



Keeping the **H** in Hometown®

Medical Center Hospital

Community Health Needs Assessment and Implementation Plan

August 2019



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Section 1: **Community Health Needs Assessment**



EXECUTIVE SUMMARY

Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Medical Center Hospital (MCH) and the Family Health Clinic (FHC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Ector County, Texas.

The CHNA Team, consisting of leadership from MCH and the FHC, met with staff from CHC Consulting on April 30, 2019 to review the research findings and prioritize the community health needs. Eight significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Once this prioritization process was complete, MCH and FHC leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital and clinic specific implementation plans.

The eight most significant needs, as discussed during the April 30th prioritization meeting, are listed below:

- 1.) Access to Primary Care Services and Providers
- 2.) Access to Specialty Care Services and Providers
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Improved Availability of Safe, Affordable Housing
- 6.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 7.) Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning
- 8.) Access to Dental Care Services and Providers

Once this prioritization process was complete, MCH leadership discussed the results and decided to address six of the eight prioritized needs in various capacities through its implementation plan. While MCH acknowledges that these are significant needs in the community, “Improved Availability of Safe, Affordable Housing” and “Access to Dental Care Services and Providers” are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address these needs. MCH will continue to support local organizations and efforts to address these needs in the community.

MCH leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate). Please see the Implementation Plan section of this report for further information.

The MCH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on August 6, 2019.

Priority #1: Access to Primary Care Services and Providers

Several interviewees noted that there is an increasing need for additional primary care provider and nurses due to difficulty with recruitment and retainment of such health care professionals. It was mentioned that the shortage of primary care providers leads to increased use of advanced practitioners, long wait times for appointments, and overuse of the ER for non-emergent issues. One interviewee stated: “We need more doctors and nurses. There is a need for more access to medical care for people living out in the outer area.”

Interviewees mentioned that there are limited primary care options in the community for un/underinsured, Medicaid and low income residents. It was also noted that there is a general lack of emphasis on the importance in establishing a medical home, and one interviewee specifically stated: “We do not have that medical home concept. People don’t know how to help themselves or their children when it’s 2am, so they go to the ER.”

Interviewees mentioned a growing need for more providers offering and encouraging immunizations in the community, as well as frustration with the current hospitalist model and the inability of patients to see their personal provider in the hospital. One interviewee stated: “Most people do not feel comfortable with hospitalists because you get the hospitalist of the day, so you get a new doc every day. That makes it hard to maintain consistent health care, especially when somebody is in the hospital.”

Findings from the 2019 Family Health Clinic survey indicate that the majority of respondents go to the Family Health Clinic when they are sick or need to see a doctor; however, the percentage of patients using the Family Health Clinic for care decreased between 2016 and 2019. Additionally, patients who indicated they go to a doctor at a different facility increased between 2016 and 2019.

Priority #2: Access to Specialty Care Services and Providers

Several interviewees noted that there is a shortage of specialty care providers leading to physician burnout and departure from the community. Interviewees suggested the use of telemedicine for specialty care to help connect patients and providers with specialists who are not in the community. It was also discussed that there is an increasing number of specialty care providers nearing retirement age, with one interviewee specifically stating: “Some of our providers are aging out and we’re having a hard time finding physicians to replace them.”

Interviewees noted that patients tend to leave Ector County specialty care in more urban areas. Specific specialties mentioned as needed include: Orthopedics, Pediatric subspecialties, Trauma, Dermatology, Cardiology, Oncology, ENT, Rheumatology, Emergency Care and Pain Management. It was also noted that there is a limited number of local specialists accepting county assistance program, Medicare and Medicaid patients. One interviewee specifically stated: “There are a few specialists who take our county assistance patients, most don’t. We have a problem getting them in.”

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Ector County has a lower rate of mental health care providers per 100,000 population than the state.

Interviewees mentioned that there are limited local mental and behavioral health care services and providers in the community, which leads to the transferring of patients to places like San Angelo and Big Spring. It was also mentioned that law enforcement is typically used to transfer patients outside of the county, which takes officers off the road for several hours. One interviewee stated: “Our law enforcement officers have to drive to San Angelo or Big Spring to transfer a patient who has mental health issues. That’s taking an officer off the street for 5-6 hours.”

Interviewees raised concern surrounding the unmet mental and behavioral health needs in youth and pediatric residents, as well as an overall shortage of providers resulting in long wait times. It was also mentioned that residents have difficulty identifying providers accepting...

Priority #3: Access to Mental and Behavioral Health Care Services and Providers (continued)

...insurance types due to limited promotion of such providers and whether or not they accept different coverage types. One interviewee stated: “If they won’t accept your insurance, you have to find other programs. There’s nothing on mental health out there. You have to find something.”

Several interviewees noted the lack of substance abuse treatment facilities in the community, as well as increasing concerns among the youth population that include marijuana use, anxiety, stress and depression. It was noted that there is a stigma associated with seeking care for mental and behavioral health related concerns, which leads to a lack of utilization of available resources. One interviewee stated: “We have seen an increase in people that need mental health services and we’re referring them, but those people aren’t necessarily making it to those places. It’s just a lot of shame and not feeling comfortable at those offices.”

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Ector County and the state. Ector County has higher mortality rates than Texas for diseases of heart, malignant neoplasms, chronic lower respiratory diseases, accidents (unintentional injuries), Alzheimer’s disease, cerebrovascular disease, diabetes mellitus, chronic liver disease and cirrhosis, septicemia, intentional self-harm (suicide), female breast cancer, lung and bronchus cancer, and colon and rectum cancer.

Ector County has higher rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (Medicare population), obesity, asthma, physical inactivity, binge drinking and tobacco use than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as mammograms, prostate cancer screenings, colon cancer screenings, and flu shots (adults 18-64 years of age).

Several interviewees mentioned a lack of access to healthy food options in the community, as well as an increasing number of fast food restaurants. It was noted that these two factors lead to increased health care costs, obesity, diabetes, and heart disease. One interviewee stated: “We have more fast food restaurants because of the oil fields. With obesity, there’s a lot of underlying chronic diseases...diabetes, heart disease, cancers, all types of diseases that are going to have a large impact on the future population.”

It was mentioned that the community has a limited built environment and motivation to be physically active. Interviewees also noted that the higher cost of healthy lifestyle programs in the community results in lower participation rates, with one interviewee stating: “A lot of colleges and hospitals promote healthy lifestyles, but organizations don’t make it cheap. If it was affordable to obtain, more people would participate.”

Interviewees discussed higher rates of diabetes in Hispanic and African American residents, and a growing problem of childhood obesity. It was also mentioned that there is a limited parental understanding of how to manage asthma and diabetes in children. One interviewee specifically stated: “We are constantly teaching parents how to take care of children with asthma or diabetes. We have to give instructions at a 5th grade level...many have not finished high school and it is hard for them to understand how to manage chronic illnesses.”

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Ector County has a higher rate of uninsured adults than the state, and a higher percentage of adults with no personal doctor than the state. The county also has a higher rate of preventable hospital events per 1,000 Medicare Enrollees than the state. Ector County has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved...

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

...Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed affordability and cost barriers as concerns that disproportionately affect un/underinsured populations in the community, resulting in overuse of the ER (specifically by Hispanic and un/underinsured residents), fewer residents with established medical homes, and lack of necessary preventive care services. It was mentioned that the overcrowding in the ER is leading to frustration with non-emergent cases and long wait times, and that there is a perception in the community that emergency care is the quicker option due to a lack of extended hour facilities. One interviewee specifically stated: "I had a neighbor whose daughter had an ear infection and they called an ambulance because they thought it'd be faster to get in. It's just timing – late at night, early in the morning, weekends...maybe where you want to go isn't open so the place you're stuck with is the hospital."

Interviewees also noted that there is a limited number of providers accepting Medicaid, CHIP and Medicare patients in the community. Additionally, the lack of affordable medications and health care services in Ector County is forcing elderly residents to be noncompliant with treatment plans. One interviewee stated: "Health care is easy to cut out of your budget. The senior population is only taking their medicine every third day because they can't afford the medicine for whatever it is they're afflicted by."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about pediatric, youth, elderly, homeless, low income/working poor, homeless, racial/ethnic and veteran populations as being disproportionately challenged by barriers to accessing healthcare services in Ector County.

With regards to the pediatric population, interviewees mentioned a lack of primary and specialty care options, ADHD and seizure disorders, and obesity and diabetes as challenges for this particular population. For youth residents, interviewees mentioned substance use; anxiety, stress and depression; obesity; high drop out rates due to opportunities to work in the oil field; outmigration of patients for treatment of ADHD, dyslexia, and autism; and a high rate of teen pregnancy and sexually transmitted infections as challenges for the youth community in Ector County.

When speaking about the elderly population in Ector County, interviewees raised concern surrounding a need for health care advocates and interpreters, the growing aging population, limited availability of affordable resources, lack of hospice care options, difficulty accessing and navigating the health care system and transportation barriers as issues for such residents. With regards to the low income/working poor group, interviewees noted limited access to wound care services, a lack of access to mental health care services, overuse of the ER, transportation barriers and a limited number of primary care options as challenges for these residents.

For homeless residents, interviewees mentioned transportation barriers and mental and behavioral health care needs as issues for such residents. For racial/ethnic group residents, interviewees mentioned that Hispanic residents are disproportionately challenged by outmigration to Mexico for health care services and medications, language barriers, overuse of the ER, diabetes and childhood obesity, and African American residents are challenged by higher rates of diabetes.

Lastly, for veterans, interviewees mentioned frustration with the VA system and limited local care options as challenges for such residents.

Priority #6: Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning

Ector County has higher rates of communicable diseases (chlamydia, gonorrhea) than the state. With regards to maternal and child health, specifically, Ector County has higher percentages of mothers smoking during pregnancy, low birth weight births, and teen births than the state, with higher percentages of repeat births to teens and births to single teens than the state.



Priority #6: Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning (continued)

Interviewees mentioned that there is an increasing rate of teen births who are not receiving adequate, timely prenatal care, as well as a perception that there is a normalization of births to younger teens. There is also growing concern regarding the limited local access to family planning services and resources, and one interviewee stated: “Access to family planning services is not available here. Anyone who lives in West Texas has very limited access to subsidized services for family planning.”

Several interviewees discussed higher rates of sexually transmitted infections, specifically chlamydia, in the community, as well as the lack of community outreach regarding sex education, communicable disease prevention and family planning. It was noted that low income and un/underinsured residents may have a greater challenge in seeking family planning assistance programs, and interviewees discussed concern surrounding parental irresponsibility and limited proper parenting skills in the community. One interviewee specifically stated: “...parents are not available when [the school nurse] calls them so we call 911. Parents are not aware of their responsibilities and it becomes an emergency.”



PROCESS AND METHODOLOGY

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014. The objectives of the CHNA are to:
 - Meet federal government and regulatory requirements
 - Research and report on the demographics and health status of the study area, including a review of state and local data
 - Gather input, data and opinions from persons who represent the broad interest of the community
 - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by MCH
 - Document the progress of previous implementation plan activities
 - Prioritize the needs of the community served by the hospital
 - Create an implementation plan that addresses the prioritized needs for the hospital

Process and Methodology

Scope

- The CHNA components include:
 - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
 - A biography of MCH
 - A description of the hospital's defined study area
 - Definition and analysis of the communities served, including demographic and health data analyses
 - Findings from phone interviews collecting input from community representatives, including:
 - State, local, tribal or regional governmental public health department (or equivalent department or agency) with knowledge, information or expertise relevant to the health needs of the community;
 - Members of a medically underserved, low-income or minority populations in the community, or individuals or organizations serving or representing the interests of such populations
 - Community leaders
 - Findings from a community survey that collected input from Family Health Clinic patients
 - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
 - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
 - Documentation and rationalization of priorities not addressed by the implementation plan
 - A description of additional health services and resources available in the community
 - A list of information gaps that impact the hospital's ability to assess the health needs of the community served

Process and Methodology

Methodology

- MCH worked with CHC Consulting in the development of its CHNA. MCH provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC Consulting conducted the following research:
 - A demographic analysis of the study area, utilizing demographic data from the IBM Watson Health Market Expert Tool and local reports
 - A study of the most recent health data available
 - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
 - Facilitated the prioritization process during the CHNA Team meeting on April 30, 2019. The CHNA Team included:
 - Christin Abbott-Timmons, Divisional Director Women & Children Services/SANE Nursing at Odessa Medical Center Hospital
 - David Garcia, FHC Executive Director and Director of Governmental Affairs
 - Adiel Alvarado, Executive Director of ProCare Operations/Regional Services
 - Lindsey Duncan, Director of Population/Community Health
- The methodology for each component of this study is summarized in the following section. In certain cases methodology is elaborated in the body of the report.

Process and Methodology

Methodology (continued)

– MCH Biography

- Background information about MCH, mission, vision, values and services provided were provided by the hospital or taken from its website

– Study Area Definition

- The study area for MCH is based on hospital inpatient discharge data from May 1, 2018 – April 30, 2019 and discussions with hospital staff

– Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, IBM Watson Health Market Expert, Community Commons, the Annie E. Casey Foundation Kids Count Data Center, the U.S. Census Bureau, the United States Bureau of Labor Statistics, the Odessa Development Corporation, Feeding America, and the Texas Education Agency

– Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include, but are not limited to, the Robert Wood Johnson Foundation, Texas State Department of Health and Human Services, the CARES Engagement Network, United States Census Bureau, and the Centers for Disease Control and Prevention

– Interview Methodology

- MCH and FHC provided CHC Consulting with a list of persons with special knowledge of public health in Ector County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, 30 in-depth phone interviews were conducted using a structured interview guide
- Extensive notes were taken during each interview and then quantified based on responses, communities and populations (minority, elderly, un/underinsured, etc.) served, and priorities identified by respondents. Qualitative data from the interviews was also analyzed and reported.

Process and Methodology

Methodology (continued)

– Survey Methodology

- CHC Consulting created a 3 question paper survey tool in both English and Spanish that the Family Health Clinic – Clements and Family Health Clinic – West University sites distributed during registration or upon checkout from January 7, 2019 – February 1, 2019. 615 surveys were completed out of the 2,117 patients seen at the clinic location during that time frame, ending in a 29.1% response rate. Quantitative data from the surveys was analyzed and reported.

– Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- MCH provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

– Prioritization Strategy

- Eight significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the CHNA Team April 30, 2019
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Medical Center Hospital

Who We Are

Medical Center Health System is proud to be the most comprehensive healthcare provider in the Permian Basin. Founded over 70 years ago, we've grown from one facility into a family of healthcare providers delivering a broad range of advanced medical services to the people of Odessa and the surrounding 17 counties.

Medical Center Hospital: Serving the Community for 68 Years

Medical Center Hospital has provided care to the Permian Basin for 68 years. Opening December 5, 1949 as an 85-bed community hospital, MCH met an important need for Odessa. Over the years, MCH has expanded and added services and technology to meet the growing needs of the community. Today, MCH has grown into a 402-bed Level II Trauma Center with over 2,500 employees and 350 physicians.

A Hospital is Born

In 1948, there were three hospitals in Odessa. Dr. Elbert Thorton owned a six-bed hospital, Dr. Emmett Headlee owned the Headlee Hospital, which is now the Ector County Library and Dr. J.K. Wood owned a 34-bed facility called Wood Hospital.

Due to the need for more healthcare services, a group of citizens, spearheaded by Dr. Wood, met with the Ector County Commissioners to propose a new hospital for Odessa. The commissioners recognized the need and C.C. Gibson was soon hired as the hospital administrator.

After nearly two years of construction, the Ector County Hospital was dedicated on November 27, 1949. And on December 5, 1949, the doors were opened for patients. This 85-bed community hospital, which cost \$838,946 to build, would later be called Medical Center Hospital.

The hospital served about 6,000 patients a year in the early years. As the number of patients grew, so did the hospital. First a three-story addition was created, then a seven-story tower and then a second seven-story tower. "It was only three floors when it started," says Betty Johnson, an 84-year-old Auxiliary member. "It's gone up now and several new buildings have been added on."

Creation of ECHD

MCH has a history of growth and quality, but it still faced some challenging times. During the '80s Medical Center Hospital experienced financial difficulties. After some failed financial recovery attempts by private management companies, Odessa rallied to rescue the hospital and voted to create the Ector County Hospital District in 1989. "It was terrible trying to keep the hospital going," remembers Dr. Life Barnard, who was Chief of Staff at the time. "You almost had to beg for money for Kleenex. The creation of the board was a great asset to the hospital and the community. It has made it possible for all the expansion."

Source: Medical Center Health System, "About Us," <http://mchodessa.com/mch-history/>; information accessed June 5, 2019.

Hospital Biography

About Medical Center Hospital (continued)

From a Hospital to a Health System

Over time, Medical Center Hospital has become more than a 402-bed facility by opening multiple clinics throughout Odessa. These include the Family Health Clinic on Clements and West University, the Clinics at Walmart in both Odessa Walmart locations and the Center for Health & Wellness on Faudree and Highway 191. Because of MCH's growth outside the four walls of the hospital, Medical Center Health System (MCHS) was introduced in October 2010.

At the same time that Medical Center Health System was introduced, the Center for Health & Wellness opened its doors at East Highway 191 and Faudree Road. This center includes Mission Fitness, ProCare Internal Medicine, Laboratory, Diabetes Center and Radiology.

Since 2010, MCHS has continued to open clinics at various locations to make healthcare more accessible. In 2014, MCHS opened the Center for Primary Care – JBS Parkway and the Center for Primary Care – West University that include Urgent Care clinics, pediatric and family medicine services. MCHS now operates four Urgent Care clinics, two Clinics at Walmart and two Family Health Clinic locations.

The future is bright for MCHS with continued expansion, renovation and progress. "The forecast shows even more growth in the Permian Basin over the next decade and we plan to continue to meet the increased healthcare needs in our community in the coming years," says Bill Webster, CEO of Medical Center Health System. Whenever you need us, wherever you are, Medical Center Health System has your family covered. We're your one source for health.

Hospital Biography

Mission, Vision and Values

Mission

Medical Center Health System is a community-based teaching organization dedicated to providing high-quality and affordable healthcare to improve the health and wellness of all residents of the Permian Basin.

Vision

MCHS will be the premier source for health and wellness.

Values

I - Integrity

C - Customer Centered

A - Accountability

R - Respect

E - Excellence

Hospital Biography

Hospital Services

- Bariatrics
- Emergency
- Outpatient
- Stroke
- Cancer
- Imaging
- Pediatric
- Surgical
- Cardiac
- Inpatient Rehab
- Respiratory
- Trauma
- Diabetes
- Joint Care Center
- Electrophysiology
- Orthopedics
- Sports Medicine



STUDY AREA

Medical Center Hospital

Study Area

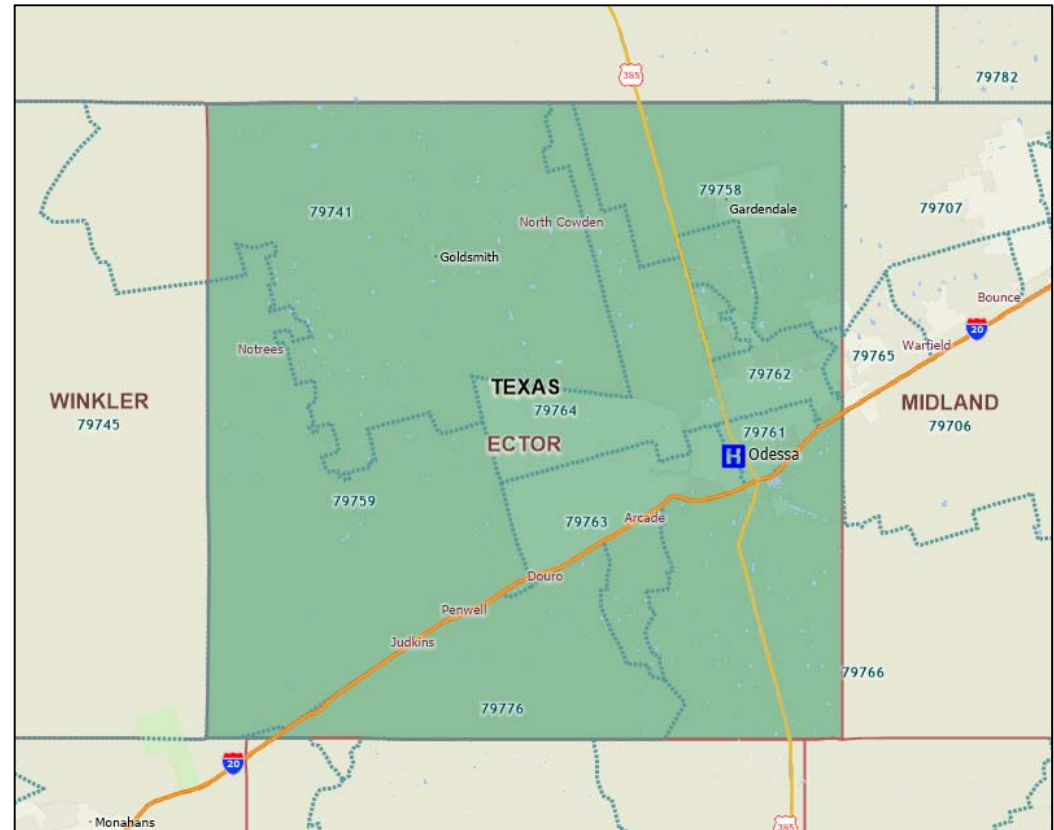
■ Ector County comprises 66.2% of May 2018 – April 2019 inpatient discharges

H Indicates the hospital

Medical Center Hospital
Inpatient Discharge Data: May 2018 - April 2019

County	State	May18-Apr19 Discharges	% of Total	Cumulative % of Total
Ector County	TX	9,750	66.2%	66.2%
All Others		4,984	33.8%	100.0%
Total		14,734	100%	

Source: Hospital inpatient discharge data provided by Medical Center Hospital by DRG; May 1, 2018 - April 30, 2019; Normal Newborns excluded.



Note: The Medical Center Hospital 2016 Community Health Needs Assessment and Implementation Plan reports studied Ector County, which comprised 69.0% of CY 2015 hospital inpatient discharges.



DEMOGRAPHIC OVERVIEW

Population Health

Introduction

- Information included within this section is pulled from a variety of sources, including the census. Because census data is collected every ten years, periodic updates are provided by data vendors based on a variety of population health factors.
- Due to the rapid population growth and significant transient population within Ector County, total population and projection estimates are difficult to accurately depict. Therefore, CHC Consulting has provided demographic data from the IBM Watson Health Market Expert Tool that includes census periodic updates, as well as supplemental information from local reports in an attempt to emphasize the effect of the current oil boom on current population and projected population numbers.
- Supplemental local population information is integrated within this Demographic Overview section wherever appropriate.

Population Health

Population Growth

Projected 5-Year Population Growth

2018-2023



Overall Population Growth					
Geographic Location	2010	2018	2023	2018-2023 Change	2018-2023 % Change
Ector County	137,130	163,169	177,382	14,213	8.7%
Texas	25,145,561	28,531,603	30,558,741	2,027,138	7.1%

Source: Truven Health's Market Expert; data accessed October 17, 2018.

Population Health

Population Growth (continued)

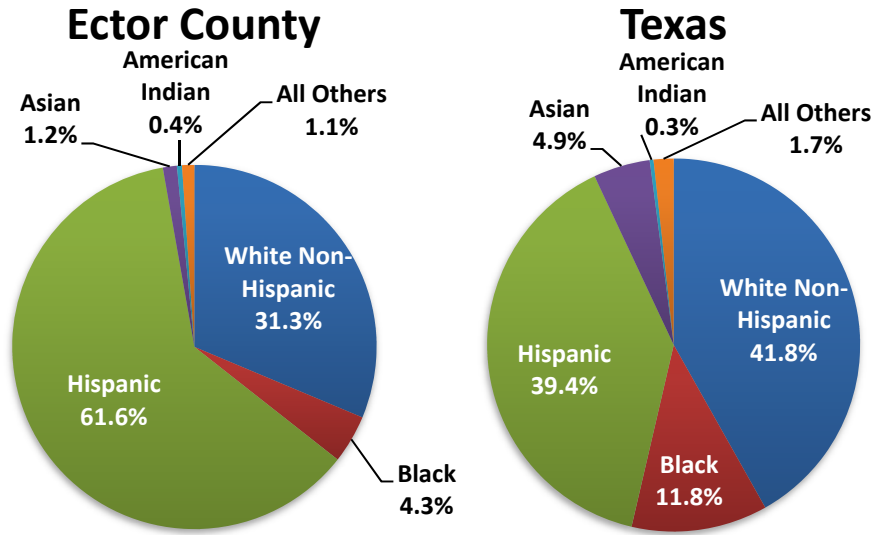
- According to the Odessa Affordable Workforce Housing Report, the Midland-Odessa CSA population is expected to increase at a rate of 9% by 2023. Between 2010 and 2018, the population in the Midland-Odessa CSA increased by 21.0%.
- The number of households is also expected to increase at a rate of 9% by 2023. Between 2010 and 2018, the household count in the Midland-Odessa CSA increased by 21.0%.

Population	2000	2010	2018	2023	2010-2018 Change	2010-2018 % Change	2018-2023 Change	2018-2023 % Change
Midland-Odessa CSA	241,878	278,801	338,111	368,975	59,310	21.0%	30,864	9.0%

Households	2000	2010	2018	2023	2010-2018 Change	2010-2018 % Change	2018-2023 Change	2018-2023 % Change
Midland-Odessa CSA	88,216	101,182	122,570	133,765	21,388	21.0%	11,195	9.0%

Population Health

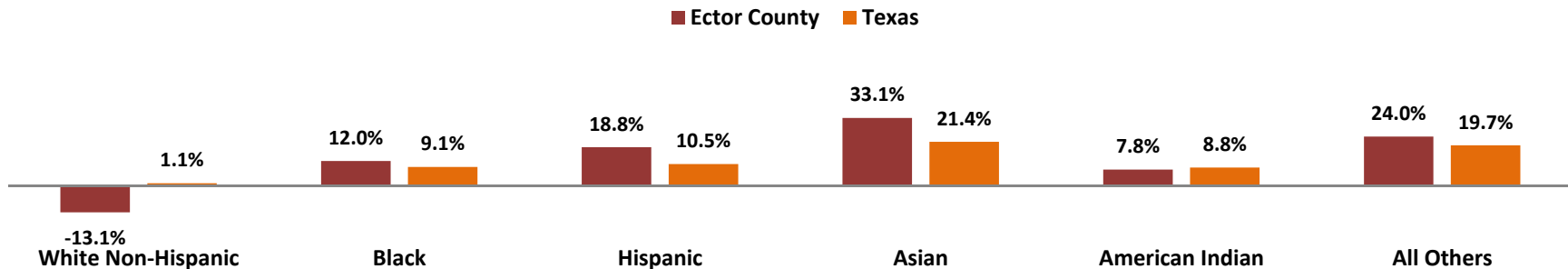
Population Composition by Race/Ethnicity



Ector County					
Race/Ethnicity	2010	2018	2023	2018-2023 Change	2018-2023 % Change
White Non-Hispanic	56,306	51,111	44,422	-6,689	-13.1%
Black	5,596	6,983	7,819	836	12.0%
Hispanic	72,331	100,542	119,454	18,912	18.8%
Asian	1,110	2,031	2,704	673	33.1%
American Indian	623	732	789	57	7.8%
All Others	1,164	1,770	2,194	424	24.0%
Total	137,130	163,169	177,382	14,213	8.7%

Texas					
Race/Ethnicity	2010	2018	2023	2018-2023 Change	2018-2023 % Change
White Non-Hispanic	11,397,345	11,937,219	12,074,136	136,917	1.1%
Black	2,886,825	3,366,121	3,670,767	304,646	9.1%
Hispanic	9,460,921	11,236,221	12,416,008	1,179,787	10.5%
Asian	966,346	1,404,827	1,705,355	300,528	21.4%
American Indian	80,586	93,839	102,061	8,222	8.8%
All Others	353,538	493,376	590,414	97,038	19.7%
Total	25,145,561	28,531,603	30,558,741	2,027,138	7.1%

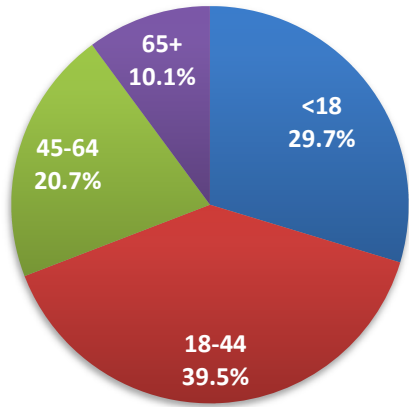
Race/Ethnicity Projected 5-Year Growth 2018-2023



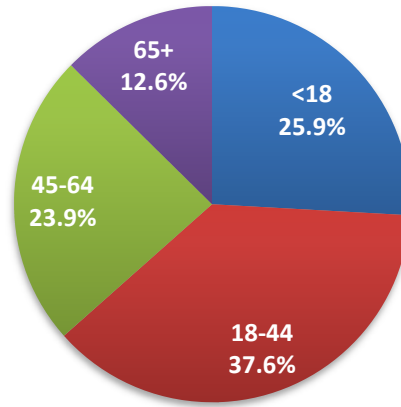
Population Health

Population Composition by Age Group

Ector County



Texas



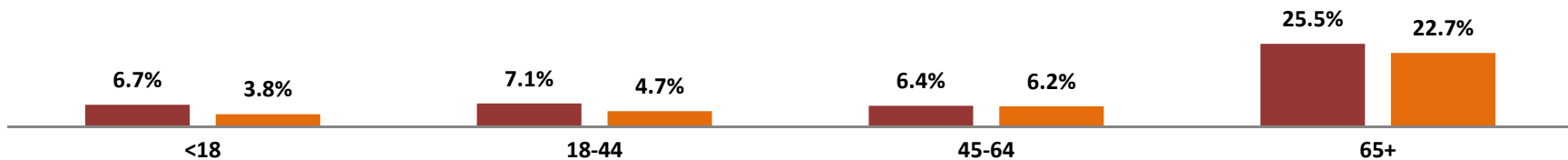
Ector County				
Age Cohort	2018	2023	2018-2023 Change	2018-2023 % Change
<18	48,444	51,687	3,243	6.7%
18-44	64,385	68,974	4,589	7.1%
45-64	33,835	36,014	2,179	6.4%
65+	16,505	20,707	4,202	25.5%
Total	163,169	177,382	14,213	8.7%

Texas				
Age Cohort	2018	2023	2018-2023 Change	2018-2023 % Change
<18	7,386,638	7,667,446	280,808	3.8%
18-44	10,715,955	11,223,420	507,465	4.7%
45-64	6,826,784	7,249,066	422,282	6.2%
65+	3,602,226	4,418,809	816,583	22.7%
Total	28,531,603	30,558,741	2,027,138	7.1%

Age Projected 5-Year Growth

2018-2023

■ Ector County ■ Texas

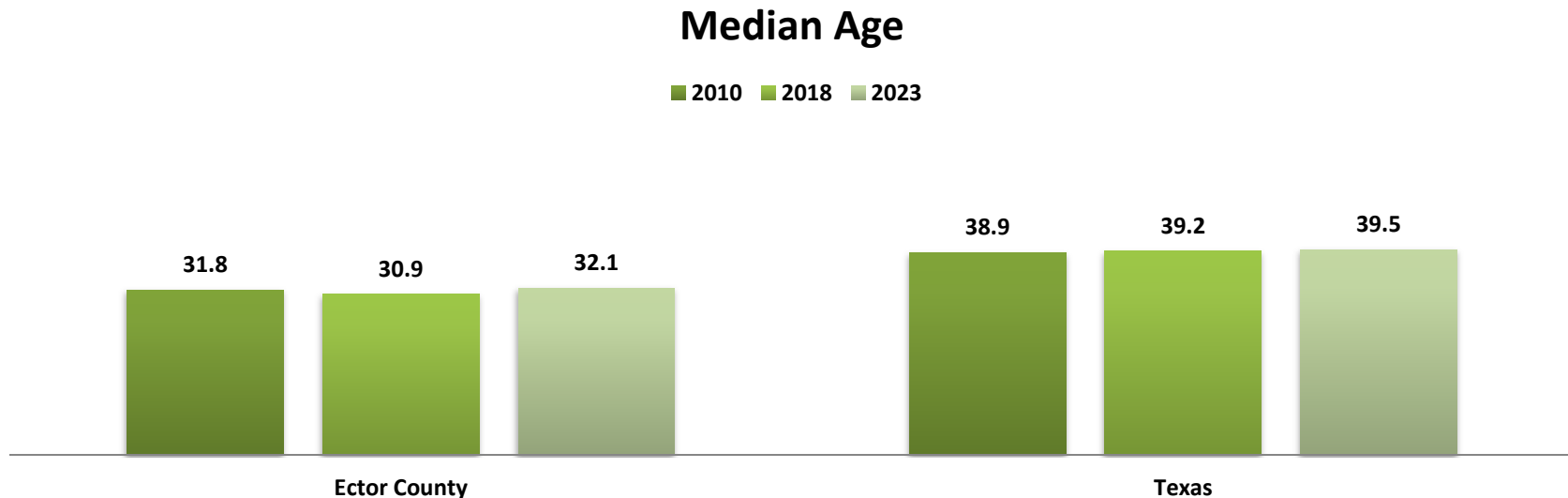


Source: Truven Health's Market Expert; data accessed October 17, 2018.

