprised 47.2% of the group.

<table>
<thead>
<tr>
<th>Location</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTUS Spohn Health System</td>
<td>128911</td>
<td>60.1</td>
</tr>
<tr>
<td>Citizen’s Medical Center</td>
<td>32598</td>
<td>15.2</td>
</tr>
<tr>
<td>Corpus Christi Medical Center</td>
<td>43888</td>
<td>20.4</td>
</tr>
<tr>
<td>Driscoll Children’s Hospital</td>
<td>9254</td>
<td>4.3</td>
</tr>
<tr>
<td>Total</td>
<td>214651</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of patient visits were female (56.9%). Patients’ ages ranged from 0 to 109 with a mean patient age of 49.0 years. For Driscoll Children’s Hospital, patients’ ages ranged from 0 to 35 years with a mean age of 6.11 years. The mean age for Citizens Medical Center was 53.52, with ages ranging from 0 to 109. For Corpus Christi Medical Center, patients’ ages ranged from 0 to 104 years with a mean age of 51.74 years. Similarly, CHRISTUS Spohn Health System patients’ ages ranged from 0 to 109 years with a mean age of 49.99 years.

The majority of patients were Hispanic (31.7%) and White (26.6%). A substantial proportion of patients, however, did not have an ethnicity or race indicated (35.9%). This is due to the fact that in February 2012, the CHRISTUS Spohn Health System adopted the U.S. Census Bureau’s two-part methodology of distinguishing ethnicity from race. The other systems in the region ask patients for their race. It was not possible to merge the ethnicity/race data from the four health care systems due to this difference in data collection.

According to the U.S. Census, there are 82% White, 4% African American, 1% Asian, and 12% Other for this health region. Of these, 56% are Hispanic.
The age structure within each racial/ethnic category did vary. For example, White patients were more likely to be over the age of 66 years (40.9%) than were Hispanics (23.4%) or Blacks (23.9%). Hispanic, Asian, and Native American patients were more likely to be younger than were Whites. A national pattern shows minorities typically have a younger age structure than do Whites, indicating slightly higher fertility rates among minorities (Ventura, et al, 2009).

Financial Class
Financial class refers to how a patient paid for the hospital services received. Table 3 shows the relationship between financial class and patient’s age. The largest source of payments for services came from Medicare; 39.3% of patients relied on Medicare to pay for their medical bills. Private insurance and Managed Care (including PPOs and HMOs) accounted for 22.7% of the payment methods used by patients, while Medicaid/Medicaid HMO comprised 28.7%.

Employment Status
Those patients who are in the “productive years” associated with employment (18 to 65 years age category) were more likely to use private health insurance, self-pay, and/or federal/state health coverage (such as CHAMPUS) than were other age groups. For those patients less than 1 year of age, payments were most likely to be from Medicaid (71.3%), Managed Care (11.4%), or private insurance (15.0%). Patients 66 years or older overwhelmingly paid for hospital services through the Medicare program (90.7%).

Table 3. Crosstabulation of Financial Class by Age Groups.

<table>
<thead>
<tr>
<th></th>
<th>&lt; 1 (18,351)</th>
<th>1-17 (11,662)</th>
<th>18-49 (67,933)</th>
<th>50-65 (47,662)</th>
<th>66+ (69,643)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity, Self-Pay, Other</td>
<td>2.1%</td>
<td>1.4%</td>
<td>16.4%</td>
<td>11.5%</td>
<td>0.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Federal/State Program</td>
<td>0.2%</td>
<td>0.9%</td>
<td>2.0%</td>
<td>1.7%</td>
<td>0.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Managed Care</td>
<td>11.4%</td>
<td>11.2%</td>
<td>16.6%</td>
<td>16.9%</td>
<td>1.1%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>71.3%</td>
<td>69.4%</td>
<td>39.0%</td>
<td>20.4%</td>
<td>6.6%</td>
<td>61590</td>
</tr>
<tr>
<td>Medicare</td>
<td>0.0%</td>
<td>0.7%</td>
<td>8.6%</td>
<td>32.1%</td>
<td>90.7%</td>
<td>84424</td>
</tr>
<tr>
<td>Private-Traditional</td>
<td>15.0%</td>
<td>16.3%</td>
<td>17.3%</td>
<td>17.4%</td>
<td>1.2%</td>
<td>25432</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
<td>214651</td>
</tr>
</tbody>
</table>

Chi-square = 142769.539; d.f.=20; p=.0001
Coastal Bend Emergency Department Utilization Data

In 2013, the health needs committee decided to incorporate data from the emergency departments from all four hospital systems. The data did not have any personal identifiers and includes the following variables: home zip code, patient home county, date of service, patient’s age, gender, race, discharge disposition, CPT code, Level description, principal diagnostic code, principal diagnostic description, secondary diagnostic code, secondary diagnostic description, financial class, primary insurance, and patient employment status.

Description of Emergency Department Patients

The majority of emergency department patients are from the CHRISTUS Spohn Health System (58.4%) as shown in Figure 1. Just over 18% are from the Corpus Christi Medical Center and 12.9% are from Citizens Medical Center with the remaining 11% from Driscoll Children’s Hospital.

Figure 1. Emergency Department Visits by Hospital System.

As expected, 41.3% of cases in the emergency department (ED) were deemed of moderate severity followed by high/urgent severity (27.8%) or high/urgent severity and threats to functionality (12.4%). Cases coded low-to-moderate severity cases made up 9.1% of the total ED patients. These would typically be considered unnecessary ED visits which could or should have been seen in a primary or urgent care setting.
Table 4. Top CPT Codes for Emergency Department Data.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>ER visit*</td>
<td>25,697</td>
<td>3.7</td>
</tr>
<tr>
<td>99282</td>
<td>Low/moderate severity</td>
<td>63,710</td>
<td>9.1</td>
</tr>
<tr>
<td>99283</td>
<td>Moderate severity</td>
<td>287,593</td>
<td>41.3</td>
</tr>
<tr>
<td>99284</td>
<td>High/urgent severity</td>
<td>193,856</td>
<td>27.8</td>
</tr>
<tr>
<td>99285</td>
<td>High/urgent severity and threat func</td>
<td>86,567</td>
<td>12.4</td>
</tr>
<tr>
<td>Other**</td>
<td></td>
<td>39,460</td>
<td>5.7</td>
</tr>
</tbody>
</table>

*ER visit represents a patient who presented a minor condition. **Other represents all other codes.

Demographic Information about Emergency Department Patients.

The majority of patient visits were female (55.8%). Patients’ ages ranged from 0 to 111 with a mean patient age of 35.62 years. The majority of ED patients were Hispanic (29.6%) and White (25.7%). A large proportion of patients, however, did not have an ethnicity or race indicated (44.7%). This is due to the fact that in February, 2012, the CHRISTUS Spohn Health System adopted the U.S. Census Bureau’s two-part methodology of distinguishing ethnicity from race. The other systems in the region ask patients for their race. It was not possible to merge the ethnicity/race data from the four health care systems due to this difference in data collection.

Emergency Department Patient’s Financial Class.

Overall, 29.4% of the emergency department patients are uninsured. In general, the majority of those who use the emergency department have some form of health insurance. As expected, those over the age of 65 use Medicare for payment over other methods of payment for Emergency Department services as shown in Table 5. Children under the age of 1 (80.6%) and those aged 1-17 years (62.4%) fall most often into the Medicaid payment category for emergency department. Surprisingly, 46.3% of young adults aged 18-49 and 23.2% of older adults aged 50-65 were most often categorized as charity, self-pay or other.
Table 5. Crosstabulation of Financial Class of ED Patients by Age Groups.

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Charity, Self-Pay, Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 (34,298)</td>
<td>5.4% 12.0% 46.3% 23.2% 1.3%</td>
<td>204712</td>
</tr>
<tr>
<td>1-17 (121,763)</td>
<td>29.4%</td>
<td></td>
</tr>
<tr>
<td>18-49 (348,139)</td>
<td>9.7% 10.9% 13.7% 1.1%</td>
<td>67819</td>
</tr>
<tr>
<td>50-65 (111,689)</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>66+ (80,987)</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>100.0% 100.0% 100.0% 100.0% 100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Chi-square = 533512.550; d.f. = 20; p = .0001.

Telephone Survey Methodology

For the purposes of this project, a community survey of residents in the 19 county area was necessary to establish what residents considered were the health care utilization and needs. Not all individuals seek health care from local hospitals or agencies. As a result, they may not all be counted as patients or clients. As noted by Neuman (2000), sample surveys are the most direct and usually the most accurate data on target populations.

For the telephone survey that targeted a randomly selected sample of residents in the Coastal Bend, a survey instrument of 67 mostly closed-ended questions was developed (see Appendix). The instrument was comprised of six sections.

- **Introduction.** To ensure that the respondent was a resident of one of the targeted Coastal Bend counties, the introductory section asked the respondents about where their residence was located.

- **Health Status.** Comprised of three questions, this section asked respondents about their general health status, including mental health.

- **Health Care Access.** The third section consisted of 24 questions inquiring about the respondent’s ability to seek health care when needed and types of health
care needed. It also included questions about the ability to pay for drug prescriptions and how long it had been since the last check-up.

- **Assessment of Issues in the Coastal Bend.** This section mimics questions from the 2004 and 2010 Coastal Bend 12 County Needs Assessment. It asked respondents to indicate whether an issue was a major problem, moderate problem, or not a problem at all. The issues included health care issues, safety, traffic, schools, crime, domestic violence, transportation, and affordable housing, among others.

- **Children’s Health Status.** The fifth section of the survey was designed for those who had children under the age of 18 living with them. Questions in this section asked about whether children had health insurance and physical and/or mental health issues.

- **Background Information.** The last section of the survey instrument asked respondents basic demographic information such as sex, age, race/ethnicity, education, marital status, employment status, height, weight, and annual income.

After training, interviewers, the telephone survey was conducted between on November 15, 2012 – December 20, 2012 and January 21 – February 5, 2013. A random sample of 9356 telephone numbers, which included both cellular and land line numbers, was utilized. Each interviewer was assigned a list of phone numbers to call for a particular county to represent a proportionate random sample to ensure representation from all 19 counties in the Coastal Bend area. Each county is represented by at least one response regardless of weight. Some smaller and moderate sized counties were oversampled to assure a breadth of representation. Of the 5,328 telephone numbers dialed, 8.76% (467) were disconnected numbers. Of the remaining telephone numbers, there were 669 connected respondents for a total dialed response rate of 13.76%.

Table 6 indicates the target number for each county, the actual number of surveys completed from each county and the calculated number for each county.
Table 6. 2013 Coastal Bend Health Needs Assessment Proportionate Sampling Strategy.

<table>
<thead>
<tr>
<th>County</th>
<th>Population*</th>
<th>% of 19 county total</th>
<th>Proposed number in sample</th>
<th>Actual number in survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aransas</td>
<td>23158</td>
<td>3.13%</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Bee</td>
<td>31861</td>
<td>4.31%</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Brooks</td>
<td>7223</td>
<td>0.98%</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>DeWitt</td>
<td>20,097</td>
<td>2.72%</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Duval</td>
<td>11,782</td>
<td>1.59%</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Goliad</td>
<td>7,210</td>
<td>0.97%</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Jackson</td>
<td>14,075</td>
<td>1.90%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Jim Hogg</td>
<td>5,300</td>
<td>0.72%</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Jim Wells</td>
<td>40,838</td>
<td>5.52%</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Karnes</td>
<td>14,824</td>
<td>2.00%</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Kenedy</td>
<td>416</td>
<td>0.06%</td>
<td>1**</td>
<td>1</td>
</tr>
<tr>
<td>Kleberg</td>
<td>32,061</td>
<td>4.34%</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Lavaca</td>
<td>19,263</td>
<td>2.60%</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Live Oak</td>
<td>11,531</td>
<td>1.56%</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>McMullen</td>
<td>707</td>
<td>0.10%</td>
<td>1**</td>
<td>1</td>
</tr>
<tr>
<td>Nueces</td>
<td>340,223</td>
<td>46.00%</td>
<td>230</td>
<td>236</td>
</tr>
<tr>
<td>Refugio</td>
<td>7,383</td>
<td>1.00%</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>San Patricio</td>
<td>64,804</td>
<td>8.76%</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Victoria</td>
<td>86,793</td>
<td>11.74%</td>
<td>59</td>
<td>87</td>
</tr>
<tr>
<td>Skipped question***</td>
<td></td>
<td></td>
<td></td>
<td>92</td>
</tr>
<tr>
<td>TOTAL</td>
<td>739,549</td>
<td>100.00%</td>
<td>502</td>
<td>669</td>
</tr>
</tbody>
</table>


**Population warranted no calls in proportional sampling

***Respondents were allowed to skip any questions they felt uncomfortable answering.

The interviewers called from 5:00 until 9:00 p.m., Monday through Thursday, during the interview periods. Since many of the counties required long distance phoning, Skype was used to dial the numbers from the phone number lists. A maximum of three attempts were made to reach each number in the sample. Using notebook computers, responses were recorded into the questionnaire posted at surveymonkey.com. Interviews were both in English and Spanish. Over 6% of the respondents were interviewed in Spanish rather than English at the request of the respondent.
Table 7. 2012-2013 Demographics of Telephone Survey Respondents.

<table>
<thead>
<tr>
<th></th>
<th>Survey</th>
<th>Census*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>17.40%</td>
<td>51.10%</td>
</tr>
<tr>
<td>45-older</td>
<td>82.60%</td>
<td>48.90%</td>
</tr>
<tr>
<td>Median</td>
<td>61</td>
<td>36</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>30.30%</td>
<td>51.90%</td>
</tr>
<tr>
<td>Female</td>
<td>69.70%</td>
<td>48.10%</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>48.70%</td>
<td>55.60%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>50.60%</td>
<td>44.40%</td>
</tr>
<tr>
<td>Other</td>
<td>0.70%</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>91.00%</td>
<td>82.00%</td>
</tr>
<tr>
<td>Black</td>
<td>6.40%</td>
<td>4.30%</td>
</tr>
<tr>
<td>Other</td>
<td>2.60%</td>
<td>13.70%</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No H.S. diploma</td>
<td>20.50%</td>
<td>20.70%</td>
</tr>
<tr>
<td>H.S. Diploma or GED</td>
<td>31.10%</td>
<td>28.30%</td>
</tr>
<tr>
<td>Some college or AA degree</td>
<td>24.70%</td>
<td>31.20%</td>
</tr>
<tr>
<td>College or post graduate</td>
<td>23.70%</td>
<td>19.80%</td>
</tr>
<tr>
<td>Annual Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $50,000</td>
<td>55.00%</td>
<td>42.70%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>45.00%</td>
<td>57.30%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>53.30%</td>
<td>49.30%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>46.70%</td>
<td>50.70%</td>
</tr>
<tr>
<td>Participation in the Labor Force</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In labor force</td>
<td>46.15%</td>
<td>60.70%</td>
</tr>
<tr>
<td>Not in labor force</td>
<td>53.85%</td>
<td>39.30%</td>
</tr>
</tbody>
</table>


Table 2 above demonstrates that the variance of key demographic variables of the respondents from that of the regional population. While there may be considerable uncertainty as to the extent to which socio-economic correlates of health reflect causal chains and their implications for policy, there is nearly unanimous agreement that age, gender, ethnicity, race, educational attainment, annual income, marital status, and participation in the labor force are all critical predictors of ones perceived or actual health status (Fuchs, 2004). These variables will be considered critical in assessing the representativeness of the sample too.
A variance of more than +/- 10% for any one attribute of a critical variable from that of the population parameters is considered significant. Significant variation from population parameters has become increasingly common with telephone surveys as caller I.D., call blocking and other technologies are being employed by the population. Additionally, this survey was done directly after a national election, which may have caused some parameter differentiation due to potential survey fatigue. To adjust for potential non-response bias an algorithm is created by establishing a weight for each variable 10% outside of the Census parameter by dividing the Census data by the survey response data. As a group, the weights are then assessed for multi-collinearity. Equations are developed utilizing factorial combinations of non-collinear factors. That equation that produces the most proximal result to the Census data with regard to the critical demographic variables is used to then weight the data in the sample. Such an algorithm is also calculated to account for the oversample in the survey. The IBM Statistical Package for the Social Sciences (SPSS) is used for all statistical calculations for variables in this data set. All data reported in the telephone survey data set will be weighted variables. The margin of error for this analysis is +/- 4.5% with a 95% confidence interval.

Additionally, due to the many issues that can be associated with one’s urban or rural residential status (see the National Rural Health Association at http://www.ruralhealthweb.org/), for some analyses, the county data was dichotomized into urban and rural categories using criteria established by United States Department of Agriculture Economic Services (see Appendix B). Figure 2, below, demonstrates that 72% of the region’s population lives in the counties that are classified as urban areas. The two primary urban counties are Nueces County, which accounts for 46% of the region’s population and Victoria County which accounts for nearly 12% of the region’s population. Because of their proximity to urban areas, the five other counties are also considered urban.
Person-to-Person Survey Methodology

The person-to-person survey used a paper form of the telephone survey. With the proliferation of mobile devices, telephone survey response rates have been in decline since 1997 (Pew Research Center 2011), and older individuals are more likely to complete surveys than are younger respondents (Witt and Best 2008). Given the challenge of having younger adults with children complete telephone surveys, a purposive sampling strategy was employed. A researcher and/or one to three research assistants attended events and visited care centers within the seven largest counties. Events and centers which were expected to be frequented by adults with school-age children were targeted.

Table 8 presents the six largest counties in the Coastal Bend area, excluding Victoria and adjacent counties\(^1\). The information in the table includes the proportion of the population in the county within the 19-county area, the proportion of population among

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\(^1\) Due to concerns regarding data collection procedures and the resulting integrity of the data, surveys collected from the Victoria area are excluded from this analysis. Results including Victoria and its adjacent counties are included in the appendix.
the six largest counties, the target number of surveys for each county, the actual number of surveys completed from each county and the calculated number for each county.

Table 8. Proportionate Sampling for Person to Person Survey.

<table>
<thead>
<tr>
<th>County</th>
<th>% of 19 county total</th>
<th>% of Six largest counties</th>
<th>Proposed number in sample</th>
<th>Actual number in survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nueces</td>
<td>46.00%</td>
<td>64.0%</td>
<td>160</td>
<td>148</td>
</tr>
<tr>
<td>San Patricio</td>
<td>8.76%</td>
<td>12.2%</td>
<td>30</td>
<td>51</td>
</tr>
<tr>
<td>Jim Wells</td>
<td>5.52%</td>
<td>7.6%</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>Kleberg</td>
<td>4.34%</td>
<td>5.9%</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Bee</td>
<td>4.31%</td>
<td>5.9%</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Aransas</td>
<td>3.13%</td>
<td>4.3%</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Other²</td>
<td></td>
<td>7.6%</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>TOTAL</td>
<td>72.6%</td>
<td></td>
<td>250</td>
<td>278</td>
</tr>
</tbody>
</table>

The 278 surveys were collected from a total of nine field visits. Table 9 below presents the dates and locations of the field visits².

Table 9. Dates and Location of Field Interviews.

<table>
<thead>
<tr>
<th>Date</th>
<th>County</th>
<th>Location</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 4</td>
<td>Nueces</td>
<td>Windsor Park Elementary School</td>
<td>PTA Holiday Event</td>
</tr>
<tr>
<td>December 5</td>
<td>Nueces</td>
<td>NorthWest Kids Sports</td>
<td>Aftercare, Preschool, Cheer, Tumbling, Gymnastics practice</td>
</tr>
<tr>
<td>December 6</td>
<td>Nueces</td>
<td>Del Mar College Economic Development Center</td>
<td>Corpus Christi American Federation of Teachers Public Hearing</td>
</tr>
<tr>
<td>December 10</td>
<td>Nueces</td>
<td>NorthWest Kids</td>
<td>Aftercare,</td>
</tr>
</tbody>
</table>

² Though person-to-person interviews took place in locations within the six counties, some completing surveys were not from those counties. Some respondents were from Brooks, Duval, Karnes, Kenedy, and Refugio counties located in the Coastal Bend. Two were from outside the 19-county area.
Targeting these particular locations enabled researchers to have an opportunity to survey younger adults; this is reflected in the information below.

Table 10. 2012-2013 Demographics of Respondents: Telephone and Person-to Person Surveys.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 11</td>
<td>Nueces</td>
<td>NorthWest Kids Sports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preschool, Cheer, Tumbling, Gymnastics practice</td>
</tr>
<tr>
<td>January 18</td>
<td>Ingleside</td>
<td>Nursing Home</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mandatory Staff Meeting</td>
</tr>
<tr>
<td>January 21</td>
<td>Alice</td>
<td>Community Action Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Care Waiting Rooms</td>
</tr>
<tr>
<td>January 23</td>
<td>Beeville</td>
<td>Community Action Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Care Waiting Rooms</td>
</tr>
<tr>
<td>January 28</td>
<td>Kingsville</td>
<td>Community Action Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Care Waiting Rooms</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-44</td>
<td>17.40%</td>
<td>66.0%</td>
</tr>
<tr>
<td>45-older</td>
<td>82.60%</td>
<td>34%</td>
</tr>
<tr>
<td>Median</td>
<td>61</td>
<td>37</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>30.30%</td>
<td>18%</td>
</tr>
<tr>
<td>Female</td>
<td>69.70%</td>
<td>82%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>48.70%</td>
<td>55.60%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>50.60%</td>
<td>44.40%</td>
</tr>
<tr>
<td>other</td>
<td>0.70%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.00%</td>
<td>90%</td>
</tr>
<tr>
<td>Black</td>
<td>6.40%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Educational Attainment</td>
<td>Telephone Survey</td>
<td>Person-to-Person Survey</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>No H.S. diploma</td>
<td>20.50%</td>
<td>13.8%</td>
</tr>
<tr>
<td>H.S. Diploma or GED</td>
<td>31.10%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Some college or AA degree</td>
<td>24.70%</td>
<td>39.2%</td>
</tr>
<tr>
<td>College or post graduate</td>
<td>23.70%</td>
<td>28.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual Income</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $50,000</td>
<td>55.00%</td>
<td>62.2%</td>
</tr>
<tr>
<td>$50,000 or more</td>
<td>45.00%</td>
<td>32.8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>53.30%</td>
<td>56.7%</td>
</tr>
<tr>
<td>Unmarried</td>
<td>46.70%</td>
<td>53.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation in the Labor Force</th>
<th>Telephone Survey</th>
<th>Person-to-Person Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>In labor force</td>
<td>46.15%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Not in labor force</td>
<td>53.85%</td>
<td>27.1%</td>
</tr>
</tbody>
</table>

It is worth noting that 62.2% of the individuals participating in the person-to-person survey had children under the age of 18 living in their home. Thus, the purposive sampling strategy appears to have been successful.

**Health Care and Social Service Provider Survey**

To complement the Coastal Bend hospital systems’ data, community telephone survey, person-to-person interviews, the health region’s health care and social service providers were asked to complete a brief on line survey. The questionnaire was posted at a Survey Monkey website and consisted of 11 mostly close-ended questions developed by members of the 2012-2013 Coastal Bend Health Needs Steering Committee.

- **Introduction.** The introductory section explained the purpose of the survey and that the responses would be kept confidential.
- **Location.** In addition to asking respondents to identify the county in which they worked, they were also asked to describe their work setting (urban/rural; for-profit/not for profit) and role in the organization.
- **Health Care Access.** The third section consisted of questions inquiring about the respondent’s accomplishments and challenges as a health care or social service provider. It also asked about what he/she saw as barriers to health and most frequent diseases or conditions for their patients/clients.
- **Assessment of Issues in the Coastal Bend.** This section mimics questions from the 2004 and 2010 Coastal Bend 15 County Needs Assessment. It asked respondents to indicate whether an issue was a major problem, moderate problem, or not a problem at all. The issues included health care issues, safety, traffic, schools, crime, domestic violence, transportation, and affordable housing among others.

On November 13, 2012, a flyer with information about the 2013 Coastal Bend Health Needs Assessment and website link to the survey were sent to members of the Nueces County Medical Association and social services agencies. Reminders about the survey were sent to health care and social service providers; the last response was on November 26, 2012. Despite all efforts, the response rate was very weak. Because of the small number of responses, the data presented from the Health Care and Social Service Provider Survey should not be interpreted as representative of the general health care community.

Each hospital system sent a message and link to its medical staff internally. In addition, each hospital system posted flyers with the survey link. Other Coastal Bend Health Needs Task Force Committee Members sent the link directly to their resource lists. Only 57 people responded. The sample consists of 28 physicians (50.0%), 4 directors of agencies (7.1%), 4 nurses (7.1%), and 20 licensed professional and social service agencies representatives (48.2%). The vast majority (78.9%) were from Nueces County followed by San Patricio County with 10.5% and Victoria County with 4.0% of the sample. Most of the respondents worked in urban settings (48.2%), but 41.2% indicated that they worked in both rural and urban areas. Only 10.0% indicated working in an exclusively rural area. Most (52.6%) reported working in private practices while 36.8% worked in the public sector. Over 46% indicated that they worked as part of a physician practice (sole proprietor, LLC, or professional corporation) while 41.1% worked in not-for-profit social service or health agencies.

**“First Look” Feedback**

In assessing the community’s health needs, input from persons representing the broad interests of the community, especially those with special knowledge and expertise in public health and social services was solicited. Two workshops called, “First Look,” were held on February 27 and April 30, 2013 to discuss the preliminary results of the 2012-2013 Coastal Bend Health Needs Assessment. Approximately 70 people from the community discussed the health needs assessment data in addition to their perceptions of the community’s major health issues. Participants were organized into break-out sessions to discuss the following questions:
1. As a professional working in the healthcare system, can you please talk about anything in the presentation that took you by surprise or caught your attention?
2. Can you discuss how these findings either reflect or challenge your observations/experiences?
3. Was there anything that you were expecting to see but didn’t appear? What was it?
4. As a professional, working with clients and patients, what do you perceive to be the greatest needs in your communities?
5. Do you have any recommendations regarding how we can improve either the delivery of healthcare services or access to healthcare services?
6. What do you think your community is doing well?
7. Is there anything else you want to add?

Participant responses were recorded by research investigators, aggregated, and analyzed for common themes. Common themes are those issues that repeated across groups and across questions, multiple times. The 2012-2013 Coastal Bend Health Needs Report incorporates the feedback received from the workshops.

A significant portion of the discussion at the “First Look” presentation centered on the general health behaviors of the community, barriers to routine health care, and solutions for both patients and providers to overcome those obstacles. Preventative health behaviors, especially among the uninsured, are lower than what many health providers considered ideal. Those not seeking routine care may be afflicted by easily preventable conditions that could be caught by regular screening. This consequence, according to the health care providers, costs patients and health care systems more resources that could be better utilized in the prevention and maintenance of disease.

Several barriers to access were discussed by the “First Look” attendees. Lack of adequate health insurance is one such barrier, corroborated by our survey findings. However, the utilization of the emergency room for regular care by the insured also points to perhaps an inadequate understanding of the best way to utilize health care. Health literacy emerged as a significant topic of discussion at both “First Look” sessions, with health care providers suggesting that people’s general lack of knowledge about the health care system and available programs for help in accessing care is a major problem in the community.

At the second “First Look” discussions, attendees highlighted that many patients have co-morbidities. They felt that a continuum of care model was the best approach to dealing with patients. They discussed how mental health and physical health care should be more integrated rather than separate from each other in their treatment of patients. The second group also emphasized the lack of physician access, especially
specialists, for those without insurance. **Education and outreach** was promoted as a possible solution addressing the interrelated issues of insurance status, health literacy, and increasing preventable diseases.

Many providers in both “First Look” sessions lauded the Health Needs Assessment as a positive step in the right direction in improving collaboration among providers and ultimately, improving public health in the Coastal Bend area.
How Healthy Are We?

County Health Rankings: Health Outcomes

From the University of Wisconsin Population Health Institute (PHI) County Health Rankings, the Overall Health Outcomes ranking of mortality (premature death) and morbidity (ill health) for the Coastal Bend Health Region (4) is relatively high where a rank of 1 is excellent and the rank of 232 is the poorest. As shown in Table 11, premature deaths exceed the state’s overall number. Despite the high ranks for some of the Health Outcome indicators, the Coastal Bend counties rank below the national benchmarks for the percentage reporting poor or fair health. The Coastal Bend counties also rank below the national benchmarks for the number of reported poor physical and mental health days. The percentage of low birth weight deliveries (8.8%), however, is above the national benchmark of 6.0%.

Table 11. Comparison of Health Outcomes for Texas and the Coastal Bend Counties.

<table>
<thead>
<tr>
<th>Number of Coastal Bend Counties Included in Category</th>
<th>2013 National Benchmarks</th>
<th>Texas</th>
<th>Coastal Bend Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Health Outcomes</strong></td>
<td></td>
<td>109.65</td>
<td>107.88</td>
</tr>
<tr>
<td><strong>Mortality</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Premature Death</strong></td>
<td></td>
<td>5,317</td>
<td>6,928</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>8,001.24</td>
<td></td>
</tr>
<tr>
<td><strong>Morbidity</strong></td>
<td></td>
<td>113.82</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Poor or Fair Health (%)</strong></td>
<td></td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>18.0</td>
<td>15.57</td>
</tr>
<tr>
<td><strong>Poor Physical Health Days</strong></td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>2.6</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Poor Mental Health Days</strong></td>
<td></td>
<td>2.3</td>
<td>3.3</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>3.6</td>
<td></td>
</tr>
<tr>
<td><strong>Low Birth Weight (%)</strong></td>
<td></td>
<td>17</td>
<td>6.0</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>8.4%</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Note: Missing values are common for individual measures. Not all counties, especially smaller counties, will compile data on each of over approximately 30 measures used to calculate the ranking score or will have sample sizes simply too small for any meaningful comparison. PHI substitutes the state average for missing values in the calculation of rankings, an accepted technique for treatment of missing data.

Self-Reported Health Status

In both the face-to-face interviews and telephone survey, respondents were asked to report their overall health. In the telephone survey women and persons over the age of 45 years were more likely to report an unfavorable health status than were men and younger individuals. Similarly, those with higher educational attainment and higher incomes were more likely to report a favorable health status.
Physical and Mental Illness

The 194 telephone survey respondents who answered the question reported an average of 13.1 poor physical health days. Individuals over the age of 45 and those who reported more poor mental health days were more likely to report a greater number of poor physical health days. Those who reported higher self-rated health status had a higher educational attainment, and those with higher incomes were more likely to report fewer days of poor physical health.

In contrast, the average number of poor physical health days reported by the generally younger person-to-person survey was 3.2. A total of 53.2% of respondents (n=148) indicated there was not a single day when their physical health was not good. An additional 15.8% of person-to-person respondents reported they experienced between one and three days of physical health that was/were not good during the previous thirty days. In contrast, only 7.2% (or 18 of the 278) respondents reported experiencing “not good” physical health for at least 15 of the past 30 days.
Sixty-one percent of the health care and social service providers who participated in the on-line survey indicated that mental health was a major problem in our area. Another 22% responded that it was a moderate problem. In all, 83% of health care and social service providers saw the mental health of our area residents a problem.

The 2001-2003 National Comorbidity Survey Replication estimated approximately 17% of the American adult population are afflicted by comorbid mental and medical conditions (Druss and Walker 2011). The idea that physical and mental illness may be linked is supported by the data. Telephone survey respondents (n=138) had an average of 2.5 poor mental health days (see Figure 5). Those who reported a higher number of poor physical health days also were more likely to report a higher number of poor mental health days. Those who reported a lower number of poor mental health days were more likely to have higher incomes and higher self-rated health status. Similarly, the “First Look” participants highlighted that mental conditions and physical health conditions can be co-morbidities that are often not treated together.

The person-to-person survey respondents reported an average of 4.1 of poor mental health days; 50.7% (141 respondents), indicated there were no days during the
previous 30 days where they experienced mental health that was “not good.” An additional 10.4% of the respondents experienced one to three days of poor mental health. Less than 10% of respondents (n=25) reported “not good” mental health for at least half of the previous 30 days. The next section explores the relationship between physical and mental illness and other co-morbidities further.

Figure 5. Number of Poor Mental Health Days: Telephone Survey (n=138).

![Chart showing the distribution of poor mental health days]

Cases weighted by Data weighted for age, gender, educational attainment and population variances.

Top Health Issues for Adults

In general, the data support the fact that Coastal Bend residents suffer from many preventable conditions such as pneumonia and UTI and are plagued with chronic conditions such as diabetes, kidney failure and hypertension.

Hospital data provide another source of information about the health of a community. Table 12 illustrates the most common principal diagnoses for two years of hospital data (September 1, 2010 through August 31, 2012). The list includes both chronic and acute conditions with pneumonia as the most common infectious disease and obstructive
chronic bronchitis as the most common chronic condition. Table 13 presents the most common secondary diagnoses for two years. Many of the secondary diagnoses represent chronic conditions such as hypertension, diabetes, renal disease and kidney failure. Pneumonia and urinary tract infection, however, continue to rank high among secondary diagnoses.

Table 12. Top Primary Diagnoses for Hospital Inpatient Data.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code</th>
<th>Description</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V30.0</td>
<td>Single live birth in hospital</td>
<td>7824</td>
</tr>
<tr>
<td>2</td>
<td>486</td>
<td>Pneumonia</td>
<td>6276</td>
</tr>
<tr>
<td>3</td>
<td>V30.1</td>
<td>Single live birth, cesarean</td>
<td>4952</td>
</tr>
<tr>
<td>4</td>
<td>654.21</td>
<td>Previous cesarean delivery</td>
<td>3707</td>
</tr>
<tr>
<td>5</td>
<td>V57.89</td>
<td>Care involving specified rehabilitation procedure</td>
<td>3367</td>
</tr>
<tr>
<td>6</td>
<td>38.9</td>
<td>Septicemia, unspecified</td>
<td>3334</td>
</tr>
<tr>
<td>7</td>
<td>599.0</td>
<td>Urinary tract infection</td>
<td>3309</td>
</tr>
<tr>
<td>8</td>
<td>491.21</td>
<td>Obstructive chronic bronchitis</td>
<td>2928</td>
</tr>
<tr>
<td>9</td>
<td>414.01</td>
<td>Coronary atherosclerosis</td>
<td>2854</td>
</tr>
<tr>
<td>10</td>
<td>584.9</td>
<td>Acute kidney failure</td>
<td>2821</td>
</tr>
<tr>
<td>11</td>
<td>682.6</td>
<td>Cellulitis of leg</td>
<td>2634</td>
</tr>
<tr>
<td>12</td>
<td>428</td>
<td>Heart failure</td>
<td>2332</td>
</tr>
</tbody>
</table>

Table 13. Top Secondary Diagnoses for Hospital Inpatient Data.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code</th>
<th>Description</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>V27.0</td>
<td>Delivery single live born</td>
<td>8122</td>
</tr>
<tr>
<td>2</td>
<td>599.0</td>
<td>Urinary tract infection</td>
<td>8025</td>
</tr>
<tr>
<td>3</td>
<td>V05.3</td>
<td>Inoculation against viral hepatitis</td>
<td>6961</td>
</tr>
<tr>
<td>4</td>
<td>401.9</td>
<td>Hypertension, unspecified</td>
<td>6641</td>
</tr>
<tr>
<td>5</td>
<td>486</td>
<td>Pneumonia, organism unspecified</td>
<td>6566</td>
</tr>
<tr>
<td>6</td>
<td>585.6</td>
<td>End stage renal disease</td>
<td>6515</td>
</tr>
<tr>
<td>7</td>
<td>584.9</td>
<td>Acute kidney failure</td>
<td>5344</td>
</tr>
<tr>
<td>8</td>
<td>V62.84</td>
<td>Suicidal ideation</td>
<td>3836</td>
</tr>
<tr>
<td>9</td>
<td>250.0</td>
<td>Diabetes mellitus</td>
<td>3469</td>
</tr>
<tr>
<td>10</td>
<td>276.1</td>
<td>Hyposmolality</td>
<td>3144</td>
</tr>
<tr>
<td>11</td>
<td>285.1</td>
<td>Acute post-hemorrhagic anemia</td>
<td>2574</td>
</tr>
<tr>
<td>12</td>
<td>518.8</td>
<td>Other lung disease</td>
<td>2217</td>
</tr>
</tbody>
</table>
Table 14. Top Primary Diagnoses for Emergency Department Data.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Code</th>
<th>Description</th>
<th>N=</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>599.0</td>
<td>Urinary tract infection, site not specified</td>
<td>21892</td>
</tr>
<tr>
<td>2</td>
<td>789.0</td>
<td>Abdominal pain, unspecified site</td>
<td>19460</td>
</tr>
<tr>
<td>3</td>
<td>465.9</td>
<td>Acute respiratory infections, unspecified site</td>
<td>18325</td>
</tr>
<tr>
<td>4</td>
<td>786.5</td>
<td>Chest pain, unspecified</td>
<td>16972</td>
</tr>
<tr>
<td>5</td>
<td>784.0</td>
<td>Headache</td>
<td>10260</td>
</tr>
<tr>
<td>6</td>
<td>462.0</td>
<td>Acute pharyngitis</td>
<td>9758</td>
</tr>
<tr>
<td>7</td>
<td>847.0</td>
<td>Sprain of neck</td>
<td>9218</td>
</tr>
<tr>
<td>8</td>
<td>382.9</td>
<td>Unspecified otitis media</td>
<td>8791</td>
</tr>
<tr>
<td>9</td>
<td>724.2</td>
<td>Lumbago</td>
<td>8197</td>
</tr>
<tr>
<td>10</td>
<td>466.0</td>
<td>Acute bronchitis</td>
<td>8182</td>
</tr>
<tr>
<td>11</td>
<td>826.0</td>
<td>Sprain of lumbosacral (joint) (ligament)</td>
<td>8044</td>
</tr>
</tbody>
</table>

The emergency department data also provide insight into the types of health issues in our community. Table 14 illustrates the most common principal diagnoses for two years of emergency department data (September 1, 2010 through August 31, 2012). The list includes both chronic and acute conditions with urinary tract infection as the most...
common infectious disease and obstructive chronic bronchitis as the most common chronic condition. Table 15 presents the most common secondary diagnoses for two years. Many of the secondary diagnoses represent chronic conditions such as hypertension and diabetes. Acute respiratory infection and urinary tract infection are the most common acute conditions in the secondary diagnoses list.

The Health Care and Social Service Provider survey results indicate that chronic conditions such as obesity, diabetes, asthma and psychological problems are the most frequent diseases and conditions providers saw last year (see Figure 6). This pattern is consistent with the 2010 Coastal Bend Health Needs Assessment that noted mental health admissions were increasing. The telephone and person-to-person interviewees also reported allergies/sinusitis, obesity, asthma, and diabetes among the most common health issues in their households (see Figure 7 and Table 16).

**Figure 6. Most Frequent Diseases and Conditions Seen Last Year: Health Care and Social Service Provider Survey.**

*In the past 12 months, what was the most frequent disease or condition you saw? (Select all that apply)*

- Overweight or obese: 45.7%
- Diabetes: 39.1%
- Asthma: 32.6%
- Psychological problems: 32.6%
- Hypertension: 26.1%
- Cancer: 23.8%
- Other (please specify): 23.8%
- Heart condition: 21.7%
- Alcohol and/or drug dependency: 19.6%
- Allergies or chronic sinusitis: 19.6%
- All Other Responses: 7.3%
Figure 7. Top Health Issues in the Household: Telephone Survey.

Do you or anyone in your household presently have any of the following conditions? (Select all that apply)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Total Sample (n=278)</th>
<th>Respondent Is Insured (n=195)</th>
<th>Respondent Lacks Insurance (n=74)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies or chronic sinusitis</td>
<td>57.8%</td>
<td>50.8%</td>
<td>45.9%</td>
</tr>
<tr>
<td>Arthritis or rheumatism</td>
<td>48.3%</td>
<td>30.3%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Hypertension (blood pressure)</td>
<td>44.2%</td>
<td>28.2%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>42.7%</td>
<td>23.6%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Back pain or disk disorders</td>
<td>40.6%</td>
<td>23.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Overweight or obesity</td>
<td>31.1%</td>
<td>24.2%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Asthma</td>
<td>24.2%</td>
<td>23.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Heart condition</td>
<td>23.1%</td>
<td>23.1%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Migraine headaches</td>
<td>18.5%</td>
<td>18.5%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Blindness, visual impairment</td>
<td>16.2%</td>
<td>16.2%</td>
<td>24.3%</td>
</tr>
<tr>
<td>All Other Responses</td>
<td>8.7%</td>
<td>8.7%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Table 16. Top Health Issues in the Household: Person-to-Person Interviews.
Co-Morbidities

Concerns regarding co-morbidities emerged during the “First Look” meetings with health care and social service providers. To better understand the relationships among poor physical health days and poor mental health days identified earlier, further analyses seemed necessary.

Table 17. The Percent of Person-to-Person Survey Respondents Experiencing Poor Health during the Previous Thirty Days.

<table>
<thead>
<tr>
<th></th>
<th>No Days</th>
<th>1-3 Days of Poor Health</th>
<th>4-14 Days of Poor Health</th>
<th>15+ Days of Poor Health</th>
<th>Did Not Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>50.7%</td>
<td>10.4%</td>
<td>16.2%</td>
<td>9.0%</td>
<td>13.7%</td>
</tr>
<tr>
<td></td>
<td>141</td>
<td>29</td>
<td>45</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>Physical Health</td>
<td>53.2%</td>
<td>15.8%</td>
<td>14.7%</td>
<td>6.5%</td>
<td>9.7%</td>
</tr>
<tr>
<td></td>
<td>148</td>
<td>44</td>
<td>41</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Poor Physical or</td>
<td>46.6%</td>
<td>9.4%</td>
<td>7.6%</td>
<td>1.8%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Mental Health limiting Normal Daily Activity</td>
<td>130</td>
<td>26</td>
<td>21</td>
<td>5</td>
<td>96</td>
</tr>
</tbody>
</table>

Among the face-to-face respondents more than 50% said they experienced neither poor mental health days nor poor physical health days during the previous thirty days, and 46.6% indicated that they experienced neither physical nor mental health issues that limited their ability to engage in their normal daily routines. It is worth noting that 9.0% reported that, during at least half of the previous thirty days, they experienced poor mental health, and 6.5% of respondents reported that they spent at least half of the previous thirty days in poor physical health.

Table 18 shows us the number of health conditions within the respondents’ household by how frequently respondents reported experiencing poor health during the previous thirty days.
Table 18. Mean Number of Health Care Issues within the Household by Person-to-Person Respondents Experiencing Varying Frequencies of Poor Health Days.