Population Health

Median Age

- The median age in Ector County and the state is expected to increase over the next five years (2018-2023).
- Ector County (30.9 years) has a younger median age than Texas (39.2 years) (2018).



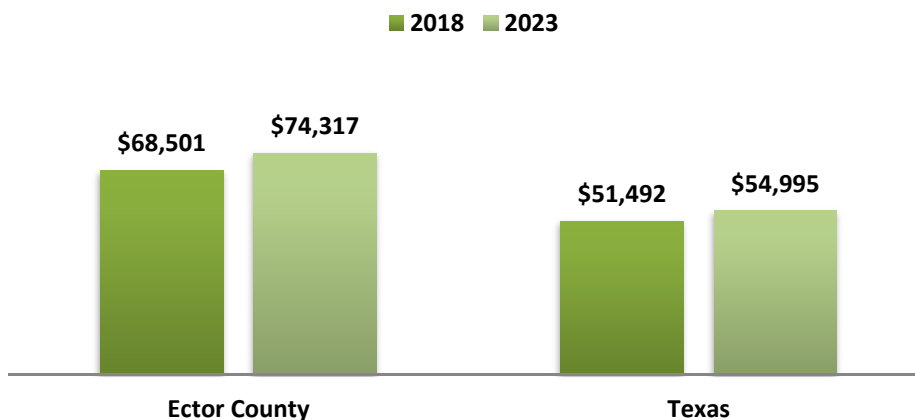
Source: Truven Health's Market Expert; data accessed October 17, 2018.

Population Health

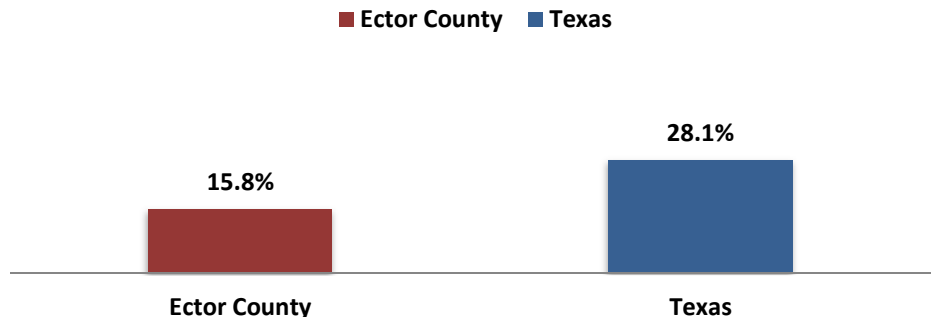
Median Household Income and Educational Attainment

- The median household income in both Ector County and the state is expected to increase over the next five years (2018-2023).
- Ector County (\$68,501) has a higher median household income than Texas (\$51,492) (2018).
- Ector County (15.8%) has a lower percentage of residents with a bachelor or advanced degree than the state (28.1%).

Median Household Income



Education Bachelor / Advanced Degree 2018



Source: Truven Health's Market Expert; data accessed October 17, 2018.

Population Health

Median Household Income (continued)

- Household income estimates for the Midland-Odessa CSA indicate a majority of households with an income range of \$50,000 to \$74,999, and the median household income is estimated to be \$83,236 (2023).
- Between 2010 and 2018, the median household income in the Midland-Odessa CSA experienced a 19.2% change, with the majority of income growth falling within the \$100,000 to \$124,999 range. The number of households with incomes between \$25,000 and \$34,999 decreased between 2010 and 2018.

2023 Estimates

Household Income	Midland-Odessa CSA	
	Count	Share
Total Households	133,765	
< \$15,000	8,220	6.2%
\$15,000 to \$24,999	8,595	6.4%
\$25,000 to \$34,999	9,550	7.1%
\$35,000 to \$49,999	14,473	10.8%
\$50,000 to \$74,999	20,416	15.3%
\$75,000 to \$99,999	17,085	12.8%
\$100,000 to \$124,999	14,689	11.0%
\$125,000 to \$149,999	11,498	8.6%
\$150,000 to \$199,999	12,342	9.2%
\$200,000 to \$249,999	6,462	4.8%
\$250,000 to \$499,999	6,789	5.1%
\$500,000+	3,646	2.7%
Average Household Income	\$113,196	
Median Household Income	\$83,236	

Household Income Change (2010-2018)

Household Income	Midland-Odessa CSA	
	Count	% Change
Total Households	13,425	31.4%
< \$15,000	374	9.9%
\$15,000 to \$24,999	867	24.2%
\$25,000 to \$34,999	-268	-6.6%
\$35,000 to \$49,999	540	8.4%
\$50,000 to \$74,999	933	9.6%
\$75,000 to \$99,999	1,304	19.4%
\$100,000 to \$124,999	2,897	82.6%
\$125,000 to \$149,999	2,356	111.3%
\$150,000 to \$199,999	2,455	138.2%
\$200,000 to \$499,999	1,894	216.5%
\$500,000+	73	40.1%
Average Household Income	\$15,363	21.6%
Median Household Income	\$11,356	19.2%

Population Health

Housing

- As of December 2018, the market apartment rent in Odessa (\$1,427) is higher than all other markets in the defined region except for Midland (\$1,557), and experienced a 18.5% annual change.

Regional Multi-family Apartment Effective Rent and Annual Change (December 2018)

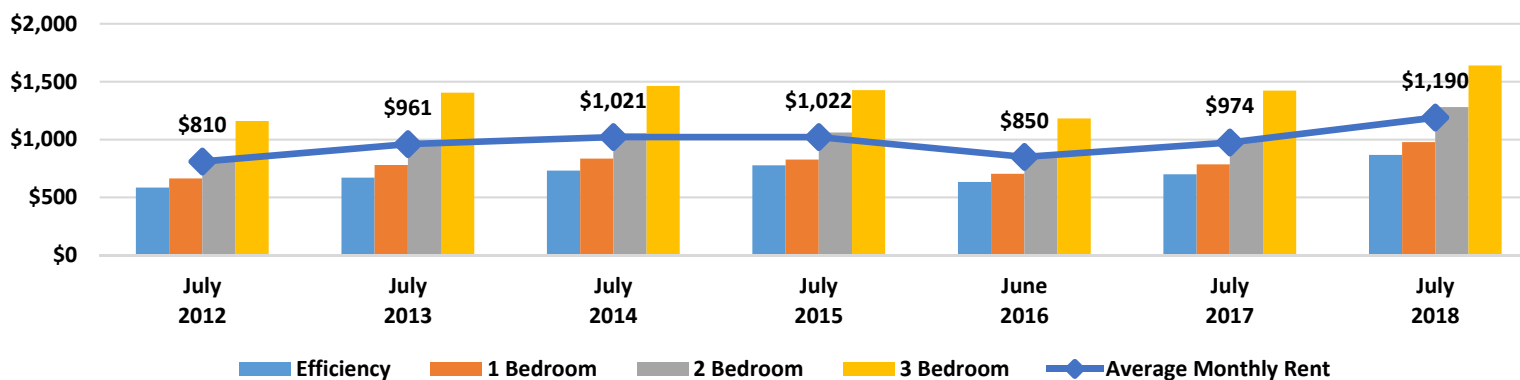
Effective Rent	Dec. 2018	% Change
Odessa	\$1,427	18.50%
Midland	\$1,557	16.60%
Big Spring/Howard County	\$1,172	11.60%
Ward County	\$1,146	0.00%
Lubbock	\$765	2.00%
San Angelo	\$820	4.60%
Abilene	\$773	4.70%
Amarillo	\$765	-0.10%
Texas	\$1,103	-

Population Health

Housing (continued)

- Average apartment rental rates (unfurnished) increased between July 2012 and July 2018 in Odessa.

Average Apartment Rental Rates (Unfurnished)
2012-2018



Apartment Type	July 2012	July 2013	July 2014	July 2015	June 2016	July 2017	July 2018
Efficiency	\$584	\$671	\$731	\$777	\$633	\$700	\$867
1 Bedroom	\$664	\$779	\$835	\$826	\$703	\$785	\$977
2 Bedroom	\$831	\$988	\$1,055	\$1,060	\$883	\$990	\$1,280
3 Bedroom	\$1,160	\$1,404	\$1,463	\$1,426	\$1,182	\$1,422	\$1,639
Average Monthly Rent	\$810	\$961	\$1,021	\$1,022	\$850	\$974	\$1,190

Population Health

Cost of Living

- Cost of living data indicates that Odessa has higher health costs (104.9) than both Texas (95.3) and the United States (100).

Cost of Living Index Comparison

Category	Odessa	Texas	USA
Grocery	87.5	96.6	100
Health	104.9	95.3	100
Median Home Cost	\$148,600	\$184,900	\$216,200
Utilities	98.3	99.2	100
Transportation	91.3	119	100
Miscellaneous	97.5	96.4	100
Overall	90.7	101.8	100

100 = National Average

Population Health

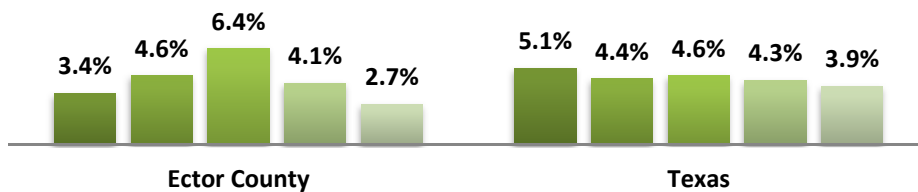
Unemployment

- Unemployment rates in Ector County fluctuated between 2014 and 2018, while rates in the state decreased.
- In 2018, Ector County (2.7%) had a lower unemployment rate than the state (3.9%).
- In 2018, monthly unemployment rates in Ector County overall decreased. October 2018 had the lowest unemployment rate (2.5) as compared to February and June 2018 with the highest rate (3.2).

Unemployment

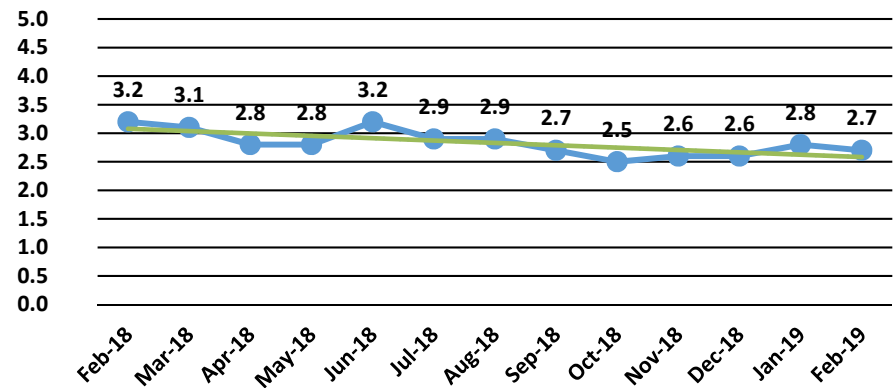
Rates by Year
2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



Unemployment

Rates by Month
2018



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed April 30, 2019.

Population Health

Poverty

- Ector County (10.9%) has a slightly lower percentage of families living below poverty as compared to the state (12.8%) (2018).
- Between 2015 and 2017, the percent of children (<18 years) living below poverty in Ector County fluctuated and overall increased, while rates in the state decreased.
- Ector County (17.9%) has a lower percentage of children (<18 years) living below poverty than Texas (21.0%) (2017).

Families Below Poverty

Percent, Family Units
2018

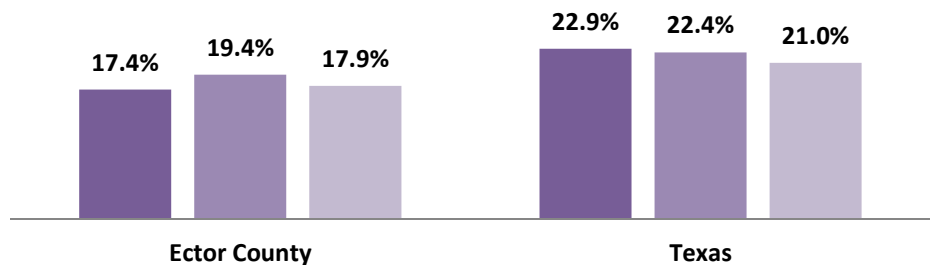
■ Ector County ■ Texas



Children Below Poverty

Percent, Children (<18 years)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Truven Health's Market Expert, data accessed October 17, 2018.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Ector County, TX, www.datacenter.kidscount.org; data accessed April 15, 2019.

Children Living Below Poverty Definition: Estimated percentage of related children under age 18 living in families with incomes less than the federal poverty threshold.

Note: The 2019 Federal Poverty Thresholds define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$25,750, and less than 200% of the federal poverty level if the household income is less than \$51,500. Please see the appendix for the full 2019 Federal Poverty Thresholds.



Population Health

Food Insecurity

- According to Feeding America, an estimated 9.8% of Ector County residents are food insecure as compared to 14.9% in the state of Texas. Additionally, 19.3% of the youth population (under 18 years of age) in Ector County are food insecure as compared to 22.5% in the state (2017).
- The average meal cost for a Ector County resident is \$2.81, as compared to \$2.71 in Texas (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Ector County	9.8%	19.3%	\$2.81
Texas	14.9%	22.5%	\$2.71

Source: Feeding America, Map The Meal Gap: Data by County in Each State, filtered for Ector County, TX, https://www.feedingamerica.org/research/map-the-meal-gap/by-county?_ga=2.33638371.33636223.1555016137-1895576297.1555016137&s_src=W194ORGSC; information accessed May 6, 2019.

Food Insecure Definition (Adult): Lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods.

Food Insecure Definition (Child): Those children living in households experiencing food insecurity.

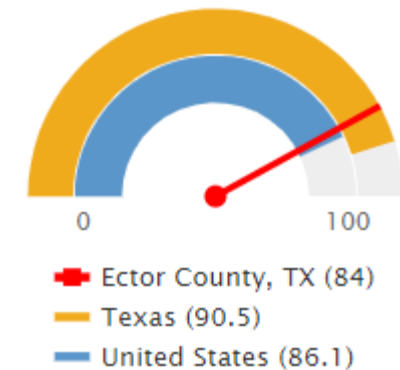
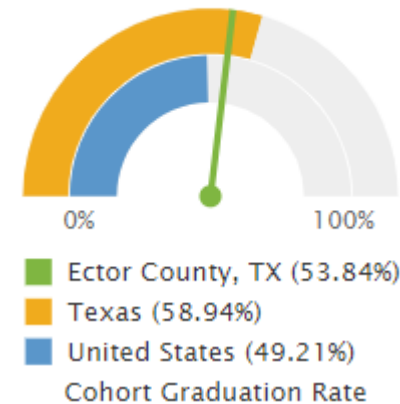
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).

Population Health

Children in the Study Area

- In 2016-2017, Ector County (53.8%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (58.9%) but a higher rate than the nation (49.2%).
- Ector County (84.0%) has a lower high school graduation rate than the state (90.5%) and the nation (86.1%) (2015-2016).

Percent Students Eligible for Free or Reduced Price Lunch



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Population Health

Children in the Study Area – Total Academic Enrollment

- Total enrollment across all Ector County independent school districts increased at a rate of 5.5% between the 2014-2015 and 2018-2019 academic years.
- Between the 2014-2015 and 2018-2019 academic years, Compass Academy Charter School and UTPB Stem Academy enrollment increased by 91.4% and 126.0%, respectively; however, the majority of youth residents enrolled in an Ector County independent school district are enrolled within Ector County ISD.

ACADEMIC ENROLLMENT BY DISTRICT						
School District Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Ector County ISD	31,972	31,792	31,480	32,267	32,963	3.0%
Compass Academy Charter School	583	690	800	1,046	1,116	91.4%
UTPB Stem Academy	319	339	591	689	721	126.0%
Grand Total	32,874	32,821	32,871	34,002	34,800	5.5%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>; data accessed April 8, 2019.
 Note: Independent school districts in Ector County include Ector County ISD, Compass Academy Charter School and UTPB Stem Academy.

Population Health

Children in the Study Area – Academic Enrollment by Grade

- The majority of early education and elementary school enrollment across all Ector County independent school districts decreased between the 2014-2015 and 2018-2019 academic years.
- Between the 2014-2015 and 2018-2019 academic years, 4th grade classes in all Ector County districts experienced the largest percentage increase (10.7%), followed by 5th grade (8.4%) and 3rd grade (2.2%) students.

EARLY EDUCATION						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Early Education	51	74	55	70	50	-2.0%
Pre-kindergarten	1,406	1,366	1,514	1,523	1,345	-4.5%
Grand Total	1,457	1,440	1,569	1,593	1,395	-4.4%

ELEMENTARY SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Kindergarten	2,850	2,555	2,375	2,709	2,735	-4.2%
Grade 1	2,855	2,816	2,612	2,577	2,830	-0.9%
Grade 2	2,816	2,759	2,787	2,655	2,664	-5.7%
Grade 3	2,663	2,725	2,700	2,827	2,724	2.2%
Grade 4	2,577	2,564	2,651	2,765	2,886	10.7%
Grade 5	2,580	2,511	2,514	2,770	2,817	8.4%
Grand Total	16,341	15,930	15,639	16,303	16,656	1.9%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsvr1.tea.texas.gov/adhocrpt/adste.html>; data accessed April 8, 2019.
 Note: Independent school districts in Ector County include Ector County ISD, Compass Academy Charter School and UTPB Stem Academy.

Population Health

Children in the Study Area – Academic Enrollment by Grade (continued)

- Total middle school and high school enrollment across all Ector County Independent School Districts increased between the 2014-2015 and 2018-2019 academic years (6.6% and 13.0%, respectively).
- Between the 2014-2015 and 2018-2019 academic years, 12th grade classes in all Ector districts experienced the largest percentage increase (20.9%), followed by 9th grade (17.0%) and 6th grade (13.6%) students.

MIDDLE SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Grade 6	2,424	2,481	2,489	2,547	2,806	13.6%
Grade 7	2,542	2,462	2,464	2,559	2,579	1.4%
Grade 8	2,416	2,378	2,392	2,434	2,516	4.0%
Grand Total	7,382	7,321	7,345	7,540	7,901	6.6%

HIGH SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Grade 9	2,337	2,673	2,713	2,857	2,816	17.0%
Grade 10	2,178	2,114	2,212	2,212	2,330	6.5%
Grade 11	1,785	1,845	1,781	1,960	1,939	7.9%
Grade 12	1,394	1,498	1,612	1,537	1,763	20.9%
Grand Total	7,694	8,130	8,318	8,566	8,848	13.0%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>; data accessed April 8, 2019.
 Note: Independent school districts in Ector County include Ector County ISD, Compass Academy Charter School and UTPB Stem Academy.



HEALTH DATA OVERVIEW

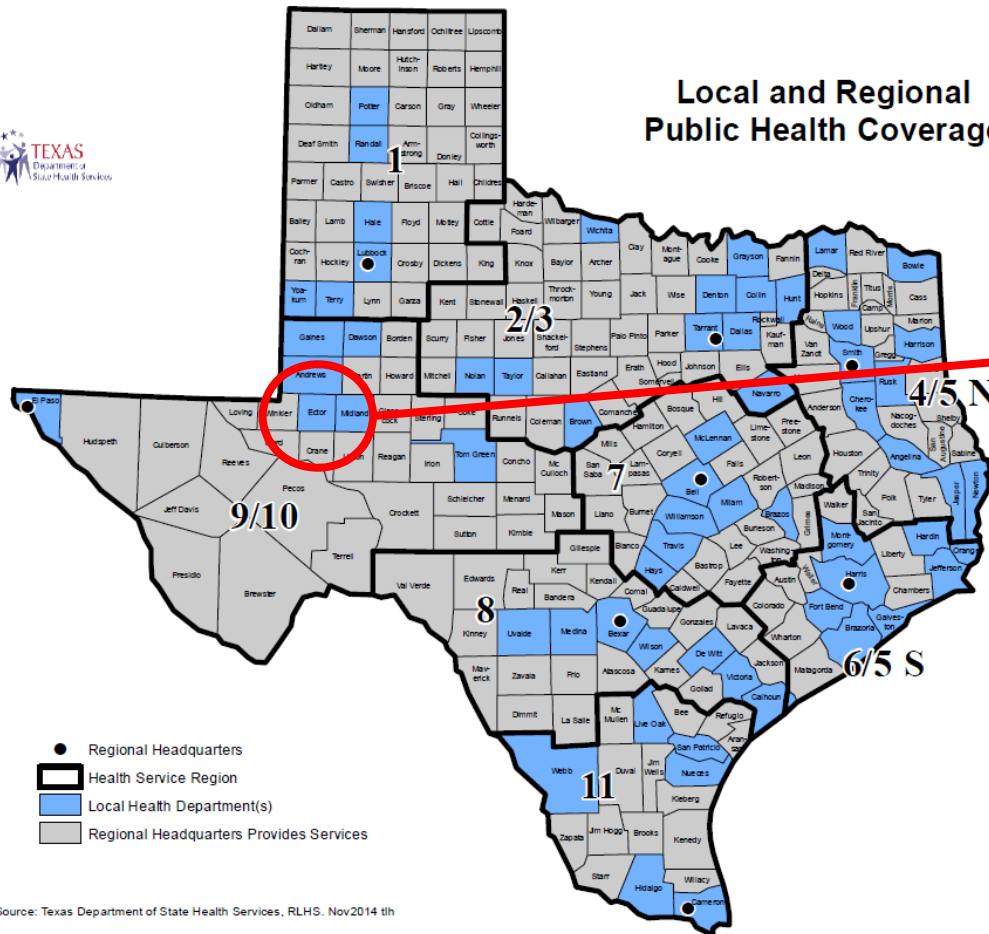
Health Status

Data Methodology

- **The following information outlines specific health data:**
 - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access
- **Data Sources include, but are not limited to:**
 - Texas Department of State Health Services
 - Texas Cancer Registry
 - Small Area Health Insurance Estimates (SAHIE)
 - CARES Engagement Network
 - The Behavioral Risk Factor Surveillance System (BRFSS)
 - The Behavioral Risk Factor Surveillance System (BRFSS) is the world’s largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
 - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
 - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
 - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
 - United States Census Bureau
- **Data Levels:** Nationwide, state, health service region, and county level data

Health Status

County and Health Service Region Map



County Name	Health Service Region
Ector	9/10

Source: Texas Department of State Health Services, RLHS, Nov2014 tth

Source: Texas Department of State Health Services, Center for Health Statistics; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>; data accessed August 21, 2018.

Health Status

County Health Rankings & Roadmaps - Ector County, Texas

- The County Health Rankings rank 244 counties in Texas (1 being the best, 244 being the worst).
- Many factors go into these rankings. A few examples include:
 - Clinical Care:
 - Uninsured
 - Primary care physicians
 - Preventable hospital stays
 - Mammography screenings
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Sexually transmitted infections
 - Teen births

2019 County Health Rankings	Ector County
Health Outcomes	143
LENGTH OF LIFE	162
QUALITY OF LIFE	113
Health Factors	175
HEALTH BEHAVIORS	193
CLINICAL CARE	98
SOCIAL & ECONOMIC FACTORS	188
PHYSICAL ENVIRONMENT	127

Note: Green represents the best ranking for the county, and red represents the worst ranking.

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed April 9, 2019.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 244 of the 254 counties in Texas.

Health Status































Mortality – Leading Causes of Death (2015-2017)






Rank	Ector County	Texas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
4	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
5	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Diabetes mellitus (E10-E14)	Diabetes mellitus (E10-E14)
8	Chronic liver disease and cirrhosis (K70,K73-K74)	Septicemia (A40-A41)
9	Septicemia (A40-A41)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Leading Causes of Death Rates (2015-2017)

Mortality Category (2015-2017)	Ector County		Texas	
	Combined 3Yr. Rate	3Yr. Change	Combined 3Yr. Rate	3Yr. Change
Diseases of heart (I00-I09,I11,I13,I20-I51)	 233.5		169.5	
Malignant neoplasms (C00-C97)	 175.0		148.0	
Chronic lower respiratory diseases (J40-J47)	 73.9		40.4	
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	 59.4		38.3	
Alzheimer's disease (G30)	 52.8		38.2	
Cerebrovascular diseases (I60-I69)	 46.9		42.0	
Diabetes mellitus (E10-E14)	 30.9		20.9	
Chronic liver disease and cirrhosis (K70,K73-K74)	 30.4		13.8	
Septicemia (A40-A41)	 28.2		16.4	
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	 15.9		12.8	

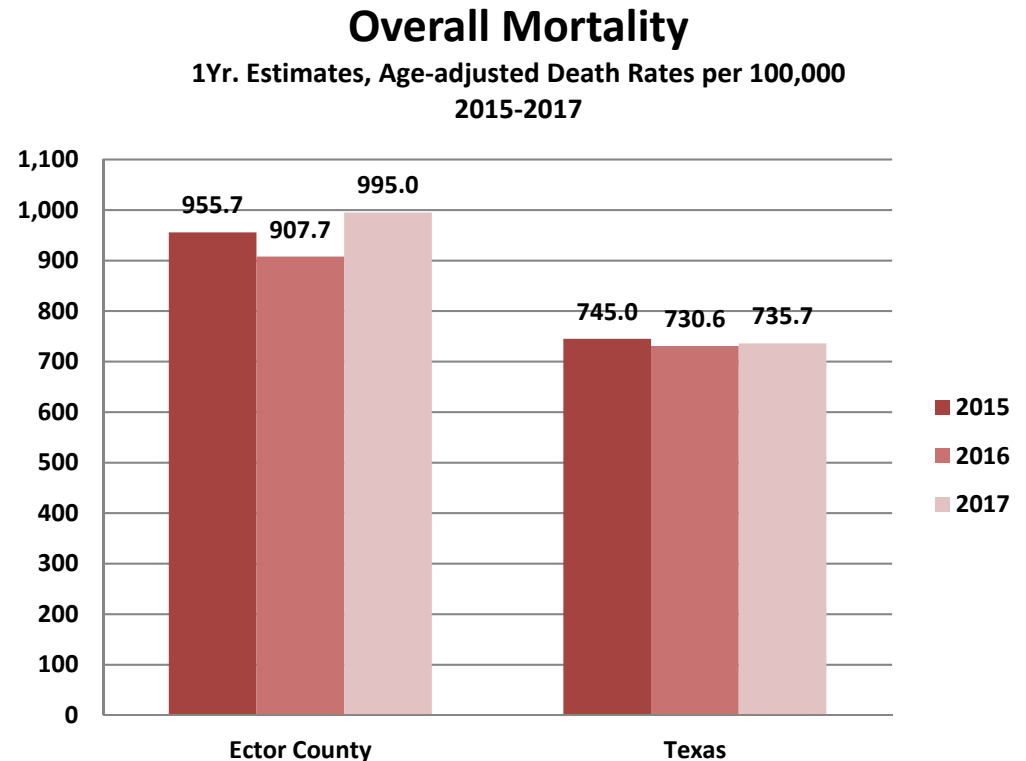
-  indicates that the county's rate is lower than the state's rate for that disease category.
-  indicates that the county's rate is higher than the state's rate for that disease category.
-  indicates that the rate is trending downwards.
-  indicates that the rate is trending upwards.
-  indicates that the rate has remained steady.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Overall

- Overall mortality rates in Ector County remained higher than the state between 2015 and 2017.
- Overall mortality rates in Ector County increased between 2015 and 2017, while rates in the state slightly decreased.
- In 2017, the overall mortality rate in Ector County (995.0 per 100,000) was higher than the state (735.7 per 100,000).



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	1,196	955.7	1,170	907.7	1,269	995.0	3,635	952.5
Texas	189,654	745.0	191,966	730.6	198,106	735.7	579,726	737.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

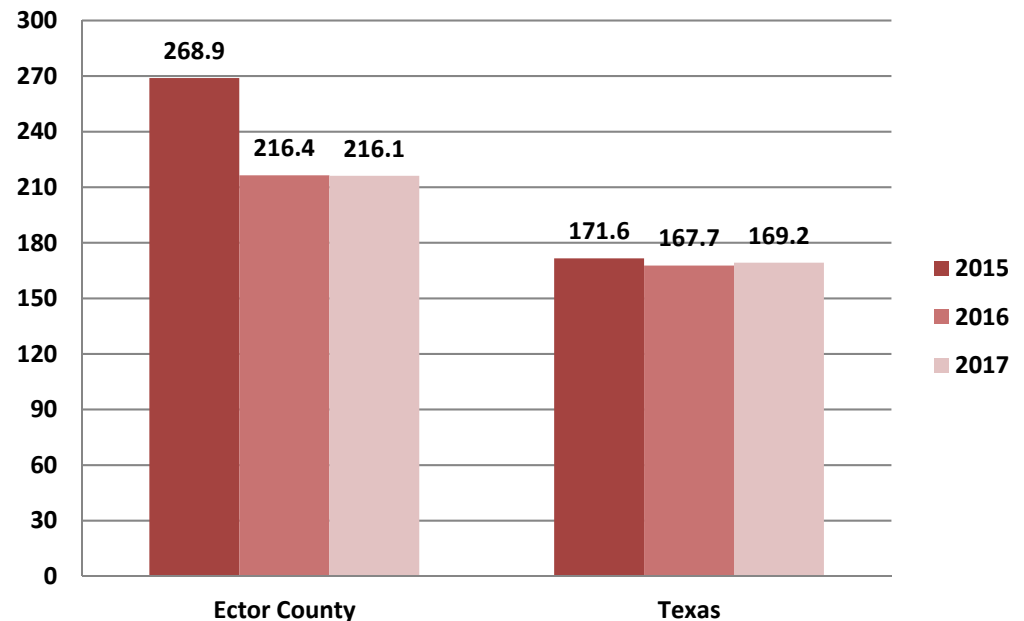
Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Ector County and the state (2015-2017).
- Between 2015 and 2017, heart disease mortality rates overall decreased in both Ector County and the state.
- In 2017, the heart disease mortality rate in Ector County (216.1 per 100,000) was higher than the state rate (169.2 per 100,000).

Diseases of Heart

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	324	268.9	272	216.4	268	216.1	864	233.5
Texas	43,298	171.6	43,772	167.7	45,346	169.2	132,416	169.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

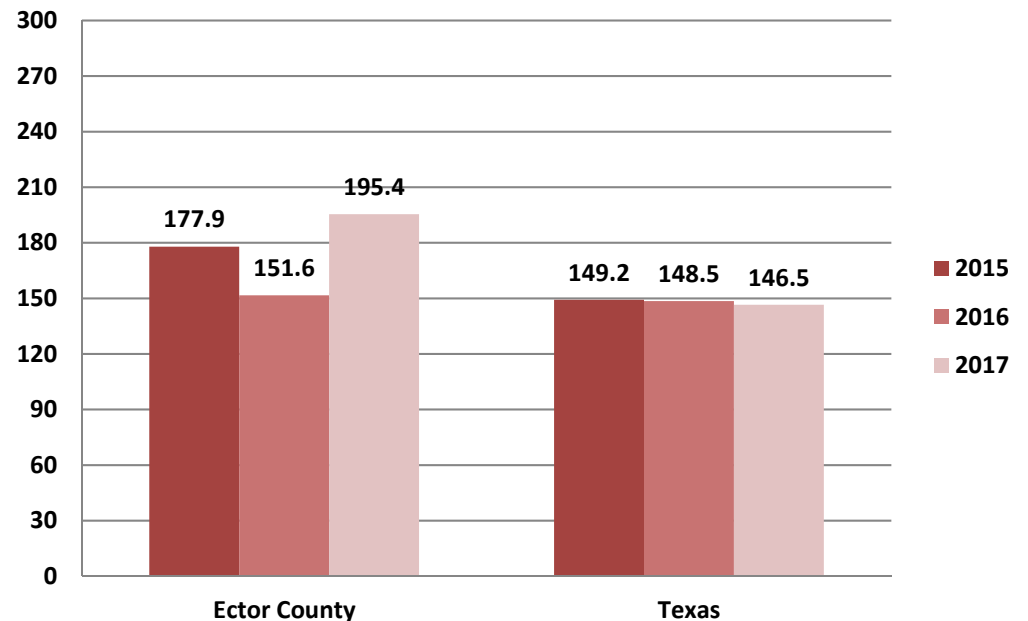
Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in both Ector County and the state (2015-2017).
- Between 2015 and 2017, cancer mortality rates increased in Ector County, and slightly decreased in the state.
- In 2017, the cancer mortality rate in Ector County (195.4 per 100,000) was higher than the state rate (146.5 per 100,000).

Malignant Neoplasms (Cancer)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	227	177.9	199	151.6	253	195.4	679	175.0
Texas	39,121	149.2	40,195	148.5	40,668	146.5	119,984	148.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

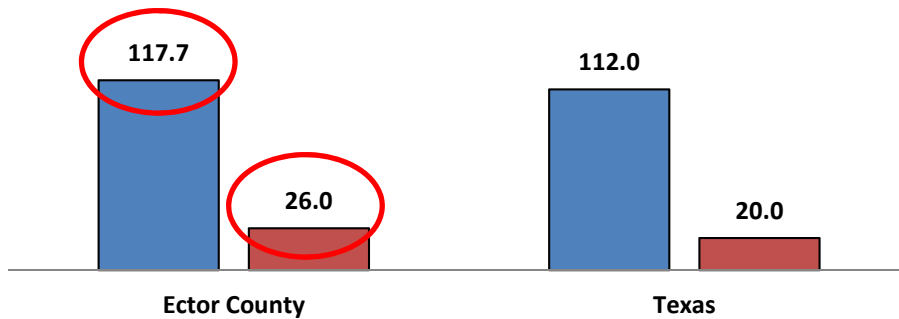
Health Status

Cancer Incidence & Mortality by Type

Female Breast

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

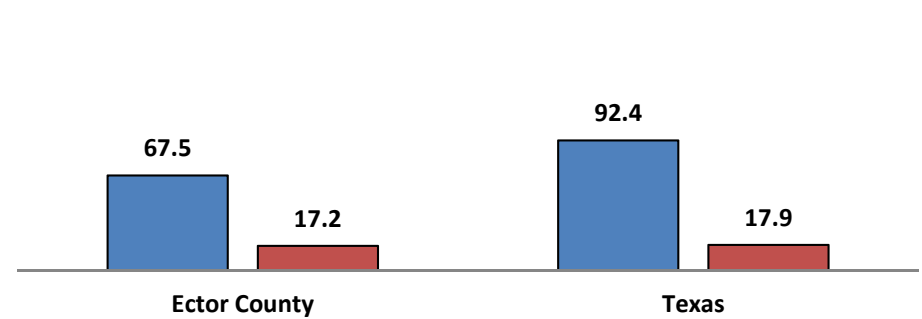
■ Incidence ■ Mortality



Prostate

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

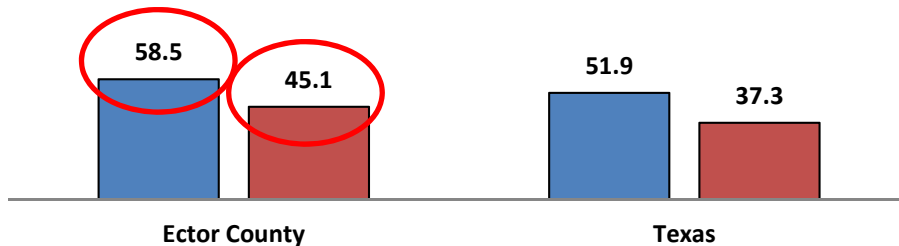
■ Incidence ■ Mortality



Lung and Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

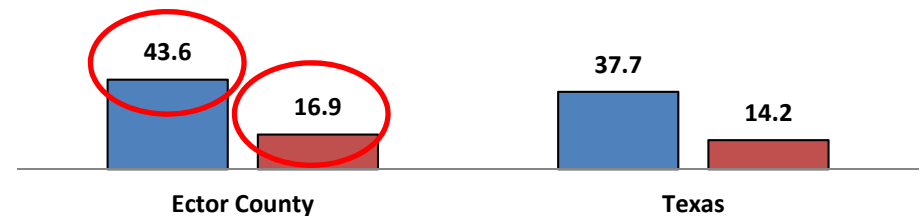
■ Incidence ■ Mortality



Colon and Rectum

Age-adjusted Incidence and Mortality Rates per 100,000
2012-2016

■ Incidence ■ Mortality



Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <http://www.cancer-rates.info/TX/index.php>; data accessed April 15, 2019.

Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

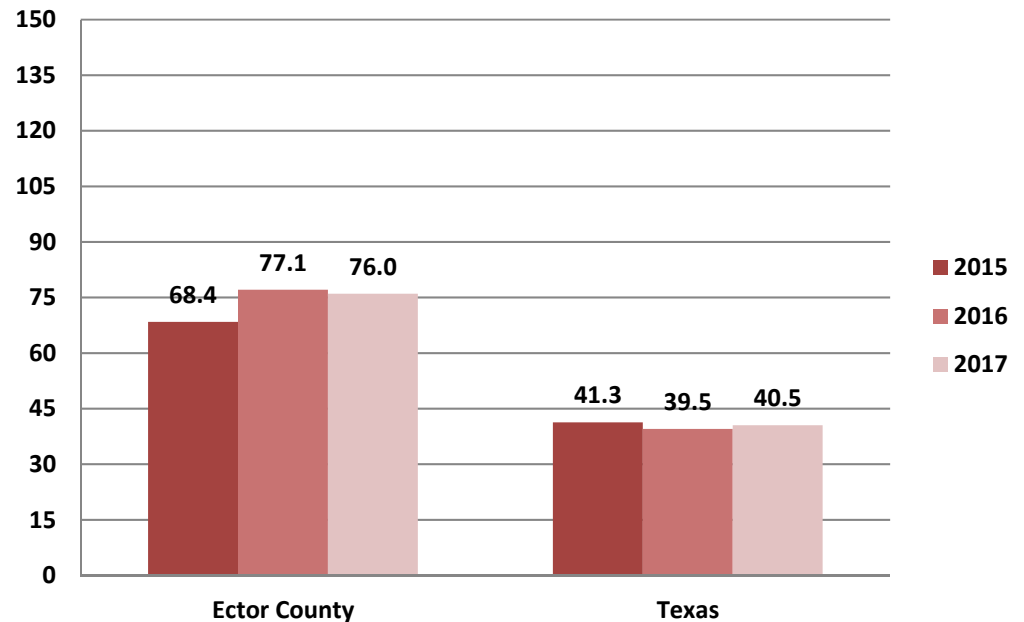
Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Ector County and the fourth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, CLRD mortality rates increased in Ector County and slightly decreased in the state.
- In 2017, the CLRD mortality rate in Ector County (76.0 per 100,000) was higher than the state rate (40.5 per 100,000).

Chronic Lower Respiratory Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	81	68.4	96	77.1	92	76.0	269	73.9
Texas	10,231	41.3	10,107	39.5	10,650	40.5	30,988	40.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

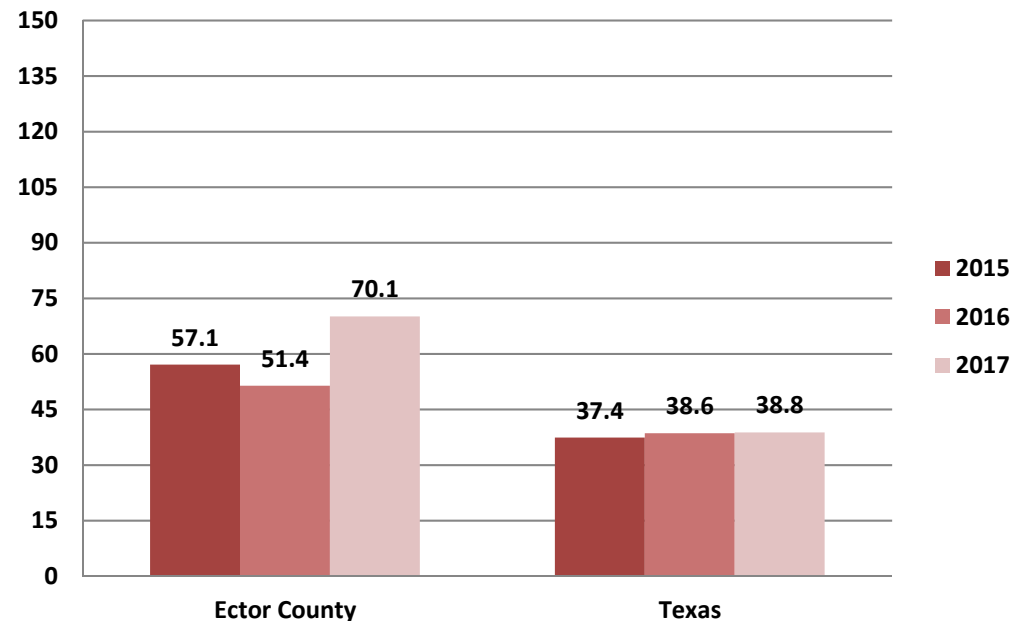
Health Status

Mortality – Accidents

- Fatal accidents are the fourth leading cause of death in Ector County and the fifth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, accident mortality rates increased in Ector County and the state.
- In 2017, the accident mortality rate in Ector County (70.1 per 100,000) was higher than the state rate (38.8 per 100,000).
- The leading cause of fatal accidents in Ector County is due to motor vehicle accidents (2017).

Accidents (Unintentional Injuries)

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	80	57.1	76	51.4	101	70.1	257	59.4
Texas	9,976	37.4	10,536	38.6	10,763	38.8	31,275	38.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.

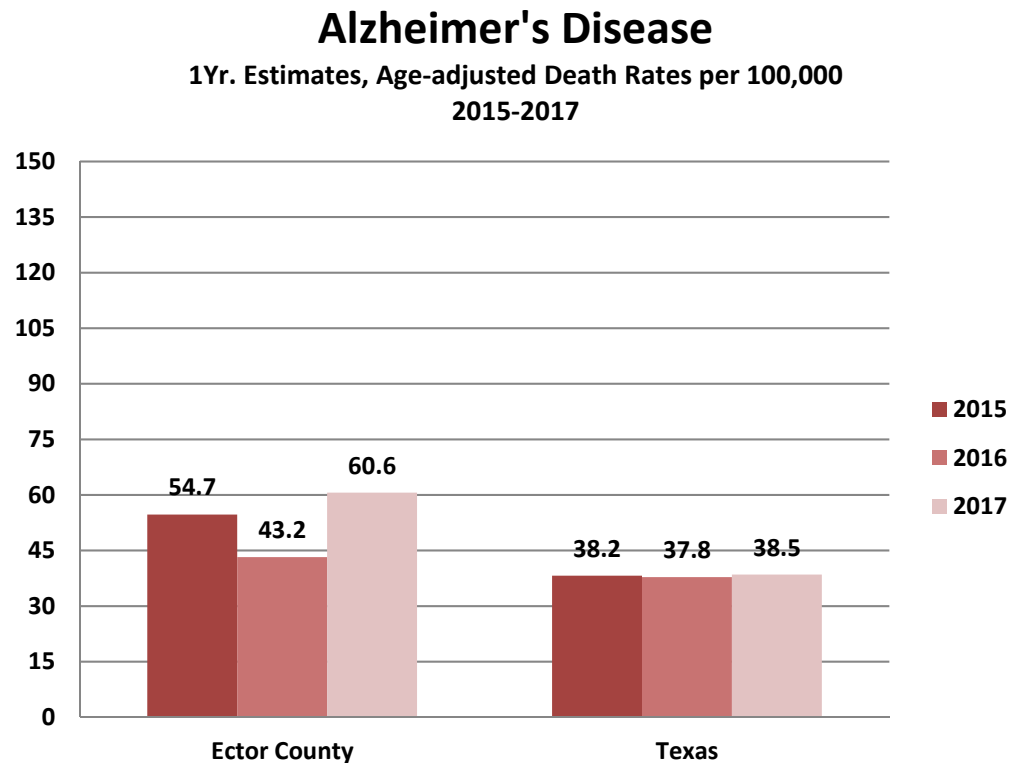
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the fifth leading cause of death in Ector County and the sixth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, Alzheimer’s disease mortality rates increased in both Ector County and the state.
- In 2017, the Alzheimer’s disease mortality rate in Ector County (60.6 per 100,000) was higher than the rate in the state (38.5 per 100,000).



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	60	54.7	49	43.2	68	60.6	177	52.8
Texas	8,903	38.2	9,135	37.8	9,545	38.5	27,583	38.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

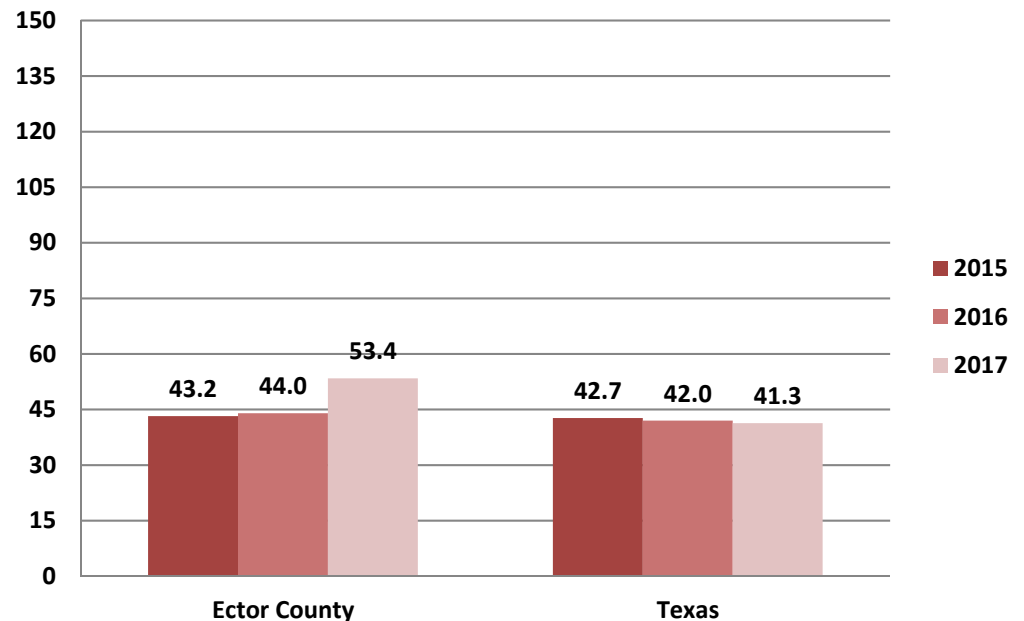
Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the sixth leading cause of death in Ector County the third leading cause of death in the state (2015-2017).
- Between 2015 and 2017, cerebrovascular disease mortality rates increased in Ector County and decreased in the state.
- In 2017, the cerebrovascular disease mortality rate in Ector County (53.4 per 100,000) was higher than the state rate (41.3 per 100,000).

Cerebrovascular Diseases

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	51	43.2	53	44.0	65	53.4	169	46.9
Texas	10,485	42.7	10,673	42.0	10,790	41.3	31,948	42.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

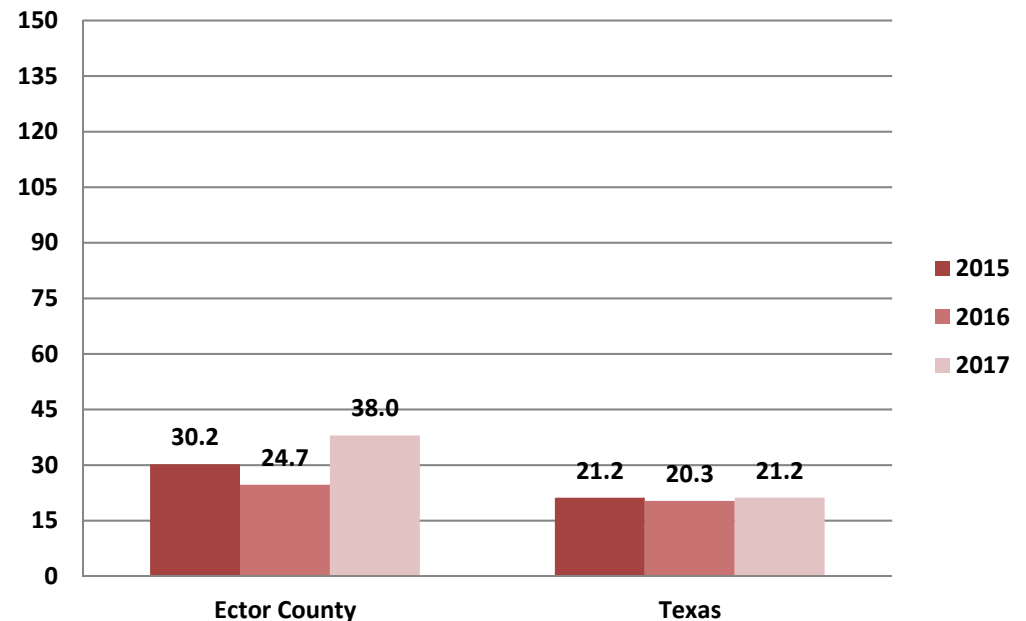
Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Ector County and the state (2015-2017).
- Between 2015 and 2017, diabetes mortality rates increased in Ector County and remained steady in the state.
- In 2017, the diabetes mortality rate in Ector County (38.0 per 100,000) was higher than the state rate (21.2 per 100,000).

Diabetes Mellitus

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	38	30.2	33	24.7	48	38.0	119	30.9
Texas	5,521	21.2	5,470	20.3	5,832	21.2	16,823	20.9

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

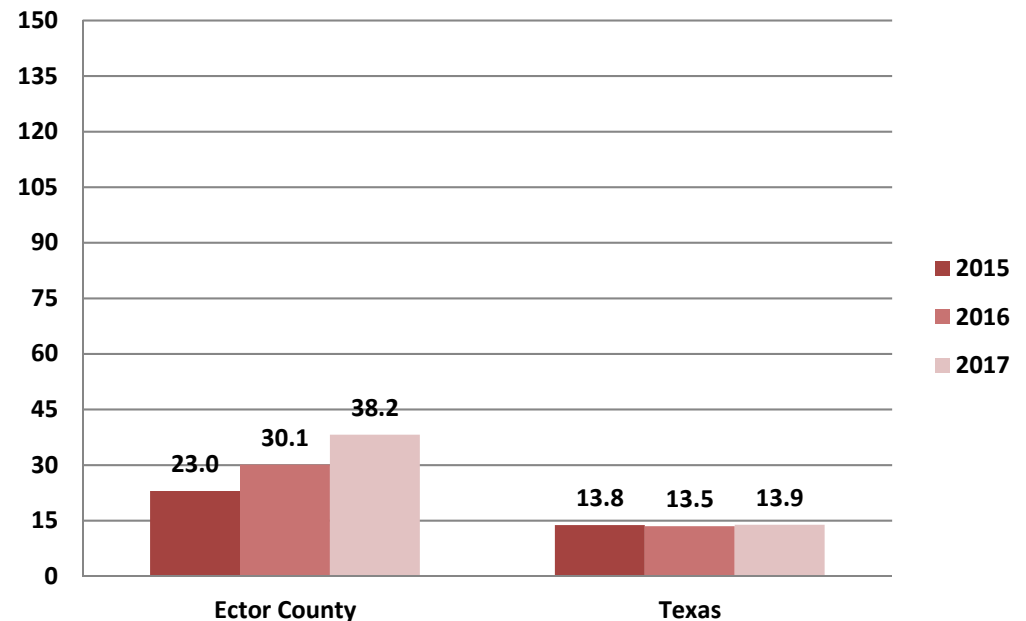
Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the eighth leading cause of death in Ector County and the tenth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, chronic liver disease and cirrhosis mortality rates increased in Ector County and remained steady in the state.
- In 2017, the chronic liver disease and cirrhosis mortality rate in Ector County (38.2 per 100,000) was higher than the state rate (13.9 per 100,000).

Chronic Liver Disease and Cirrhosis

1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



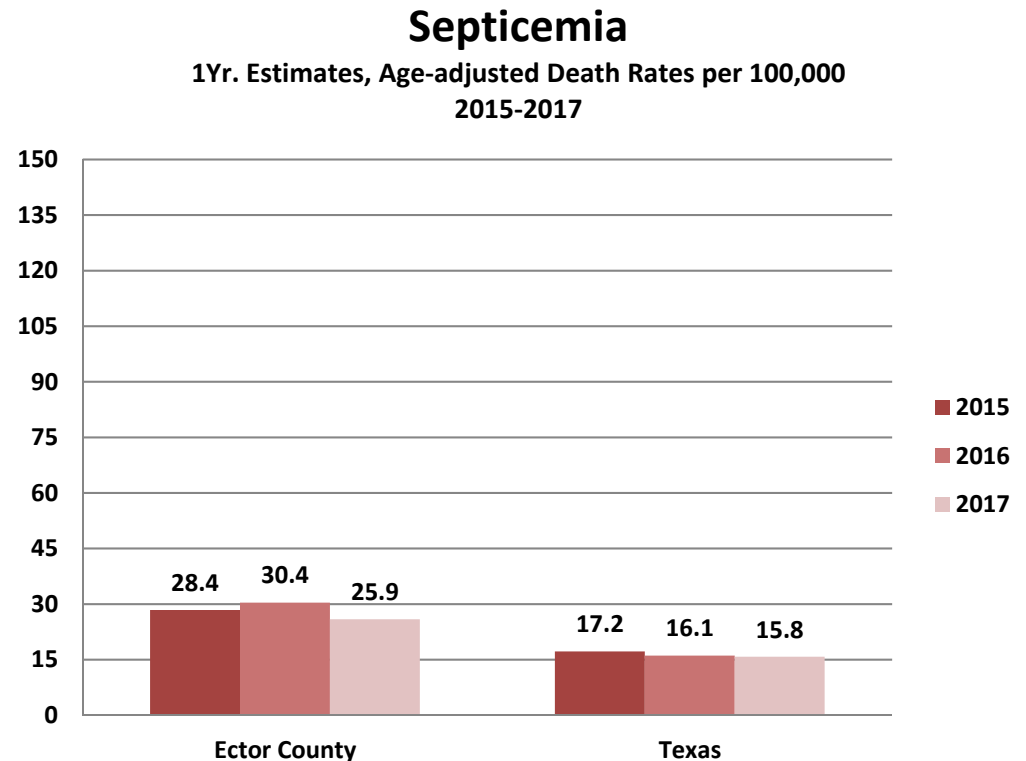
LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	34	23.0	43	30.1	52	38.2	129	30.4
Texas	3,844	13.8	3,880	13.5	4,107	13.9	11,831	13.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Septicemia

- Septicemia is the ninth leading cause of death in Ector County and the eighth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, septicemia mortality rates decreased in Ector County and the state.
- In 2017, the septicemia mortality rate in Ector County (25.9 per 100,000) was higher than the state rate (15.8 per 100,000).



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	35	28.4	39	30.4	31	25.9	105	28.2
Texas	4,381	17.2	4,230	16.1	4,268	15.8	12,879	16.4

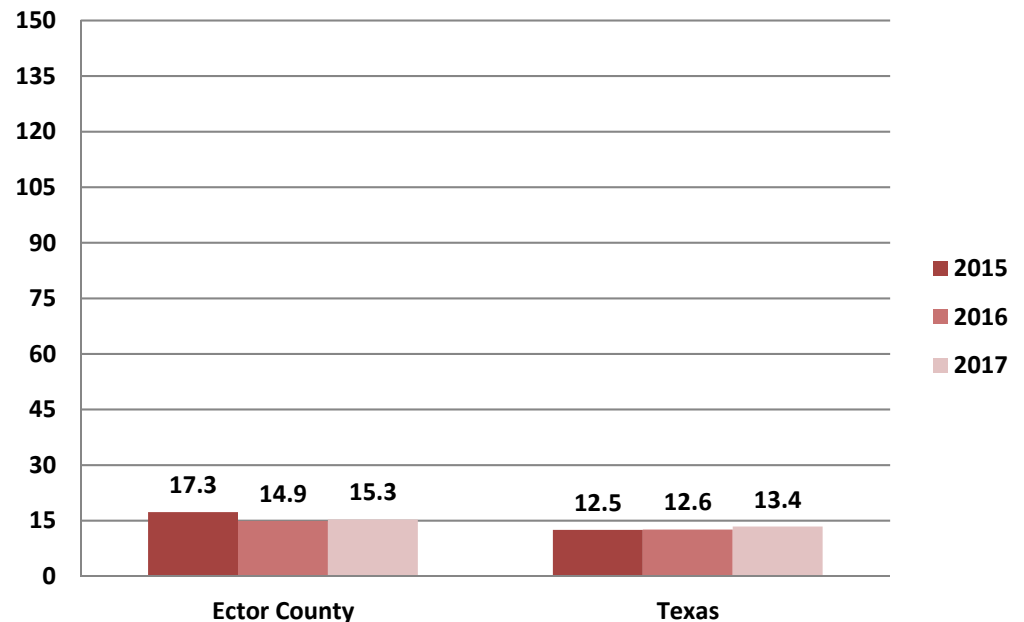
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Ector County and is not a leading cause of death in the state (2015-2017).
- Between 2015 and 2017, intentional self-harm mortality rates decreased in Ector County and increased in the state.
- In 2017, the intentional self-harm mortality rate in Ector County (15.3 per 100,000) was slightly higher than the state (13.4 per 100,000).