<table>
<thead>
<tr>
<th></th>
<th>No Days</th>
<th>1-3 Days of Poor Health</th>
<th>4-14 Days of Poor Health</th>
<th>15+ Days of Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>(SD)</td>
<td>Mean</td>
<td>(SD)</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2.9</td>
<td>(2.68)</td>
<td>3.07</td>
<td>(2.96)</td>
</tr>
<tr>
<td>Physical Health**</td>
<td>2.64</td>
<td>(2.54)</td>
<td>2.59</td>
<td>(1.72)</td>
</tr>
<tr>
<td>Poor physical or mental health limiting normal daily activity*</td>
<td>2.59</td>
<td>(2.19)</td>
<td>3.73</td>
<td>(3.33)</td>
</tr>
</tbody>
</table>

ANOVA Tests show significant difference among groups *p<.01, **<.001

Those who reported that half or more of their previous thirty days were spent in poor physical health, were shown to also live in households with more health conditions; the mean number of health conditions present in their household was 5.0, compared to someone reporting no poor physical health days having less than three health issues present in their household. Similarly, among those who reporting that at least half of their previous days were affected by either their poor physical or mental health, the average number of health conditions present in their household was 5.4.

Table 19. Percent of Person-to-Person Respondents Reporting No Presence of Diabetes, High Blood Pressure, or Heart Conditions, One of these Health Issues, Two of these Health Issues, All Three of these Health Issues by Insured Status.

<table>
<thead>
<tr>
<th>Has None of the Three Health Issues</th>
<th>Uninsured (n=67)</th>
<th>Insured (n=206)</th>
<th>Total (n=273)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has One of the Three Health Issues</td>
<td>20.9%</td>
<td>24.8%</td>
<td>23.4%</td>
</tr>
<tr>
<td>Has Two of the Three Health Issues</td>
<td>14.9%</td>
<td>9.2%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Has Three of the Three Health Issues</td>
<td>0.0%</td>
<td>3.4%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

Table 19 shows that two-thirds of the entire sample report having none of the three health issues while 23.4% of the total sample of respondents from the face-to-face survey has diabetes, high blood pressure, or heart conditions. Another 10.8% reports having two of the three issues, and 2.5% has all three. Tests of significance indicate that the reporting of these health conditions does not vary by insurance status.
Table 20. Telephone Survey Person Survey Respondents Experiencing Poor Health during the Previous Thirty Days.

<table>
<thead>
<tr>
<th></th>
<th>No Days</th>
<th>1-3 Days of Poor Health</th>
<th>4-14 Days of Poor Health</th>
<th>15+ Days of Poor Health</th>
<th>Did Not Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>45.9%</td>
<td>7.3%</td>
<td>6.4%</td>
<td>8.8%</td>
<td>31.5%</td>
</tr>
<tr>
<td>Physical Health</td>
<td>37.8%</td>
<td>6.9%</td>
<td>10.8%</td>
<td>13.8%</td>
<td>30.8%</td>
</tr>
<tr>
<td>Poor physical or mental health</td>
<td>17.3%</td>
<td>2.5%</td>
<td>3.6%</td>
<td>7.6%</td>
<td>68.9%</td>
</tr>
<tr>
<td>limiting normal daily activity</td>
<td>116</td>
<td>17</td>
<td>24</td>
<td>51</td>
<td>461</td>
</tr>
</tbody>
</table>

Among those participating in the telephone survey, 45.9% indicated that none of the previous 30 days were affected by poor mental health; additionally 37.6% indicated that they spent none of the previous 30 days in poor physical health. Yet, only 17.3% of respondents indicated that neither poor physical nor poor mental health affected their ability to conduct their normal daily routines. Only a small proportion of telephone respondents indicated that more than half of their previous thirty days were affected by poor mental health (8.8%) or poor physical health (13.8%). What is more, only 7.6% of telephone respondents indicated that more than half of their previous thirty days’ normal daily activities were affected by either poor physical or mental health, yet it is also important to note that more than two-thirds of telephone respondents did not answer this question.

Those who have more than half of their previous thirty days’ normal daily activities affected by their health also seem to have significantly higher rates of diabetes, high blood pressure, and/or coronary issues, according to Table 21.
Table 21. Chi-square tests of Telephone Respondents who have Diabetes, High Blood Pressure, and/or Coronary Issues by the Number of Days They Reported Being Affected by Poor Physical or Mental Health (n=208)

<table>
<thead>
<tr>
<th>No Days (n=116)</th>
<th>1-3 Days of Poor Health (n=17)</th>
<th>4-14 Days of Poor Health (n=24)</th>
<th>15+ Days of Poor Health (n=51)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has None of the Three Health Issues</td>
<td>39.7%</td>
<td>35.3%</td>
<td>33.3%</td>
</tr>
<tr>
<td></td>
<td>46</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Has One of Three Health Issues</td>
<td>31.0%</td>
<td>41.2%</td>
<td>41.7%</td>
</tr>
<tr>
<td></td>
<td>36</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Has Two of the Three Health Issues</td>
<td>22.4%</td>
<td>17.6%</td>
<td>25%</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Has Three of the Three Health Issues</td>
<td>6.9%</td>
<td>5.9%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

\( \text{Chi-square}=20.59, \text{df}=9, p=.2 \)

Those who reported that more than half of their previous thirty days were affected by poor physical or mental health were much more likely to report having all three health conditions (diabetes, high blood pressure and coronary issues) than other respondents reporting fewer days in poor physical health. For example, only 6.9% of those who reported having no days affected by poor physical health reported having all three health issues, while 25.5% of those having at least half of their days being affected by poor health had all three health issues. Similarly nearly 40% of those reporting no days being poor health days also reported having none of the three health issues while 20% of those with more than half of their days being affected by poor health reported having neither diabetes, high blood pressure, or coronary issues.

While chi-square tests show that those reporting more number of days are more likely to have diabetes, high blood pressure, and or coronary issues, there doesn’t appear to be an association between the numbers of these conditions respondents report having and the average number of days reported experiencing poor mental health. Table 22 below presents the findings.

Table 22. Number of Poor Mental Health Days by Number of Conditions Reported.

<table>
<thead>
<tr>
<th>No condition reported</th>
<th>One Conditions Reported</th>
<th>Two Conditions Reported</th>
<th>Three Conditions Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Number of Poor mental Health Days Reported</td>
<td>4.07 (9.0)</td>
<td>3.97 (8.5)</td>
<td>5.05 (9.3)</td>
</tr>
</tbody>
</table>

\( F=.44, p=.443 \)

While those reporting having all three health conditions on average reported having 5.32 days of poor mental health during the previous 30 days, those reporting none of
the three conditions reported having on average 4.07 days of poor mental health. The standard deviation for each of those groups is sufficiently large enough that the differences we observe can be due to chance. While those with multiple conditions appear to not have a significantly different number of poor mental health days, those individuals appear to be residing in homes with many more health care issues within the household. Table 23 below relays the findings.

**Table 23. Number of Health Issues within the Household by Number of Conditions Reported.**

<table>
<thead>
<tr>
<th></th>
<th>No condition reported (n=396)</th>
<th>One Conditions Reported (n=153)</th>
<th>Two Conditions Reported (n=82)</th>
<th>Three Conditions Reported (n=38)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mean (SD)</strong></td>
<td>.86 (1.9)</td>
<td>4.19 (2.7)</td>
<td>6.87 (3.8)</td>
<td>9.53 (3.5)</td>
</tr>
<tr>
<td><strong>Number of Health Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>within the Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

F=278.6, p<.001

Table 23 suggests that those with more conditions also reside in households that experience more health challenges (F=278.6, p<.001). Notice those who report not having diabetes, high blood pressure or heart issues also reside in homes that, on average, have less than one health issue. While those report having either diabetes, high blood pressure, or coronary issues reside in homes that have on average 4.19 health conditions. Those with two of the three health issues reside in homes with almost seven different health conditions. And, those reporting having all three health conditions live in homes where there exist, on average, more than nine health issues.

**Top Health Issues for Children**

In the Coastal Bend community, there were several particular concerns for children identified by the Task Force Committee: asthma, obesity, premature births, and mental health issues. The telephone community survey provided an opportunity to determine the extent of these problems. Table 24 presents comparative data regarding children’s health status with State and Federal data and summarizes responses from the phone survey.
### Table 24. Children’s Health Status Summary: Telephone Survey.

<table>
<thead>
<tr>
<th>Diagnosis and % of responses</th>
<th>Comparative Prevalence Rates</th>
<th>Child Insurance Status</th>
<th>Age</th>
<th>Income</th>
<th>Ethnicity</th>
<th>Rurality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Survey</td>
<td>Texas</td>
<td>U.S.</td>
<td>Uninsured</td>
<td>Insured</td>
<td>≤ 44</td>
</tr>
<tr>
<td>Asthma diagnosis</td>
<td>32.9%</td>
<td>21.4%</td>
<td>14.2%</td>
<td>1</td>
<td>54</td>
<td>201/009</td>
</tr>
<tr>
<td>Active asthma</td>
<td>23.8%</td>
<td>9.7%</td>
<td>6.6%</td>
<td>0</td>
<td>48</td>
<td>408/000</td>
</tr>
<tr>
<td>Obesity</td>
<td>19.0%</td>
<td>15.6%</td>
<td>16.9%</td>
<td>2</td>
<td>29</td>
<td>700/000</td>
</tr>
<tr>
<td>Premature birth</td>
<td>18.8%</td>
<td>13.1%</td>
<td>12%</td>
<td>3</td>
<td>27</td>
<td>140/000</td>
</tr>
<tr>
<td>Mental health</td>
<td>7.5%</td>
<td>6.1%</td>
<td>7.7%</td>
<td>3</td>
<td>9</td>
<td>120/000</td>
</tr>
</tbody>
</table>

2. CDC Summary Health Statistics for U.S. Children: National Health Interview Survey.

*Contingency Coefficient

**Asthma.** In terms of asthma, 33% of the telephone survey respondents indicate having a child that has been seen for asthma by a health care provider. For those whose children were identified as having asthma, 72.2% of those children still have asthma or 23.8% of total respondents’ children still have asthma. Recent data from the 2011 Youth Risk Behavior Survey Results indicates that the asthma prevalence of having been seen for asthma among Texas students is 21.4% and the rate of children who currently have asthma is 9.7%. Pursuant to the CDC Summary Health Statistics for U.S. Children: National Health Interview Survey, 2011, nationally the rate for ever being told of asthma is 14.2% among children and current asthma cases are 9.6% among children. Data suggests that children within the Texas Coastal Bend have significantly higher rates of diagnosis and current active asthma.

**Obesity.** Obesity is a condition that 19% of the respondents state is present in at least one of their children. This rate is about 3% higher than the Texas child obesity rate and about 2% higher than the child obesity rate in the United States. When looking at critical demographic variables that correlate with obesity in the children of the Coastal Bend both income and ethnicity have a moderately strong to moderate relationship, suggesting that children of those respondents with incomes below $50,000 and children of Hispanic ethnicity are more likely to be overweight or obese.

**Premature Births.** Preterm births (less than 37 weeks of gestation) were reported by 18.8% of the survey respondents. Preterm infants are at increased risk of disability and early death compared with infants born later in pregnancy. For Texas, the preterm birth rate is 13.2% and 14.9% for the Corpus Christi MSA. When compared to the national norm of a 12% incidence of preterm births, the Coastal Bend is 7% higher as reported...
by the survey participants and about 3% higher according to state data. In the Coastal Bend, respondents who live in rural areas are more likely to report pre-mature births.

**Mental Health Status.** In the survey data 7.5% of respondents report that their children have been diagnosed with mental health issues. This is about 1.5% higher than the child mental health incident rates reported in Texas and slightly lower than the child mental health incidence rate reported nationally. Income is a weak to moderate correlate with child mental health incidence, which suggests that such conditions are typically more reported by those with incomes below $50,000. When indicating the services utilized by their children, the most common is a specialist for autism/speech therapy (5), then ADHD (3) and 1 each for the categories of MHMR, counseling and schizophrenia.

The person-to-person interviews targeted parents with children to complement the telephone survey data. Over sixty percent of the person-to-person respondents reside in households with children under the age of 18. As Table 25 shows the results are similar to those found in the telephone survey.

**Table 25. Health Issues for Households with Children: Person-to-Person Interviews.**

<table>
<thead>
<tr>
<th>Item</th>
<th>Respondent has Health Insurance (n=195)</th>
<th>Respondent Does Not Have Health Insurance (n=74)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of R with Children in Household</td>
<td>66.2%</td>
<td>64.9%</td>
</tr>
<tr>
<td>Child(ren) ever had asthma</td>
<td>38.8%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Child(ren) still has asthma</td>
<td>75.2%</td>
<td>61.5%</td>
</tr>
<tr>
<td>Overweight</td>
<td>8.5%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Born Premature</td>
<td>21.9%</td>
<td>18.8%</td>
</tr>
<tr>
<td>Need Mental Health Services</td>
<td>3.1%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Received Fluoride Treatment</td>
<td>62.4%</td>
<td>46.8%</td>
</tr>
</tbody>
</table>

There are two children’s health issues that merit further attention. A total of 8.3% of respondents without health insurance report that they have been told by health professionals that their children need mental health services; only 3.2% of respondents with health insurance are told the same thing. National data suggests that one in ten children has mental health issues. Children’s mental health issues not only affect the child; they affect the entire family (Mendenhall and Mount 2010). Parents of such children are more likely to experience financial burdens, stress, sibling rivalries, marital stress, and difficulty accessing services. These stressors can be amplified for those who are uninsured themselves, which is also an indicator of limited resources.
Additionally, according to the person-to-person survey, less than half of the children of the uninsured received fluoride treatment for their children, compared to the nearly two out of every three children of the insured getting fluoride treatment. Fluoride treatments help prevent tooth decay. With more than half of the uninsured children not receiving treatments, they are more likely to get cavities which are related to pain, dysfunction, school absences, and difficulty concentrating, all of which affect children’s performances in school and impact the likelihood of them being successful later in life (CDC 2011). Not only do these conditions affect the child; there are also social consequences, as the costs of poor dental hygiene can be costs that ultimately have to be shared by the community.
What Are Factors in the Health Region that Lead to These Outcomes?

County Health Rankings: Health Factors

To determine health factors in the county health ranking, the University of Wisconsin, Health Institute, uses several indicators: health behaviors, clinical care, social and economic factors, and physical environment. The rankings range from 1 indicating the highest possible score to 232, the lowest. The overall Health Factors for the Coastal Bend counties’ ranks ranged from 13 (LaVaca) to 230 (Brooks) out of 232 with a mean rank of 122.29, a slight decrease from 2010.

As Table 26 shows, the Coastal Bend counties are ranked in the midrange for health behaviors, 106.76 where 1 is the highest rank and 232 the lowest rank. For the Coastal Bend, Bee County had the highest rank (19), but Nueces County had the lowest rank (218) followed by Brooks (196) and Jim Wells (195). For the Clinical Care indicators (access to and quality of care), Coastal Bend counties’ average rank is 105.53 and ranged from 25 in Nueces County to 195 in Brooks County. Urban areas have higher clinical care rankings than rural areas.

The results for Nueces County seem inconsistent in that the county ranks near the bottom for health behaviors while earning a high rank for clinical care indicators. This may indicate that Nueces County has adequate clinical resources but patients’ may not use them, do not follow care plans appropriately or do not know about the available resources.

Moreover, the Coastal Bend counties do not rank very highly on the social and economic factors. Overall, the area ranked 144.88. The ranks ranged from a high of 27 for Goliad to a low of 226 for Brooks. The Physical Environment indicators (derived from food environment and environmental quality measures) gave the Coastal Bend counties the highest overall rank, 72.47. The ranks ranged from a high of 8 for Goliad to low ranks for Refugio (186), Duval (190) and Jim Hogg (191).
Table 26. Comparison of Health Factors for Texas and the Coastal Bend Counties by 2013 National Benchmarks.

<table>
<thead>
<tr>
<th>Health Factors</th>
<th>Number of Coastal Bend Counties Included in Category</th>
<th>2013 National Benchmarks</th>
<th>Texas</th>
<th>Coastal Bend Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult smoking (%)</td>
<td>4</td>
<td>13</td>
<td>18</td>
<td>13.0</td>
</tr>
<tr>
<td>Adult Obesity (%)</td>
<td>19</td>
<td>25</td>
<td>29</td>
<td>29.0</td>
</tr>
<tr>
<td>Physical Inactivity (%)</td>
<td>19</td>
<td>21</td>
<td>25</td>
<td>26.6</td>
</tr>
<tr>
<td>Excessive drinking (%)</td>
<td>2</td>
<td>7</td>
<td>16</td>
<td>18.5</td>
</tr>
<tr>
<td>Motor vehicle crash rate</td>
<td>17</td>
<td>10</td>
<td>15</td>
<td>18.8</td>
</tr>
<tr>
<td>Sexually transmitted infections</td>
<td>18</td>
<td>92</td>
<td>476</td>
<td>440</td>
</tr>
<tr>
<td>Teen birth rates</td>
<td>17</td>
<td>21</td>
<td>60</td>
<td>75</td>
</tr>
<tr>
<td>Clinical Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td>19</td>
<td>11</td>
<td>26</td>
<td>24.5</td>
</tr>
<tr>
<td>Primary care physicians</td>
<td>15</td>
<td>1,067:1</td>
<td>1,766:1</td>
<td>2,977:1</td>
</tr>
<tr>
<td>Dentists</td>
<td>18</td>
<td>1,516:1</td>
<td>2,200:1</td>
<td>3,331:1</td>
</tr>
<tr>
<td>Preventable hospital stays per 1,000 Medicare enrollees</td>
<td>17</td>
<td>47</td>
<td>72</td>
<td>102</td>
</tr>
<tr>
<td>Diabetic screening</td>
<td>18</td>
<td>90</td>
<td>82</td>
<td>82</td>
</tr>
<tr>
<td>% Medicare enrollees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>17</td>
<td>73</td>
<td>61</td>
<td>57</td>
</tr>
<tr>
<td>Social &amp; Economic Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High school graduation (%)</td>
<td>18</td>
<td>-</td>
<td>86</td>
<td>87.9</td>
</tr>
<tr>
<td>Some college</td>
<td>19</td>
<td>70</td>
<td>57</td>
<td>47.0</td>
</tr>
</tbody>
</table>
(\%)  
Unemployment (\%)  19 5.0 7.9 6.9  
Children in poverty (\%)  19 14 27 28.8  
Inadequate social support (\%)  5 14 23 34.0  
Children in single-parent households (\%)  18 20 33 33.5  
Violent crime rate  19 66 483 342.31  

<table>
<thead>
<tr>
<th>Physical Environment</th>
<th></th>
</tr>
</thead>
</table>
| Daily fine particulate matter  19 8.8 10.2 9.1  
Drinking water safety (%)  19 0 6 13.5  
Access to recreational facilities Per 100,000  19 16 7 5.5  
Limited access to healthy foods (%)  19 1 9 12  
Fast food restaurants (%)  17 27 52 49.5  

Note: Missing values are common for individual measures. Not all counties, especially smaller counties, will compile data on each of over approximately 30 measures used to calculate the ranking score or will have sample sizes simply too small for any meaningful comparison. PHI substitutes the state average for missing values in the calculation of rankings, an accepted technique for treatment of missing data.

**Screening and Preventative Behaviors**

In general, the data indicate that many Coastal Bend residents do not receive appropriate screening for health conditions, especially those residents who do not have health insurance of any kind. The lack of screening for chronic and acute conditions can lead to hospitalization for preventable diseases such as pneumonia or a situation where the individual seeks care after the condition becomes much worse and interventions perhaps are less effective.

In the person-to-person interviews, for example, the insured respondents (72.6\%) were more likely to have had routine care in the last year compared to the uninsured
respondents (36.1%) (see Figure 8). Over 15% of the interviewees indicated that they had not had routine care in over 5 years.

Regardless of the person-to-person’s insurance status, a small portion of the community are either engaging in proactive health behaviors or monitoring their current health. Only half (50.3%) of insured respondents and less than a quarter (23%) of uninsured respondents received a flu vaccine. Among women, more than half of the insured respondents and less than a third of uninsured respondents had a pap smear in the past twelve months. Of those who have had screenings/procedures in the past 12 months, those with insurance were more likely to have had routine screenings for cancer than those without insurance. The survey and County Rankings data (see Table 27) about mammograms exposes the lack of preventative health services utilization for women in the region.

Though vision, hearing, and oral hygiene are important for day-to-day functioning, the person-to-person survey shows that regardless of insurance status, few people received screenings in the previous twelve months. While 43.6% of insured had a dental screening, only 16.2% of the uninsured had one. What’s more only 43.1% of the insured had their vision checked in the past twelve months compared to only 21.6% of the uninsured. A mere 5.4% of the uninsured had their hearing screened in the previous twelve months while hearing screening failed to make the top ten list of preventive measures; this could be due to the possibility that insured respondents are engaging in more proactive behaviors.

Blood sugar screenings and cholesterol checks provide early warning signs related to diabetes and heart health. The person-to-person survey indicates that 41% of insured respondents had a blood sugar screening and only 37% had a cholesterol screening while just over 21% of the uninsured had either of the two tests performed in the previous twelve months.
Figure 8. Last Time Respondent Sought Routine Care: Person-to-Person Interviews (n=278).