Intentional Self-Harm (Suicide)
1Yr. Estimates, Age-adjusted Death Rates per 100,000
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	26	17.3	22	14.9	25	15.3	73	15.9
Texas	3,403	12.5	3,488	12.6	3,778	13.4	10,669	12.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed April 9, 2019.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

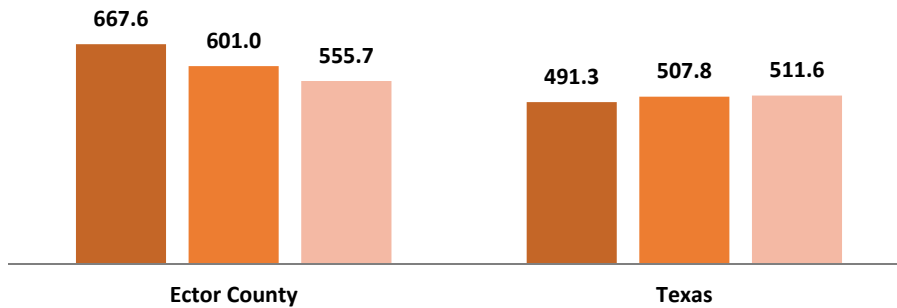
Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

Chlamydia

Rate per 100,000
2015-2017

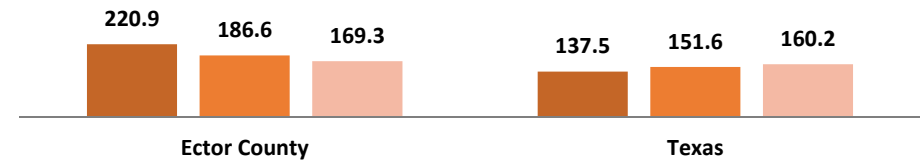
■ 2015 ■ 2016 ■ 2017



Gonorrhea

Rate per 100,000
2015-2017

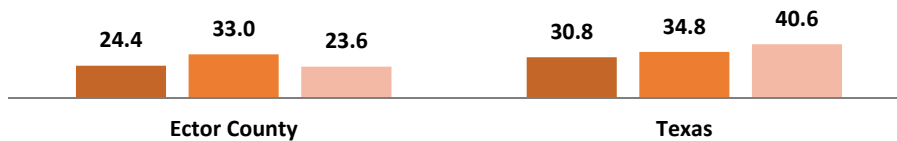
■ 2015 ■ 2016 ■ 2017



Syphilis

Rate per 100,000
2015-2017

■ 2015 ■ 2016 ■ 2017



HIV

Rate per 100,000
2015-2017

■ 2015 ■ 2016 ■ 2017



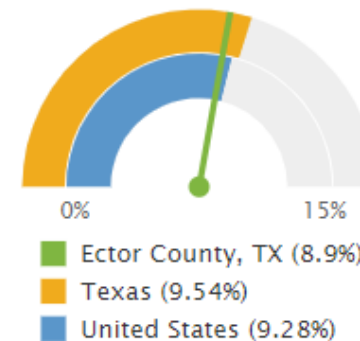
Source: Texas Department of State Health Services, HIV/STD Program: Reports. <https://dshs.texas.gov/hivstd/reports/>; information accessed April 15, 2019.

Health Status

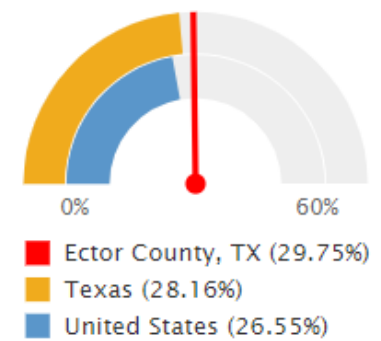
Chronic Conditions – Diabetes

- In 2015, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Ector County (8.9%) was lower than the state (9.5%) and national (9.3%) rates.
- In 2015, the percentage of Medicare Beneficiaries with diabetes in Ector County (29.8%) was higher than the state rate (28.2%) and the national rate (26.6%).
- Between 2013 and 2017, diabetes prevalence rates in adults (age 18+) in Ector County and Texas slightly increased.
- In 2015-2017, Ector County (7.5%) had a lower percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (11.5%).

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



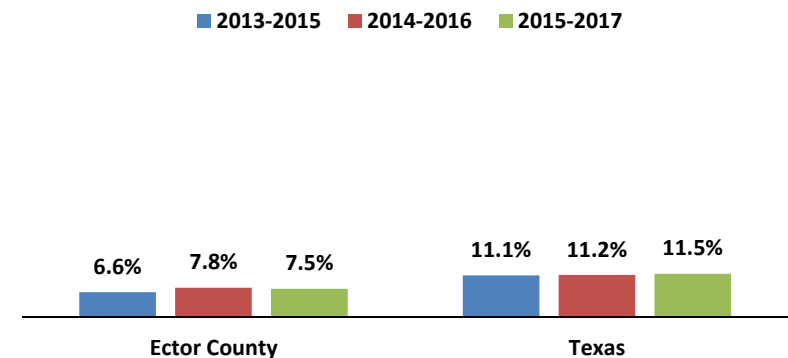
Percentage of Medicare Beneficiaries with Diabetes



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Diabetes

3-Yr. Moving Averages, Percentage, Adults (age 18+) 2013-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 9, 2019.

Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?

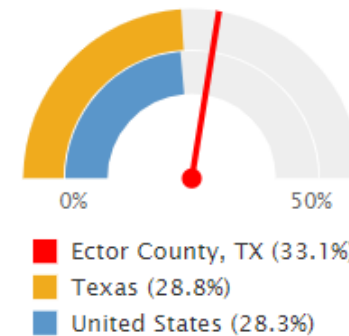
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Chronic Conditions – Obesity

- In 2015, Ector County (33.1%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (28.8%) and the nation (28.3%).
- Between 2013 and 2017, obesity prevalence rates in adults (age 18+) in Ector County and the state slightly increased.
- In 2015-2017, Ector County (41.9%) had a higher percentage of obese adults (age 18+) than the state (33.0%).

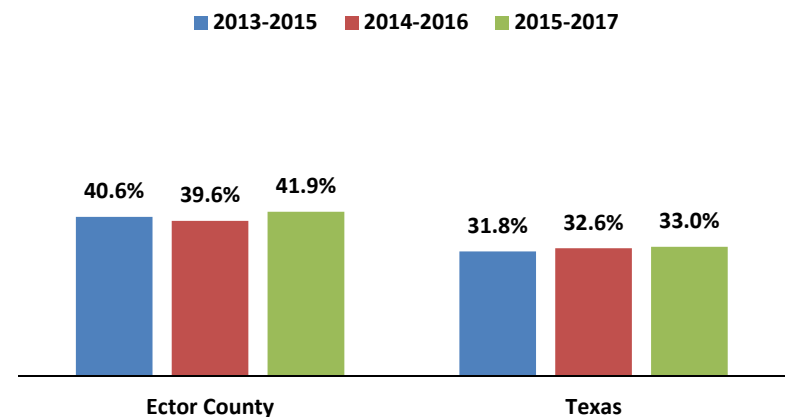
Percentage of Adults Obese



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Obesity

3-Yr. Moving Averages, Percentage, Adults (age 18+) 2013-2017



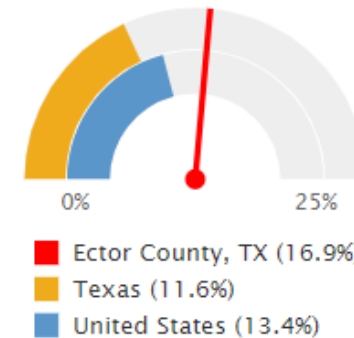
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 9, 2019.
 Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Chronic Conditions – Asthma

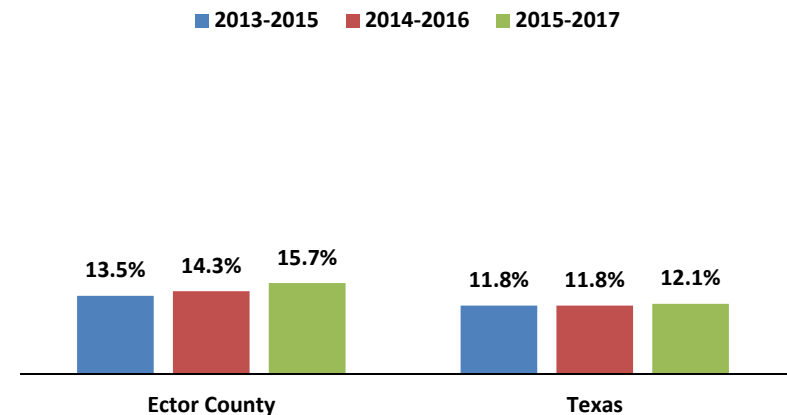
- In 2011-2012, the percent of adults (age 18+) in Ector County (16.9%) that had ever been told by a health professional that they had asthma was higher than the state rate (11.6%) and national rate (13.4%).
- Between 2013 and 2017, asthma prevalence rates in adults (age 18+) in Ector County and the state increased.
- In 2015-2017, Ector County (15.7%) had a higher percentage of adults (age 18+) ever diagnosed with asthma than the state (12.1%).

Percent Adults with Asthma



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Asthma
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 9, 2019.

Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?

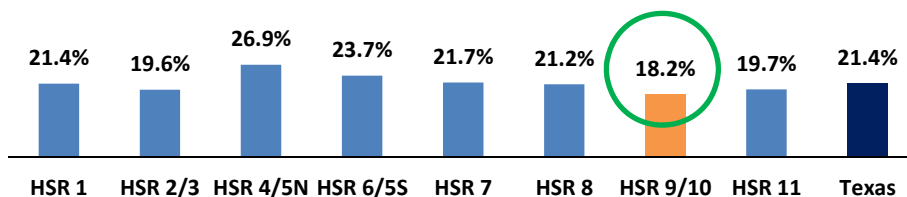
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

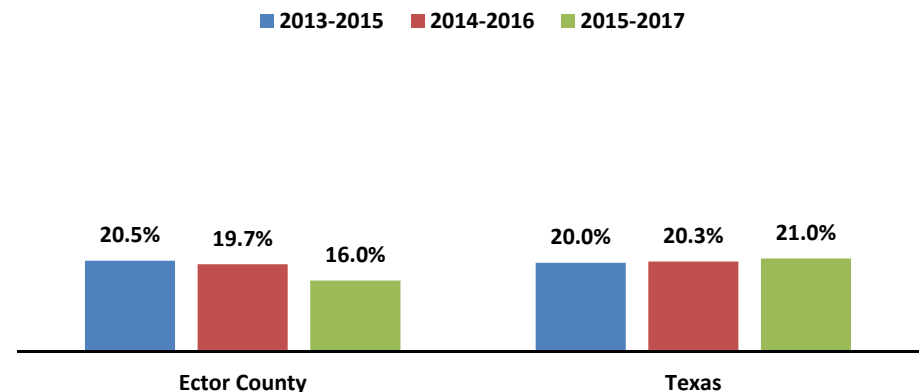
Chronic Conditions – Arthritis

- In 2017, the percentage of adults (age 18+) ever diagnosed with arthritis in HSR 9/10 (18.2%) was the lowest as compared to all other health service regions and the state (21.4%).
- Between 2013 and 2017, arthritis prevalence rates in adults (age 18+) in Ector County decreased, while rates in the state slightly increased.
- In 2015-2017, Ector County (16.0%) had a lower percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.0%).

Arthritis
Percentage, Adults (age 18+)
2017



Arthritis
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



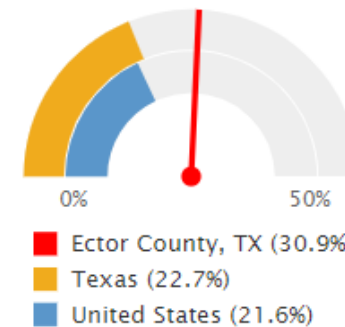
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Health Behaviors – Physical Inactivity

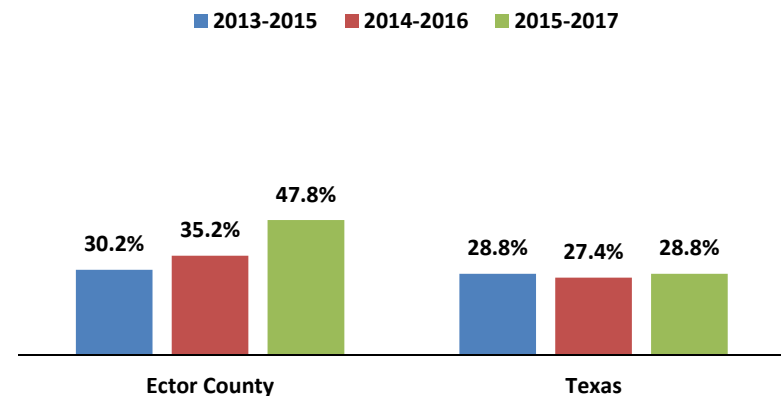
- In 2015, the percent of the adult population (age 20+) in Ector County (30.9%) that self-reported no leisure time for physical activity was higher than the state rate (22.9%) and the national rate (21.6%).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in Ector County overall increased between 2013 and 2017, while rates in the state remained steady.
- In 2015-2017, the percentage of adults (age 18+) that did not participate in physical activity in Ector County (47.8%) was higher than the state (28.8%).

Percent Population with no Leisure Time Physical Activity



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

No Leisure Time Physical Activity
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



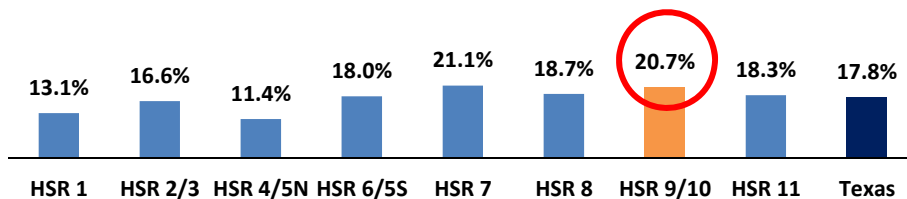
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
 Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

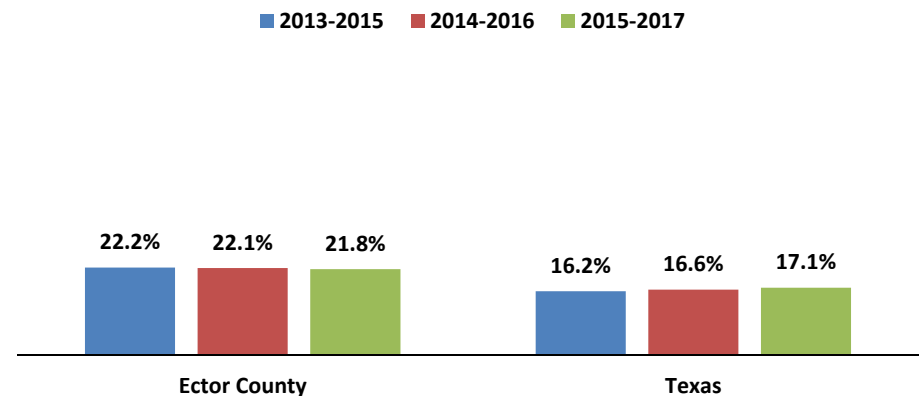
Health Behaviors – Binge Drinking

- In 2017, the percentage of adults (age 18+) at risk of binge drinking in HSR 9/10 (20.7%) was the second highest as compared to all other health service regions and the state (17.8%).
- Between 2013 and 2017, the percentage of adults (age 18+) at risk of binge drinking in Ector County overall slightly decreased, while rates in the state slightly increased.
- In 2015-2017, Ector County (21.8%) had a higher percentage of adults (age 18+) at risk of binge drinking than the state (17.1%).

Binge Drinking
Percentage At Risk, Adults (age 18+)
2017



Binge Drinking
3-Yr. Moving Averages, Percentage At Risk, Adults (age 18+)
2013-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

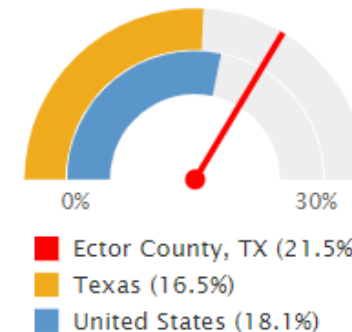


Health Status

Health Behaviors – Smoking

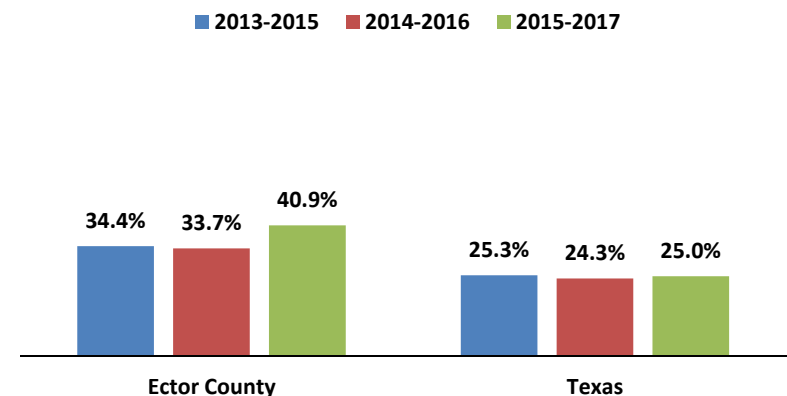
- The percent of the adult (age 18+) population in Ector County (21.5%) that self-reported currently smoking cigarettes some days or every day was higher than the state rate (16.5%) and national rate (18.1%) (2006-2012).
- Between 2013 and 2017, the percent of adults (age 18+) that self-reported smoking every day in Ector County increased, while rates in the state slightly decreased.
- In 2015-2017, the prevalence of current, every day smokers in Ector County (40.9%) was higher than the state (25.0%).

Percentage of Adults Smoking Cigarettes



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Smoking Status - Every Day
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

Frequency of Smoking Definition: Do you now smoke cigarettes every day, some days, or not at all? (Respondents that reported smoking 'Every Day' are included in this chart)

Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

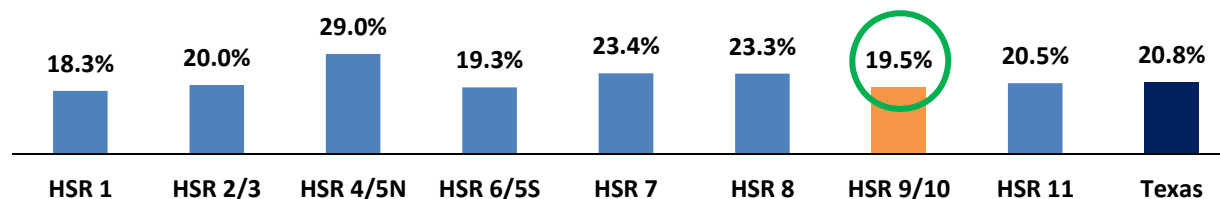
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Health Behaviors – E-Cigarette Use

- In 2017, the percentage of adults (age 18+) that reported ever using an e-cigarette or other electronic vaping product in HSR 9/10 (19.5%) was the third lowest as compared to all other health service regions and the state (20.8%).

E-Cigarette Use - Ever
Percentage, Adults (age 18+)
2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed September 10, 2018.

Definition: Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

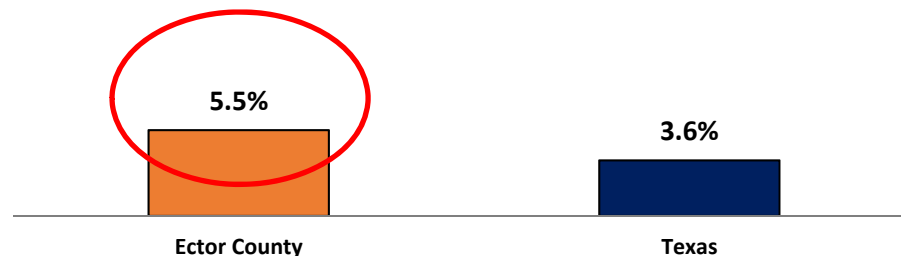
Health Status

Maternal & Child Health Indicators

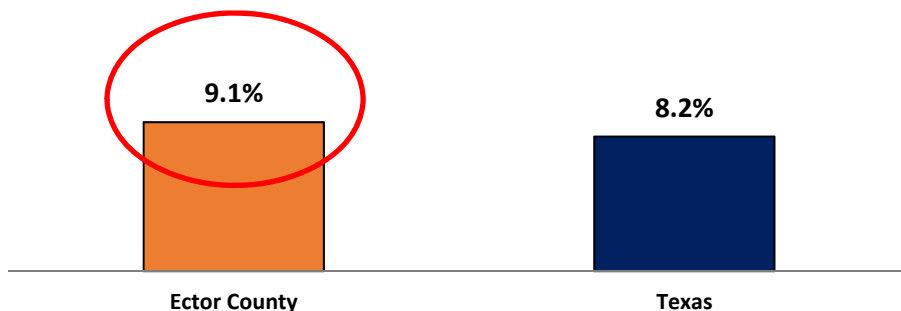
No Prenatal Care
Percent of All Births
2015



Smoking During Pregnancy
Percent of All Births
2015



Low Birth Weight (<2,500g)
Percent of All Births
2015



Teen Births (age 0-19)
Percent of All Births
2015



Source: Texas Department of State Health Services, Texas Health Data, Birth Outcomes report filtered for Ector County, TX; <http://healthdata.dshs.Texas.gov/VitalStatistics/Birth>; data accessed April 15, 2019.
Note: percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability.

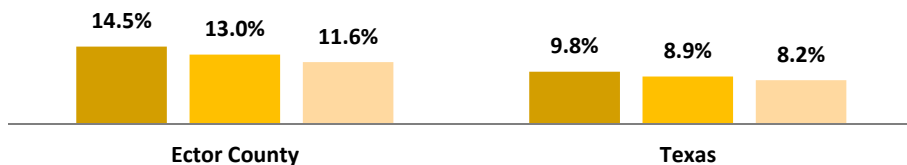
Health Status

Maternal & Child Health – Teen Births

Teen Births

Percent of All Births, Teens Younger than 19 Years
2013-2015

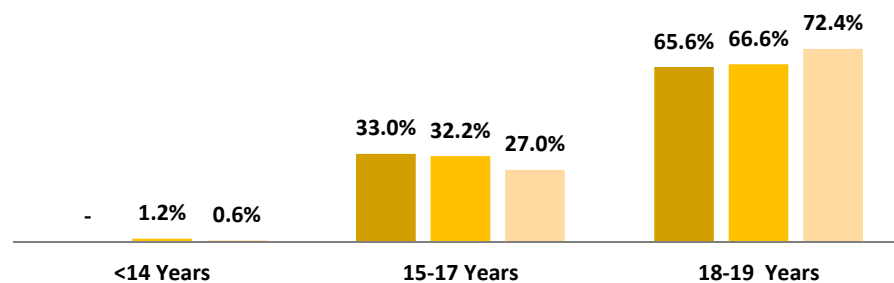
■ 2013 ■ 2014 ■ 2015



Teen Births by Age Group

Percent of All Teen Births in Ector County by Age Group
2013-2015

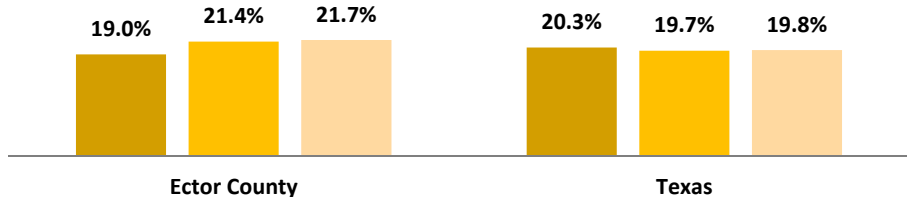
■ 2013 ■ 2014 ■ 2015



Repeat Births to Teens

Percent of All Teen Births, Teens Younger than 19 Years
2011-2013

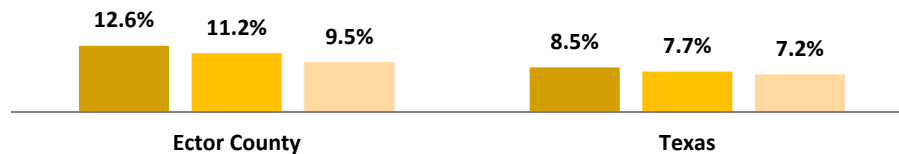
■ 2011 ■ 2012 ■ 2013



Births to Single Teens

Percent of All Teen Births, Teens Younger than 19 Years
2013-2015

■ 2013 ■ 2014 ■ 2015



Source: KIDS COUNT Data Center, Texas KIDS COUNT at the Center for Public Policy Priorities, data filtered for Ector County, TX, <https://datacenter.kidscount.org/>; information accessed April 15, 2019.

Note: Percentages calculated for Teen Births and Births to Single Teens are calculated out of all live births (i.e., of all the babies that were born, how many babies were born to teens?). The percentage calculated for Teen Births by Age Group is calculated to show what proportion of teen births is accounted for by each age group (e.g., X% of all births to teens are accounted for by births to 18-19 year olds). The percentage calculated for Repeat Births to Teens is calculated out of all teen births (i.e., out of all of the babies that were born to teens, how many babies were born to teens that were already moms?).

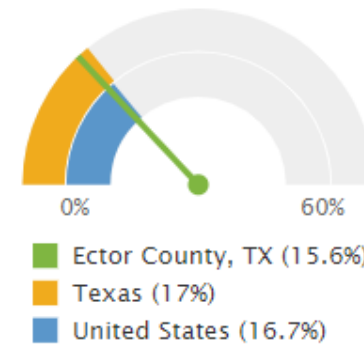


Health Status

Mental Health – Depressive Disorders

- In 2015, the percentage of Medicare Beneficiaries in Ector County (15.6%) with depression was lower than the state (17.0%) and national rates (16.7%).
- Between 2013 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in Ector County and the state decreased.
- In 2015-2017, Ector County (14.2%) had a slightly lower percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (15.2%).

Percentage of Medicare Beneficiaries with Depression

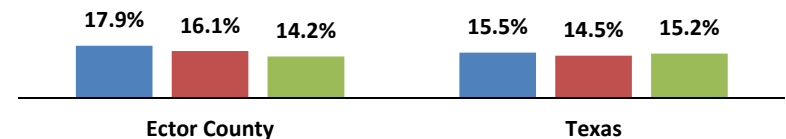


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Depressive Disorders

3-Yr. Moving Averages, Percentage, Adults (age 18+) 2013-2017

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



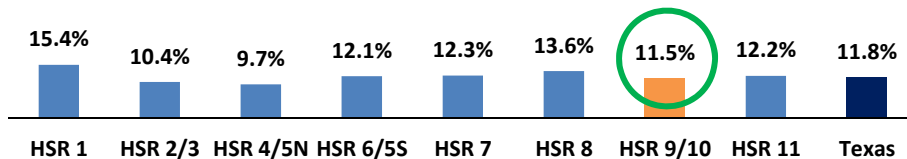
Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

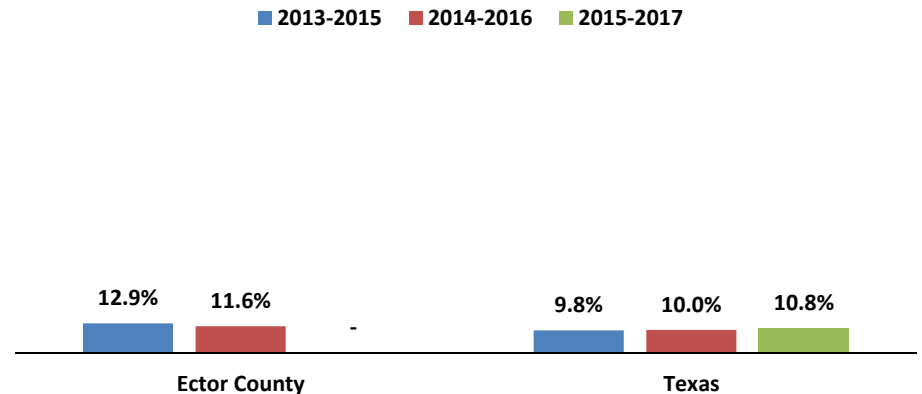
Mental Health – 14+ Days of Poor Mental Health

- In 2017, HSR 9/10 (11.5%) had the third lowest rate of adults (age 18+) that reported experiencing 14 or more days of poor mental health as compared to all other health service regions and the state (11.8%).
- Between 2013 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the state overall increased.
- In 2014-2016, Ector County (11.6%) had a higher percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (10.0%).

Days of Poor Mental Health - 14+
Percentage, Adults (age 18+)
2017



Days of Poor Mental Health - 14+
3-Yr. Moving Averages, Percentage, Adults (age 65+)
2013-2017



Note: the percentage of adults (age 18+) with 14 or more days of poor mental health in Ector County could not be calculated in 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

Definition: Days mental health not good - 14 days

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.



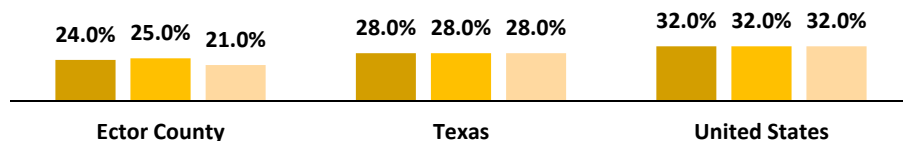
Health Status

Screenings – Mammography, Prostate Screening, Pap Test, Colorectal (Medicare)

Received Mammography Screening

Percent, Females (age 35+)
2015-2017

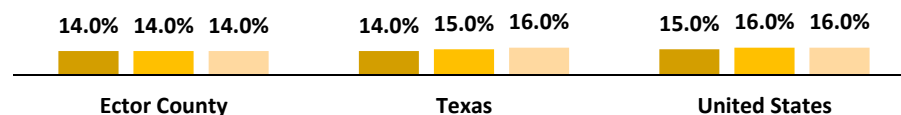
■ 2015 ■ 2016 ■ 2017



Received Prostate Cancer Screening

Percent, Males (age 50+)
2015-2017

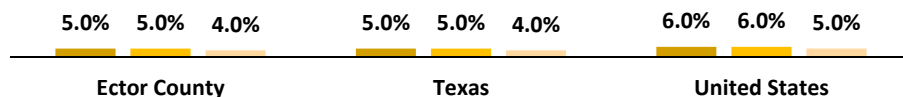
■ 2015 ■ 2016 ■ 2017



Received Pap Test Screening

Percent, Females (all ages)
2015-2017

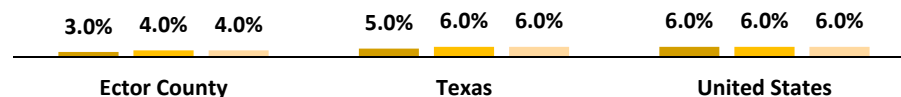
■ 2015 ■ 2016 ■ 2017



Received Colorectal Cancer Screening

Percent, Adults (age 50+)
2015-2017

■ 2015 ■ 2016 ■ 2017



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed April 15, 2019.

Mammography Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for mammography services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for mammography services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; male beneficiaries; and female beneficiaries aged less than 35.

Colorectal Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for colorectal cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and beneficiaries aged less than 50.

Pap Test Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for pap test services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; and male beneficiaries.

Prostate Cancer Screening Definition: percentages are identified using the HCPCS/CPT codes present in the Medicare administrative claims. The uptake rate for prostate cancer services is calculated as the percentage of beneficiaries that received at least one of the services (defined by HCPCS/CPT codes) in a given year. Number of beneficiaries for colorectal cancer screening services excludes: beneficiaries without Part B enrollment for at least one month; beneficiaries with enrollment in Medicare Advantage; female beneficiaries; and male beneficiaries aged less than 50.