Table 27. Ten Most Frequent Procedures in the Past 12 Months: Person-to-Person Interviews.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Respondent is Insured (n=195)</th>
<th>Procedure</th>
<th>Respondent Lacks Insurance (n=74)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure Check</td>
<td>63.6%</td>
<td>Blood Pressure Check</td>
<td>41.9%</td>
</tr>
<tr>
<td>Pap smear (women only)</td>
<td>57.4%</td>
<td>Pap smear (women only)</td>
<td>25.7%</td>
</tr>
<tr>
<td>Flu Shot</td>
<td>50.3%</td>
<td>Flu Shot</td>
<td>23.0%</td>
</tr>
<tr>
<td>Dental X-rays Check</td>
<td>43.6%</td>
<td>Vision Test</td>
<td>21.6%</td>
</tr>
<tr>
<td>Vision Test</td>
<td>43.1%</td>
<td>Cholesterol Screening</td>
<td>21.6%</td>
</tr>
<tr>
<td>Blood Sugar Check</td>
<td>41.0%</td>
<td>Blood Sugar Check</td>
<td>21.6%</td>
</tr>
<tr>
<td>Cholesterol Screening</td>
<td>37.9%</td>
<td>Mammogram (women only)</td>
<td>16.2%</td>
</tr>
<tr>
<td>Mammogram (women only)</td>
<td>25.2%</td>
<td>Dental Cleaning</td>
<td>16.2%</td>
</tr>
<tr>
<td>Prostate Cancer PSA Screening (men only)</td>
<td>21.9%</td>
<td>STD Screening</td>
<td>9.5%</td>
</tr>
<tr>
<td>Prostate Cancer Digital Screening (men only)</td>
<td>18.8%</td>
<td>Hearing Screening</td>
<td>5.4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bone Density Test</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
As Figure 9 shows, the telephone survey respondents average 2.69 routine health care visits in the last 12 months. Those who did receive routine care in the past 12 months were more likely to be insured, female, married, employed and 45 years and older.

Figure 9. Routine Health Care Visit Last 12 Months: Telephone Survey (n=418).

![Histogram showing frequency of routine health care visits](image)

In the past 12 months, how many times have you gone for routine health care?

Cases weighted by Data weighted for age, gender, educational attainment and population variances.

Over 41% of health care and social service provider saw access to dental care as a major problem. Similarly, 45% of the telephone survey and 38% of the person-to-person respondents indicated that access to dental care was a moderate to major problem in the Coastal Bend.

**Preventable Hospitalizations**

Analysis of the hospital and emergency department data revealed that many patients end up in the hospital and/or emergency rooms for conditions that are preventable such as pneumonia and urinary tract infections (UTI). The County Ratings of Health Factors (see Table 26 above), for example, shows that the Coastal Bend counties have 102 preventable hospital stays compared to the state’s 72 and the 2013 national benchmark’s 47. Figure 10 shows pneumonia hospitalizations by age and sex. For both males and females, those over the age of 65 are more likely to be hospitalized for
pneumonia than are other age groups. Only 22% of the telephone survey and 11.9% of the person-to-person respondents indicated that they had a pneumonia vaccine.

**Figure 10. Pneumonia (Primary Diagnosis) Patients by Age and Sex: Hospitalization Data.**

![Graph showing pneumonia patients by age and sex](image)

Figures 11 illustrates the rate of pneumonia cases in the hospital and emergency department data by zip code in the 19 counties of the Coastal Bend area. As indicated, the proportion of pneumonia patients is significantly higher in Bee, Duval and Jim Wells counties than in the other counties.
Figure 11. Pneumonia Cases by Zip Code in the Coastal Bend Area: Hospital Data.
Figure 12. Urinary Tract Infections by Zip Code in the Coastal Bend Area.
The highest rates of urinary tract infections are clustered in certain zip codes of Bee, Duval and Victoria counties as shown in Figure 12 above. Figure 13 depicts urinary tract infections, the most common primary diagnosis for the emergency department data. Women and those aged 18-64 are more likely to have UTIs than are men and other age groups. In addition, UTIs also were common in the primary diagnoses for hospitalization and secondary diagnoses for patients in hospitals and emergency departments (see Tables 12 through 15 above).

**Figure 13. Urinary Tract Infection (Primary Diagnosis) Patients by Age and Sex: Emergency Department Data.**

Although many associate the emergency department as the place that those without insurance or a health care home go, further analysis of the emergency department data revealed that those with a UTI are more likely to be insured than lacking health insurance. This result raises the question as to why insured patients would choose care from the emergency department rather than from their primary care provider.
Figure 14. Urinary Tract Infection (Primary Diagnosis) Patients by Age and Insurance Status: Emergency Department Data.

Unlike the hospital data, patients with UTIs are more likely to come from Victoria, Dewitt and Goliad counties.
Figure 15. UTI by Zip Code in the Coastal Bend Area.
Chronic Conditions

Obesity

Obesity contributes to the cause of many health problems, including heart disease, stroke, and diabetes. Another measure of a person’s health status is the Body Mass Index (BMI). It is calculated by taking an individual's body weight and dividing it by the square of his/her height. The BMI is not a direct measure of body fat, but it helps establish whether someone is obese or not. A BMI of 18.5 to 24.9 is considered normal for adults (CDC 2011). There is a consensus that people in the Coastal Bend area are overweight or obese. As Figure 6 notes (see above), the health care and social service providers indicated that the condition they saw most frequently in the past 12 months were patients who were overweight and obese.

The telephone survey asked participants to self-report their height and weight. From this information, a BMI was calculated. A BMI of 25 to 29.9 is considered overweight and a BMI of 30 or greater is considered “obese.” For this sample, the mean BMI was 28.64 (s.d. = 7.09), with the median being 27.94 indicating that the average person in the Coastal Bend area is “overweight”. As Figure 16 shows, 70% of the telephone survey respondents were “overweight” or “obese.”

Figure 16. BMI Weight Categories: Telephone Survey.

Table 28 demonstrates that those older than 44; those with incomes below $50K and respondents from rural areas are significantly more likely to have higher BMI’s. It is important to note that the number of telephone respondents who are overweight or obese jumped from 65.8% in 2010 to 71% in 2013.
Our local environment may contribute to obesity. Obesity is related to the food one eats and the amount of exercise one gets. In the County Health Rankings examination of the Physical Environment (see Table 26), the Coastal Bend counties rank low compared to the 2013 National Benchmarks for access to recreational facilities (number of facilities per 100,000 population), access to healthy foods (individuals have low access if they do not live close to a supermarket or large grocery store and are low income), and percentage of fast food restaurants (calculated by the number of fast-food outlets over the total number of restaurants in a county).

Heart Failure

According to Figure 17, which depicts hospitalized patients with heart failure by zip codes in the Coastal Bend area, the rates are highest in a certain area of Bee County and sporadically in the rural areas of Brooks, Kleberg, and Duval Counties. Heart failure was one of the top primary diagnoses in the hospitalization data. This pattern of clustering in these areas indicates an older population who are more likely to suffer from these degenerative diseases and conditions as shown in Table 29.

The next series of maps of the most frequent primary diagnoses for hospitalization show a similar pattern for septicemia, obstructive chronic bronchitis, coronary atherosclerosis, and acute kidney failure (See Figures 18 – 21).

Table 28. BMI and Important Demographic Characteristics: Telephone Survey.

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>Income</th>
<th>Ethnicity</th>
<th>Rurality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt;44</td>
<td>&gt;44</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>n resp BMI</td>
<td>n resp BMI</td>
<td>p ≤</td>
<td>n resp BMI</td>
<td>n resp BMI</td>
</tr>
<tr>
<td>BMI</td>
<td>186</td>
<td>27.87</td>
<td>171</td>
<td>29.46</td>
</tr>
</tbody>
</table>

Note: Body Mass Index (BMI) is a number calculated from a person’s weight and height. The standard weight status categories are as follows: <18.5=underweight; 18.5-24.9=normal; 25-29.9 = overweight; and 30.0 and ≥=obese.
Table 29. Frequency Distribution of Top Diagnosis for Patients Aged 65+:
Hospital Data

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septicemia, unspecified</td>
<td>1940</td>
<td>2.7</td>
</tr>
<tr>
<td>Coronary atherosclerosis</td>
<td>1400</td>
<td>1.9</td>
</tr>
<tr>
<td>Heart failure</td>
<td>1447</td>
<td>2.0</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>3262</td>
<td>4.5</td>
</tr>
<tr>
<td>Obstructive chronic bronchitis</td>
<td>1913</td>
<td>2.6</td>
</tr>
<tr>
<td>Acute kidney failure</td>
<td>1578</td>
<td>2.2</td>
</tr>
<tr>
<td>Urinary tract infection; other diseases of urinary system</td>
<td>2256</td>
<td>3.1</td>
</tr>
<tr>
<td>Cellulitis of leg</td>
<td>821</td>
<td>1.1</td>
</tr>
<tr>
<td>Other</td>
<td>55675</td>
<td>76.3</td>
</tr>
<tr>
<td>Care involving specified rehabilitation procedure</td>
<td>2693</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>72985</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Figure 17. Heart Failure by Zip Codes in the Coastal Bend Area.
Figure 18. Septicemia by Zip Codes in the Coastal Bend Area.
Figure 19. Obstructive Chronic Bronchitis by Zip Codes in the Coastal Bend Area.
Figure 20. Coronary Atherosclerosis by Zip Codes in the Coastal Bend Area.
Figure 21. Acute Kidney Failure by Zip Codes in the Coastal Bend Area.
Barriers to Health Care

Barriers to access can include a number of factors, the availability of health insurance, costs associated with health care, transportation to health care facilities, the availability of health care professionals, including medical specialists, and health literacy issues.

Figure 22 demonstrates that 59% of telephone survey respondents see access to health care in Coastal Bend counties as not being a problem or only being a minor while 41% of the respondents see health care access as being a moderate to major problem.

Figure 22. General Perceptions of Access to Health Services: Telephone Survey.

Lack of Health Insurance

The lack of health insurance coverage for Coastal Bend residents is a well-documented fact. Over 34% of the telephone survey respondents indicated that they did not have any kind of health insurance as shown in Figure 23. Those with health insurance of any kind were more likely to be non-Hispanic, older than 45 years of age, married, have higher incomes and educational levels and be employed. Similarly, 25.1% of the person-to-person interviewees indicated that they did not have any type of health insurance. The majority of Health Care and Social Service Provider survey respondents also indicated that lack of insurance coverage was a major barrier to health for their patients/clients (See Figure 24).
Figure 23. Health Care Coverage: Telephone Survey (n=57).

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare?

- No
- Yes

Cases weighted by Data weighted for age, gender, educational attainment and population variances.

Figure 24. Barriers to Health for Their Patients/ Clients: Providers Survey.

In your professional experience, please indicate the degree to which the following are barriers to health for your patients/clients:
When asked why they did not have health insurance, 67.2% of the person-to-person interviewees indicated that cost was the major reason they did not have health insurance. The second most common reason (14.9%) was that their employer did not provide health insurance.

**Cost**

The cost of health care is a definite barrier to seeking and receiving health care. The telephone survey respondents, for example, cited cost as the major reason they were unable to receive treatment for a common or chronic condition. Those who were unable to receive treatment were most likely aged less than 45, were Hispanic, unemployed, and had incomes less than $50,000.

**Figure 25. Unable to Receive Treatment for a Common or Chronic Illness: Telephone Survey (n=62).**

![Bar chart showing reasons for unable to receive treatment](chart)

- **Cost**
- **Asymptomatic**
- **Lack of insurance**
- **Dissatisfaction with medical treatment**
- **Not covered under insurance policy**
- **Utilize someone else's RX to treat**

**Transportation and Doctor’s Availability**

Transportation emerged as a problem for those in rural areas. As Figure xx and xx - shows spatially, there are few to no dentists, doctors or health care facilities in the rural areas. For those who live in the non-metropolitan areas of the Coastal Bend, traveling a great distance may impede timely medical interventions and preventative measures. The majority of physicians, dentists, and health care facilities are located in the metropolitan areas of the Coastal Bend. As the County Ratings data indicated, the Coastal Bend has a high ratio of primary care doctors and dentists compared to the state and national benchmarks (see Table 26). The health care providers in the Coastal
Bend are overburdened by a high ratio of patients to doctors perhaps contributing to a lack of access to health care for residents.

Table 30. Projection of Regional Physician Supply and Deficit 2011-2016.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Supply 2011</th>
<th>Over Age 60*</th>
<th>Supply 2016</th>
<th>Physician Deficit (Surplus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Practice</td>
<td>128</td>
<td>43</td>
<td>85</td>
<td>20.1</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>70</td>
<td>19</td>
<td>51</td>
<td>56.5</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>97</td>
<td>23</td>
<td>74</td>
<td>(26.8)</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>31</td>
<td>12</td>
<td>19</td>
<td>(2.80)</td>
</tr>
<tr>
<td>Child &amp; Adolescent Psychiatry</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>8.3</td>
</tr>
<tr>
<td>Endocrinology, Diabetes &amp; Metabolism</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2.8</td>
</tr>
<tr>
<td>General Surgery</td>
<td>22</td>
<td>8</td>
<td>14</td>
<td>10.7</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>4.7</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
<td>46</td>
<td>15</td>
<td>31</td>
<td>8.1</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>28</td>
<td>13</td>
<td>15</td>
<td>2.4</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>33.9</td>
</tr>
<tr>
<td>Pulmonary Critical Care</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>5.2</td>
</tr>
<tr>
<td>Pulmonary Diseases</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>2.5</td>
</tr>
<tr>
<td>Urology</td>
<td>8</td>
<td>3</td>
<td>5</td>
<td>6.1</td>
</tr>
</tbody>
</table>

The Health Care and Social Service respondents also indicated that transportation was a barrier to health care (see Figure 24 above) accompanied by a lack of medical specialists. Seven percent of the telephone survey respondents said that the lack of specialists was a health care barrier. Those who were most likely to see the lack of specialists as a barrier lived in rural areas, were unmarried and had incomes less than $50,000. Figure 29 shows the type of specialists telephone respondents felt were needed were hip specialists and obstetrics/gynecology as the most frequent responses. The “First Look” participants said the community needed more pain management specialists, endocrinologists, obstetricians (especially for rural areas), psychiatrists, (especially for adolescents), and family practitioners for preventative care. The following figures display the distribution of various health care providers in the region.
Figure 26. Map of Health Care Facilities in the Coastal Bend.
Figure 27. Map of Physicians and Surgeons in the Coastal Bend.

Physicians and Surgeons in the Coastal Bend, TX

Data source:
Metropolitan and micropolitan statistical areas: the U.S. Office of Management and Budget (OMB)
Physicians & Surgeons source: InfoUSA
Figure 28. Map of Dentist Offices in the Coastal Bend.
Feedback from the “First Look” participants also identified other themes in the discussion of primary care physicians and specialists. Many doctors’ practices are “maxed out” resulting in their ability to only take patients with specific kinds of insurance, usually those that reimburse at higher rates. They reported that some doctors have dropped Blue Cross/Blue Shield because of their lower reimbursement rates.

In addition, some specialists do not accept any uninsured patients. With the scarcity of specialists in the area, specialists will still have plenty of patients. Another issue is that many specialists are reaching retirement age, but younger specialists are not queued to replace them.

An additional issue raised by the “First Look” respondents was that some patients may have to wait a long time to schedule an appointment with a specialist. Once the appointment is made, the patient waits again in the office to actually see the specialist or primary care physician. The inability to make appointments with primary care physicians and/or specialists at times convenient to their work schedules may result in people postponing treatment until the condition worsens. This situation may help explain why so many insured use the emergency department for medical attention. Of the telephone respondents who used the emergency department, 65.7% indicated that the time of day was the reason for going there.

**Figure 29. Lack of Specialist Physician Was a Barrier to Health Care: Telephone Survey (n=420).**

As Table 31 shows, for those person-to-person interview respondents who visited the emergency department, the majority were insured. Similarly, as Table 32 displays, more
insured than uninsured visit the emergency department. There are statistically significant differences ($X^2=20000.38; \text{d.f.}=5; p=.0001$) between the insured and uninsured emergency patients. The uninsured are more likely to visit the emergency department for less severely rated conditions than the uninsured, supporting the notion of lack of access to a primary care physician. Figures 30 and 31 show ER visits by mild and high severity levels spatially.

**Table 31. Emergency Department Visits: Person to Person Survey Data.**

<table>
<thead>
<tr>
<th>Frequency over the Past Twelve Months</th>
<th>Insured</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once</td>
<td>24</td>
<td>6</td>
</tr>
<tr>
<td>Twice</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Three Times</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Four Times</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Five Times</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total Visits</td>
<td>47</td>
<td>11</td>
</tr>
</tbody>
</table>

**Table 32. CPT Code by Insurance Status: Emergency Department Data.**

<table>
<thead>
<tr>
<th>CPT code</th>
<th>Insurance Status</th>
<th>Insured</th>
<th>Uninsured</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>99281</td>
<td>ER Visit*</td>
<td>2.2%</td>
<td>6.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>99282</td>
<td>Low-Moderate Severity</td>
<td>8.3%</td>
<td>10.7%</td>
<td>9.1%</td>
</tr>
<tr>
<td>99283</td>
<td>Moderate Severity</td>
<td>39.8%</td>
<td>44.0%</td>
<td>41.3%</td>
</tr>
<tr>
<td>99284</td>
<td>High/Urgent Severity</td>
<td>30.0%</td>
<td>23.8%</td>
<td>27.8%</td>
</tr>
<tr>
<td>99285</td>
<td>High Severity And Threat</td>
<td>14.9%</td>
<td>7.8%</td>
<td>12.4%</td>
</tr>
<tr>
<td><strong>All Other Codes</strong></td>
<td><strong>Other</strong></td>
<td>4.8%</td>
<td>7.2%</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>450,492</td>
<td>246,391</td>
<td>696,883</td>
</tr>
</tbody>
</table>

Chi-Square=20000.381; d.f.=5; p=.0001

*ER visit represents a patient who presented a minor condition.**Other represents all other codes.
Figure 30. CPT 99281-ER Visit Minor Condition by Zip Code.
Figure 31. CPT 99285- High Severity and Threat by Zip Code.

Emergency Department Data: High Severity and Threat (CPT Code: 99285)

Ratio of ED Visits (x1000) by Zip Code
- 0.00
- 0.01 - 5.00
- 5.01 - 10.00
- 10.01 - 50.00
- 50.01 - 100.00
- 100.01 - 1000.00
- >1000

Data source:
- Emergency department data: Local Hospital System
- Population data: US Census Bureau
Mental Health Care Access

Suicidal ideation and anxiety states emerged in the most common secondary diagnoses lists for the hospital and emergency department data. Why are people with these conditions going to the ER for help? Although only 32% of the telephone survey and 34.2% of the person to person interview respondents indicated that access to mental health services was a moderate or major problem, health care and social service professionals, however, had a different view. Almost 60% of the health care and social service respondents indicated that access to mental health services was a major problem in the Coastal Bend area. This response from the providers may indicate an overrepresentation of mental health care providers or a “real” problem.

It should be noted, however, the County Health Rankings indicate that 34.0% of adults answered “never,” “rarely” or “sometimes” to the question: “How often do you get the social or emotional support you need?” This percentage is much higher than the 23% for Texas and 14% for the 2013 National Benchmark for the percentage of adults with inadequate social support.

During the two “First Look” presentations, the lack of mental health care emerged as one of the themes during the discussions. They noted that psychiatrists, especially those who work with adolescents, were needed in our community. Many highlighted that mental conditions and physical health conditions can be co-morbidities that are often not treated together. For example, chronic disease and depression are often linked (Chapman et al, 2005). In fact, the County Health Rankings & Roadmaps do not include any mental health indicators supporting the notion that mental and physical health care providers often are located in silos. That is, physical health care providers and mental health care providers work with patients in their own towers in isolation from one another. The result is that the patient is not treated as a whole person.

Health Literacy

The Center for Disease Control defines health literacy as “the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions.” Research indicates the health information is often presented in a way that is misunderstood or is not usable by many U.S. residents. If people do not understand prevention and self-management of conditions, they will not be able to make informed decisions about their health care needs. Chronic conditions such as diabetes are especially difficult to manage without clear information.

The Health Care and Social Service respondents (see Figure 24 above) indicated that lack of behavioral and drug compliance and lack of health information were barriers to health care. In the telephone survey, of those who responded to the question, 62% get
their health care information from medical professionals while the other 38% rely on the internet, friends and family, and the news media. Figure 32 demonstrates a statically significant relationship ($X^2 = 26.115, p = .0001$) between having insurance and where one receives their healthcare information. The data shows that those who are uninsured are significantly more likely to receive their health care information from friends and family and significantly less likely to receive their information from health care professionals. This fact may help explain why Coastal Bend residents do not utilize the clinical services available as described in Table 27 above.

**Figure 32. Health Insurance Status and Health Information Source: Telephone Survey.**
The pattern identified in the telephone survey data for health information sources is consistent with that found in person-to-person interviews. As Figure 33 shows, most respondents receive health care information from health care professionals (51%). Others, however, rely on friends, family and the internet for information. When examining responses by health insurance status for the person to person survey (see Figure 34), the insured were more likely to rely on health care professionals (59%) for health information than were non-insured (34%). The uninsured were more likely to rely upon friends, family and the internet than were the insured respondents.
Figure 34. Where Do You Get Most of Your Health Care Information? By Health Insurance Status: Person-to-Person Interviews (n=278).