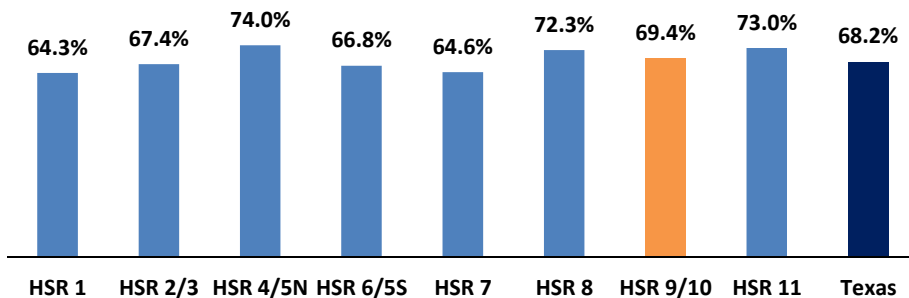


Health Status

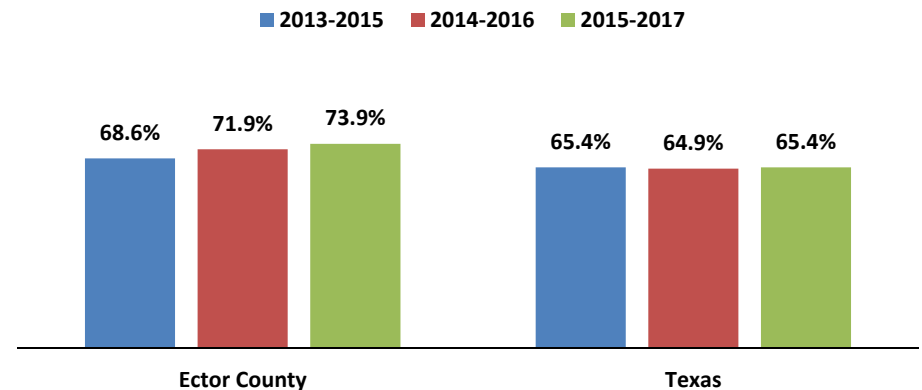
Preventive Care – Influenza Vaccine (18-64 Years)

- In 2017, the percent of adults (age 18-64) in HSR 9/10 (69.4%) that did not receive a flu shot in the past year was consistent with all other health service regions and the state (68.2%).
- Between 2013 and 2017, the percent of adults (age 18-64) that did not receive a flu shot in Ector County increased, while rates in the state remained steady.
- In 2015-2017, Ector County (73.9%) had a higher percentage of adults (age 18-64) that did not receive a flu shot than the state (65.4%).

No Flu Shot in the Past Year
Percentage, Adults (age 18-64)
2017



No Flu Shot in Past Year
3-Yr. Moving Averages, Percentage, Adults (age 18-64)
2013-2017



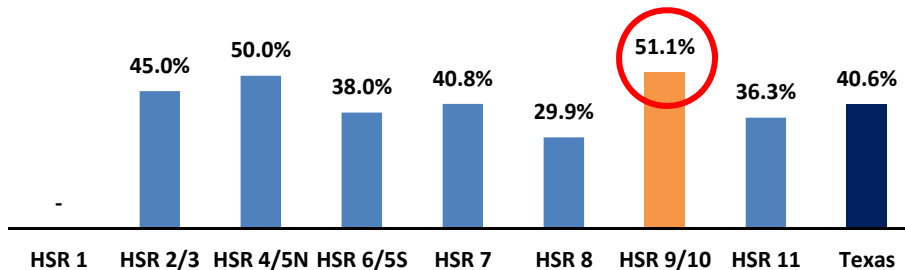
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? *ADULTS AGE 18-64 YEARS*
Note: “-” indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Preventive Care – Influenza Vaccine (65+ Years)

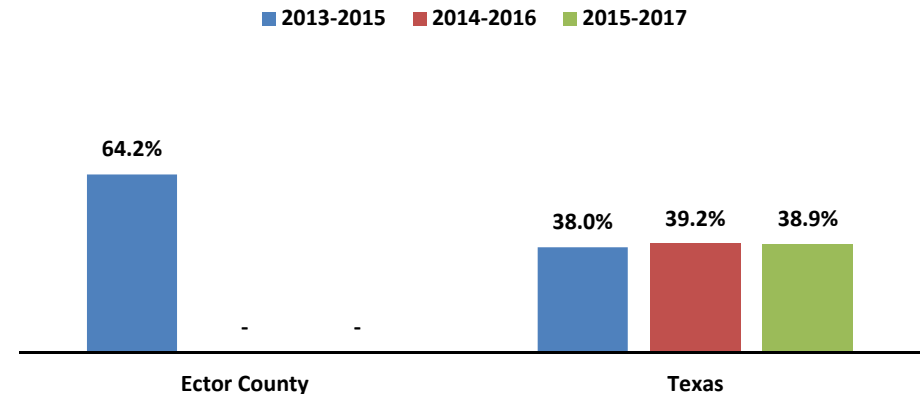
- In 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in HSR 9/10 (51.1%) was higher than all other health service regions and the state (40.6%).
- Between 2013 and 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in the state overall slightly increased.
- In 2013-2015, the percent of adults (age 65+) that did not receive a flu shot in the past year in Ector County (64.2%) was higher than the state (38.9%).

No Flu Shot in the Past Year
Percentage, Adults (age 65+)
2017



Note: the percentage of adults (age 65+) that did not receive a flu shot in the past year in HSR 1 could not be calculated in 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

No Flu Shot in Past Year
3-Yr. Moving Averages, Percentage, Adults (age 65+)
2013-2017



Note: the percentage of adults (age 18+) that did not receive a flu shot in the past year in Ector County could not be calculated in 2016 or 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

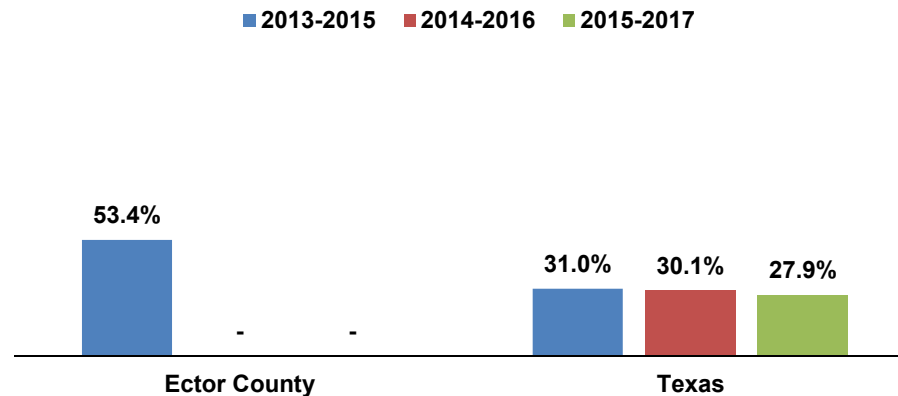
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? *ADULTS AGE 65+ YEARS*
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Preventive Care – Pneumococcal Vaccine (65+ Years)

- Between 2013 and 2017, the percent of adults (age 65+) that had never received a pneumonia shot in the state decreased.
- In 2013-2015, the percent of adults (age 65+) that had never received a pneumonia shot in Ector County (53.4%) was higher than the state rate (31.0%).

No Pneumonia Shot (Ever)
3-Yr. Moving Averages, Percentage, Adults (age 65+)
2013-2017



Note: the percentage of adults (age 65+) that have never received a pneumonia shot in Ector County could not be calculated in 2016 or 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

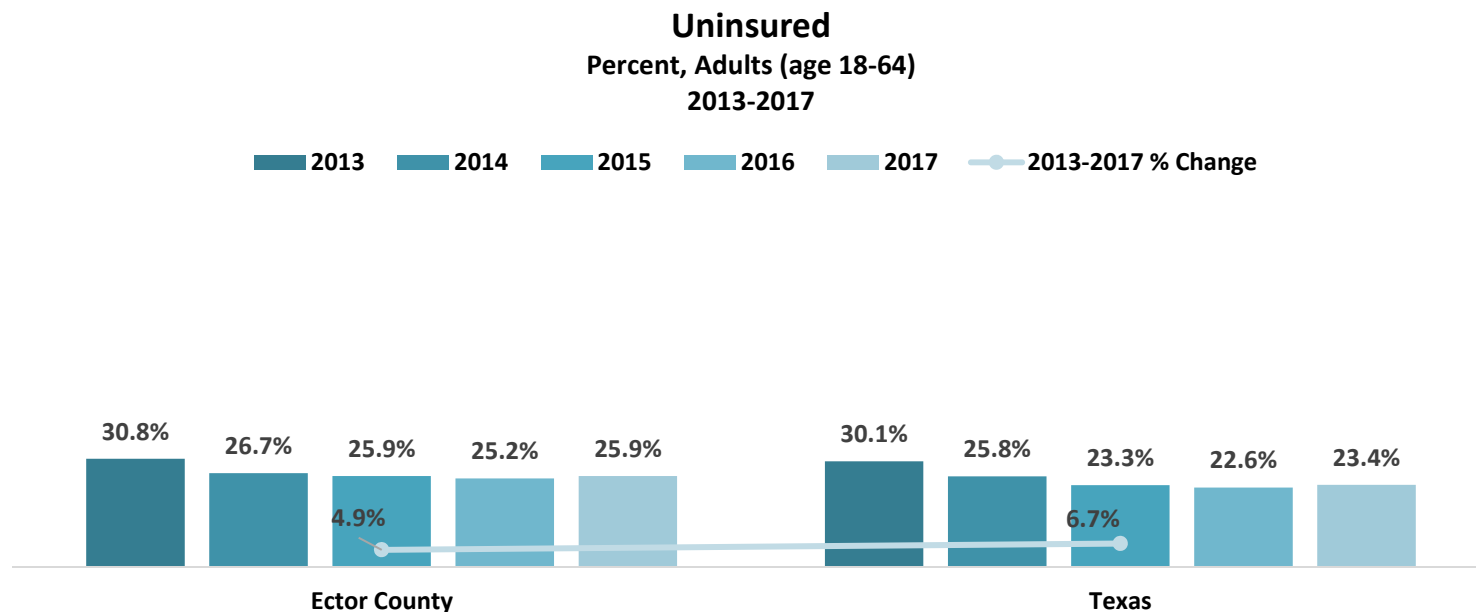
Definition: Have you ever had a pneumonia shot? *ADULTS AGE 65+ YEARS*

Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

Health Care Access – Uninsured

- As of 2017, Ector County (25.9%) has a higher rate of uninsured adults (age 18-64) as compared to the state (23.4%).
- Ector County and the state experienced declines in the percentage of uninsured adults (age 18-64) between 2013 and 2017 (4.9% and 6.7%, respectively).



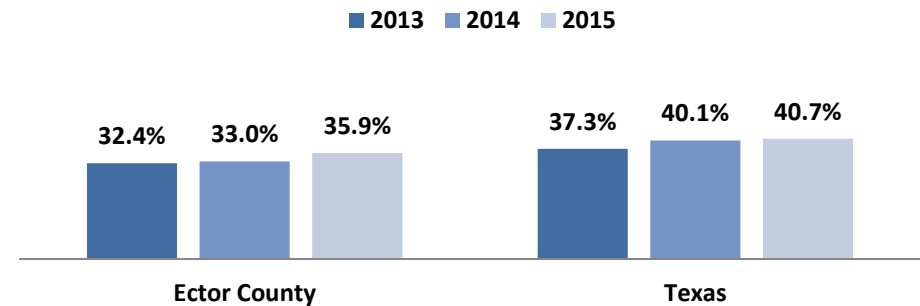
Health Status

Health Care Access – Medicaid & CHIP

- Between 2013 and 2015, the percent of children (ages 0-18) in Ector County that were enrolled in the Texas Medicaid Program remained lower than the state but steadily increased.
- In 2015, the percent of children (ages 0-18) in Ector County (35.9%) that were enrolled in the Texas Medicaid Program was lower than the state (40.7%).
- Between 2013 and 2015, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County remained lower than the state and steadily decreased.
- In 2015, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County (3.2%) was lower than the state (4.5%).

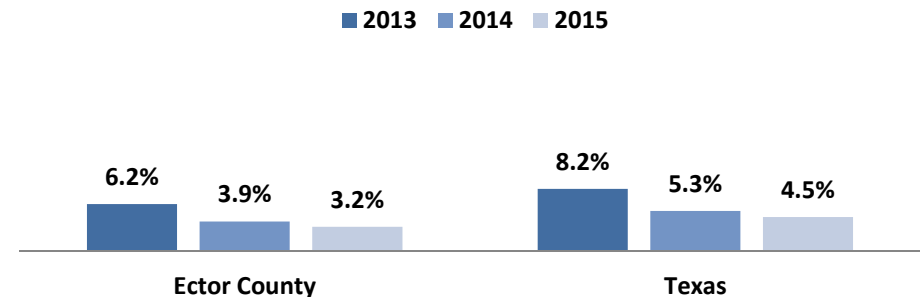
Children Enrolled in the Texas Medicaid Program

Percent, Children (age <18)
2013-2015



Children Enrolled in the Texas CHIP Program

Percent, Children (age <18)
2013-2015



Source: Kids Count Data Center, data from the Texas Health and Human Services Commission: Medicaid and CHIP Enrollment (0-18), www.kidscount.org; data accessed April 19, 2019.

Medicaid Definition: Number and percent of children ages 0-18 enrolled in the Texas Medicaid program.

Note: Prior to 2012, data on children enrolled in Medicaid was based on the number of children certified as eligible for Medicaid at a point-in-time in August. Due to data system and Texas Medicaid methodology changes, enrollment numbers beginning in 2012 also include an adjustment to simulate the additional children who will be retroactively covered by Medicaid. Medicaid can retroactively cover medical bills for children 3 months prior to certification.

CHIP Definition: Number and percent of children ages 0-18 enrolled in the Texas Children's Health Insurance Program (CHIP).

Note: This is point-in-time data from August of each fiscal year and is generally accepted as being representative of monthly enrollment.

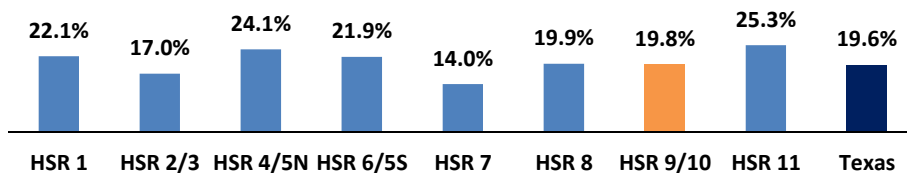


Health Status

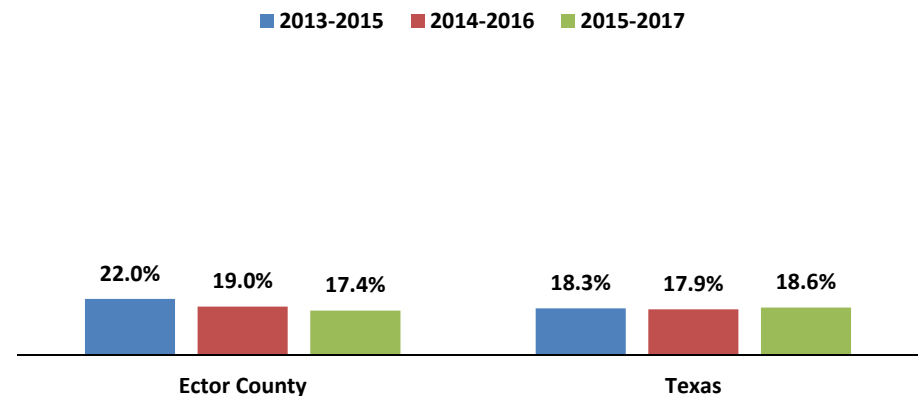
Health Care Access – Medical Cost Barrier

- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in HSR 9/10 (19.8%) was consistent with the majority of other health service regions and the state (19.6%).
- Between 2013 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost decreased in Ector County, while rates in the state remained steady.
- In 2015-2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Ector County (17.4%) was slightly lower than the state (18.6%).

Medical Cost Barrier
Percentage, Adults (age 18+)
2017



Medical Cost Barrier to Care
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

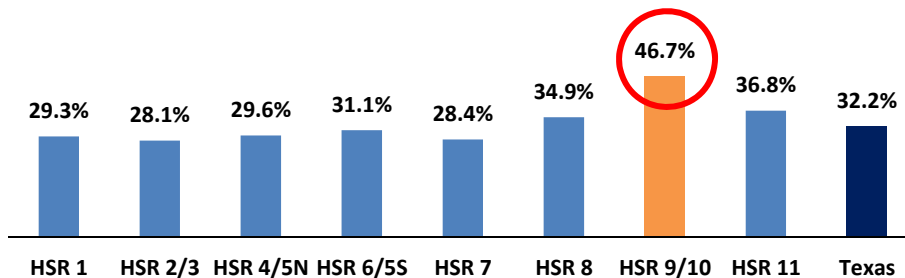
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

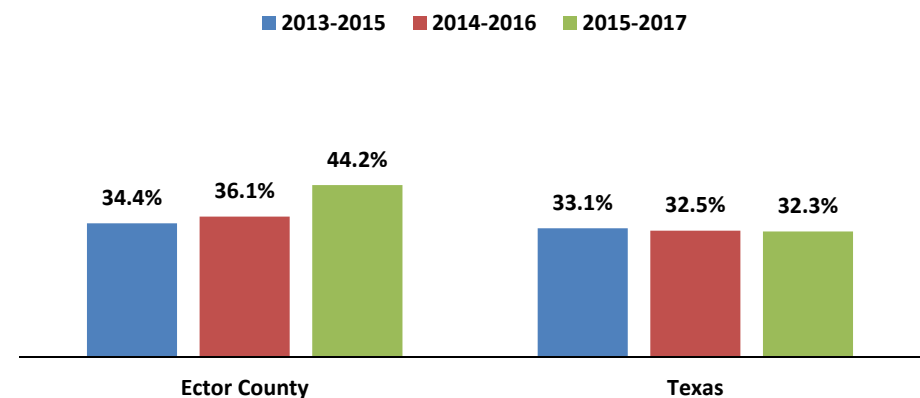
Health Care Access – Personal Doctor

- In 2017, HSR 9/10 (46.7%) had the highest percent of adults (age 18+) that had no personal doctor as compared to all other health service regions and the state (32.2%).
- Between 2013 and 2017, the percent of adults (age 18+) in Ector County that reported having no personal doctor increased, while rates in the state slightly decreased.
- In 2015-2017, Ector County (44.2%) had a higher percent of adults (age 18+) that had no personal doctor than the state (32.3%).

No Personal Doctor
Percentage, Adults (age 18+)
2017



No Personal Doctor
3-Yr. Moving Averages, Percentage, Adults (age 18+)
2013-2017



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed April 3, 2019.

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

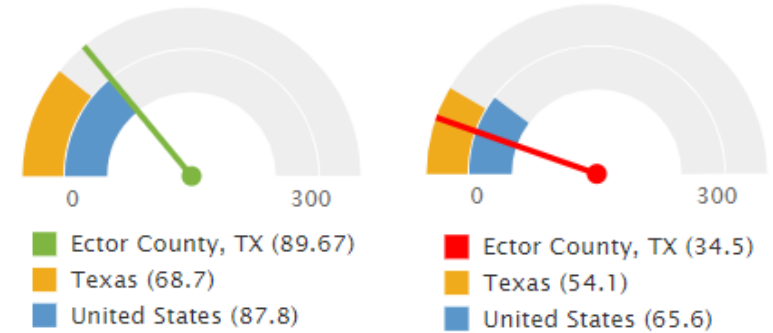
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

Health Status

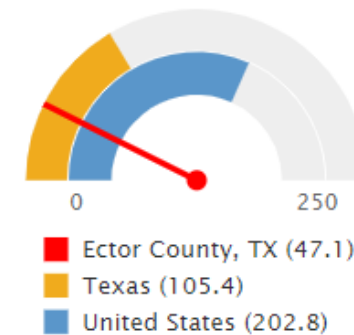
Health Care Access – Providers

- In 2014, the rate of primary care physicians per 100,000 population in Ector County (89.7 per 100,000) was higher than the state (68.7 per 100,000) and national rates (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Ector County (34.5 per 100,000) was lower than the state (54.1 per 100,000) and national rates (65.6 per 100,000).
- In 2017, the rate of mental health care providers per 100,000 population in Ector County (47.1 per 100,000) was significantly lower than the state rate (105.4 per 100,000) and the national rate (202.8 per 100,000).

Primary Care Physicians, Rate per 100,000 Pop. Dentists, Rate per 100,000 Pop.



Mental Health Care Provider Rate (Per 100,000 Population)



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.

Definition: "Primary care physicians" classified by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

Definition: All dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry and who practice within the scope of that license.

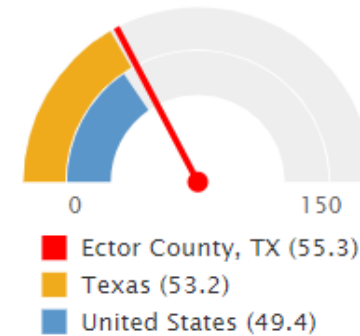
Definition: Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

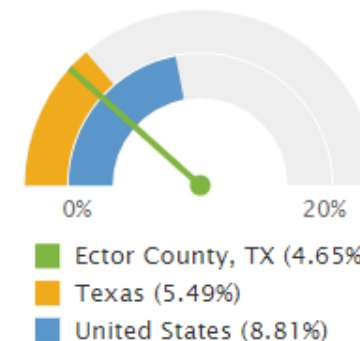
Health Care Access – Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2015, the rate of preventable hospital events in Ector County (55.3 per 1,000 Medicare Enrollees) was slightly higher than the state (53.2 per 1,000) and higher than the nation (49.4 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - Between 2013 and 2017, 4.7% of households in Ector County had no motor vehicle, as compared to 5.5% in Texas and 8.8% in the nation.

Preventable Hospital Events, Age-Adjusted Discharge Rate (Per 1,000 Medicare Enrollees)



Percentage of Households with No Motor Vehicle



Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Source: CARES Engagement Network, Health Indicator Report: logged in and filtered for Ector County, TX, <https://engagementnetwork.org/>; data accessed April 9, 2019.

Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.



PHONE INTERVIEW FINDINGS

Overview

- Conducted 30 interviews with the two groups outlined in the IRS Final Regulations
 - Interviewees identified by representatives at Medical Center Hospital and the Family Health Clinic
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Interviewee Information

- **Mike Adkins:** Public Information Officer, Ector County Independent School District
- **Margaret Burton:** Director, Meals on Wheels
- **Lindsey Duncan:** Director of Population/Community Health, Medical Center Health System
- **Renee Earls:** President/Chief Executive Officer, Odessa Chamber of Commerce
- **Dr. Sreedevi Godey:** Medical Director, Family Health Clinic
- **Andrea Goodson:** Public Information Officer, City of Odessa
- **Debbie Harris:** Director of Quality, Home Hospice
- **Karen Hildebrand:** Executive Director, Crisis Center
- **Austin Keith:** Owner, Pinkie's, Inc.
- **Grace King:** Community leader, Odessa, TX
- **Mike Marrero:** City Manager, City of Odessa
- **Arnulfo Martinez:** Chief Executive Officer, Hispanic Chamber of Commerce
- **Laura Mathew:** Health Services Director, Ector County Independent School District
- **Summer Memchaca:** Community Outreach Coordinator, United Way of Odessa
- **Jill Miller:** Executive Director, Odessa Housing Finance Corporation
- **Lorraine Perryman:** Chief Financial Officer, The Perryman Group
- **Ray Perryman:** President, The Perryman Group
- **Ravi Shakamuri:** Owner, Star Care Health Services
- **Dr. Eileen Sheridan-Shayeb:** Pediatric Director, Family Health Clinic
- **Dr. Greg Shipkey:** Physician, Medical Center Health System
- **Stephanie Sivals-Latimer:** Vice President of Administration, Sivals, Inc.
- **Gino Solla:** Director, Ector County Health Department
- **Craig Stoker:** Director of Marketing and Communications, West Texas Food Bank
- **Willie Taylor:** Board President, Family Health Clinic
- **Erika Thomas:** Executive Director, Odessa Links
- **Ramona Thomas:** Chief Executive Officer, PermianCare
- **Mary Thompson:** Community leader, Ector County
- **Betsy Triplett-Hurt:** Chairperson, Odessa Development Corporation
- **LaNell Webb:** Chief Financial Officer, Home Hospice
- **Greg Williams:** President, Odessa College

Interviewee Characteristics

- Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

3.3%

- Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

80.0%

- Community leaders (EX: Pinkies, Inc.; Sivalls, Inc.)

16.7%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Overall Access Barriers
 - Insurance Coverage & Affordability of Care
 - Transportation
 - Shortage of Providers
 - Primary Care
 - Specialty Care
 - Mental and Behavioral Health Care
 - Dental Care
 - Effects of Rapid Population Growth
 - Cost of Living
 - Injury & Trauma
 - Community Education & Preventive Care
 - Healthy Lifestyle Management
 - Sex Education, Communicable Disease Prevention & Family Planning
 - Community Collaboration & Awareness of Existing Resources

Overall Access Barriers

Insurance Coverage & Affordability of Care

- **Issues:**

- Limited number of residents with health care coverage resulting in unnecessary use of the ER
- Cost barriers to care resulting in:
 - Overuse of ER (Hispanic, un/underinsured)
 - Fewer residents with established medical home
 - Lack of necessary preventive care services
- Overcrowding in the ER leading to frustration with non-emergent cases, long wait times
- Perception that emergency care is the quicker option due to lack of extended hour facilities
- Limited number of providers accepting Medicaid, CHIP, Medicare
- Lack of affordable medications, health care services forcing elderly residents to be noncompliant with treatment plans

- **Needs:**

- Efforts to promote financial assistance, support programs, discounted services in the community
- Education concerning use of the ER vs. a primary care provider
- Greater access to affordable health care services, medications for Hispanic elderly, un/underinsured, low income

“We have a huge need for social work services to get people coverage. There are a lot of people in the hospital unnecessarily.”

“People in our area go to the ER because they can’t afford going to a doctor. The financial burden of healthcare is causing people not to have a personal doctor.”

“Hispanic residents overuse the ER because they don’t get preventive care they need along the way. When you don’t have insurance, the ER is the one door that’s open for you. And that’s the most expensive door.”

“So many people go directly to the ER. That creates problems for someone who truly has an emergency that is waiting behind the line of people with sniffles.”

“I had a neighbor whose daughter had an ear infection and they called an ambulance because they thought it’d be faster to get in. It’s just timing – late at night, early in the morning, weekends...maybe where you want to go isn’t open so the place you’re stuck with is the hospital.”

“Lately, doctors that accept Medicaid are harder to find. The list isn’t updated and people are having a terrible time figuring out who really accepts Medicaid. Even with children and the CHIP program – they send you a list and you call those docs, but they no longer take CHIP. Then, nobody will let you come and pay cash if your child needs care so you’re stuck with going to the ER.”

“The elderly always have a difficult time due to Medicare and insurance and they often are the high users of healthcare but it is sometimes difficult to access the providers. It is difficult to find a new provider if one leaves.”

“Health care is easy to cut out of your budget. The senior population is only taking their medicine every other day or every third day because they can’t afford the medicine for whatever it is they’re afflicted by.”



Overall Access Barriers

Transportation

- **Issues:**

- Transportation as determining factor in ability to access health care services
- Frustration with wait times, locations for public transit options leading to lack of desire to seek health care services
- Challenge for low income, working poor residents to accommodate public transit system route, schedule
- Residents spreading outside of Odessa in Ector County area leading to increasing transportation concerns
- Cost, availability and potential lack of local family support disproportionately challenging elderly residents

- **Needs:**

- Efforts to improve local public transit system availability, timeliness
- Emphasis on the transportation needs for low income, working poor, elderly residents
- Evaluation of public transit options outside of Odessa and into more rural areas of Ector County

“There are a lot of walk in clinics and primary care physicians, but access has to do with income and transportation.”

“We have a system, but it’s not as effective as it could be. We are seeing more people having to wait as far as bus times and even bus routes, we’re looking at probably an hour or more just to get to your place and you still have to walk from there. So even with public transportation, it’s just frustrating and it’s not worth the trouble of accessing it. People get discouraged in pursuing their appointments or visiting their physician.”

“We struggle in getting people transportation. We serve seventeen counties at the hospital, but even just getting our Ector County residents home can be an issue.”

“For the low income and working poor, those issues come back to transportation. We do have our bus system but that takes you 45 minutes to go across town. If you’re on the south side and you need to come up to Medical Center Hospital, it’s a 30 minute drive and more time off of work.”

“Transportation will be the biggest issue in the next few years because Odessa is scattering out more and the elderly are staying in the older sections of town. The bus service we have now is very inadequate, it costs too much for the elderly and is unavailable at certain spots and times. Transportation for the elderly is going to be huge.”

“For the elderly, their biggest barrier is transportation. If they don’t have a support system then they’re neglecting their health, not visiting their family physician or engaging in health care as frequently as they should. If it’s not an emergency, then we do see a lot of elderly that aren’t making it to doctors’ offices because of transportation.”

Shortage of Providers

Primary Care

- **Issues:**

- Increasing need for additional primary care providers, nurses due to difficulty with recruitment and retainment
- Provider shortage leading to:
 - Increased use of advanced practitioners
 - Long wait times
 - Overuse of ER
- Limited primary care options for un/underinsured, Medicaid, low income
- Lack of emphasis on importance in establishing a medical home
- Few providers accepting limited numbers of Medicaid, un/underinsured patients
- Growing need for providers offering and encouraging immunizations
- Frustration with hospitalist model and inability to see personal provider in the hospital

- **Needs:**

- Continued efforts to recruit physicians, nurses
- Education regarding importance in preventive care, establishing relationship with primary care providers
- Emphasis on the primary care needs of un/underinsured, Medicaid, low income residents
- Increased access to and promotion of physician office immunizations
- Efforts to increase hospitalist coordination across the continuum of care and education on the benefits of hospitalist programs

“We need more doctors and nurses. There is a need for more access to medical care for people living out in the outer area.”

“We have a high turnover rate. Providers are leaving the area simply because they can get paid more money in other areas.”

“We have a nursing shortage at all of our hospitals. We’ve got shortages in all the major employment sectors like police, fire, nurses, teachers...but nurses are the primary concern. They can’t afford to live here now.”

“More than 50% of the time, you don’t see a doctor. You see a physician’s assistant or nurse practitioner.”

“There are so few primary care providers. Practices are full. The ones taking patients have extremely long wait times. Access is even worse if you don’t have insurance.”