**Insured Percent**
- Doctor/Nurse/Pharmacist: 59%
- Internet: 15%
- Other/Refused: 17%
- Friends/Family: 9%

**Uninsured Percent**
- Doctor/Nurse/Pharmacist: 34%
- Internet: 20%
- Other/Refused: 19%
- Friends/Family: 27%
Health Care Access for Children

In general, the vast majority of telephone and person to person survey respondents said that their children had health insurance coverage (see Figure 35). This is surprising given that 28.8% of children in the Coastal Bend live in household ranked below the poverty level.

Figure 35. Do Your Children Have Healthcare Coverage?: Telephone and Person-to-Person Surveys.

In this section, results about the community’s children as ascertained from the telephone survey are presented. Approximately 25% of the telephone survey respondents have children under the age of 18 living in their households. The range of numbers of children in the home is from 1 to 6. The median and modal response for children in the home is 1 child with the mean being 2 children. Nine respondents stated they have 6 children in the household. Of those who have children in their households, 82.4% reported that their children have health insurance coverage.

Approximately 10% of the respondents under the age of 45 replied that their children do not have insurance (9.2%), in excess of one quarter (28%) of the respondents above age 45 with children state that their children are uninsured. The relationship between parent age and children’s insurance status is moderate and statistically significant (Kendall's tau-c = .156, p =.007). The gender, income, ethnicity and rurality of the respondent have no statistically significant effects on their children’s insured status.
Reasons given for not having insurance for children were affordability or cost, is given by 84% of respondents without coverage for children, other reasons were job loss (13%) and job change (3%).

Forty-two percent (42%) of the respondents state that their children have a traditional private type of insurance coverage. The remaining 58% percent of respondents state that their children have health insurance coverage under one of three subsidized plans, either Medicaid (23%), STAR Medicaid (18%) or the CHIP program (17%).

**Figure 36. Type of Children’s Health Coverage: Telephone Survey.**

Table 33 below demonstrates the relationship between type of children’s insurance coverage (private vs. a subsidized program) and the five critical demographic variables of age, gender, income, ethnicity and rurality. The relationship between the respondent’s age and traditional private insurance or a subsidized program is moderately strong and significant (Contingency Coefficient = .248, p = .004) Nearly two-thirds (62.5%) of the children of respondents under age 45 are insured by a subsidized insurance program, while 70% of the children of respondents over age 45 are insured by more traditional private plans. As expected there is a very strong relationship between income and subsidized children’s health coverage (Goodman and Kruskal tau .409, p = .000). The results show that 82% of those respondents with incomes under $50,000 have some type of subsidized health insurance for their children. A moderately strong relationship exists between subsidized health coverage
and those children of parents with Hispanic ethnicity (Goodman and Kruskal tau .236, p = .000) shown by 72% of Hispanic respondents stating they have some type of subsidized healthcare for their children. A weak, but still significant relationship exists between children whose parent reside in urban areas and subsidized health insurance exists (Goodman and Kruskal tau .030, p = .047) with 62% of urban respondents claiming their children have some type of subsidized healthcare.

Table 33. Children’s Health Care Statistics (subsidized healthcare is identified by dot pattern, line pattern identifies statistically insignificant relationship).

<table>
<thead>
<tr>
<th></th>
<th>≤ 44</th>
<th>&gt;44</th>
<th>Male</th>
<th>Female</th>
<th>&lt;$50,000</th>
<th>≥$50,000</th>
<th>Non-Hispanic</th>
<th>Hispanic</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
<td>n resp</td>
</tr>
<tr>
<td>Private/Traditional</td>
<td>39</td>
<td>18</td>
<td>23</td>
<td>33</td>
<td>14</td>
<td>43</td>
<td>30</td>
<td>26</td>
<td>17</td>
<td>39</td>
</tr>
<tr>
<td>CHIP</td>
<td>29</td>
<td>3</td>
<td>8</td>
<td>12</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>19</td>
</tr>
<tr>
<td>STAR/Medicaid</td>
<td>22</td>
<td>1</td>
<td>15</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>Medicaid</td>
<td>24</td>
<td>4</td>
<td>16</td>
<td>13</td>
<td>2</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>104</td>
<td>26</td>
<td>62</td>
<td>66</td>
<td>78</td>
<td>52</td>
<td>37</td>
<td>93</td>
<td>28</td>
<td>103</td>
</tr>
<tr>
<td>n</td>
<td>130</td>
<td>128</td>
<td>130</td>
<td>130</td>
<td>130</td>
<td>131</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistic</td>
<td>0.248*</td>
<td>0.129</td>
<td>0.409**</td>
<td>0.236**</td>
<td>0.30**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>p=</td>
<td>p=.004</td>
<td>p=.141</td>
<td>0.000</td>
<td>0.000</td>
<td>0.047</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 34 below depicts the health insurance status for person-to-person survey respondents and their children. Twenty percent fewer child(ren) of respondents who lacked health insurance themselves had coverage than child(ren) of respondents who had health insurance. For those who lacked health insurance, their child(ren) was (were) more likely to have government sponsored insurance such as CHIP, Star, and Medicaid.

Table 34. Parents’ Health Insurance Status and Child(ren)’s Health Insurance Status: Person-to-Person Survey.

<table>
<thead>
<tr>
<th></th>
<th>Respondent has Health Insurance (n=195)</th>
<th>Respondent Does Not Have Health Insurance (n=74)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of R w Children in the household</td>
<td>66.2%</td>
<td>64.9%</td>
</tr>
<tr>
<td>% of Children w Health Insurance</td>
<td>95.3%</td>
<td>75%</td>
</tr>
<tr>
<td>Type of Health Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td>59.3%</td>
<td>27.0%</td>
</tr>
<tr>
<td>CHIP</td>
<td>15.0%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Star</td>
<td>5.3%</td>
<td>13.5%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>18.6%</td>
<td>32.4%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1.8%</td>
<td>5.4%</td>
</tr>
</tbody>
</table>
What Can We Do to Improve Our Community’s Health?

There are several approaches to improving the overall health of a community. The following represents some of the recommended tactics supported by the literature.

Integrate Health Care through Continuum of Care and Patient Navigators

Patient navigators provide culturally sensitive assistance and care-coordination, guiding patients through available medical, insurance, and social support systems. The goal of the patient navigation system is to reduce disparities in health care access and increase healthy outcomes.

Although patient navigator programs vary widely across the country, the research indicates that patient navigation systems are especially effective for cancer screening. Patient navigator programs with other health outcomes, however, are less documented.

The “First Look” participants urged more “hand holding” of patients through the system to help patients navigate the information and resources available to them. The “First Look” participants were especially concerned for those with co-morbidities. For individuals with chronic disease and depression, for example, community-based interventions that provide a continuum of care (Chapman et al, 2005) were discussed frequently among “First Look” participants. Continuum of care is conceptualized as a comprehensive health system that integrates physical health, mental health, and social services to provide guidance and track patients through services at all levels of care (Evashwick 1989).

Research (Michelen, et al. 2006) shows that community health workers help reduce emergency department visits for treatment that would be better delivered in providers’ offices or in clinics. By diverting patients from the emergency departments to more appropriate care, community health workers increased patients’ level of health and reduced costs. Community health workers also may increase health literacy through educating former emergency department patients about other resources available to them. The community health workers program in the CHRISTUS Spohn region effectively demonstrated how the continuum of care strategy prevents visits to the ER and preventable hospitalizations. Community health workers in Victoria are initiating a similar program.

The County Health Ranking Organization reports that the continuum of care is highly scientifically supported, especially for certain diseases such as breast cancer. The County Ratings website (http://www.countyhealthrankings.org/policies/systems-navigators-and-integration-eg-patient-navigators) lists more continuum of care programs found to be effective.
Increase Health Literacy

Health literacy is the degree to which people obtain, process, and understand basic health information and services in order to make appropriate decisions about their health. Studies indicate that between 25-50% of the U.S. population has limited health literacy. The elderly and low income are the most likely to have lower levels of health literacy (Eichler et al, 2009). Low levels of health literacy are associated with poor use of health services and health outcomes.

The “First Look” participants wanted more public campaigns and public health workers to help inform the Coastal Bend residents about healthy practices and how to manage chronic conditions. Although more evidence is needed to determine which interventions are most effective with certain populations, there is some evidence that mixed (print and multimedia) methods work well (Wilson et al, 2012). Moreover, patients are assigned a community health worker or patient navigator who follows the patient for the first 90 days and/or makes home visits once the patient is discharged from the hospital (Spencer, Gunter, and Palmisano, 2010). The patient navigator can provide one-on-one conversations about how to maintain health in a culturally sensitive manner.

The “First Look” participants also noted that we should focus on the paradigm shift that is transforming health care with the Affordable Care Act. They noted that not many patients and health care professionals know what it means to them yet. A new poll for the Kaiser Family Foundation finds that many U.S. citizens are puzzled about the Affordable Care Act scheduled to take effect on January 1, 2014. The law requires that all U.S. residents sign up for health insurance coverage before then, but the poll finds that more than 40% are not aware of the new law. Of those who are aware of the law, 12% think the law was repealed by Congress and 7% think the law was overturned by the Supreme Court. About half of the Kaiser Family Foundation respondents reported that they did not have enough information about the health reform law to understand how it would affect their family. Some organizations, such as Enroll America, are launching public awareness campaigns, YouTube videos and websites to explain who is eligible and how enrollment (www.enrollamerica.org). Investing in similar local initiatives is important to our community.

The County Health Ranking Organization reports on several interventions that help improve health literacy at their website:
Increase Primary Care Access

There are many barriers to health care in the Coastal Bend. Many in our area do not have health insurance that limits their access to routine health care. Over 34% of the telephone survey respondents and 25.1% of the person-to-person interviewees reported not having any kind of health insurance. The County Rankings indicated that 24.5% of Coastal Bend county residents are uninsured.

Increasing primary care access strategically is important. One strategy is to increase public awareness about the Affordable Care Act and currently obtainable resources in the community. Efforts to guide Coastal Bend residents on how the Affordable Care Act will affect them and if they are eligible to enroll for insurance coverage are encouraged. These educational efforts could include public awareness campaigns, websites and a social media presence, in addition to print material, and person-to-person discussions.

Another barrier is the insufficient number of primary care physicians, dentists and specialists. Projections of the number of available health care providers in the Coastal Bend area are dire. Recruitment and retention of more health care providers to the region are mandatory for the health of Coastal Bend residents. Increasing the number of nurse practitioners and physician assistants can extend primary care treatment to more people.

The few available health care providers are concentrated in Corpus Christi and Victoria, the more populous areas. The result is that Coastal Bend residents who live in rural areas have very few providers available to them. Many must travel some distance to receive routine health care and may wait until the condition becomes worse and treatments more difficult. Two recommendations to address the needs of rural residents are to explore the use of telemedicine in the rural areas and increase the number of mobile clinics.

Accessibility also relates to providers’ hours of operation and locations. “First Look” discussants recommended the creation of community clinics in schools. School buildings are located in residents’ neighborhoods, and they could be used as clinics during after-school hours. This would allow school parents to have access to health care on weekends and after work. Health practitioners could screen patients and make referrals as needed. Another recommendation is to encourage doctors and dentists to have some weekend and evening office hours to increase accessibility for those who cannot take off time from work to see a provider. These modifications may also reduce the use of emergency departments for non-emergency conditions.
Decrease Preventable Hospitalizations

Pneumonia and UTIs are some of the most common diagnoses in the hospital and emergency department data. The County Rankings revealed that the Coastal Bend counties are higher in preventable hospitalizations than Texas or the U.S. National Benchmarks. These infectious diseases can be avoided through pneumonia vaccination programs and education on how to prevent UTIs and pneumonia. The zip code mapping provided in this report are a first step, however, more analyses about the patients who suffer from these ailments would be are prudent. If patients with UTIs are coming from nursing homes or have catheters, then efforts to decrease UTIs may focus on educating caregivers about the maintenance and management of catheters. It would be prudent to learn if those who entered the health care system with pneumonia received pneumonia vaccination. If they did not, it would be important to address the barriers to pneumonia vaccinations. Knowing more about how the patients came to the hospital is the first step the reducing preventable hospitalizations. The next step is to have more effective discharge planning and follow-up.

Some hospitalizations are related to co-morbidities and sometimes include physical and mental health conditions. To prevent admission/readmission patterns, a more integrated approach to patient care is needed. Increasing behavioral health services and mental health workforce could reduce the utilization of emergency departments for readmission inpatient psychiatric care.

There are several incentives for addressing preventable hospitalizations. One is better recovery for the patient. The other, however, represents changes in Medicare reimbursements as part Readmissions Reduction Program of the Affordable Care Act (ACA). Medicare will reduce payments to hospitals with excessive readmissions (within 30 days) for acute myocardial infarction (AMI), heart failure (HF) and pneumonia (PN). In 2015, the list could expand to include patients with acute exacerbation of chronic obstructive pulmonary disease (COPD) and patients admitted with elective total hip replacement (THA) and total knee replacement (TKA).

One caveat to this readmission reduction plan is that even if a patient is discharged from one hospital and readmitted at another, there will be a reduction in payment to the hospital with the readmission. Under health care reform, the continuum of care model now expands to all hospitals and health care providers in a region.

Regional hospitals are encouraged to share quality data and best practices around reduction of preventable hospitalizations. Health care delivery needs to be patient-centered, coordinated and integrated. In the future, it does not matter where a patient presents for readmission. The region shares the burden of preventing readmissions and there will be economic penalties for not doing so.
Improve Children’s Health Status

The children’s data showed that asthma diagnosis, active asthma, obesity and premature births were higher than Texas and the nation. Children who had parents over the age of 44 and lived in rural areas were more likely to suffer from these conditions. Children whose parents were uninsured and Hispanic were more likely to have these conditions. In other words, children who lived in rural areas and were poorer were more vulnerable to poor health status.

Children suffer from asthma more any other chronic disease. Asthma is one of the most frequent reasons for hospital admissions among children. Both indoor and outdoor air quality can play a considerable role in avoiding potential asthma episodes. To reduce asthma, several approaches have demonstrated effectiveness. One approach is to ensure that children with asthma have a medical home. A medical home refers to coordinated sharing of responsibility among personal physicians and their teams, patients (and parents) to ensure that children have access to needed services for asthma management. One study (Diedhiou, et al. 2010) found that asthmatic children receiving care in a medical home were less likely to visit the Emergency Department.

Consideration of community and school environmental pollution is important. “Breathe across Texas,” for example, supports initiatives such as the Asthma Coalition of Texas (ACT). ACT is a partnership of individual and corporate members sharing a goal to optimize the quality of life for Texans with asthma by addressing asthma issues in medical management, patient education, epidemiology and surveillance, government, asthma in schools and the environment.

Another approach is to improve the home environment. A study (Postma, et al. 2011) of rural Hispanics, for example, found that educational programs delivered by community health workers improved the caregivers’ abilities to manage asthma medications and adopt behaviors to decrease asthma triggers in the home. Encouraging mothers to breastfeed their babies is worthwhile. Breastfeeding provides many health benefits to children including lower likelihood of asthma, obesity and diabetes (U.S. Preventive Services Task Force 2008).

Children who consume diets high in calories and have low rates of inactivity are more likely to become obese. As mentioned above, breastfeeding lowers the likelihood of a child becoming obese, but there are other strategies to help reduce obesity in children. One successful program is Coordinated Approach to Child Health (CATCH). CATCH works with elementary school health programs to teach children about eating healthy foods and engaging in more physical activity. Low income Hispanic children in the CATCH program had significant decreases in risk of being overweight compared to
children in schools without the CATCH program (Coleman, et al. 2005). “First Look” participants encouraged more collaboration with the Coastal Bend schools to improve the community’s overall health status and access; a program such as CATCH may serve as a good model to emulate.

Unfortunately, many children are born prematurely and/or with low birth weight. Premature birth can lead to a variety of health issues and developmental problems for a child, if they survive. Prevention of premature births is tied to the health status and health literacy of the mother. Evidence suggests that programs lead by nurses, community health workers and/or nurse practitioners are effective in preventing premature births and low birth weight babies. One example is the Nurse-Family Partnership (NFP). The program targets first-time, low income mothers and their babies, aiming to improve prenatal, birth, and early childhood outcomes. The nurse provides information about pregnancy, child birth, child care and access to health care resources. The home visits begin during pregnancy and continue through the child’s second birthday.

**Improve Women’s Health Status**

To improve children’s health starts with improving the health status and access for women. The data indicate that many women in the Coastal Bend are not receiving pap smears and mammograms. The lack of screening leads to more serious conditions, (such as late stage cancer), when there are no early interventions. Health screenings are essential to preventing chronic disease and possibly early deaths.

Evidence suggests that providing financial incentives increases preventive behavior, especially among low-income and high-risk populations (Sutherland, et al. 2008). In the future, incentives may become more common. The Affordable Care Act authorizes grants to states to provide incentives to Medicaid beneficiaries who participate in prevention programs, adopt healthier behaviors, and improve their health (CMS-MIPCD).

Access to health screenings, however, can be related to low levels of health literacy. As discussed above, efforts to increase health literacy could increase women’s health screenings. Community health workers can teach women more about when and where to go for health screenings. Cultural sensitivity and face-to-face interaction increase the effectiveness of such programs as those discussed above.
References


InfoUSA: Dentist Offices

InfoUSA: Health Facilities

InfoUSA: Physicians and Surgeons


APPENDIX A: Questionnaires

Telephone Survey, English
HELLO, I am calling from Texas A&M University-Corpus Christi for the Coastal Bend 15 County Needs Assessment Steering Committee. My name is (name). We are conducting a survey about the health needs of Coastal Bend residents. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

We would like to get your opinion of the health needs in our community. I would like to talk to anyone in the home who is at least 18 years old. Are you or is someone else in your home older than 18 years?

[If they are] Can I have a few minutes of your time?
[If they are not] Could I talk to someone from your home older than 18 years now?
[If they are unavailable] What would be a good time to call back?

Your answers are very important to us. You do not have to answer any question you do not want to, and you can end the interview at any time. This should take only about 15 minutes of your time. All information you give to me will be kept confidential. If you have any questions about the survey, we can provide a number for you to call (361 825-5818 Dr. Pamela S. Meyer).

1. In which of the following counties do you currently reside?

- Aransas
- Bee
- Brooks
- Duval
- Goliad
- Jim Hogg
- Jim Wells
- Karnes
- Kenedy
- Kleberg
- Live Oak
- McMullen
- Nueces
- Refugio
- San Patricio

2. Which community or town do you live in or near?
2. Health Status

1. Would you say that in general your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Don't know
   - Refused

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

   Number of days

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

   Number of days

4. [If YES] During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

   Number of days
<table>
<thead>
<tr>
<th>3. Health Care Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Do you have any kind of prescription drug coverage that covers the cost of your prescription medication?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td><strong>2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td><strong>3. Do you have dental insurance?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
<tr>
<td><strong>4. Do you vision insurance?</strong></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
</tr>
<tr>
<td>Refused</td>
</tr>
</tbody>
</table>
5. [If YES], what type of health insurance do you have?

Private-traditional
Managed Care (HMO, PPO)
Medicare
Medicaid
County Health Plan
Do not know
Do not have health insurance
Other (please specify)

6. [If NO], why don't you have health insurance?

Cost/cannot afford premiums
Lost job
Changed employers
Employer does not offer or stopped offering
Health status/pre-existing condition
Other (please specify)

7. Are you currently prescribed any medication?

Yes
No
Don't know/Not sure
Refused

8. [If YES], are you taking your prescribed medication?

Yes
No
Don't know/Not sure
Refused
9. [If NOT TAKING], why are you not taking your prescribed medications?

- Do not have prescription coverage
- Feel no longer needed prescribed medication
- Cost
- Don’t know/Not sure
- Refused

Other (please specify)

10. Do you have one person you think of as your personal doctor or health care provider?

- Yes
- No
- Don’t know/Not sure
- Refused

11. [If NO], Is there more than one or no person who you think of as your personal doctor or health care provider?

- Yes, only one
- More than one
- No one
- Don’t know/Not sure
- Refused

12. Where do you usually go for routine health care?

- Doctor’s office or HMO
- Clinic
- Urgent care center
- Hospital outpatient department
- Hospital emergency room

Other (please specify)
13. [If used the emergency room] Why did you use the emergency room?

No Provider available
Time of day
Lack of health insurance
Other (please specify)

14. In the past 12 months, have you had the need to access after hours care or weekend care?

Yes
No
Don't know/Not sure
Refused

15. [If YES] How many times?