“The wait time is ridiculous. If someone is sick and calls to make an appointment, it may be a wait of 2 weeks. If they can’t get in, they go to the Emergency Room.”

“We do not have that medical home concept. People don’t know how to help themselves or their children when it’s 2am, so they go to the ER.”

“A lot of practitioners accept Medicaid but only a limited number of those patients. It makes it harder to find a practitioner if they’re low income or if they’re Medicaid.”

“...we have large percentages of children not getting immunizations. We still have to expel children because they don’t have their shots.”

“Most people do not feel comfortable with hospitalists because you get the hospitalist of the day, so you get a new doc every day. That makes it hard to maintain consistent health care, especially when somebody is in the hospital.”



Shortage of Providers

Specialty Care

- **Issues:**

- Shortage of providers leading to physician burnout, departure from community
- Suggestions regarding further use of telemedicine for specialty care
- Concern surrounding increasing number of specialty providers nearing retirement age
- Outmigration of patients to urban areas for specialty care
- Specialties mentioned as needed include:
 - Orthopedics
 - Pediatric subspecialties
 - Trauma
 - Dermatology
 - Cardiology
 - Oncology
 - ENT
 - Rheumatology
 - Emergency Care
 - Pain Management
- Limited number of local specialists accepting county assistance program, Medicare, Medicaid patients

- **Needs:**

- Continued recruitment efforts for specialty care providers and use of telemedicine
- Appropriate succession planning
- Emphasis on availability of local specialty care services for residents
- Greater number of local specialty care options for all payer types

“We have seen a few specialists getting exhausted, and they have moved away. This area really needs more rheumatologists and pain management.”

“We need continued telemedicine so patients can continue to have access to specialists. We need to figure out a way to do more with telemedicine.”

“Some of our providers are aging out and we’re having a hard time finding physicians to replace them.”

“There’s quite a few people who leave Ector County to see a specialist. Cancer patients go to Houston or Dallas, orthopedic patients go all the way to Lubbock or Dallas. Babies go to Lubbock or Dallas. For pediatric specialties, there’s no one here.”

“The biggest need is emergency care and trauma services. Many trauma patients come here and facilities are not adequate to meet the patient loads.”

“It’s easily a 3-4 week wait to get into dermatology. For orthopedic problems people leave, for heart problems people leave, cancer patients leave...if you have the means, you choose to go to Houston or Dallas, San Antonio, even Lubbock.”

“For ENT, we are very underserved. There are 4 month waits for dermatologists. For several pediatric specialties and rheumatologists, people go to Lubbock. A lot of people go to Lubbock for burns.”

“A lot of people choose to go to other places like MD Anderson or the Cleveland Clinic or one knee surgeon in Chicago...Odessa keeps him busy.”

“There are a few specialists who take our county assistance patients, most don’t. We have a problem getting them in.”

“Some aren’t even taking Medicare and Medicaid. We can’t control the growth in our community and can’t find enough providers in the region.”



Shortage of Providers

Mental and Behavioral Health Care

- **Issues:**

- Limited local resources leading to transferring of patients to San Angelo, Big Spring
- Use of law enforcement to transfer patients outside of county
- Concern surrounding unmet mental and behavioral health needs in youth, pediatric population
- Shortage of providers leading to long wait times
- Difficulty identifying providers accepting insurance types, limited promotion of providers accepting different coverage types
- Lack of substance abuse treatment facilities
- Increasing concerns among youth population (marijuana, anxiety, stress, depression)
- Stigma associated with seeking care leading to lack of utilization of available resources

- **Needs:**

- Continued efforts to improve access to local services for all payer types
- Promotion of available services to community residents
- Education on substance abuse, available options
- Focus on pediatric and youth mental and behavioral health support programs
- Efforts to reduce stigma associated with seeking care

“Mental health is an underserved area and definitely a need. Patients are sent out of the county for care because we are unable to care for them.”

“Our law enforcement officers have to drive to San Angelo or Big Spring to transfer a patient who has mental health issues. That’s taking an officer off the street for 5-6 hours.”

“Lots of children are sent to San Angelo because we can’t treat as many kids and adolescents here. We have a lot of children with unmet mental health needs.”

“We lack behavioral health or psych in our area. It can be an 8 month to a year waiting list to see a psychiatrist.”

“If they won’t accept your insurance, you have to find other programs. There’s nothing on mental health out there. You have to find something.”

“If you have someone who comes in and they need substance abuse treatment or rehab, many leave the area for that. We are limited for substance abuse.”

“Because of the attitude teenagers have about marijuana, they don’t think its a risky thing to do. They don’t understand marijuana affects the developing brain.”

“...the stress, the anxiety, the pressure that so many teens and adolescents are under. There’s quite a bit of influence from social media that keeps them wired in. Our counselors see more and more kids every year who are stressed out and bordering on depression.”

“We have seen an increase in people that need mental health services and we’re referring them, but those people aren’t necessarily making it to those places. It’s just a lot of shame and not feeling comfortable at those offices.”



Shortage of Providers

Dental Care

- **Issues:**

- Shortage of dental care providers, hygienists leading to long wait times for all residents
- Difficulty for new residents in finding dental care services
- Lack of affordable services and care leading to poor dental health, particularly for youth
- Few providers accepting Medicaid, un/underinsured, low income
- Limited availability of dental providers leading to residents not seeking routine care
- Outmigration of patients for dental care services (Mexico)

- **Needs:**

- Increased access to local dental care services and providers, particularly for Medicaid, un/underinsured, low income
- Emphasis on the importance of seeking routine dental care services for proper oral hygiene, particularly for youth
- Promotion of local services and providers to residents to retain patients in the community

“My dentist says [they] could double [their] staff and still have a waiting list. People who are just moving into the area trying to find a dentist are having great difficulty. It doesn’t matter your income, that’s true across the board.”

“Even when you have dental insurance, it doesn’t pay well. There are many dentists, but there isn’t affordable care.”

“Children go without dental care unless their parents can afford it. Sometimes our social workers will work with parents, but that’s definitely an unmet need because we don’t have any free dental care. We end up seeing a lot of kids with abscess teeth and unable to get to the dentist.”

“We have a deficit of dentists, especially those who take Medicaid.”

“Unfortunately, a lot of patients are without funding and the hospital used to have a dental clinic, but we do not have it anymore. There is a pretty large need for more access to dental care for unfunded patients.”

“We do have a problem with some people not accepting all insurance types. La Familia is the only one that might take underfunded patients.”

“...not many dentists are accepting Medicare or Medicaid and if they do, they are not accepting new patients when it comes to Medicare or Medicaid.”

“Dentists are not accessible. Most don’t work Friday, so it’s not accessible at all.”

“Most dentists don’t work on Friday afternoons, so you have to try to get your appointment between Monday and Friday before noon. People choose not to go to the dentist for maintenance so they don’t ever go to them until they have a problem with cracked teeth. I’m seeing a lot of people that go to Mexico for dental care to get taken care of.”

Effects of Rapid Population Growth

Cost of Living

- **Issues:**

- Oil boom increasing cost of living for all residents
- Increased cost of living disproportionately affecting low- and moderate-income residents, particularly in:
 - Housing
 - Health care
- Economic stress causing individuals to neglect health needs due to inability to seek care during working hours
- Housing costs inhibiting adequate staffing of school staff, health care facilities, police force, fire fighters
- Difficulty recruiting health care providers due to housing shortage, lack of affordable housing
- Increasing homeless population living in cars or sharing space with friends, families
- Limited number of affordable housing options for low income seniors

- **Needs:**

- Emphasis on the basic lifestyle needs of low-, moderate-income and senior residents
- Focus on stress management for residents affected by high cost of living
- Efforts to recruit and employ hospital, school, police and fire fighter staff to the community
- Education regarding importance of prioritizing health needs
- Additional support programs for homeless population

“We can’t maintain staff because the cost of living is too high. We’re competing in an economy that’s way too expensive.”

“We don’t have enough teachers, doctors, nurses, police officers, and fire fighters to keep our town safe and healthy.”

“That median income population is not engaging in health services because they’re in survival mode. If it means the difference between getting healthy and paying rent, they’re going to focus on bills and not engage with those services.”

“Certain populations that aren’t in oil and gas – they’re just trying to make ends meet. They don’t have time to worry about their health or leave their job in the middle of the day to go to an appointment. Afterhours access would be something to recapture those people neglecting their health.”

“Apartments have doubled in rent, and the working poor can’t afford housing...the hospital has lost nurses because their rents have doubled, teachers as well.”

“We can’t recruit enough providers because of the housing shortage. It’s a huge issue and especially in that middle range of housing...there are people on lists for 1.5-2 years to get a house built.”

“There’s a housing shortage...we see families living together out of necessity.”

“The homeless population is higher now than it ever has been. It could be the person sleeping on someone’s couch or in their car.”

“Every year we have more homeless students and staff. We had a teacher who lived in his car for 3 days when he moved here because he couldn’t find a place to live.”

“For seniors, housing is a huge issue. We have a few low-income apartments, but if you can’t get into those, the regular apartments are too expensive.”



Effects of Rapid Population Growth

Injury & Trauma

- **Issues:**

- Oil boom leading to increased motor vehicle, oil field accidents
- Poor use of seatbelts and safety devices
- Increased ER activity due to trauma-related conditions
- Population influx leading to strained transportation system, increased traffic fatalities
- Perceived need for greater capacity to treat trauma patients, particularly un/underinsured

- **Needs:**

- Re-evaluation of transportation infrastructure, highway safety
- Promotion of oil field safety precautions
- Emphasis on the importance of motor vehicle safety, seatbelt use
- Efforts to promote and increase local trauma services
- Focus on reduction of population influx-related trauma (drug/crime activity)

“We have a high influx of people and an infrastructure not prepared for that growth. Our trauma numbers have gone up with traffic accidents, fatalities...roads are not built for this high volume of traffic with industrial traffic, which leads to accidents.”

“Trauma is one issue. We’re seeing more people, more accidents, more trauma, more ER visits. Not only car accidents, but also accidents out in the oil field.”

“With a larger population and where people are making a lot of money, there’s always more drug and crime activity. All those people end up in your ER through accidents, overdose, shootings, knifing, etc. So trauma care is huge.”

“We’re adding so [many] people a day coming to the Permian Basin to work and they bring [more] people with them. With our already strained transportation system, those problems are really only going to increase traffic fatalities.”

“The importance of having a trauma facility here is obvious to everyone because of the statistics...in the last 6 weeks, we had a traffic death on a highway in the Permian Basin every day. The importance of trauma care is on everybody’s mind.”

“We desperately need to expand our Emergency Department and its trauma capacity.”

“We need to be able to take care of all [trauma patients’] needs and get them to the next treatment place. A lot of times they’re unfunded as well. Getting them equipment or if they need rehab...our options are limited.”

“We’re right on an interstate and we have a lot of accidents. It’s not unusual for somebody to have an accident and one family member is in the hospital and the others are stranded.”

Community Education & Preventive Care

Healthy Lifestyle Management

- **Issues:**

- Lack of access to healthy food options and increasing number of fast food restaurants leading to:
 - Increased health care costs
 - Obesity, diabetes
 - Heart disease
- Limited built environment and motivation to be physical active
- Higher cost of healthy lifestyle programs resulting in lower participation rates
- High rates of diabetes in Hispanic, African American residents
- Limited parental understanding of asthma, diabetes management for children
- Growing problem of childhood obesity

- **Needs:**

- Targeted healthy lifestyle education towards underserved populations (Hispanic, African American, low income)
- Emphasis on importance of physical activity and the built environment
- Efforts to educate parents on proper disease management for children
- Dietary and exercise programs for youth residents

“We live in a food desert and there are areas that don’t have access to fresh fruits and vegetables. That contributes to higher healthcare costs, higher instances of obesity and diabetes, heart disease...”

“We have more fast food restaurants because of the oil fields. With obesity, there’s a lot of underlying chronic diseases...diabetes, heart disease, cancers, all types of diseases that are going to have a large impact on the future population.”

“Odessa is behind when it comes to people walking, running...we don’t have as many public walking trails as some other communities.”

“A lot of colleges and hospitals promote healthy lifestyles, but organizations don’t make it cheap. If it was affordable to obtain, more people would participate.”

“There are populations susceptible to diabetes, high blood pressure...more work to reach those individuals before they’re hospitalized would benefit the community.”

“We have a very high prevalence of diabetes in Hispanic residents and difficulties with language barriers. There’s not a lot put out in Spanish in Ector County.”

“For African Americans, diabetes is common once they start aging and a lot of it is lack of education. We lack education in trying to help prevent chronic conditions.”

“We are constantly teaching parents how to take care of children with asthma or diabetes. We have to give instructions at a 5th grade level...many have not finished high school and it is hard for them to understand how to manage chronic illnesses.”

“Childhood obesity is an issue in this area. It is much easier to go to a drive thru than cook a meal at home. Access to healthy foods is an issue.”

“A lot of Hispanic females start menstruation around ten years old and put on weight at 9 or ten. We just can’t get them educated on preventive medication.”



Community Education & Preventive Care

Sex Education, Communicable Disease Prevention & Family Planning

- **Issues:**

- Increasing rate of teen births with no prenatal care
- Normalization of births to younger teens
- Limited local access to family planning
- High rates of sexually transmitted infections (chlamydia)
- Lack of community outreach regarding sex education, communicable disease prevention and family planning
- Greater challenge in seeking family planning assistance programs for low income, un/underinsured
- Concern surrounding parental irresponsibility, limited proper parenting skills

- **Needs:**

- Education regarding safe sexual behaviors, STI prevention, proper contraception methods
- Greater assistance in navigating unintended pregnancy options
- Increased access to family planning, prenatal care for low income, un/underinsured women
- Emphasis on proper parenting skills, child responsibility for new parents

“We have a huge STD and teen pregnancy problem here. I’ll see 15 year olds who are pregnant...it is the norm. In a lot cases it is encouraged.”

“We’re seeing more and more younger girls get pregnant and they just don’t know what all is out there. Their moms are still in the mindset of not talking about it. [Prenatal care services are] not being accessed as much as [they] could be. I’ve come across several girls who walk into the emergency room in labor, and that was the first prenatal care they experienced. It needs to be promoted more.”

“Access to family planning services is not available here. Anyone who lives in West Texas has very limited access to subsidized services for family planning.”

“Our STD numbers have skyrocketed. We’ve doubled our numbers. And with those like chlamydia that’s silent and can cause infertility and things like that, that’s going to have some repercussions in the future.”

“For teen pregnancy, we need to get the word out to kids as to what they can do and what facilities and programs are available to them.”

“For teens, the availability of STD education is lacking. Unfortunately we’re still in the bible belt and people here have an ‘ostrich head in the sand’ type of attitude to teaching their kids about safe sex and accessibility.”

“For the low income/working poor, if you’re not referred or somebody doesn’t tell you about it, you don’t hear about family planning options. They figure they can’t afford it or they don’t have the money or insurance. That’s a big need here.”

“...parents are not available when [the school nurse] calls them so we call 911. Parents are not aware of their responsibilities and it becomes an emergency.”

Community Education & Preventive Care

Community Collaboration & Awareness of Existing Resources

- **Issues:**

- Need for communication and community outreach regarding resources available for residents to use
- Strained public health services resulting in a need for further community collaboration
- Lack of health literacy and understanding of access points across the continuum of care
- Use of the ER as medical home by underserved residents
- Limited awareness of available resources, particularly for Hispanic residents
- Minimal promotion of availability of support programs available for elderly residents
- Perceived need for increased education on the benefits of organ donation

- **Needs:**

- Increased communication and outreach efforts to promote local resources and programs, particularly for Hispanic residents
- Improved health literacy and education on access points along the continuum of care
- Education regarding establishing a relationship with a primary care provider instead of the ER
- Assistance for seniors seeking support programs
- Emphasis on the benefits and importance of organ donation

“We need more communication and to get the word out or just get people aware of what facilities are here and what could be done for their needs.”

“Public health is way under budgeted here in Ector County. We need a better collaboration between the health care system and public health.”

“We have urgent care clinics all over the area. [People] could go to the urgent care centers instead of the ER, but they do not know that these clinics are available. The underserved population is not aware of them and their first thought is the ER.”

“A lot of people get urgent care clinics confused, and they think it is all the same...people often use the ER as their primary care. [Overuse of the ER] takes away the staff time and the facilities from the real emergencies.”

“As a community, we need to get serious about preventive type services and we don’t know enough about our organizations out there. People still don’t know about services offered at different organizations.”

“Accessibility and knowledge of resources in the community is very [racially] segregated. We’re close to 70% Hispanic but there’s still a disconnect in some information.”

“You don’t really hear a lot about what programs are available to the elderly. There is a lack of communication, lack of publicity for those programs. If you don’t go out and hunt, you just don’t know.”

“In the Midland/Odessa area alone, we’re probably lucky if there’s 6 organ donations a year between the two cities. I’m not sure if that’s due to a lack of education within the hospital and how to address that with families, or a lack of education in the community and making sure that people check the box and say they want to be a donor...there’s such a lack of that being done here. It’s a tragedy that we need to address.”



Populations Most at Risk

Interviewees expressed concern surrounding health disparities disproportionately affecting specific populations, including:

- Pediatric
 - Lack of local primary and specialty care options
 - ADHD, seizure disorders
 - Obesity, diabetes
- Teens/Adolescents
 - Substance use
 - Anxiety, stress, depression
 - Obesity
 - High drop out rate due to opportunities to work in oil field
 - Outmigration for treatment of ADHD, dyslexia, autism
 - High rate of teen pregnancy, STIs
- Elderly
 - Need for health care advocates, interpreters
 - Growing aging population
 - Limited availability of affordable resources
 - Lack of hospice care
 - Difficulty accessing and navigating the health care system
 - Transportation barriers
- Low Income/Working Poor
 - Limited access to wound care
 - Lack of access to mental health care services
 - Overuse of the ER
 - Transportation barriers
 - Limited number of primary care options
- Homeless
 - Transportation barriers
 - Mental and behavioral health care needs
- Racial/Ethnic
 - Outmigration to Mexico for health care services, medications (Hispanic)
 - Language barriers (Hispanic)
 - Overuse of the ER (Hispanic)
 - Diabetes (Hispanic, African American)
 - Childhood obesity (Hispanic)
- Veterans
 - Frustration with VA system
 - Limited local care options



FAMILY HEALTH CLINIC: PATIENT SURVEY ANALYSIS

Family Health Clinic Survey

Background

- Medical Center Health System's federally qualified health center look-alike (FQHC Look-Alike), the Family Health Clinic (FHC), conducted a paper survey from January 7, 2019 – February 1, 2019 at the following clinic locations:
 - MCH Family Health Clinic – Clements: 840 West Clements St., Odessa, TX 79763
 - MCH Family Health Clinic – West University: 6030 W University Blvd., Odessa, TX 79764
- Provided to patients at registration or at check out
- FHC utilized the same 3 question survey from its 2016 survey process conducted in English and Spanish
 - Location of care
 - Problems seeing a doctor
 - Likelihood of returning to clinic(s)
- Collected 615 surveys which is 29.1% of patients seen in the clinics during that time (total of 2,117 patients seen)
 - 74.6% responded to survey in English
 - 25.4% responded to survey in Spanish
- Results are compared to the 2016 FHC survey when appropriate

Family Health Clinic Survey

Where do you usually go when you're sick or need to see a doctor?

- **Total**

- In both 2016 and 2019, the majority of all respondents go to the Family Health Clinic when they are sick or need to see a doctor
- Patients who responded that they go to the Family Health Clinic for care decreased between 2016 and 2019
- Patients who indicated they go to a doctor at a different facility increased between 2016 and 2019
- Patients who indicated using the Emergency Department for care decreased between 2016 and 2019

- **English**

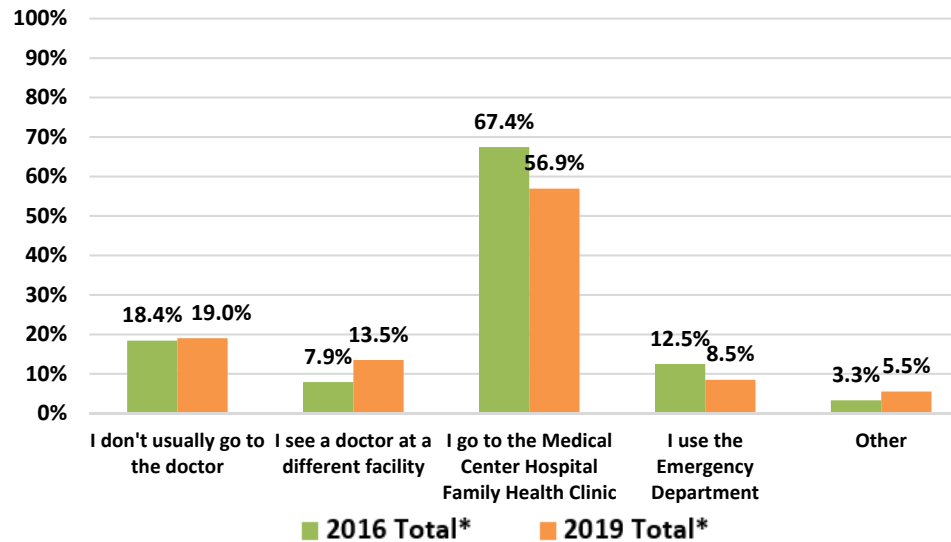
- In both 2016 and 2019, the majority of **English** respondents go to the Family Health Clinic when they are sick or need to see a doctor
- **English** patients who responded that they go to the Family Health Clinic for care decreased between 2016 and 2019
- **English** patients who indicated they go to a doctor at a different facility increased between 2016 and 2019
- **English** patients who indicated using the Emergency Department for care decreased between 2016 and 2019

- **Spanish**

- In both 2016 and 2019, the majority of **Spanish** respondents go to the Family Health Clinic when they are sick or need to see a doctor
- **Spanish** patients who responded that they go to the Family Health Clinic for care decreased between 2016 and 2019
- **Spanish** patients who indicated they go to a doctor at a different facility decreased between 2016 and 2019
- **Spanish** patients who indicated using the Emergency Department for care decreased between 2016 and 2019

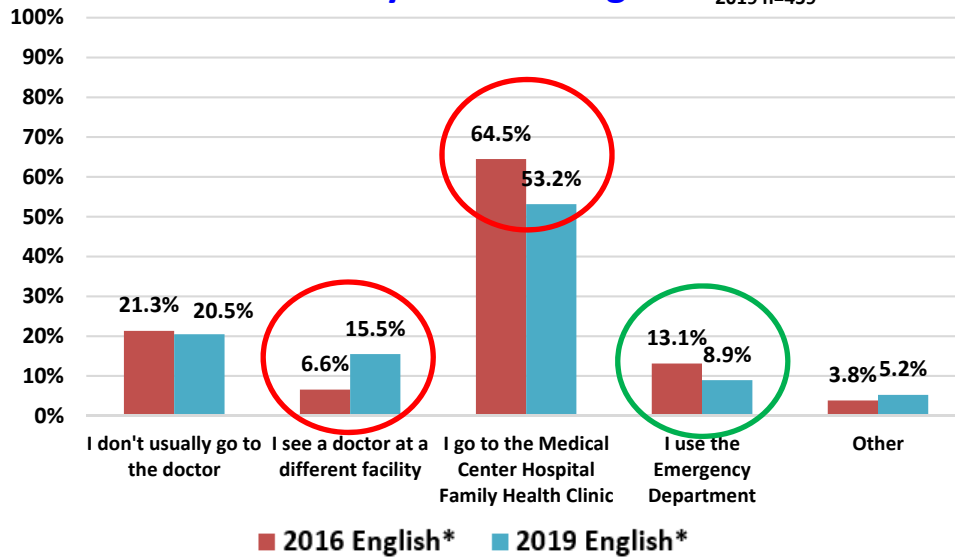
LOCATION OF CARE Total Survey Results

2016 n=304
2019 n=615



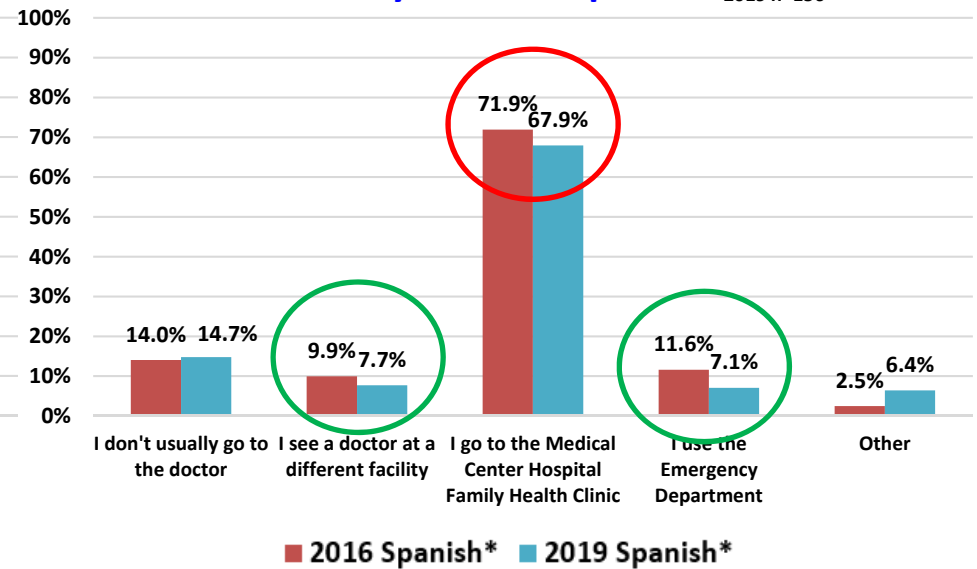
Survey Results: English

2016 n=183
2019 n=459



Survey Results: Spanish

2016 n=121
2019 n=156



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.
Survey Question: Where do you usually go when you're sick or need to see a doctor?
*Respondents selected multiple responses. Percentages may not total 100%.

Family Health Clinic Survey

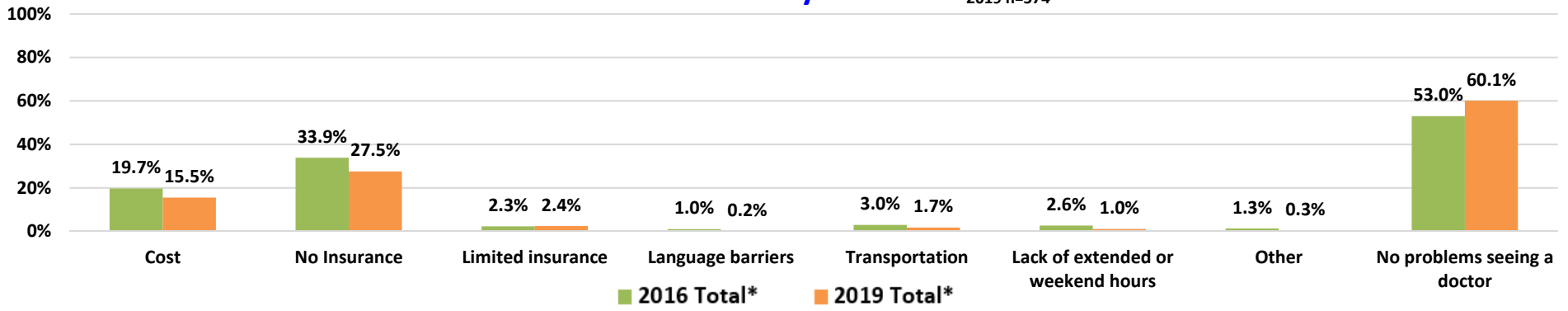
Do you or does anyone in your family have problems seeing a doctor?

- **Total**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor
 - Patients citing cost as a barrier to care decreased between 2016 and 2019
 - Patients citing no insurance as a barrier to care decreased between 2016 and 2019
 - Patients who indicated no problems in seeing a doctor increased between 2016 and 2019
- **English**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for **English** patients
 - **English** patients citing cost as a barrier to care decreased between 2016 and 2019
 - **English** patients citing no insurance as a barrier to care decreased between 2016 and 2019
 - **English** patients who indicated no problems in seeing a doctor increased between 2016 and 2019
- **Spanish**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for **Spanish** patients
 - **Spanish** patients citing cost as a barrier to care remained stable between 2016 and 2019
 - **Spanish** patients citing no insurance and/or limited insurance as a barrier to care slightly increased between 2016 and 2019
 - **Spanish** patients who indicated no problems in seeing a doctor remained stable between 2016 and 2019

BARRIERS SEEING A DOCTOR

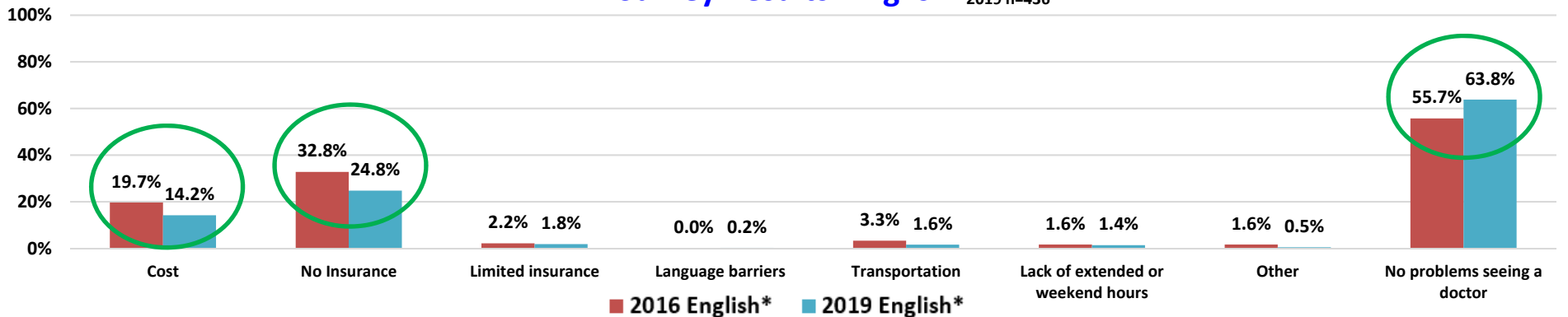
Total Survey Results

2016 n=304
2019 n=574



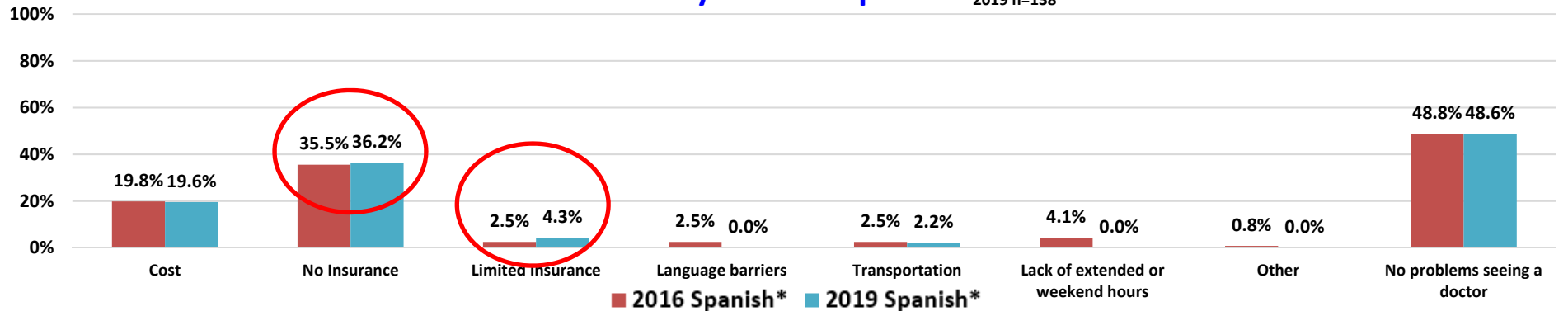
Survey Results: English

2016 n=183
2019 n=436



Survey Results: Spanish

2016 n=121
2019 n=138



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.
Survey Question: Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor? (select all that apply)
*Respondents selected multiple responses. Percentages may not total 100%.