16. In the past 12 months, how many times have you gone for routine health care?

17. Was there a time in the past 12 months when you needed to see a health care provider but could not because of cost?

Yes
No
Don't know/Not sure
Refused

18. About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.

Within past year (anytime less than 12 months)
Within past 2 years (1 year but less than 2 years)
Within past 5 years (2 years but less than 5 years)
5 or more years
Don't know/Not sure
Never
Refused
19. **Have you had any of the following procedures in the past 12 months? (Select all that apply)**

- Pneumonia vaccination
- Shingles vaccination
- Glaucoma test
- Flu shot
- Colon/rectal examination
- Blood pressure check
- Blood sugar check
- Skin cancer screening
- Cholesterol screen
- STD (sexually transmitted disease) screening
- Vision screening
- Hearing screening
- Cardiovascular screening
- Bone density test
- Dental cleaning/x-rays
- Mammogram [FOR WOMEN ONLY]
- Pap smear [FOR WOMEN ONLY]
- Prostate cancer digital screening [FOR MEN ONLY]
- Prostate cancer PSA screening [FOR MEN ONLY]

20. **In the past 12 months, have you needed to see a specialist (doctor) but could not find one in your area?**

- Yes
- No
- Don't know/Not sure
- Refused

21. **[If YES], what type of specialist did you need?**
22. Do you or anyone in your household presently have any of the following conditions? (Select all that apply)

- Allergies or chronic sinusitus
- Arthritis or rheumatism
- Asthma
- Back pain or disk disorders
- Blindness, visual impairment
- Bronchitis or emphysema
- Cancer
- COPD (Chronic Pulmonary Obstructive Disease)
- Deafness or other hearing impairment
- Diabetes
- Digestive or stomach disorders
- Epilepsy
- Heart condition
- Hypertension (blood pressure)
- Influenza (flu)
- Kidney disease
- Migraine headaches
- Mobility impairment
- Orthopedic impairment
- Otitis media (ear infection)
- Overweight or obese
- Pneumonia
- Psychological or mental health problems
- Tuberculosis
- Urinary tract infections
- Other (please specify)
23. [If HAVE any of these conditions], have you been able to receive treatment?
  Yes
  No
  Don't know/Not sure
  Refused

24. [If NOT], why not?

25. In the past 12 months, has transportation ever been a barrier to seeking health care for you?
  Yes
  No
  Don't know/Not sure
  Refused

26. In the past 12 months, have you used any of the following services? (Mark all that apply)
  Home health services
  Health department services
  Hospice services
  Occupational therapy services/Rehab services
  Skilled nursing facilities
  Long term acute care
  Adult day care services
  Physical therapy services
  Mental health services

27. We have talked about a number of problems that people frequently experience. Have you or anyone in your household experienced a major health problem in the past 12 months that we have not discussed?
  Yes
  No
  Don't know/Not sure
  Refused
28. [If YES], what was it?

29. Where do you get MOST of your health related information?

- Friends or family
- Doctors/nurse/pharmacist
- Newspaper/television
- Internet

Other (please specify)
### 4. Assessment of Issues in the Coastal Bend

1. We need your opinion on some specific issues that you think may be or may not be problems. I am going to read a list of issues to you, please answer whether you think the issue is a major problem, moderate problem, minor problem, or not a problem at all. Keep in mind that your choices are confidential and cannot be associated with you.

<table>
<thead>
<tr>
<th>Issue</th>
<th>It is not a problem</th>
<th>It is a minor problem</th>
<th>It is a moderate problem</th>
<th>It's a major problem</th>
<th>Don't know/Not applicable</th>
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<tbody>
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<td>Transportation</td>
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<td>Affordable/adequate health insurance</td>
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<td>Access to a major grocery store</td>
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<td>Elder abuse</td>
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<td>Premature births</td>
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<td>Transportation to and from health care facilities</td>
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</table>
5. Children's Health Status

1. Do you have children under the age of 18 living in your household?
   - Yes
   - No
   - Don't know/Not sure
   - Refused

2. How many children live in your household?

   number of children

3. Do your children have any kind of health care coverage?
   - Yes
   - No
   - Don't know/Not sure
   - Refused

4. [If YES], what type of health insurance coverage do they have?
   - Private-traditional
   - CHIP
   - STAR Medicaid
   - Medicaid
   - Health Savings Account
   - Don't know/Not sure
   - Do not have health insurance
   - Other (please specify)

 number of children
5. [If NO], why don’t your children have health insurance?
   Cost/cannot afford
   Lost job
   Changed employers
   Employer does not offer or stopped offering
   Other (please specify) 

6. Has a doctor, nurse or other health professional EVER said that your child (or one of children) has asthma?
   Yes
   No
   Don’t know/Not sure
   Refused

7. [If YES], does your child (or children) still have asthma?
   Yes
   No
   Don’t know/Not sure
   Refused

8. Is your child (or any of your children) overweight or obese?
   Yes
   No
   Don’t know/Not sure
   Refused

9. Were any of your children born prematurely?
   Yes
   No
   Don’t know/Not sure
   Refused
10. Has a doctor, nurse or other health care provider EVER said that your child (or one of your children) needed mental health services?
   - Yes
   - No
   - Don't know/Not sure
   - Refused

11. [If YES], what type of mental health services did your child (or one of your children) need?

12. [If YES], did your child (or one of your children) receive the mental health services they needed?
   - Yes
   - No
   - Don't know/Not sure
   - Refused

13. Has your child (or one of your children) received the flouride varnish treatment on his/her teeth?
   - Yes
   - No
   - Don't know/Not sure
   - Refused

14. [If YES] Did you receive flouride varnish treatment from a primary care provider or a dentist?
   - Primary care provider
   - Dentist
   - Don't know/Not sure
   - Refused
The next section asks some information about your background for statistical purposes only. The information you provide will not be shared with any other organization.

1. What is your age (since your last birthday)?

   in years

2. Are you Hispanic or Latino?

   Yes
   
   No
   
   Don't know/Not sure
   
   Refused

3. Which one of these groups would you say BEST represents your race?

   White
   
   Black, African American, or Negro
   
   American Indian or Alaska Native
   
   Asian Indian
   
   Chinese
   
   Filipino
   
   Japanese
   
   Korean
   
   Vietnamese
   
   Native Hawaiian
   
   Guamanina or Chamorro
   
   Samoan

   Other (please specify)
4. What is the highest grade or year of school you completed?
   Never attended school or only attended kindergarten
   Grades 1 through 8 (Elementary)
   Grades 9 through 11 (Some high school)
   Grade 12 or GED (High school education)
   College 1 year to 3 years (Some college or technical school)
   College 4 years or more (College graduate)
   Post graduate school (Masters, Ph.D., doctor, lawyer, etc.)

5. How many years have you lived in your county?
   in years

6. What is the primary language spoken in your household?
   English
   Spanish
   Other (please specify)

7. Are you a veteran?
   Yes
   No
   Don't know/Not sure
   Refused

8. What is your zipcode?

9. Which BEST describes your living situation?
   Own my own home
   Rent or lease my home
   Live with family or friends
   Other (please specify)
10. How many people, including yourself live in your household?

Adults

Children (18 or younger)

11. Are you...?

Married

Divorced

Widowed

Separated

Never married

A member of an unmarried couple

Refused

12. Are you ...?

Employed for wages

Self-employed

Out of work for more than 1 year

Out of work for less than 1 year

A homemaker

A student

Retired

Unable to work

Refused

13. About how much do you weigh without shoes?

weight in pounds

14. About how tall are you without shoes?

feet

inches
15. What is your total annual income?

- Less than $25,000
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 or more
- Don’t know/Not sure
- Refused

16. [Indicate sex of respondent. Ask only if necessary.]

- Male
- Female

That was my last question. Everyone’s answers will be combined to provide information about the health practices and needs of people in the Coastal Bend. Thank you very much for your time and cooperation.
1. Introducción

Hola, estoy llamando de la Universidad Texas A&M en Corpus Christi por parte del Comité Directivo de la Evaluación de las Necesidades Sanitarias de 15 condados de la Zona Costera. Mi nombre es (nombre). Estamos llevando a cabo una encuesta sobre las necesidades sanitarias de los residentes de la Zona Costera. Su número de teléfono fue seleccionado al azar, y me gustaría hacerle algunas preguntas sobre la salud y prácticas sanitarias. Nos gustaría obtener su opinión de las necesidades sanitarias en nuestra comunidad. Me gustaría hablar con alguien en el hogar que tenga por lo menos 18 años de edad. ¿Es Ud. o hay otra persona en su hogar que es mayor de 18 años?

[Si lo son] ¿Me permite unos cuantos minutos de su tiempo?
[Si no lo son] ¿Podría hablar con alguien en su hogar que es mayor de 18 años ahorita?
[Si no están disponibles] ¿Cuándo sería un buen tiempo para volver a llamar?

Sus respuestas son muy importantes para nosotros. No tiene que contestar ninguna pregunta que no quiera, y puede terminar la entrevista a cualquier momento. Esto sólo debe tomar unos 15 minutos de su tiempo. Toda información que me dé se mantendrá en absoluta reserva. Si tiene alguna pregunta sobre la encuesta le podemos dar un número a donde puede llamar (361 825-5818 Dr. Pamela S. Meyer).

1. ¿En cuál de los siguientes condados reside actualmente?
Aransas
Bee
Brooks
DeWitt
Duval
Goliad
Jackson
Jim Hogg
Jim Wells
Karnes
Kenedy
Kleberg
Lavaca
Live Oak
McMullen
Nueces
Refugio
San Patricio
Victoria

2. ¿En cuál o cerca de cuál comunidad o pueblo vive?
2. Estado de la Salud

1. Diría Ud. que en general su salud es:
   Excelente
   Muy buena
   Buena
   Así así
   Mala
   No sabe
   Rehusó

2. Ahora pensando en su salud física, lo cual incluye enfermedad física y lesiones, ¿por cuántos días no estuvo buena su salud física en los últimos 30 días?
   número de días

3. Ahora pensando en su salud mental, lo cual incluye estrés, depresión, y problemas emocionales, ¿por cuántos días no estuvo buena su salud mental en los últimos 30 días?
   número de días

4. [Sí Sí] En los últimos 30 días, la mala salud física o mental no le dejó hacer sus actividades normales, tales como el cuidado personal, trabajo, o recreo ¿por aproximadamente cuántos días?
   número de días

3. El Acceso a Asistencia Médica

1. ¿Tiene Ud. alguna clase de cobertura para medicinas recetadas que cubre el costo de sus medicamentos recetados?
   Sí
   No
   No sabe/No está seguro
   Rehusó

2. ¿Tiene Ud. alguna clase de cobertura para asistencia médica, incluyendo seguro médico, planes pagados de antemano como HMOs (Organización para el Mantenimiento de la Salud), o planes del gobierno tal como Medicare?
   Sí
   No
   No sabe/No está seguro
   Rehusó

3. ¿Tiene Ud. seguro dental?
Sí
No
No sabe/No está seguro
Rehusó

4. ¿Tiene Ud. seguro de vista?
Sí
No
No sabe/No está seguro
Rehusó

5. [Si SÍ], ¿Qué clase de seguro médico tiene Ud.?
Privado-tradicional
Mantenimiento de la Salud (HMO, PPO)
Medicare
Medicaid
Plan Médico del Condado
No sabe
No tiene seguro médico
Otro (favor de especificar)

6. [Si NO], ¿Por qué no tiene seguro médico?
Costo/no le alcanza para las primas
Perdió su empleo
Cambió de empleador
El empleador no ofrece o dejó de ofrecer
Estado de salud/condición preexistente
Otro (favor de especificar)

7. ¿Actualmente se le receta alguna medicina?
Sí
No
No sabe/No está seguro
Rehusó

8. [Si SÍ], ¿Está tomando su medicamento recetado?
Sí
No
No sabe/No está seguro
Rehusó

9. [Si NO], ¿Por qué no está tomando sus medicamentos recetados?
No tiene cobertura para medicinas
Siente que ya no necesita el medicamento recetado
El costo
No sabe/No está seguro
10. ¿Hay una persona que Ud. considera como su doctor personal o proveedor de asistencia médica?
   Sí
   No
   No sabe/No está seguro
   Rehusó

11. [Si NO], ¿Hay más de una o ninguna persona que Ud. considera como su doctor personal o proveedor de asistencia médica?
   Sí, sólo una
   Más de una
   Nadie
   No sabe/No está seguro
   Rehusó

12. ¿A dónde va regularmente para asistencia médica de rutina?
   Oficina de doctor o HMO
   Clínica
   Centro de atención de urgencia
   Departamento de hospital para pacientes externos
   Sala de emergencia de hospital
   Otro (favor de especificar)

13. [Si ha utilizado la sala de emergencia], ¿Por qué utilizó al sala de emergencia?
   No había un proveedor disponible
   Hora del día
   Falta de seguro médico
   Otro (favor de especificar)

14. En los últimos 12 meses, ¿ha sido necesario buscar atención médica después de horas o los fines de semana?
   Sí
   No
   No sabe/No está seguro
   Rehusó

15. [Si SÍ], ¿Cuántas veces?

16. En los últimos 12 meses, ¿cuántas veces ha ido Ud. por asistencia médica de rutina?

17. ¿Hubo alguna vez en los últimos 12 meses cuando era necesario ver un proveedor de asistencia médica pero no pudo debido al costo?
   Sí
   No
18. Aproximadamente ¿cuánto hace desde la última vez que vio a un doctor para un chequeo de rutina? Un chequeo de rutina es un examen general físico, no un examen para una lesión, enfermedad, o condición específica.
En el año pasado (algún tiempo menos de 12 meses)
En los dos años pasados (1 año pero menos de 2 años)
En los 5 años pasados (2 años pero menos de 5 años)
5 o más años
No sabe/No está seguro
Nunca/Rehusó

19. ¿Ha recibido alguno de los siguientes procedimientos en los últimos 12 meses? (Seleccione todos los que aplican)
Vacuna contra la pulmonía
Vacuna contra la culebrilla
Examen del glaucoma
Inyección contra la gripe
Examen del colon/recto
Chequeo de la presión de la sangre
Chequeo del azúcar en la sangre
Revisión para cáncer de la piel
Revisión del colesterol
Revisión para ETS (Enfermedades Transmitidas Sexualmente)
Revisión de la vista
Revisión auditiva
Revisión cardiovascular
Análisis de la densidad de hueso
Limpieza dental/rayos x
Mamografía [Sólo para las mujeres]
Citología [Sólo para las mujeres]
Revisión digital para detectar cáncer de la próstata [Sólo para los hombres]
Revisión PSA para detectar cáncer de la próstata [Sólo para los hombres]

20. En los últimos 12 meses, ¿ha sido necesario ver un especialista (doctor) pero no pudo encontrar uno en su área?
Sí
No
No sabe/No está seguro
Rehusó

21. [Si SÍ], ¿Qué clase de especialista necesitaba?

22. Ud. o alguien en su hogar al presente ¿padece de alguna de las siguientes condiciones? (Seleccione todas las que aplican)
Alergias o sinusitis crónica
Artritis o reumatismo
Asma
Dolor de espalda o desordenes de los discos (espinas dorsales)
Ceguera, o impedimento visual
Bronquitis o enfisema
Cáncer
COPD (Enfermedad Crónica de Obstrucción Pulmonar)
Sordera u otro impedimento auditivo
Diabetes
Desordenes digestivos o del estómago
Epilepsia
Condición del corazón
Hipertensión (presión de la sangre)
Influenza (gripa)
Enfermedad de los riñones
Dolores de cabeza migranas
Impedimento a la movilidad
Impedimento ortopédico
Otitis media (infección del oído)
Sobrepeso u obesidad
Pulmonía
Problemas de salud psicológica o mental
Tuberculosis
Infecciones del tracto urinario
Otro (favor de especificar)

23. [Si padece de alguna de estas condiciones], ¿ha podido recibir tratamiento?
Sí
No
No sabe/No está seguro
Rehusó

24. [Si NO], ¿por qué no?

25. En los últimos 12 meses ¿alguna vez ha sido el transporte un obstáculo para Ud. en buscar atención médica?
Sí
No
No sabe/No está seguro
Rehusó

26. En los últimos 12 meses, ¿ha utilizado alguno de los siguientes servicios? (Marque todos los que aplican)
Servicios médicos a domicilio
Servicios del departamento de la salud
Servicios para enfermos desahuciados
Servicios de terapia ocupacional/servicios de rehabilitación
Instalaciones de cuidado especializado
Cuidado para personas en condición grave de larga duración
Servicios de atención prestada durante el día a adultos
Servicios de salud mental

27. Hemos hablado de un número de problemas con que personas frecuentemente se encuentran. Ud. o alguien en su hogar ¿se ha encontrado con un problema serio de la salud en los últimos 12 meses que no hemos discutido?
Sí
No
No sabe/No está seguro
Rehusó

28. [Si SÍ], ¿qué fue?

29. ¿De dónde recibe Ud. la MAYOR parte de su información relacionada con la salud?
Las amistades o la familia
Doctores/enfermera/farmacéutico
El periódico/la televisión
El internet
Otro (favor de especificar)

4. Evaluación de Asuntos en la Zona Costera

1. Necesitamos su opinión sobre algunos asuntos específicos que Ud. cree puedan o no puedan ser problemas. Le voy a leer una lista de asuntos, por favor conteste si Ud. cree que el asunto es un problema grande, un problema mediano, un problema pequeño, o no es nada de problema. Tenga en cuenta que sus opciones son confidenciales y no pueden ser asociadas con Ud.

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5. El Estado de la Salud de los Niños

1. ¿Tiene Ud. niños menores de 18 años viviendo en su hogar?
   Sí
   No
   No sabe/No está seguro
   Rehusó

2. ¿Cuántos niños viven en su hogar?
   número de niños

3. Sus niños ¿tienen alguna clase de cobertura médica?
   Sí
   No
   No sabe/No está seguro
   Rehusó

4. [Si Sí], ¿qué clase de cubertura de seguro médico tienen?
   Privado-tradicional
   CHIP
   Medicaid STAR
   Cuenta de Ahorros Médica
   No sabe/No está seguro
   No tiene seguro médico
   Otro (favor de especificar)

5. [Si No], ¿por qué sus niños no tienen seguro médico?
   Costo/no le alcanza
   Perdió su empleo
   Cambió de empleadores
   El empleador no ofrece o dejó de ofrecer
   Otro (favor de especificar)

6. ¿ALGUNA vez le dijo un doctor, una enfermera u otro profesional médico que su niño (o uno de los niños) padece de asma?
   Sí
   No
   No sabe/No está seguro
   Rehusó

7. [Si Sí], ¿padece su niño (o niños) de asma todavía?
   Sí
8. ¿Está su niño (o alguno de sus niños) demasiado gordo u obeso?
Sí
No
No sabe/No está seguro
Rehusó

9. Alguno de sus hijos ¿nació prematuro?
Sí
No
No sabe/No está seguro
Rehusó

10. ¿ALGUNA vez le dijo un doctor, una enfermera u otro profesional médico que su niño (o alguno de sus niños) necesitaba servicios de salud mental?
Sí
No
No sabe/No está seguro
Rehusó

11. [Si SÍ], ¿qué clase de servicios de salud mental necesitaba su niño (o alguno de sus niños)?

12. [Si SÍ], ¿recibió su niño (o alguno de sus niños) los servicios de salud mental que necesitaba?
Sí
No
No sabe/No está seguro
Rehusó

13. Su niño (o alguno de sus niños) ¿ha recibido tratamiento de barniz fluoruro en los dientes?
Sí
No
No sabe/No está seguro
Rehusó

14. [Si SÍ], ¿recibió el tratamiento de barniz de fluoruro por parte de un proveedor de atención primaria o un dentista?
Proveedor de atención primaria
Dentista
No sabe/No está seguro
Rehusó
6. Información Sobre los Antecedentes

La siguiente sección pide alguna información sobre sus antecedentes para propósitos estadísticos solamente. La información que Ud. nos dé no se compartirá con ninguna otra organización.

1. ¿Qué edad tiene (desde su último cumpleaños)?
En años

2. ¿Es Ud. Hispano(a) o Latino(a)?
Sí
No
No sabe/No está seguro
Rehusó

3. ¿Cuál de los siguientes grupos diría Ud. MEJOR representa su raza?
Blanco
Negro, Africano Americano
Indio Americano o Nativo de Alaska
Indio Asiático
Chino
Japonés
Coreano
Vietnamita
Nativo de Hawái
Guameño o Chamorro
Samoano
Otro (favor de especificar)

4. ¿Cuál es el grado o año más alto de escuela que Ud. completó?
Nunca asistió a la escuela o sólo asistió al kindergarten
De los grados 1 al 8 (Primaria)
De los grados 9 al 11 (Alto de colegio secundario)
Grado 12 o GED (estudios de colegio secundario)
De 1 a 3 años de universidad (Algo de universidad o escuela politécnica)
4 años o más de universidad (Persona con título universitario)
Escuela de posgrado

5. ¿Cuántos años ha vivido en su condado?
En años

6. ¿Cuál es el idioma principal que se habla en su hogar?
Inglés
Español
Otro (favor de especificar)

7. ¿Es Ud. un veterano?
Sí
No
No sabe/No está seguro
Rehusó

8. ¿Cuál es su código postal?

9. ¿Cuál MEJOR describe su situación de vivienda?
Dueño de mi propia casa
Rento o alquilo mi hogar
Vivo con familia o amistades
Otro (favor de especificar)

10. ¿Cuántas personas, incluyéndose Ud. mismo viven en su hogar?
Adultos
Niños (de 18 años o menos)

11. ¿Es Usted...?
Casado(a)
Divorciado(a)
Viudo(a)
Separado(a)
Nunca casado(a)
Miembro(a) de una pareja no casada
Rehusó

12. ¿Es Usted...?
Empleado por pago
Empleado por sí mismo
Sin trabajo por más de un año
Sin trabajo por menos de un año
Una ama de casa
Un estudiante
Retirado
No puede trabajar
Rehusó

13. ¿Aproximadamente cuánto pesa sin zapatos?
peso en libras

14. ¿Aproximadamente cuánto mide de altura sin zapatos?
pies
pulgadas
15. ¿Cuál es su ingreso total anual?