Family Health Clinic Survey

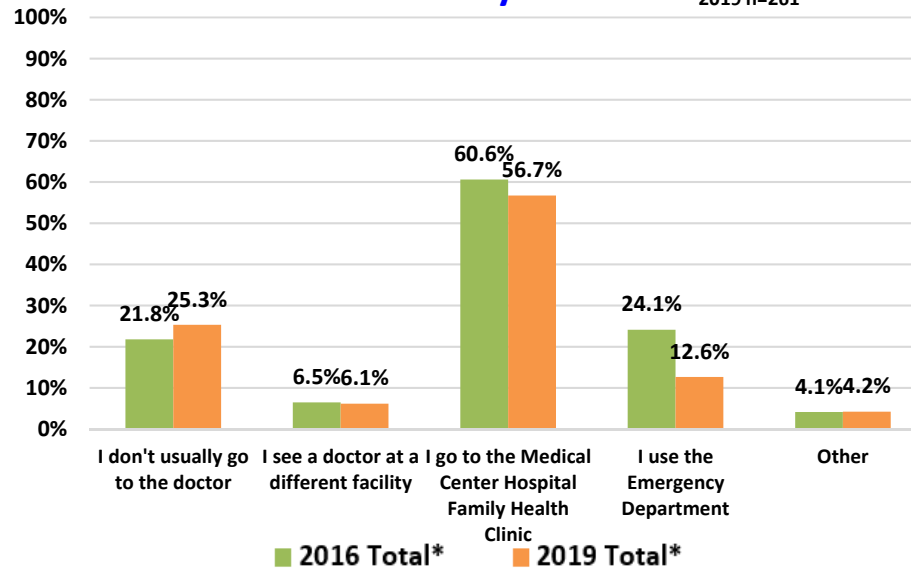
Location of care for respondents citing cost and insurance barriers

- **Total**
 - In both 2016 and 2019, the majority of respondents citing cost and insurance barriers to care go to the FHC when they are sick or need to see a doctor
 - Patients citing cost and insurance barriers to care who indicated they don't usually go to the doctor decreased between 2016 and 2019
 - Patients citing cost and insurance barriers to care who indicated they use the Emergency Department when they are sick or need to see a doctor decreased between 2016 and 2019
- **English**
 - In both 2016 and 2019, the majority of English respondents citing cost and insurance barriers to care go to the FHC when they are sick or need to see a doctor
 - **English** patients citing cost and insurance barriers to care who indicated they don't usually go to the doctor decreased between 2016 and 2019
 - **English** patients citing cost and insurance barriers to care who indicated they use the Emergency Department when they are sick or need to see a doctor decreased between 2016 and 2019
- **Spanish**
 - In both 2016 and 2019, the majority of English respondents citing cost and insurance barriers to care go to the FHC when they are sick or need to see a doctor
 - **Spanish** patients citing cost and insurance barriers to care who indicated they don't usually go to the doctor decreased between 2016 and 2019
 - **Spanish** patients citing cost and insurance barriers to care who indicated they use the Emergency Department when they are sick or need to see a doctor decreased between 2016 and 2019

LOCATION OF CARE FOR RESPONDENTS CITING COST AND INSURANCE BARRIERS

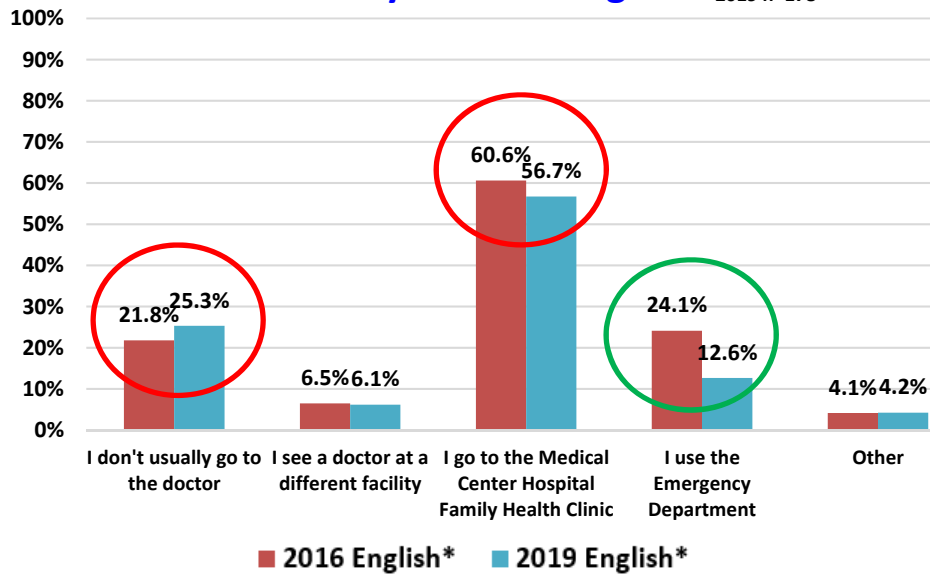
Total Survey Results

2016 n=170
2019 n=261



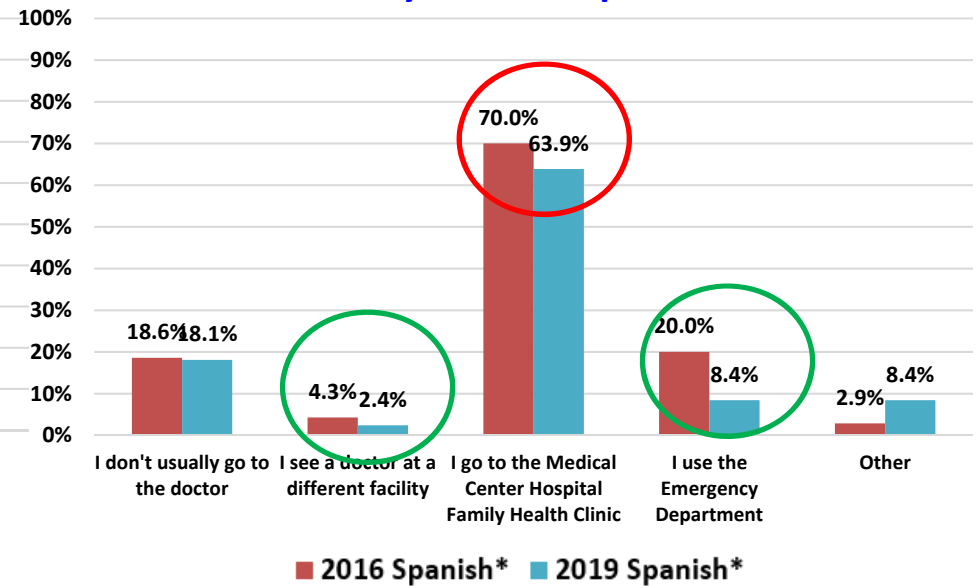
Survey Results: English

2016 n=100
2019 n=178



Survey Results: Spanish

2016 n=70
2019 n=83



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.

Chart definition: Respondents who selected "Cost," "No insurance," or "Limited insurance," for the question asking "Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?" and the associated response to "Where do you usually go when you're sick or need to see a doctor?"

*Respondents selected multiple responses. Percentages may not total 100%.

Family Health Clinic Survey

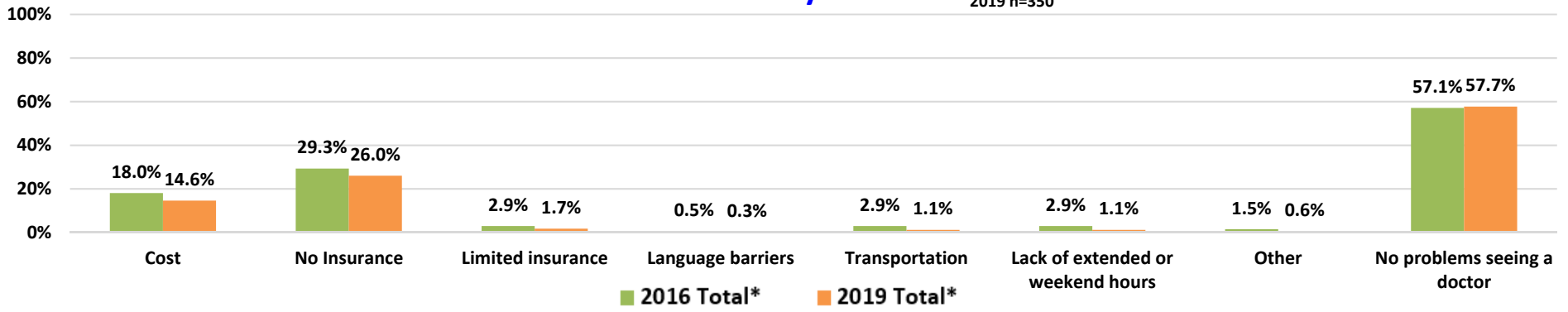
Barriers to care for Family Health Clinic patients

- **Total**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for FHC patients
 - FHC patients citing cost as a barrier to care decreased between 2016 and 2019
 - FHC patients citing no insurance as a barrier to care decreased between 2016 and 2019
 - FHC patients who indicated no problems in seeing a doctor decreased between 2016 and 2019
- **English**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for **English** FHC patients
 - **English** FHC patients citing cost as a barrier to care decreased between 2016 and 2019
 - **English** FHC patients citing no insurance as a barrier to care decreased between 2016 and 2019
 - **English** FHC patients who indicated no problems in seeing a doctor decreased between 2016 and 2019
- **Spanish**
 - In both 2016 and 2019, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for **Spanish** patients
 - **Spanish** patients citing cost as a barrier to care decreased between 2016 and 2019
 - **Spanish** patients citing no insurance and/or limited insurance as a barrier to care decreased between 2016 and 2019
 - **Spanish** patients who indicated no problems in seeing a doctor decreased between 2016 and 2019

BARRIERS TO CARE FOR FAMILY HEALTH CLINIC PATIENTS

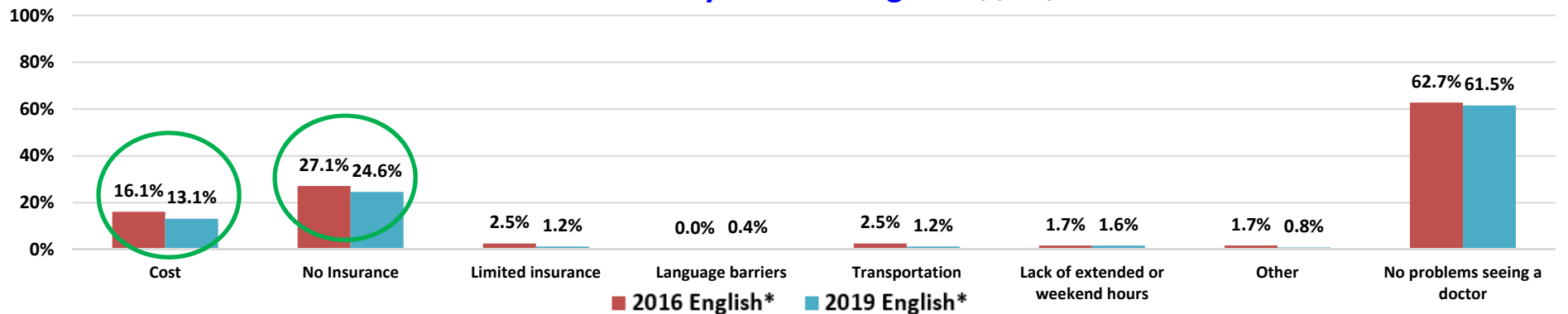
Total Survey Results

2016 n=205
2019 n=350



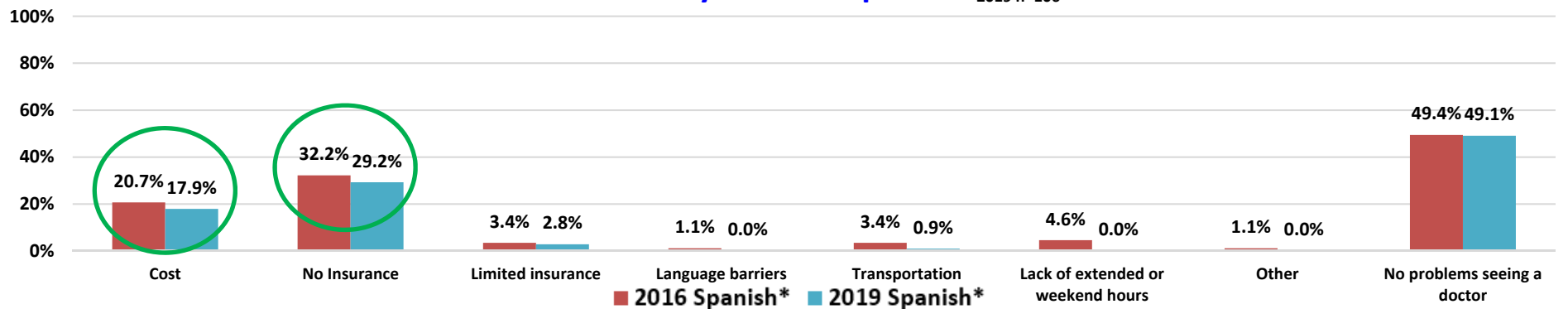
Survey Results: English

2016 n=244
2019 n=118



Survey Results: Spanish

2016 n=87
2019 n=106



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.

Chart definition: Respondents who selected "I go to the Family Health Clinic" when asked "Where do you usually go when you're sick or need to see a doctor?" and the associated response to "Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?"

*Respondents selected multiple responses. Percentages may not total 100%.

Family Health Clinic Survey

How likely are you to come to the FHC next time you're sick or need to see a doctor?

- **Total**

- In both 2016 and 2019, the majority of survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- Survey respondents who indicated they are 'Extremely likely' to return to the FHC for care decreased between 2016 and 2019
- Survey respondents who indicated they are 'Very Unlikely' or 'Unsure' if they will return to the FHC for care increased between 2016 and 2019

- **English**

- In both 2016 and 2019, the majority of **English** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **English** survey respondents who indicated they are 'Extremely likely' to return to the FHC for care decreased between 2016 and 2019
- **English** survey respondents who indicated they are 'Very Unlikely' or 'Unsure' if they will return to the FHC for care increased between 2016 and 2019

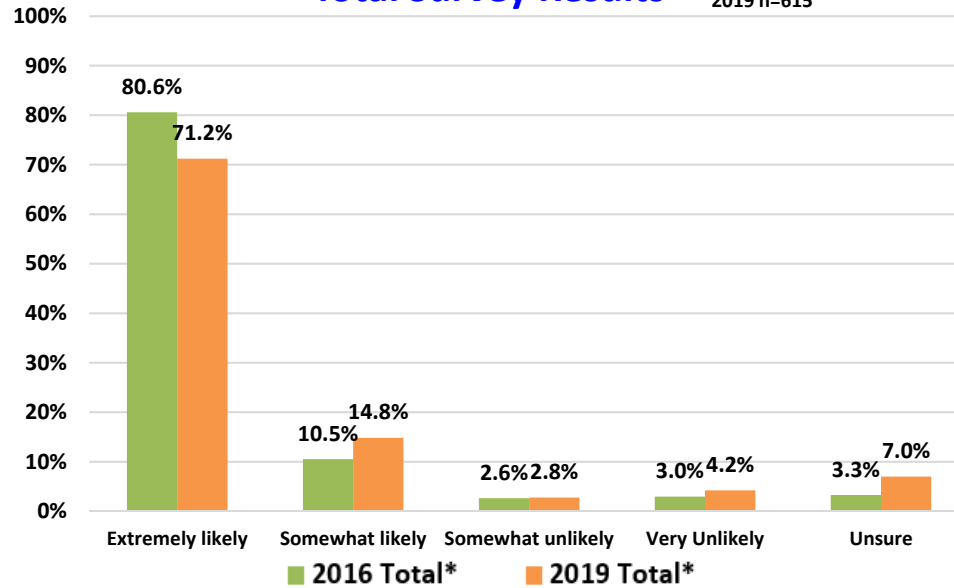
- **Spanish**

- In both 2016 and 2019, the majority of **Spanish** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **Spanish** survey respondents who indicated they are 'Extremely likely' to return to the FHC for care decreased between 2016 and 2019
- **Spanish** survey respondents who indicated they are 'Very Unlikely' to return to the FHC for care decreased between 2016 and 2019, while those who are 'Unsure' increased

LIKELINESS TO RETURN TO THE FAMILY HEALTH CLINIC

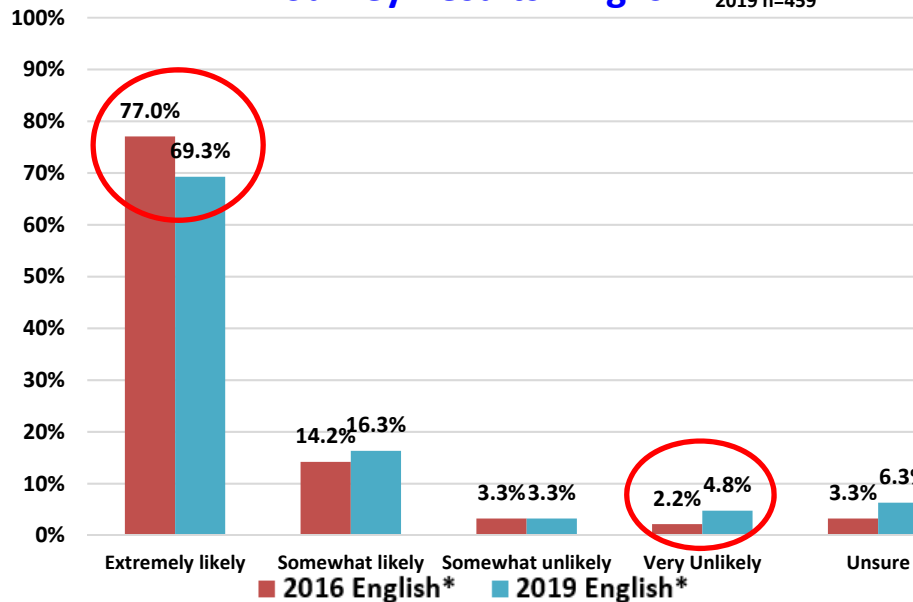
Total Survey Results

2016 n=304
2019 n=615



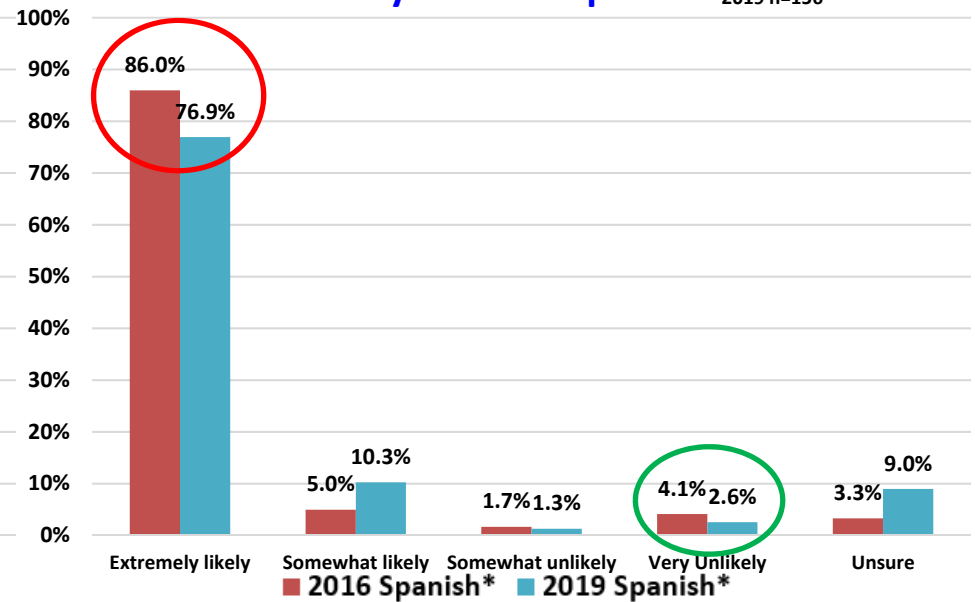
Survey Results: English

2016 n=183
2019 n=459



Survey Results: Spanish

2016 n=121
2019 n=156



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.
Survey Question: How likely are you to come to the Medical Center Hospital Family Health Clinic next time you're sick or need to see a doctor?
*Respondents selected multiple responses. Percentages may not total 100%.

Family Health Clinic Survey

Likelihood of Returning to FHC (continued)

- Opportunity to educate community on the importance of seeking care and not delaying/putting off care
 - “I don't usually want to go unless its needed.”
 - “Sometimes I'm busy but if I get the chance when I need to, I will go.”
 - “Only where there's an emergency.”
 - “Only if I need to.”
 - “If I have transportation and money”

Family Health Clinic Survey

Likelihood of Returning to FHC (continued)

- Several comments praising the quality of care provided at the Family Health Clinic
 - “Nice place to come for family care.”
 - “Very convenient and I get seen asap.”
 - “Fast, friendly, clean, spacious.”
 - “The greeting at the entrance was great and I feel it carries over to the care of the patient. Good greetings great care.”
 - “Good service, help with low-based income people.”
 - “The staff can always get us in and they are very friendly and helpful. The doctors are great.”
 - “We do not have any fear of coming here.”
 - “Everyone was very courteous and explained everything that was going to be done. Very clean and professional.”

Family Health Clinic Survey

Barriers to care for those most likely to return to the Family Health Clinic

- **Total**

- In both 2016 and 2019, the majority of survey respondents who are likely to return to the FHC for care cited cost and no insurance/limited insurance as barriers to seeing a doctor
- Survey respondents who are likely to return to the FHC for care and cited cost and/or insurance barriers to care when they are sick or need to see a doctor decreased between 2016 and 2019
- Survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor increased between 2016 and 2019

- **English**

- In both 2016 and 2019, the majority of **English** survey respondents who are likely to return to the FHC for care cited cost and no insurance/limited insurance as barriers to seeing a doctor
- **English** survey respondents who are likely to return to the FHC for care and cited cost and/or insurance barriers to care when they are sick or need to see a doctor decreased between 2016 and 2019
- **English** survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor increased between 2016 and 2019

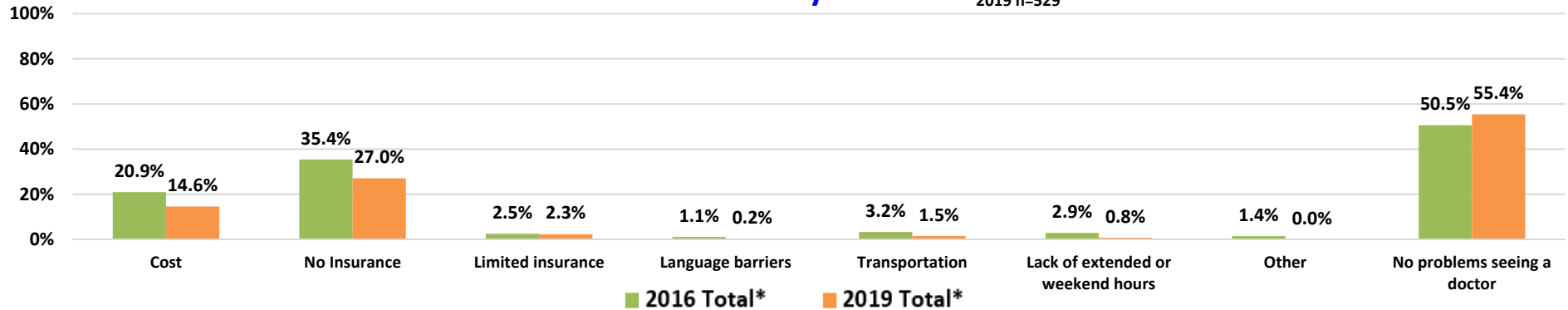
- **Spanish**

- In both 2016 and 2019, the majority of **Spanish** survey respondents who are likely to return to the FHC for care cited cost and no insurance/limited insurance as barriers to seeing a doctor
- **Spanish** survey respondents who are likely to return to the FHC for care and cited cost and/or insurance barriers to care when they are sick or need to see a doctor decreased between 2016 and 2019
- **Spanish** survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor decreased between 2016 and 2019

PROBLEMS SEEING A DOCTOR AMONG THOSE LIKELY TO RETURN TO FHC

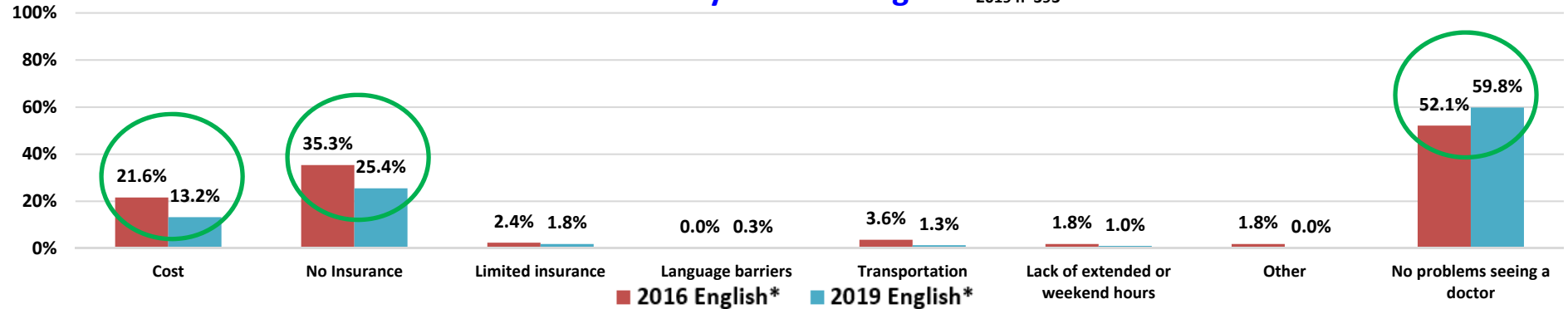
Total Survey Results

2016 n=277
2019 n=529



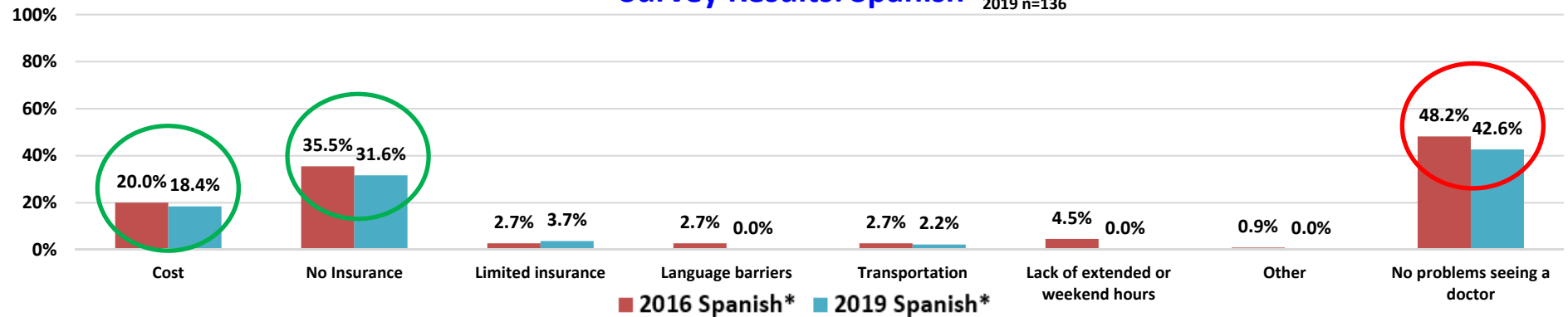
Survey Results: English

2016 n=167
2019 n=393



Survey Results: Spanish

2016 n=110
2019 n=136



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 7, 2019 – February 1, 2019.

Chart definition: Respondents who selected "Extremely likely" or "Somewhat likely" when asked "How likely are you to come to the Family Health Clinic next time that you're sick or need to see a doctor?" and the associated response to "Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?"

*Respondents selected multiple responses. Percentages may not total 100%.



INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA

Consideration of Previous Input

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- The hospital made every effort to solicit feedback from the community by providing a feedback mechanism on the hospital's website. However, at the time of this publication, written feedback has not been received on the hospital's most recently conducted CHNA and Implementation Strategy.
- To provide input on this CHNA please see details at the end of this report or respond directly to the hospital online at the site of this download.



EVALUATION OF HOSPITAL'S IMPACT

Evaluation of Hospital's Impact

- IRS Final Regulations require a hospital facility to conduct an evaluation of the impact of any actions that were taken, since the hospital facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNA.
- This section includes activities completed based on the 2017 to 2019 Implementation Plan.

Medical Center Hospital

FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Medical Center Hospital (MCH) and the Family Health Clinic (FHC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Ector County, Texas.

The CHNA Team, consisting of leadership from MCH and the FHC, met with staff from CHC Consulting on May 26, 2016 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Once this prioritization process was complete, MCH and FHC leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital and clinic specific implementation plans.

The six most significant needs, as discussed during the May 26th prioritization meeting, are listed below:

1. Need for Increased Emphasis on a Collaborative Continuum of Care
2. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
3. Access to Primary Care Services
4. Education and Services Surrounding Maternal, Fetal, and Early Development Needs
5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
6. Access to Mental and Behavioral Health Care

MCH leadership has developed the following implementation plan to identify specific activities and services which directly address all of the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The MCH Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on August 9, 2016.