Menos de $25,000  
$25,000 a $34,999  
$35,000 a $49,999  
$50,000 a $74,999  
$75,000 a $99,999  
$100,00 o más  
Rehusó

16. [Indique el sexo del respondiente. Pregunte sólo si es necesario.]
Masculino  
Femenino

Esa fue mi última pregunta. Las respuestas de todos se combinarán para proveer información sobre las prácticas médicas y las necesidades de la gente de la Zona Costera. Muchísimas gracias por su tiempo y cooperación.
Texas A&M University-Corpus Christi and the Coastal Bend Health Needs Task Force are conducting a survey about the health needs of Coastal Bend residents. We would like to ask some questions about health and health practices. We would like to get the opinions of adults (over the age of 18). Your answers are very important to us. You do not have to answer any question you do not want to, and you can end the survey at any time. This should take only about 15 minutes of your time. All information you give will be kept confidential. If you have any questions about the survey, we can provide a number for you to call (361 825-5818 for Dr. Pamela S. Meyer or 825-3936 for Dr. Isabel Araiza).

1. In which of the following counties do you currently reside?

- Aransas
- Bee
- Brooks
- DeWitt
- Duval
- Goliad
- Jackson
- Jim Hogg
- Jim Wells
- Karnes
- Kenedy
- Kleberg
- Lavaca
- Live Oak
- McMullen
- Nueces
- Refugio
- San Patricio
- Victoria
- Other (please specify)

2. Which community or town do you live in or near?
2. Health Status

1. Would you say that in general your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor
   - Don't know
   - Refused

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
   number of days

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
   number of days

4. [If YES] During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
   number of days
   not applicable
3. Health Care Access

1. Do you have any kind of prescription drug coverage that covers the cost of your prescription medication?
   
   - Yes
   - No
   - Don't know/Not sure
   - Refused

2. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare?

   - Yes
   - No
   - Don't know/Not sure
   - Refused

3. [If YES], what type of health insurance do you have?

   - Private-traditional
   - Managed Care (HMO, PPO)
   - Medicare
   - Medicaid
   - County Health Plan
   - Do not know
   - Do not have health insurance
   - Other (please specify)
4. [If NO], why don't you have health insurance?

Cost/cannot afford premiums
Lost job
Changed employers
Employer does not offer or stopped offering
Health status/pre-existing condition
Other (please specify)

5. Do you vision insurance?

Yes
No
Don't know/Not sure
Refused

6. Do you have dental insurance?

Yes
No
Don't know/Not sure
Refused

7. Are you currently prescribed any medication?

Yes
No
Don't know/Not sure
Refused

8. [If YES], are you taking your prescribed medication?

Yes
No
Don't know/Not sure
Refused
9. [If NOT TAKING], why are you not taking your prescribed medications?

- Do not have prescription coverage
- Feel no longer needed prescribed medication
- Cost
- Don't know/Not sure
- Refused
- Other (please specify)

10. Do you have one person you think of as your personal doctor or health care provider?

- Yes
- No
- Don't know/Not sure
- Refused

11. [If NO], Is there more than one or no person who you think of as your personal doctor or health care provider?

- Yes, only one
- More than one
- No one
- Don't know/Not sure
- Refused

12. Where do you usually go for routine health care?

- Doctor's office or HMO
- Clinic
- Urgent care center
- Hospital outpatient department
- Hospital emergency room
- Other (please specify)
13. [If used the emergency room] Why did you use the emergency room?

- No Provider available
- Time of day
- Lack of health insurance
- Other (please specify)

14. In the past 12 months, have you had the need to access after hours care or weekend care?

- Yes
- No
- Don't know/Not sure
- Refused

15. [If YES] How many times?

16. In the past 12 months, how many times have you gone for routine health care?

17. Was there a time in the past 12 months when you needed to see a health care provider but could not because of cost?

- Yes
- No
- Don't know/Not sure
- Refused

18. About how long has it been since you last visited a doctor for a routine check-up? A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.

- Within past year (anytime less than 12 months)
- Within past 2 years (1 year but less than 2 years)
- Within past 5 years (2 years but less than 5 years)
- 5 or more years
- Don't know/Not sure
- Never Refused
19. Have you had any of the following procedures in the past 12 months? (Select all that apply)

- Pneumonia vaccination
- Shingles vaccination
- Glaucoma test
- Flu shot
- Colon/rectal examination
- Blood pressure check
- Blood sugar check
- Skin cancer screening
- Cholesterol screen
- STD (sexually transmitted disease) screening
- Vision screening
- Hearing screening
- Cardiovascular screening
- Bone density test
- Dental cleaning/x-rays
- Mammogram [FOR WOMEN ONLY]
- Pap smear [FOR WOMEN ONLY]
- Prostate cancer digital screening [FOR MEN ONLY]
- Prostate cancer PSA screening [FOR MEN ONLY]

20. In the past 12 months, have you needed to see a specialist (doctor) but could not find one in your area?

- Yes
- No
- Don't know/Not sure
- Refused

21. [If YES], what type of specialist did you need?
22. Do you or anyone in your household presently have any of the following conditions? (Select all that apply)

- Allergies or chronic sinusitus
- Arthritis or rheumatism
- Asthma
- Back pain or disk disorders
- Blindness, visual impairment
- Bronchitis or emphysema
- Cancer
- COPD (Chronic Pulmonary Obstructive Disease)
- Deafness or other hearing impairment
- Diabetes
- Digestive or stomach disorders
- Epilepsy
- Heart condition
- Hypertension (blood pressure)
- Influenza (flu)
- Kidney disease
- Migraine headaches
- Mobility impairment
- Orthopedic impairment
- Otitis media (ear infection)
- Overweight or obese
- Pneumonia
- Psychological or mental health problems
- Tuberculosis
- Urinary tract infections
- Other (please specify)
23. [If HAVE any of these conditions], have you been able to receive treatment?
   Yes
   No
   Don’t know/Not sure
   Refused

24. [If NOT], why not?

25. In the past 12 months, has transportation ever been a barrier to seeking health care for you?
   Yes
   No
   Don’t know/Not sure
   Refused

26. In the past 12 months, have you used any of the following services? (Mark all that apply)
   Home health services
   Health department services
   Hospice services
   Occupational therapy services/Rehab services
   Skilled nursing facilities
   Long term acute care
   Adult day care services
   Physical therapy services
   Mental health services

27. We have talked about a number of problems that people frequently experience. Have you or anyone in your household experienced a major health problem in the past 12 months that we have not discussed?
   Yes
   No
   Don’t know/Not sure
   Refused
28. [If YES], what was it?

29. Where do you get MOST of your health related information?

- Friends or family
- Doctors/nurse/pharmacist
- Newspaper/television
- Internet
- Other (please specify)
## 4. Assessment of Issues in the Coastal Bend

1. **We need your opinion on some specific issues that you think may be or may not be problems. I am going to read a list of issues to you, please answer whether you think the issue is a major problem, moderate problem, minor problem, or not a problem at all. Keep in mind that your choices are confidential and cannot be associated with you.**

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<td>Availability/affordability of recreational services</td>
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<td>Availability of information on social services</td>
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<td>Language barriers</td>
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<td>Interpreters for services</td>
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<td>Affordability/accessibility of dental services</td>
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<td>Access to health services</td>
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<td>Access of services for people with disabilities</td>
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<td>Access to mental health services</td>
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<td>Asthma/respiratory illness</td>
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<td>Premature births</td>
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<td>Transportation to and from health care facilities</td>
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</table>
5. Children's Health Status

1. Do you have children under the age of 18 living in your household?

   Yes
   No
   Don't know/Not sure
   Refused
1. How many children live in your household?
number of children

2. Do your children have any kind of health care coverage?
Yes
No
Don't know/Not sure
Refused

3. [If YES], what type of health insurance coverage do they have?
Private-traditional
CHIP
STAR Medicaid
Medicaid
Health Savings Account
Don't know/Not sure
Do not have health insurance
Other (please specify)

4. [If NO], why don't your children have health insurance?
Cost/cannot afford
Lost job
Changed employers
Employer does not offer or stopped offering
Other (please specify)
5. Has a doctor, nurse or other health professional EVER said that your child (or one of children) has asthma?
   Yes
   No
   Don't know/Not sure
   Refused

6. [If YES], does your child (or children) still have asthma?
   Yes
   No
   Don't know/Not sure
   Refused

7. Is your child (or any of your children) overweight or obese?
   Yes
   No
   Don't know/Not sure
   Refused

8. Were any of your children born prematurely?
   Yes
   No
   Don't know/Not sure
   Refused

9. Has a doctor, nurse or other health care provider EVER said that your child (or one of your children) needed mental health services?
   Yes
   No
   Don't know/Not sure
   Refused

10. [If YES], what type of mental health services did your child (or one of your children) need?
11. [If YES], did your child (or one of your children) receive the mental health services they needed?

Yes
No
Don't know/Not sure
Refused

12. Has your child (or one of your children) received the flouride varnish treatment on his/her teeth?

Yes
No
Don't know/Not sure
Refused

13. [If YES] Did you receive flouride varnish treatment from a primary care provider or a dentist?

Primary care provider
Dentist
Don't know/Not sure
Refused
7. Background information

The next section asks some information about your background for statistical purposes only. The information you provide will not be shared with any other organization.

1. What is your age (since your last birthday)?
in years

2. Are you Hispanic or Latino?
Yes
No
Don't know/Not sure
Refused

3. Which one of these groups would you say BEST represents your race?
White
Black, African American, or Negro
American Indian or Alaska Native
Asian Indian
Chinese
Filipino
Japanese
Korean
Vietnamese
Native Hawaiian
Guamanian or Chamorro
Samoan
Other (please specify)
4. What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1 through 8 (Elementary)
- Grades 9 through 11 (Some high school)
- Grade 12 or GED (High school education)
- College 1 year to 3 years (Some college or technical school)
- College 4 years or more (College graduate)
- Post graduate school (Masters, Ph.D., doctor, lawyer, etc.)

5. How many years have you lived in your county?

in years

6. What is the primary language spoken in your household?

- English
- Spanish
- Other (please specify)

7. Are you a veteran?

- Yes
- No
- Don't know/Not sure
- Refused

8. What is your zipcode?


9. Which BEST describes your living situation?

- Own my own home
- Rent or lease my home
- Live with family or friends
- Other (please specify)
10. How many people, including yourself live in your household?

- Adults
- Children (18 or younger)

11. Are you...?

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- Refused

12. Are you ...?

- Employed for wages
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- A homemaker
- A student
- Retired
- Unable to work
- Refused

13. About how much do you weigh without shoes?

weight in pounds

14. About how tall are you without shoes?

- feet
- inches
15. What is your total annual income?

Less than $25,000
$25,000 to $34,999
$35,000 to $49,999
$50,000 to $74,999
75,000 to $99,999
$100,000 or more
Don't know/Not sure
Refused

16. What is your gender/sex?

Male
Female

That was my last question. Everyone's answers will be combined to provide information about the health practices and needs of people in the Coastal Bend. Thank you very much for your time and cooperation.
CHRISTUS Spohn Health System, Corpus Christi Medical Center, Driscoll Children’s Hospital, United Way of the Coastal Bend and Texas A&M University-Corpus Christi are gathering information about the health needs of Coastal Bend residents. As part of the project we are asking those who provide health care and social services to residents in our area to share their insights with us. In your unique position, you probably have ideas on how best we can improve our community’s health.

Your answers are very important to us. You do not have to answer any question you do not want to, and you can end the survey at anytime. This should take only about 15 minutes of your time. Any information you give to us will be kept confidential. If you have any questions about the survey, please call Dr. Pamela S. Meyer at 361 825-5818.
CONSENT FORM

2012 Coastal Bend Health Needs Assessment

Introduction

The purpose of this form is to provide you information that may affect your decision as to whether or not to participate in this research study. If you decide to participate in this study, this form will also be used to record your consent.

You have been asked to participate in a research project studying the health needs in the Coastal Bend. The purpose of this study is to identify areas needing improvement in order to improve the health of our community. You were selected to be a possible participant because you are a social service or health care provider. This study is being sponsored/funded by Coastal Bend Health Needs Task Force.

What will I be asked to do?

If you agree to participate in this study, you will be asked to answer a series of questions about what you perceive the community's needs and resources. This study will take approximately 15 minutes to complete.

What are the risks involved in this study?

The risks associated in this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

The possible benefits of participation are that health needs are identified so that the community can work toward addressing them.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with Texas A&M University-Corpus Christi being affected.

Who will know about my participation in this research study?

This study is confidential. The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Dr. Pamela S. Meyer will have access to the records.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Dr. Pamela S. Meyer at 361 825-5818 or email at Pamela.meyer@tamucc.edu or Dr. Isabel Araiza at 361 825-3936 or email at Isabel.araiiza@tamucc.edu

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Research Compliance Office and/or the Institutional Review Board at Texas A&M University-Corpus Christi. For research-related problems or questions regarding your rights as a research participant, you can contact Erin Sherman, Research Compliance Officer, at (361) 825-2497 or erin.sherman@tamucc.edu

Agreement to Participate

You agree to participate in the study by completing the following survey. Participants must be 18 years of age or older. Please do not complete the survey if you do not wish to participate in this study.
3. Location

1. In which county do you currently work/practice?
   - Aransas
   - Bee
   - Brooks
   - Duval
   - Goliad
   - Jim Hogg
   - Jim Wells
   - Karnes
   - Kenedy
   - Kleberg
   - Live Oak
   - McMullen
   - Nueces
   - Refugio
   - San Patricio

2. Do you work/practice in an area that is mostly urban or rural or both?
   - Urban
   - Rural
   - Both urban and rural

3. Which of the following best describes your work setting?
   - Public
   - Private
   - Other (please specify)
4. Is your organization primarily for profit or non-profit?
   - Part of physician practice (sole proprietor, partnership, LLC, or professional corporation)
   - Not profit social service or health agency (e.g. Clinic, health care agency)
   - Other (please specify)

5. Which of the following best describes your role in your organization?
   - Physician
   - Director of an agency
   - Nurse
   - Other licensed health care professional
   - Other (please specify)
1. What is the greatest health care or social services asset/resource in the Coastal Bend region?

2. What is the greatest barrier or obstacle to health care in the Coastal Bend region?

3. What do you see as major impediments to delivery of health care to your patients/clients? (Mark all that apply)
   - Availability of care for uninsured and underserved patients/clients
   - System funding (i.e., government payers such as Medicaid, Medicare, CHIPs)
   - Commercial or private payers
   - Complexity of reporting and billing requirements
   - Availability of qualified personnel for office/practice
   - Availability of specialists in area
   - Availability of community resources and support (i.e., home health, prescription assistance)
   - Public resources for chronic disease management
   - Computer and communications technology that are not compatible
   - Access to evidence-based clinical information
   - Other (please specify)

   [Input fields for responses]
4. In your professional experience, please indicate the degree to which the following are barriers to health for your patients/clients?

<table>
<thead>
<tr>
<th>Barriers</th>
<th>It is not a problem</th>
<th>It is a minor problem</th>
<th>It's a moderate problem</th>
<th>It's a major problem</th>
<th>Don't know/Not applicable</th>
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</thead>
<tbody>
<tr>
<td>Lack of insurance coverage</td>
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<tr>
<td>Lack of drug compliance</td>
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<tr>
<td>Lack of health information</td>
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<td>Lack of medical specialists</td>
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<td>Language barrier</td>
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<tr>
<td>Lack of behavioral compliance</td>
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<td>Transportation</td>
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<td>Competing demands for attention</td>
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<td>Lack of communication</td>
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<td>Lack of understanding about payment system</td>
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<tr>
<td>Lack of understanding of their bodies</td>
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<tr>
<td>Other (please specify)</td>
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</table>
5. In the past 12 months, what was the most frequent disease or condition you saw? (Select all that apply)

- Alcohol and/or drug dependency
- Allergies or chronic sinus
- Arthritis or rheumatism
- Asthma
- Back pain or disk disorders
- Blindness, visual impairment
- Bronchitis or emphysema
- Cancer
- COPD
- Deafness or other hearing impairment
- Diabetes
- Digestive or stomach disorders
- Epilepsy
- Heart condition
- Hypertension
- Influenza
- Migraine headaches
- Mobility impairment
- Orthopedic impairment
- Otitis media (ear infection)
- Overweight of obese
- Pneumonia
- Psychological problems
- Tuberculosis
- Urinary tract infections

Other (please specify)
5. Assessment of Issues in the Coastal Bend

1. We need your opinion on some specific issues that you think may be or may not be problems. Please answer whether you think the issue is a major problem, moderate problem, minor problem, or not a problem at all. Keep in mind that your choices are confidential and cannot be associated with you.

<table>
<thead>
<tr>
<th>Issue</th>
<th>It's not a problem</th>
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<th>It's a moderate problem</th>
<th>It's a major problem</th>
<th>Don't know/Not applicable</th>
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<tbody>
<tr>
<td>Transportation</td>
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<tr>
<td>Affordable housing</td>
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<tr>
<td>Childcare</td>
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<tr>
<td>Illegal drug use</td>
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<tr>
<td>Alcohol use</td>
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<tr>
<td>Unemployment</td>
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<tr>
<td>Affordable housing for seniors</td>
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<td>Mental health</td>
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<td>Crime</td>
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<td>Access to higher education</td>
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<tr>
<td>Homelessness</td>
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<td>Child abuse</td>
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<td>Safety and security</td>
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<td>Poverty</td>
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<tr>
<td>Gangs</td>
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<td>Affordable/adequate health insurance</td>
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<td>Access to a major grocery store</td>
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<td>Elder abuse</td>
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<td>Low wages/low paying jobs</td>
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<td>Domestic violence</td>
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<td>Traffic congestion</td>
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<td>Poor/inadequate schools</td>
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<td>Streets in disrepair</td>
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<td>Lack of job skills</td>
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<td>Availability/affordability of recreational services</td>
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<td>Sexual assault</td>
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<td>Access to dental care</td>
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<td>Transportation to and from health care facilities</td>
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</table>

That was my last question. Everyone's answers will be combined to provide information about the health needs of people in the Coastal Bend. Thank you very much for your time and cooperation.
FIRST LOOK QUESTIONS

1. As a professional working with the healthcare system, can you please talk about anything in the presentation that took you by surprise or caught your attention?

2. Can you discuss how these findings either reflect or challenge your observations/experiences?

3. Was there anything you were expecting to see but did not appear? What was it?

4. As a professional, working with clients and patients, what do you perceive to be the greatest needs in your communities?

5. Do you have any recommendations regarding how we can improve either the delivery of health care services or the access of health care services?

6. Is there anything you would like to add?
APPENDIX B

County Health Rankings & Roadmaps
University of Wisconsin Population Health Institute
Robert Wood Johnson Foundation
## County Health Rankings in Texas - Aransas vs. Bee vs. Brooks vs. DeWitt vs.... Page 1 of 1

### Compare Counties in Texas

<table>
<thead>
<tr>
<th></th>
<th>Texas</th>
<th>Aransas (ARA)</th>
<th>Bee (BEE)</th>
<th>Brooks (BRO)</th>
<th>DeWitt (DEW)</th>
<th>Duval (DUV)</th>
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<tbody>
<tr>
<td>Health Outcomes</td>
<td></td>
<td>204</td>
<td>109</td>
<td>529</td>
<td>85</td>
<td>176</td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td>227</td>
<td>54</td>
<td>221</td>
<td>143</td>
<td>145</td>
</tr>
<tr>
<td>Premature death</td>
<td>6.92%</td>
<td>11,924</td>
<td>6,042</td>
<td>11,384</td>
<td>8,701</td>
<td>8,741</td>
</tr>
<tr>
<td>Morbidity</td>
<td>5.8%</td>
<td>38</td>
<td>198</td>
<td>226</td>
<td>22</td>
<td>205</td>
</tr>
<tr>
<td>Poor or fair health</td>
<td>18%</td>
<td>123</td>
<td>9%</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>3.7%</td>
<td>4.1</td>
<td>3.8</td>
<td>2.6</td>
<td></td>
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</tr>
<tr>
<td>Poor mental health days</td>
<td>3.3%</td>
<td>1.9</td>
<td>5.6</td>
<td>4.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birthweight</td>
<td>8.4%</td>
<td>8.2%</td>
<td>8.9%</td>
<td>11.3%</td>
<td>7.6%</td>
<td>10.5%</td>
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<tr>
<td>Health Factors</td>
<td>74%</td>
<td>129</td>
<td>520</td>
<td>94</td>
<td>223</td>
<td>253</td>
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<tr>
<td>Health Behaviors</td>
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<td>50</td>
<td>19</td>
<td>7</td>
<td>47</td>
<td>123</td>
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<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>13%</td>
<td>6%</td>
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</tr>
<tr>
<td>Adult obesity</td>
<td>29%</td>
<td>28%</td>
<td>29%</td>
<td>28%</td>
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http://www.countyhealthrankings.org/app/  5/12/2013
## Compare Counties in Texas

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http://www.countyhealthrankings.org/app/

5/12/2013
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<td>17%</td>
<td>5%</td>
<td>3%</td>
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<tr>
<td>Fast food restaurants</td>
<td>52%</td>
<td>53%</td>
<td>33%</td>
<td>44%</td>
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## Compare Counties in Texas

<table>
<thead>
<tr>
<th>Health Outcomes</th>
<th>Texas</th>
<th>Nueces (NUE)</th>
<th>Refugio (REF)</th>
<th>San Patricio (SAP)</th>
<th>Victoria (VIC)</th>
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<tbody>
<tr>
<td>Mortality</td>
<td>102</td>
<td>130</td>
<td>102</td>
<td>88</td>
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<td>Premature death</td>
<td>6,928</td>
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<td>8,698</td>
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<td>Morbidity</td>
<td>157</td>
<td>102</td>
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<td>Poor or fair health</td>
<td>18%</td>
<td>18%</td>
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<td>Poor physical health days</td>
<td>3.7</td>
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<td>Poor mental health days</td>
<td>3.3</td>
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<td>Low birthweight</td>
<td>8.4%</td>
<td>9.1%</td>
<td>8.3%</td>
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<td>Health Factors</td>
<td>175</td>
<td>90</td>
<td>105</td>
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<td>Health Behaviors</td>
<td>218</td>
<td>127</td>
<td>125</td>
<td>128</td>
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<tr>
<td>Adult smoking</td>
<td>18%</td>
<td>25%</td>
<td>29%</td>
<td>29%</td>
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<tr>
<td>Adult obesity</td>
<td>20%</td>
<td>30%</td>
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<td>Physical inactivity</td>
<td>25%</td>
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<td>Excessive drinking</td>
<td>15%</td>
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<td>Motor vehicle crash death rate</td>
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<td>15</td>
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<td>Sexually transmitted infections</td>
<td>47%</td>
<td>70%</td>
<td>48%</td>
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<td>Teen birth rate</td>
<td>60</td>
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<td>67</td>
<td>77</td>
<td>80</td>
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<td>Clinical Care</td>
<td>35</td>
<td>90</td>
<td>44</td>
<td>38</td>
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<tr>
<td>Uninsured</td>
<td>26%</td>
<td>24%</td>
<td>24%</td>
<td>23%</td>
<td>25%</td>
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<tr>
<td>Primary care physicians</td>
<td>1,766</td>
<td>1,418</td>
<td>7,362</td>
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<td>Dentists</td>
<td>2,200</td>
<td>2,397</td>
<td>3,746</td>
<td>3,285</td>
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<td>Preventable hospital stays</td>
<td>72</td>
<td>75</td>
<td>78</td>
<td>90</td>
<td>101</td>
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<td>Diabetic screening</td>
<td>82%</td>
<td>85%</td>
<td>82%</td>
<td>87%</td>
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<tr>
<td>Mammography screening</td>
<td>61%</td>
<td>67%</td>
<td>55%</td>
<td>64%</td>
<td>63%</td>
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<tr>
<td>Social &amp; Economic Factors</td>
<td>206</td>
<td>74</td>
<td>136</td>
<td>176</td>
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<tr>
<td>High school graduation</td>
<td>86%</td>
<td>81%</td>
<td>89%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Some college</td>
<td>57%</td>
<td>55%</td>
<td>50%</td>
<td>53%</td>
<td>54%</td>
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<tr>
<td>Unemployment</td>
<td>7.9%</td>
<td>7.6%</td>
<td>5.9%</td>
<td>9.5%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Children in poverty</td>
<td>27%</td>
<td>32%</td>
<td>28%</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>23%</td>
<td>20%</td>
<td>16%</td>
<td>17%</td>
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<tr>
<td>Children in single-parent households</td>
<td>33%</td>
<td>42%</td>
<td>34%</td>
<td>33%</td>
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<tr>
<td>Violent crime rate</td>
<td>483</td>
<td>732</td>
<td>191</td>
<td>263</td>
<td>597</td>
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<tr>
<td>Physical Environment</td>
<td>51</td>
<td>185</td>
<td>82</td>
<td>183</td>
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<td>Daily fine particulate matter</td>
<td>10-2</td>
<td>9.1</td>
<td>9.1</td>
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<tr>
<td>Drinking water safety</td>
<td>6%</td>
<td>1%</td>
<td>43%</td>
<td>9%</td>
<td>1%</td>
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<tr>
<td>Access to recreational facilities</td>
<td>7</td>
<td>6</td>
<td>0</td>
<td>9</td>
<td>10</td>
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<tr>
<td>Limited access to healthy foods</td>
<td>9%</td>
<td>12%</td>
<td>8%</td>
<td>7%</td>
<td>14%</td>
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<tr>
<td>Fast food restaurants</td>
<td>52%</td>
<td>49%</td>
<td>63%</td>
<td>62%</td>
<td>50%</td>
</tr>
</tbody>
</table>

[http://www.countyhealthrankings.org/app/](http://www.countyhealthrankings.org/app/)  
5/12/2013
APPENDIX C:

Coastal Bend Counties

April 2013
Template suggested by:
Texas Hospital Association
ARANSAS COUNTY

Population as of 2010:

23,158

Population breakdown by race:

White persons: 87.36%
Black persons: 1.31%
American Indian and Alaska native persons: 5.41%
Asian persons: 1.96%
Native Hawaiian and Other Pacific Islanders: 0.03%
Persons reporting two or more races: 2.26%
Other: 6.33%

Persons of Hispanic or Latino origin: 38.3%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $26,288
Median household income: $44,129
Persons below poverty level: 17.6%

Education:

Non-high school graduates: 18.5%
High school graduates: 30.4%
Some college: 22.4%
Associate’s degree or higher: 28.8%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 23%]

Unemployment:

Percent of persons unemployed: 8.1%

Insurance Coverage:

Uninsured: 28.4%
BEE COUNTY

Population as of 2010:
31,861

Population breakdown by race:
White persons: 78.75%
Black persons: 8.10%
American Indian and Alaska native persons: 0.52%
Asian persons: 0.56%
Native Hawaiian and Other Pacific Islanders: 0.05%
Persons reporting two or more races: 2.32%
Other: 9.67%

Persons of Hispanic or Latino origin: 56.20%

Household Income:
Per capita money income in 12 months, average taken from 2007-2011 data: $13,681
Median household income: $39,247
Persons below poverty level: 20.6%

Education:
Non-high school graduates: 29.9%
High school graduates: 32.3%
Some college: 21.8%
Associate’s degree or higher: 15.9

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 8.7%]

Unemployment:
Percent of persons unemployed: 9.1%

Insurance Coverage:
Uninsured: 28.5%
BROOKS COUNTY

Population as of 2010:
7,223

Population breakdown by race:
White persons: 89.59%
Black persons: 0.51%
American Indian and Alaska native persons: 0.35%
Asian persons: 0.29%
Native Hawaiian and Other Pacific Islanders: 0.01%
Persons reporting two or more races: 1.36%
Other: 7.89%

Persons of Hispanic or Latino origin: 91.24%

Household Income:
Per capita money income in 12 months, average taken from 2007-2011 data: $14,193
Median household income: $19,936
Persons below poverty level: 39.6%

Education:
Non-high school graduates: 42.6%
High school graduates: 30.8%
Some college: 13.4%
Associate’s degree or higher: 13.3%
[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 10.5%]

Unemployment:
Percent of persons unemployed: 9.9%

Insurance Coverage:
Uninsured: 27.43%
DEWITT COUNTY

Population as of 2010:

20,097

Population breakdown by race:

White persons: 75.66%
Black persons: 9.33%
American Indian and Alaska native persons: 0.44%
Asian persons: 0.22%
Native Hawaiian and Other Pacific Islanders: 0.00%
Persons reporting two or more races: 2.33%
Other: 12.01%

Persons of Hispanic or Latino origin: 32.35%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $22,689

Median household income: $43,380

Persons below poverty level: 14.7%

Education:

Non-high school graduates: 26.1%
High school graduates: 35.7%
Some college: 20.0%
Associate’s degree or higher: 18.2%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 12.3%]

Unemployment:

Percent of persons unemployed: 7.9%

Insurance Coverage:

Uninsured: 27.0%
DUVAL COUNTY

Population as of 2010:

11,782

Population breakdown by race:

White persons: 86.97%
Black persons: 0.93%
American Indian and Alaska native persons: 0.38%
Asian persons: 0.19%
Native Hawaiian and Other Pacific Islanders: 0.04%
Persons reporting two or more races: 1.71%
Other: 9.78%

Persons of Hispanic or Latino origin: 88.47%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $16,172

Median household income: $35,144

Persons below poverty level: 22.8%

Education:

Non-high school graduates: 35.0%
High school graduates: 34.0%
Some college: 17.3%
Associate’s degree or higher: 13.7%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 8.2%]

Unemployment:

Percent of persons unemployed: 11.2%

Insurance Coverage:

Uninsured: 25.9%
GOLIAD COUNTY

Population as of 2010:

7,210

Population breakdown by race:

White persons: 83.70%
Black persons: 4.76%
American Indian and Alaska native persons: 0.69%
Asian persons: 0.21%
Native Hawaiian and Other Pacific Islanders: 0.03%
Persons reporting two or more races: 2.36%
Other: 8.25%

Persons of Hispanic or Latino origin: 34.15%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $27,310

Median household income: $51,389

Persons below poverty level: 13.8%

Education:

Non-high school graduates: 19.5%
High school graduates: 37.8%
Some college: 22.0%
Associate's degree or higher: 20.7%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 16.4%]

Unemployment:

Percent of persons unemployed: 7.3%

Insurance Coverage:

Uninsured: 25.8%
JACKSON COUNTY

Population as of 2010:

14,075

Population breakdown by race:

- White persons: 81.32%
- Black persons: 7.02%
- American Indian and Alaska native persons: 0.40%
- Asian persons: 0.36%
- Native Hawaiian and Other Pacific Islanders: 0.01%
- Persons reporting two or more races: 2.10%
- Other: 8.79%

Persons of Hispanic or Latino origin: 28.98%

Household Income:

- Per capita money income in 12 months, average taken from 2007-2011 data: $24,476
- Median household income: $50,010
- Persons below poverty level: 12.5%

Education:

- Non-high school graduates: 25.7%
- High school graduates: 32.0%
- Some college: 20.3%
- Associate’s degree or higher: 22.0%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 17.8%]

Unemployment:

- Percent of persons unemployed: 7.3%

Insurance Coverage:

- Uninsured: 25.4%
JIM HOGG COUNTY

Population as of 2010:

5,300

Population breakdown by race:

White persons: 87.89%
Black persons: 0.42%
American Indian and Alaska native persons: 0.38%
Asian persons: 0.28%
Native Hawaiian and Other Pacific Islanders: 0.00%
Persons reporting two or more races 1.53%
Other: 9.51%

Persons of Hispanic or Latino origin: 92.58%

Household income:

Per capita money income in 12 months, average taken from 2007-2011 data: $16,902

Median household income: $36,752

Persons below poverty level: 9.9%

Education:

Non-high school graduates: 41.6%
High school graduates: 37.6%
Some college: 9.7%
Associate's degree or higher: 11.1%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 8.9%]

Unemployment:

Percent of persons unemployed: 7.9%

Insurance Coverage:

Uninsured: 29.1%
JIM WELLS COUNTY

Population as of 2010:

40,838

Population breakdown by race:

White persons: 87.22%
Black persons: 0.58%
American Indian and Alaska native persons: 0.66%
Asian persons: 0.37%
Native Hawaiian and Other Pacific Islanders: 0.02%
Persons reporting two or more races 1.61%
Other: 9.53%

Persons of Hispanic or Latino origin: 78.98%

Household income:

Per capita money income in 12 months, average taken from 2007-2011 data: $18,268

Median household income: $37,413

Persons below poverty level: 22.9%

Education:

Non-high school graduates: 29.9%
High school graduates: 33.3%
Some college: 21.7%
Associate's degree or higher: 15.1%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 10.8%]

Unemployment:

Percent of persons unemployed: 8.6%

Insurance Coverage:

Uninsured: 25.7%
KARNES COUNTY

Population as of 2010:
14,824

Population breakdown by race:

White persons: 70.21%
Black persons: 9.29%
American Indian and Alaska native persons: 0.48%
Asian persons: 0.22%
Native Hawaiian and Other Pacific Islanders: 0.01%
Persons reporting two or more races: 1.35%
Other: 18.44%

Persons of Hispanic or Latino origin: 49.76%

Household income:

Per capita money income in 12 months, average taken from 2007-2011 data: $17,622

Median household income: $39,297

Persons below poverty level: 22.7%

Education:

Non-high school graduates: 37.1%
High school graduates: 31.2%
Some college: 18.1%
Associate’s degree or higher: 13.6%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 10.1%]

Unemployment:

Percent of persons unemployed: 9.4%

Insurance Coverage:

Uninsured: 33.7%
KENEDY COUNTY

Population as of 2010:
416

Population breakdown by race:
White persons: 87.50%
Black persons: 1.20%
American Indian and Alaska native persons: 1.44%
Asian persons: 0.24%
Native Hawaiian and Other Pacific Islanders: 0.00%
Persons reporting two or more races 2.88%
Other: 6.73%

Persons of Hispanic or Latino origin: 76.68%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $14,754
Median household income: $45,625
Persons below poverty level: 19.1%

Education:

Non-high school graduates: 34.6%
High school graduates: 11.5%
Some college: 22.0%
Associate's degree or higher: 31.9%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 15.9]

Unemployment:

Percent of persons unemployed: 5.5%

Insurance Coverage:

Uninsured: 35.4%
KLEBERG COUNTY

Population as of 2010:

32,061

Population breakdown by race:

- White persons: 79.90%
- Black persons: 3.75%
- American Indian and Alaska native persons: 0.61%
- Asian persons: 2.34%
- Native Hawaiian and Other Pacific Islanders: 0.12%
- Persons reporting two or more races: 2.39%
- Other: 10.90%

Persons of Hispanic or Latino origin: 70.16%

Household Income:

- Per capita money income in 12 months, average taken from 2007-2011 data: $19,156
- Median household income: $37,222
- Persons below poverty level: 24.8%

Education:

- Non-high school graduates: 24.3%
- High school graduates: 25.1%
- Some college: 22.9%
- Associate’s degree or higher: 5.9%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 21.7%]

Unemployment:

- Percent of persons unemployed: 6.9%

Insurance Coverage:

- Uninsured: 26.3%
LAVACA COUNTY

Population as of 2010:
19,263

Population breakdown by race:
White persons: 85.98%
Black persons: 6.75%
American Indian and Alaska native persons: 0.31%
Asian persons: 0.29%
Native Hawaiian and Other Pacific Islanders: 0.09%
Persons reporting two or more races 1.70%
Other: 4.87%

Persons of Hispanic or Latino origin: 15.98%

Household Income:
Per capita money income in 12 months, average taken from 2007-2011 data: $23,597
Median household income: $43,570
Persons below poverty level: 10.1%

Education:
Non-high school graduates: 24.3%
High school graduates: 37.4%
Some college: 20.5%
Associate’s degree or higher: 17.8%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 14.5%]

Unemployment:
Percent of persons unemployed: 6.6%

Insurance Coverage:
Uninsured: 24.1%
LIVE OAK COUNTY

Population as of 2010:

11,531

Population breakdown by race:

- White persons: 87.65%
- Black persons: 4.35%
- American Indian and Alaska native persons: 0.80%
- Asian persons: 0.49%
- Native Hawaiian and Other Pacific Islanders: 0.03%
- Persons reporting two or more races 1.54%
- Other: 5.13%

Persons of Hispanic or Latino origin: 35.21%

Household Income:

- Per capita money income in 12 months, average taken from 2007-2011 data: $21,843
- Median household income: $45,276
- Persons below poverty level: 14.6%

Education:

- Non-high school graduates: 25.0%
- High school graduates: 32.9%
- Some college: 22.5%
- Associate’s degree or higher: 19.6%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 13.6%]

Unemployment:

- Percent of persons unemployed: 6.7%

Insurance Coverage:

- Uninsured: 29.2%
MCMULLEN COUNTY

Population as of 2010:

707

Population breakdown by race:

White persons: 90.95%
Black persons: 1.13%
American Indian and Alaska native persons: 0.00%
Asian persons: 0.42%
Native Hawaiian and Other Pacific Islanders: 0.00%
Persons reporting two or more races: 2.55%
Other: 4.95%

Persons of Hispanic or Latino origin: 36.92%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $21,743

Median household income: $29,500

Persons below poverty level: 15.2%

Education:

Non-high school graduates: 21.8%
High school graduates: 35.8%
Some college: 23.8%
Associate's degree or higher: 18.6%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 8.6%]

Unemployment:

Percent of persons unemployed: 6.7%

Insurance Coverage:

Uninsured: 26.9%
NUECES COUNTY

Population as of 2010:

340,223

Population breakdown by race:

White persons: 81.54%
Black persons: 4.01%
American Indian and Alaska native persons: 0.63%
Asian persons: 1.68%
Native Hawaiian and Other Pacific Islanders: 0.08%
Persons reporting two or more races: 2.43%
Other: 9.64%

Persons of Hispanic or Latino origin: 60.63%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $23,525

Median household income: $44,815

Persons below poverty level: 18.8%

Education:

Non-high school graduates: 21.8%
High school graduates: 27.6%
Some college: 24.3%
Associate's degree or higher: 26.4%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 20.6%]

Unemployment:

Percent of persons unemployed: 7.6%

Insurance Coverage:

Uninsured: 26.0%
REFUGIO COUNTY

Population as of 2010:

7,383

Population breakdown by race:

White persons: 80.50%
Black persons: 6.54%
American Indian and Alaska native persons: 0.57%
Asian persons: 0.45%
Native Hawaiian and Other Pacific Islanders: 0.00%
Persons reporting two or more races 1.99%
Other: 9.96%

Persons of Hispanic or Latino origin: 47.23%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $20,626

Median household income: $42,470

Persons below poverty level: 16.8%

Education:

Non-high school graduates: 28.2%
High school graduates: 34.6%
Some college: 23.2%
Associate's degree or higher: 14.0%

[Bachelor's degree or higher, percent of person aged 25+ 2007-2011: 9.7%]

Unemployment:

Percent of persons unemployed: 6.9%

Insurance Coverage:

Uninsured: 26.9%
SAN PATRICIO COUNTY

Population as of 2010:

64,804

Population breakdown by race:

White persons: 85.89%
Black persons: 1.65%
American Indian and Alaska native persons: 0.60%
Asian persons: 0.83%
Native Hawaiian and Other Pacific Islanders: 0.09%
Persons reporting two or more races: 2.42%
Other: 8.52%

Persons of Hispanic or Latino origin: 54.39%

Household Income:

Per capita money income in 12 months, average taken from 2007-2011 data: $21,492

Median household income: $48,389

Persons below poverty level: 17.3%

Education:

Non-high school graduates: 25.0%
High school graduates: 30.2%
Some college: 23.1%
Associate’s degree or higher: 21.7%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 15.2%]

Unemployment:

Percent of persons unemployed: 10.3%

Insurance Coverage:

Uninsured: 25.1%
VICTORIA COUNTY

Population as of 2010:
86,793

Population breakdown by race:
White persons: 79.51%
Black persons: 6.35%
American Indian and Alaska native persons: 0.58%
Asian persons: 1.04%
Native Hawaiian and Other Pacific Islanders: 0.03%
Persons reporting two or more races: 2.41%
Other: 10.08%

Persons of Hispanic or Latino origin: 43.91%

Household Income:
Per capita money income in 12 months, average taken from 2007-2011 data: $24,571
Median household income: $49,676
Persons below poverty level: 17.1%

Education:
Non-high school graduates: 20.2%
High school graduates: 30.5%
Some college: 24.7%
Associate’s degree or higher: 24.6%

[Bachelor’s degree or higher, percent of person aged 25+ 2007-2011: 16.5%]

Unemployment:
Percent of persons unemployed: 7.3%

Insurance Coverage:
Uninsured: 24.5%
# HEALTHCARE INFRASTRUCTURE AND ENVIRONMENT

## Hospital Resources

<table>
<thead>
<tr>
<th>Hospital Resources</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Care Hospitals</td>
<td>20</td>
</tr>
<tr>
<td>Psychiatric Hospitals</td>
<td>1</td>
</tr>
<tr>
<td>Acute Care Investor Owned Hospitals</td>
<td>8</td>
</tr>
<tr>
<td>Acute Care Non-Profit Hospitals</td>
<td>5</td>
</tr>
<tr>
<td>Acute Care Public Hospitals</td>
<td>7</td>
</tr>
<tr>
<td>Beds Setup and Staffed for Acute Care</td>
<td>2444</td>
</tr>
<tr>
<td>Beds Setup and Staffed for Obstetrics Care</td>
<td>173</td>
</tr>
<tr>
<td>Acute Care Licensed Beds</td>
<td>3161</td>
</tr>
<tr>
<td>Psychiatric Care Licensed Beds</td>
<td>68</td>
</tr>
</tbody>
</table>

## Health Occupations

<table>
<thead>
<tr>
<th>Health Occupations</th>
<th>Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Care Physicians</td>
<td>4,391</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td>1,259</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>445</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>20,162</td>
</tr>
<tr>
<td>Licensed Vocational Nurses</td>
<td>3,500</td>
</tr>
<tr>
<td>Nurse Practitioners</td>
<td>869</td>
</tr>
<tr>
<td>Dentists</td>
<td>1,391</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>1,167</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>550</td>
</tr>
<tr>
<td>EMS Personnel</td>
<td>2,554</td>
</tr>
</tbody>
</table>
Data Resources