Priority #1: Need for Increased Emphasis on a Collaborative Continuum of Care

Rationale:

- Between 2012 and 2014, the percent of adults in HSR 9/10 that reported not having a personal doctor fluctuated, while rates in the state remained steady. In 2014, HSR 9/10 (35.1%) had a higher percent of adults that had no personal doctor than the state (32.9%), as well as all other regions.
- In 2012, the rate of preventable hospital events in Ector County (77.0 per 1,000 Medicare Enrollees) was higher than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000).
- Many interviewees emphasized the need for more coordinated care across facilities to better address the needs of the community.
- Interviewees noted the need for emphasis on the importance of a medical home, and educating the population that utilizes walk in clinics and the Emergency Room as their primary care provider on the benefits of establishing a medical home. One interviewee specifically stated: "It's fragmented care if you only use a walk in clinic. That's not a medical home. But some people don't even believe in having a medical home."
- A few interviewees mentioned the lack of collaboration between hospitals in the area is a barrier towards comprehensive care, and that greater coordination between the two entities could greatly benefit the population.
- One interviewee noted that the lack of communication between inpatient and outpatient providers is a concern in the area and inhibits high quality, patient-centered care, stating: "The problem is that the inpatient providers don't really see the importance of communicating with the outpatient providers, which is a huge barrier to good care."

Objective:

Engage in efforts to improve the fragmented continuum of care

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.A. MCH will continue to bridge the gap in care by following a patient from the time of admission to the point of discharge using its recently expanded team of case coordinator nurses, community nurse navigators, social workers, care transition coordinators and respiratory therapists. Special focus is placed on patients that experience health disparities and those with a high risk for readmission based on complex medical and social needs.	x	x	x	The MCH Community Health department has consistently grown in our efforts to assist in transitions of care. We have 28 team members including care coordinator nurses, social workers, care transition coordinators and community nurse navigators. The team's goal is to help transition patients home or to the next level of care safely and efficiently and help prevent avoidable readmissions.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.B. MCH will continue to connect patients to existing community resources in order to promote health and wellness in the community. These resources include referrals to places such as Adult Protective Services, Catholic Charities, and other community-based resources.	x	x	x	The Community Health department maintains close working relationships with other agencies in the community to ensure patients are able to be seen by physicians, obtain their medications, and have access to health prevention activities.	
1.C. MCH will continue to streamline its oncology navigation services into the community health model in an effort to standardize care and services delivered. Two dedicated oncology nurse navigators provide care coordination and post discharge services for patients with a new or existing cancer diagnosis. Additionally, oncology navigation is strengthened through partnerships with various local organizations such as the American Cancer Society, West Texas Cancer Center, Hope House and others.	x	x	x	MCH continues to offer a strong oncology navigation program staffed by two oncology nurse navigators. They provide care free of charge to those facing cancer diagnoses. They continue to expand their prevention program through the lung cancer screening program and work closely with the West Texas Cancer Center, Pink the Basin, Hope House, and other community agencies.	
1.D. MCH will ensure that patients receive the best care possible while in the facility by treating the “whole” patient through the implementation of Mobility Teams. The goal of the Team is to reduce the incidence of hospital acquired pressure ulcers by hiring a full-time wound ostomy nurse and implementing various Mobility Teams.	x	x	x	MCH has one FT Certified Wound Ostomy Nurse and a couple others working on certifications. MCH currently employs 10 wound care RNs and is working on implementing mobility/turn teams throughout the hospital in the future. Recent efforts from the wound care team as well as nursing and nursing assistants hospital-wide have made a huge impact on HAPI rates.	Although our rate is usually under 2%, MCH has a current (Jun19) rate of 0.73% which is the lowest it's been in 5 years.

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.E. MCH will continue to engage in community outreach through the Faith & Health Network, which offers church-based health promotion education and activities geared towards improving the overall health and wellness of the community.	x	x	x	The Faith and Health Network was discontinued in late 2017 due to changing waiver requirements. The efforts were handed over to the local churches to continue to promote wellness in their congregations.	
1.F. MCH will continue to participate in the electronic health record (EHR) and health information exchange (HIE). The HIE brings an integrated and unified patient-centered database to connect MCH patients, clinics and physicians. Patients will benefit by having online access to much of their clinical information.	x	x	x	MCH is participating in the EHR and HIE as meaningful use requirements. MCH is an early adoption site (patient portal and direct exchange with McKesson and now Cerner).	
1.G. MCH continues to expand interpretation services through a video-conferencing service, My Accessible Real Time Trusted Interpreter (Martti™) from the Language Access Network. Martti™ is a dedicated service that provides patients with access to a wide variety of language interpretation at the touch of a button. Martti™ services are now available throughout the entire hospital and in both the MCH Center for Primary Care-JBS Parkway and MCH Center for Primary Care-West University locations.	x	x	x	MCHS has a total of 27 MARTTI units throughout the health system, including several ProCare clinic offices. The MARTTIs work as telephonic as well as video interpretation. In addition, all staff members are able to use the telephonic services through the Vocera paging/messaging devices or with an ordinary telephone.	In the year 2018, the interpreter service contract has been used for a total of over 24,000 minutes. So far in 2019, the service has already been used over 10,000 minutes. The expectation is that this service will continue to be used at an increasing rate year upon year.

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.H. MCH will continue to provide the comprehensive Palliative Care Program which focuses on patient and provider education and removing stigmas associated with Palliative Care in order to provide patients with options for their care.	x	x	x	For 2019, there are currently 280 consults. Staff from both respiratory and speech therapy department are currently being encouraged to be part of the interdisciplinary team of the Palliative care.	Dr. James Huston joined the team on 09/2017. He is board certified in Hospice and Palliative Care. The number of consults is steadily increasing since the inception of the program in 2013. For fiscal year 2017 there were 354 consults, and for fiscal year 2018 there were 418 consults. Currently there are 10 members in the Palliative care team, which is composed of 2 physicians, 2 chaplains, 2 registered nurses, 3 pharmacist and 1 advance practice nurse. It is only the APN that serves as a full time employee of the Palliative Care department and the rest are on a voluntary basis.
1.I. MCH will continue to provide patients' other physicians with a copy of their discharge summaries upon request.	x	x	x	Discharge summaries are provided to physician's through many methods. Patient's can access their own medical record through the portal, Care Coordinators and Community Navigators also routinely send records to PCP's through our electronic faxing system, patient's can also request for their records to be sent to their physician's through our Health Information Management Department.	

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

- Overall mortality rates in Ector County remained higher than the state rate in 2011, 2012, and 2013.
- Heart disease is the leading cause of death in both Ector County and the state (2013). In 2013, the heart disease mortality rate in Ector County was substantially higher (223.7 per 100,000) than the heart disease mortality rate in Texas (170.7 per 100,000).
- In comparison to peer counties, Ector County (209.6 per 100,000) ranked at the very top of the least favorable quartile for coronary heart disease deaths between 2005 and 2011, and above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000).
- Cancer is the second leading cause of death in both Ector County and the state (2013). In 2013, the cancer mortality rate in Ector County was slightly higher (160.4 per 100,000) than the cancer mortality rate in Texas (156.1 per 100,000).
- In comparison to peer counties, Ector County (193.9 per 100,000) ranked within the upper end of the two middle quartiles for cancer death rates between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000) and the U.S. median (185.0 per 100,000).
- Ector County has higher colon and rectum, female breast, lung and bronchus, and male prostate cancer mortality rates than the state (2008-2012).
- Ector County has a significantly higher rate of lung and bronchus cancer mortality rates (54.7 per 100,000) than the state (43.4 per 100,000) (2008-2012).
- In comparison to peer counties, Ector County (454.2 per 100,000) ranked within the upper end of the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).
- Ector County has higher colon and rectum, female breast, and lung and bronchus cancer incidence rates than the state (2008-2012).
- Between 2008 and 2012, Ector County had significantly higher rates of lung and bronchus cancer incidence (72.3 per 100,000) than the state (58.1 per 100,000).
- In comparison to peer counties, Ector County ranked within the least favorable quartile for colon and rectum (53.8 per 100,000) and female breast (118.7 per 100,000) cancer incidence rates between 2006 and 2010.
- Ector County (77.5 per 100,000) ranked within the two middle quartiles for lung and bronchus cancer incidence rates and within the most favorable quartile for male prostate cancer incidence rates (95.8 per 100,000) between 2006 and 2010.
- Chronic lower respiratory disease is the third leading cause of death in both Ector County and the state (2013). In 2013, Ector County ranked 17th in the state for chronic lower respiratory disease deaths, as compared to all other counties in Texas. In 2013, the chronic lower respiratory disease mortality rate in Ector County was substantially higher (70.6 per 100,000) than the rate in Texas (42.3 per 100,000).
- In comparison to peer counties, Ector County (89.9 per 100,000) ranked at the very top of the least favorable quartile for chronic lower respiratory disease rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).
- In 2013, Ector County ranked 7th in the state for accident mortality rates, as compared to all other counties in Texas. Ector County (65.5 per 100,000) accident mortality rates remain higher than the state (36.8 per 100,000) (2013). In 2013, the leading cause of fatal accidents in Ector County was motor vehicle accidents.
- In comparison to peer counties, Ector County (59.0 per 100,000) ranked within the upper end of the least favorable quartile for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) and the U.S. median (50.8 per 100,000).
- Ector County has the 18th highest rate in the state for cerebrovascular disease mortality, as compared to all other counties in Texas (2013). In 2013, Ector County's cerebrovascular disease mortality rate (51.8 per 100,000) was higher than the state's rate (40.1 per 100,000).
- In comparison to peer counties, Ector County (60.6 per 100,000) ranked at the very top of the least favorable quartile for stroke deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).
- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Ector County (10.4%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2014, Health Service Region (HSR) 9/10 (13.5%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- In comparison to peer counties, Ector County (12.3%) ranked within the least favorable quartile for the percent of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked above the U.S. median (8.1%).
- In 2012, nearly one-third (30.6%) of adults (age 20+) in Ector County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.
- Obesity prevalence rates in adults (age 18+) in HSR 9/10 have recently increased in 2014, while rates in the state appear to be steadily increasing (2012-2014). In 2014, HSR 9/10 (39.9%) had a higher prevalence rate of obesity than the state (31.9%) and the majority of other regions.

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Rationale:

- In comparison to peer counties, Ector County (37.8%) ranked within the least favorable quartile for the percent of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).
- In 2011-2012, the percent of adults (age 18+) in Ector County (16.9%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).
- In comparison to peer counties, Ector County (5.1%) ranked within the two middle quartiles for the percent of older adults (age 65+) living with asthma in 2012, and also ranked above the U.S. median (3.6%).
- In 2014, HSR 9/10 had one of the highest rates of adult arthritis (22.3%) compared to all other regions and the state (19.4%).
- In 2012, the percent of the adult population (age 20+) in Ector County (31.5%) that self-reported no leisure time for activity was higher than the state (24.0%) and national rate (22.6%).
- The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 9/10 increased between 2012 and 2014, while state rates remained steady. In 2014, the prevalence of adults that do not participate in physical activity HSR 9/10 (31.5%) was higher than the state (27.6%).
- In comparison to peer counties, Ector County (35.4%) ranked at the very top of the least favorable quartile for the percent of adults who reported no leisure time physical activity between 2006 and 2012, and also ranked above the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).
- In 2014, HSR 9/10 (19.4%) had the highest percent of adults at risk of binge drinking, as compared to all other regions and the state (16.3%).
- The percent of the adult population (age 18+) in Ector County (21.5%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012).
- In 2014, the prevalence of current, every day smokers in HSR 9/10 (9.8%) was slightly higher than the state (8.7%).
- In comparison to peer counties, Ector County (21.5%) ranked within the least favorable quartile for the percent of adults (age 18+) smoking cigarettes some days or every day between 2006 and 2012, and also ranked above the Healthy People 2020 Target (12.0%) but below the U.S. median (21.7%).
- In 2012, the percent of female Medicare Enrollees (age 67-69) in Ector County (46.9%) that received one or more mammograms in the past two years was lower than the state (58.9%) and national (63.0%) rates.
- In 2014, the percent of female adults (age 40+) in HSR 9/10 (36.7%) that did not receive a mammogram in the past 2 years was higher than the state (29.0%), as well as the majority of other regions.
- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in Ector County (35.9%) was significantly lower than the state (57.3%) and national rate (61.3%).
- In 2014, the percent of adults (age 50-75) in HSR 9/10 (58.1%) that did not have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as all other regions.
- In 2014, the percent of adults in HSR 9/10 (72.1%) that did not receive a flu shot in the past year was higher than the state (66.2%) and many other regions.
- Between 2012 and 2014, the percent of adults (age 65+) that did not receive a flu shot in the past year in HSR 9/10 increased, while rates in the state remained steady. In 2014, HSR 9/10 (58.1%) had the highest percentage of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%).
- Between 2006 and 2012, the percent of the population (age 65+) in Ector County (67.6%) that self-reported ever having received the pneumonia vaccine was consistent with the state (67.7%) and national (67.5%) rates.
- The vast majority of interviewees stated that if they were king or queen for a day in Ector County, they would place an increased emphasis on healthy lifestyle education. Interviewees overwhelmingly agreed that participation in unhealthy behaviors, such as physical inactivity and poor diet, contribute to the higher rates of chronic conditions and diseases in the community. One interviewee specifically stated: "We need general health education, there is lots of room for improvement. Lots of obesity. Lots of diabetes. Lots of inactivity. Lots of drug and alcohol abuse. Lots of teen pregnancy. So, all encompassing education."
- Many interviewees recommended increased emphasis on preventive care for specific populations, such as the Hispanic, youth, and low income populations, that may have limited access and may be more at risk of unhealthy lifestyles. One interviewee stated: "We have higher than normal childhood obesity rates. So that just carries on. That's just a cycle of residents that we have that end up being really unhealthy, chronically ill adults."

Priority #2: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

Rationale:

-A few interviewees noted that the Hispanic population is more at risk of diabetes and its associated health consequences. One interviewee stated: "Low income and Hispanic groups are most at risk for unhealthy lifestyles."

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.A. MCH will continue to provide the comprehensive heart failure management program, which includes a Heart Failure Navigator, on a weekly basis at a cardiology clinic that is a member of the ProCare network.	x	x	x	MCH continues to improve its efforts in heart failure management with ongoing weekly Heart Failure clinics. Education and health coaching is provided by Heart Failure Navigator Marilyn Wade, and education is provided in the inpatient setting by the Cardiac Rehab team.	
2.B. MCH will continue to partner with the Ector County Health Department to increase access to diabetic screenings and education, and implementing diabetes community coordinators through the Outpatient Diabetes Center Services and the Inpatient Diabetes Center Services.	x	x	x	MCH continues to improve and increase access to diabetic screening through community events, health fairs and offering free Diabetes education classes, an intensive outpatient program at the Outpatient Diabetes Center and screening all inpatients at risk for diabetes complications.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.C. MCH will continue to operate the Center for Health and Wellness which includes Mission Fitness. Mission Fitness is a medically integrated fitness center that is open to community members and employees (is fee-based). Special programming within the MCH Mission Fitness facility include a Cancer Wellness Program, Aqua Arthritis Classes, Prenatal Aqua Classes and Yoga, Cardiac and Pulmonary Rehab, Physical Therapy and Sports Medicine, Diabetes Education and Management Services, Education Areas (i.e., demonstration kitchen), and Diagnostic Radiology (i.e., mammograms, x-rays, ultrasounds, CT scans), Urgent Care (24/7), and Laboratory Services.	x	x	x	MCH continues to offer the Mission Fitness center with all of the programming listed; however, we no longer offer Urgent Care (24/7) services and Laboratory Services.	
2.D. MCH and FHC will continue to work in conjunction to provide outreach and community activities, such as health fairs, community clinics, Healthy Kids Fun Day and health education to provide education on general health and health careers to the community at large. Healthy Kids Fun Day is offered annually. FHC participates in the annual Permian Basin Health fair. FHC continues to provide outreach activities and to look for additional venues to reach out into the community to serve the underserved population.	x	x	x	FHC continues to participate in MCH sponsored community events and outreach programs.	Healthy Kids Fun Day was held in 2017 and 2018. Going forward, the FHC Healthy Kids Fun Day will take place every other year. FHC continues to participate in MCH sponsored community events and outreach programs. The Family Health Clinic participated in the 2017 and 2018 Permian Basin Health Fair and will participate in the 2019 PBHF.
2.E. MCH will continue to work on the 1115 Waiver Program Category 3 Quality Improvements, including sepsis mortality, palliative care, care transition, hospital-acquired deep pressure ulcers, diabetes care, etc.	x	x	x	MCHS continues its participation in the Delivery System Reform Incentive Payment (DSRIP) program of the 1115 Waiver. 2018 marked the transition from DSRIP 1.0 to DSRIP 2.0. MCHS continues its focus on quality improvements with its current DSRIP quality measure bundle selections.	Category 3 measures were completed and closed in 2017. 2018-2020 DSRIP measure bundle selections include: Chronic Disease Management-Diabetes and Heart Disease; Care Transitions and Hospital Readmissions; Maternal Care; Palliative Care, and Hospital Safety.

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.F. MCH will continue the Hand in Hand program to host monthly lunches and quarterly evening events. "Food for Thought" educational luncheons are monthly seminars focusing on various health topics. Events feature a physician/clinician speaker with relevant experience and the distribution of educational materials. Topics presented include: healthy living, heart disease, bone health, etc.	x	x	x	MCH continues to present the Hand in Hand program to the community by hosting monthly Food for Thought luncheons.	Monthly Food for Thought luncheons provide education on a variety of health topics presented by physician/clinician speakers. Average attendance is 75 - 95 per month.
2.G. MCH will continue to conduct "Medication Take Back," a monthly event which allows Ector County residents to drop off expired medications at the hospital to be disposed of by pharmacy staff.	x	x	x	Cancelled due to services offered elsewhere in the community.	
2.H. MCH will continue to host "Pink the Basin," a yearly breast cancer fundraising and awareness event that serves to educate women about breast cancer and available cancer and rehabilitation services at the hospital, as well as raise money to pay for mammograms for underserved women in the community.	x	x	x	MCH continues to be a primary sponsor of the Pink the Basin event held annually in October.	
2.I. MCH will continue to host and participate in the annual Permian Basin Health Fair, the largest health fair in the surrounding communities. Community agencies partner with MCH to offer the following services: free health screenings including blood pressure, blood sugar, foot checks, BMI, balance testing, dental checks, discounted flu vaccinations and other health education.	x	x	x	MCH is the presenting sponsor and host of the Permian Basin Health Fair.	The Permian Basin Health Fair includes over 50 community partner agencies and is attended by over 2000 residents from Odessa and the surrounding area.
2.J. MCH will continue to offer affordable, early-detection lung cancer screenings under their Screening Center of Excellence designation from the Lung Cancer Alliance.	x	x	x	MCH continues to offer lung cancer screenings through their Screening Center of Excellence designation from the Lung Cancer Alliance.	
2.K. MCH will continue to host two Mammo Madness events twice a year to raise awareness about breast cancer awareness and offer low cost, flat rate mammograms of \$99 to underserved women throughout the community. The events are offered at different times to accommodate various schedules of community members.	x	x	x	Mammo Madness Dates/# of Patients 5/17 No event 10/17 103 5/18 41 10/18 125 5/19 In Process	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY	FY	FY		
	2017	2018	2019		
2.L. MCH will continue to host and participate in events that primarily focus on a younger crowd that is not able to attend day time events, such as Girl's Night Out and National Day of Dance. Girl's Night Out is a national, annual event which features local vendors, retailers, free health screenings, education information, a style show and dance demonstrations. National Day of Dance is an annual event that takes place at a local hotel conference center and features a guest speaker, healthy lunch, free health screenings and dance demonstrations to encourage activity.	x	x	x	MCH presented Girls' Night Out in 2017 and 2018 as a fun and educational event for women in the community. National Day of Dance is no longer presented due to budget considerations.	Attendance in 2017 was 650 women. In 2018, 595 women attended.
2.M. MCH will continue to participate in the following health fairs: Pecos County Health Fair, Crane Memorial Hospital Health Fair, Reeves County Health Fair and the Kermit Health Fair. MCH provides educational information and assists in providing information on bariatric and stroke services, and various screenings (diabetes, blood pressure, BMI and blood sugar).	x	x	x	MCH continues to participate by invitation in area health fairs including: Pecos County, Crane Memorial Hospital Health Fair, Reeves County Health Fair, Ward Memorial Hospital Health Fair, and Kermit/Winkler County Health Fair.	Education provided at area health fairs include information on Diabetes, Stroke Awareness, women's health, provider information and various screenings.
2.N. MCH will continue to support the West Texas Food Bank through the Stamp Out Hunger Food Drive every May, as well as hosting hospital-based food drives to support the food bank.	x	x	x	MCHS participates in the Stamp Out Hunger event.	
2.O. MCH will continue to participate in the "Shine a Light on Lung Cancer Vigil." This is a joint event hosted annually in November with MCH and the West Texas Cancer Center meant to raise awareness of lung cancer, during which community members remember loved ones who died from the disease.	x	x	x	MCH continues to participate with the West Texas Cancer Center in presenting the "Shine a Light on Lung Cancer Vigil"	
2.P. MCH will continue to host the smoking cessation event, "The Great American Smoke Out," on an annual basis. MCH partners with the American Cancer Society to provide information and literature on the effects of tobacco use and smoking cessation services.	x	x	x	The tobacco Cessation program has been on hold since Fall of 2018 due to staffing. The Cardiopulmonary Department will reinstate the program in summer of 2019. Arrangements will be made to participate in the Great American Smoke Out.	MCH continues to provide education and information to employees and hospital visitors in conjunction with the annual ACS Great American Smoke Out.
2.Q. MCH will continue to participate in the annual "Christmas Extravaganza." This event is held locally at Mission Fitness, where staff offer tours of their facility and are on hand to answer questions regarding fitness and health.	x	x	x	This event was renamed "All Decked Out" in 2017 but has not been presented since.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.R. MCH will continue to facilitate blood drives each year by encouraging employees and community members to donate. Donations are towards United Blood Services.	x	x	x	MCH sponsors three blood drives annually for the United Blood Services.	
2.S. MCH will continue to remain a smoke-free campus for patients and employees.	x	x	x	MCH remains a tobacco free campus for patients and visitors.	
2.T. MCH will continue to partner with Safe Kids USA, Freedom GMC and the local fire department to offer free car seat safety checks and replacement car seats for families whose car seats have been recalled.	x	x	x	MCH no longer partners with Freedom Pontiac. MCH, the Fire Department, and regional advisory council (RAC) have car seats and do education.	
2.U. MCH has continued to partner with the Ector County Health Care Coalition to offer weekly free tobacco cessation classes. Additionally, nicotine replacement therapy is given to patients at no cost if they commit to the program.	x	x	x	The coalition ceased to exist once Texas DSHS pulled its funding in 2017. The weekly classes will be re-initiated Summer 2019. NR will not be provided at this time.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
<p>2.V. MCH will engage in a variety of employee wellness initiatives, including: discounted rates to access the on-campus, medically-integrated fitness center, Mission Fitness; additional use discounts to encourage frequent exercise; the tobacco-free new hire policy; pre-employment health screenings; wellness incentives towards employee health insurance premiums; mental health counseling through the Employee Assistance Program provided by Beacon Health Options; providing healthy food options and calorie counts in the hospital cafeteria; physical activity opportunities and social clubs; and online access to the "Spark People" healthy lifestyle promotion webpage.</p>	x	x	x	<p>Tobacco-free new hire policy has been discontinued in 2019. Upon hire, employees sign an attestation that they are tobacco free if, in fact, they are tobacco free. Employees are offered a discounted rate to be a member of the Mission Fitness Center and new graduate nurses hired to the facility get one year free membership. The cafeteria still provides healthy meal options with calories located on the menu and the night shift now receives the healthy meal options. A smoothie bar is now in place on designated days of the week. Employees are eligible for discounts on insurance premiums if meeting the pre-screening criteria, and receive free annual labs and screenings. Biometrics are performed on all employees on a yearly basis.</p>	

Priority #3: Access to Primary Care Services

Rationale:

- In 2013, the rate of primary care physicians per 100,000 population in Ector County (56.9 per 100,000) was lower than the state (58.5 per 100,000) and the national rates (74.5 per 100,000).
- Ector County Hospital District's Federally Qualified Health Center Look A Like, the Family Health Clinic, is a designated Health Professional Shortage Area and received a score of 12 for Primary Care Services, indicating a need for the assignment of clinicians to the area (2011).
- Interviewees in Ector County believe that primary care providers currently located within their communities are the highest quality, but that while the number of providers has increased, it has not grown to meet the needs of the growing population. One interviewee stated: "In the past few years, there has been more availability and more providers, but less availability from a patient's point of view. The number of providers has not matched up to the growing community."
- Interviewees expressed concern over the lack of primary care services for low/middle income and Medicaid population families, which causes them to struggle with establishing a medical home. One interviewee specifically stated: "The poor in general, if they don't have Medicaid then they struggle with finding a provider."
- Many interviewees mentioned that, regardless of insurance coverage, it is difficult to make an appointment because providers are booked up – which leads to longer wait times that may cause residents to resort to the Emergency Room for care.
- A few interviewees mentioned that there is a lack of primary care clinics in the area that are open extended or weekend hours, which may contribute to the overuse of the Emergency Room.
- One interviewee raised concern regarding the number of primary care providers in the area that are approaching retirement age, stating: "The biggest struggle we'll have over the next few years is that there are a lot of doctors my age who are soon to retire."

Objective:

Provide access to primary care services in the community

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.A. MCH will continue to track visits to its facilities in order to assess primary care recruitment opportunities in the community.	x	x	x	The Family Health Clinic continues to review and analyze its provider panels on an ongoing basis throughout the year.	
3.B. MCH will continue to recruit additional primary care providers to the area.	x	x	x	MCH ProCare continues to recruit for Internal Medicine, Pediatrics, and Family Medicine.	
3.C. MCH will continue to offer weekend and extended hours in its urgent care clinics and retail clinics.	x	x	x	MCH will continue to offer the current extended hours, weekend hours, and will begin to extend hours further.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.D. MCH will continue to partner with various schools and programs to provide clinical rotation education in nursing and other allied health professions.	x	x	x	MCH partners with Midland College, Odessa College, UTPB, and Tech Nursing program to provide clinical rotation in all areas. College leadership is invited to attend nursing management where relationships are fostered for student learning.	
3.E. MCH will continue to promote its available primary care physicians or services through its weekly news spot and weekly interviews and other community events.	x	x	x	MCHS continues to promote providers and services through marketing, interviews, community events, and television broadcasting segments.	

Priority #4: Education and Services to Address Maternal, Fetal and Early Development Needs

Rationale:

- Between 2012 and 2014, the percent of children (ages 0-18) in Ector County that were enrolled in the Texas Medicaid Program remained lower than the state. In 2014, the percent of children (ages 0-18) in Ector County (33.0%) that were enrolled in the Texas Medicaid Program was much lower than the state (40.1%).
- Between 2012 and 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County remained lower than the state. In 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County (3.9%) was lower than the state (5.3%).
- The infant mortality rate in Ector County (6.4 per 1,000 births) is slightly higher than the state (6.2 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).
- The percent of total births that are low birth weight (<2,500g) in Ector County (10.1%) is higher than the state (8.4%) and national rates (8.2%) (2006-2012).
- The number of food stores and other retail establishments that are authorized to accept WIC Program benefits and that carry designated WIC foods and food categories in Ector County (8.6 per 100,000) is lower than the state (9.1 per 100,000) and the national rate (15.6 per 100,000) (2011).
- Between 2010 and 2013, child (ages 0-18) food insecurity rates in Ector County steadily decreased, while rates in the state overall increased. In 2013, Ector County (23.8%) had a lower child food insecurity rate than the state (27.4%).
- In 2012-2013, Ector County (50.1-60.0%) had a higher percentage of overweight or obese elementary school students than its surrounding counties.
- Ector County (11.7%) has a lower percent of low income children (ages 2-4) whose Body Mass Index (BMI) is in the 95th percentile or above for their sex and age, as compared to the state (15.4%) and the nation (14.4%) (2009-2011).
- The rate of teen (females age 15-19) births in Ector County (95.6 per 1,000) is significantly higher than the state (55.0 per 1,000) and also significantly higher than national rates (36.6 per 1,000) (2006-2012). The Hispanic or Latino racial group had much higher rates of teen births in Ector County (109.5 per 1,000), as compared to the Non-Hispanic White (72.6 per 1,000) and the Non-Hispanic Black (92.5 per 1,000) racial groups in the area.
- In comparison to peer counties, Ector County (95.6 per 1,000) ranked at the very top of the least favorable quartile for rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).
- Ector County had higher rates of teen births in the 15-17 year (57.7 per 1,000) and 18-19 year (149.6 per 1,000) age groups, as compared to its peer group median (31.1 per 1,000 and 106.4 per 1,000, respectively) and the U.S. median (20.3 per 1,000 and 84.0 per 1,000, respectively).
- The rate of teen births in the Hispanic or Latino racial/ethnic group in Ector county (109.5 per 1,000) was significantly higher than the peer group median (74.5 per 1,000) and the U.S. median (72.3 per 1,000).
- Ector County ranked within the top 25 counties in the state with the Highest STD Case Rates for both chlamydia (8th) and gonorrhea (7th) in 2014.
- Chlamydia rates in Ector County have overall increased, while rates in the state have slightly decreased (2012-2014). In 2014, Ector County (682.2 per 100,000) had higher rates of chlamydia infections as compared to the state (475.0 per 100,000).
- Between 2012 and 2014, gonorrhea rates in Ector County and the state steadily increased. In 2014, Ector County (239.8 per 100,000) had higher rates of gonorrhea infections as compared to the state (127.7 per 100,000).
- The vast majority of interviewees raised concern surrounding the lack of emphasis on child and adolescent health needs.
- Many of the interviewees noted the higher poverty rates as disproportionately affecting children, and a need to emphasize the importance of preventive care and medication management for children within low income families. One interviewee specifically stated: "We don't have enough parents who understand how important it is for them and their children to take their medications or seek preventive care."
- A few interviewees mentioned a lack of Pediatricians in the community that limits children in their options for seeking health care. One interviewee stated: "We struggle with the youth population. We don't have nearly enough pediatricians, and a lot of people just don't want to take care of kids here."
- Three interviewees discussed the lack of pediatric specialists in the community, which disproportionately affects children with diabetes or asthma. One of those interviewees stated: "We have a good number of walk in clinics and some pediatricians or family doctors, but it's very difficult for parents with special needs children or diabetic children or asthmatic children to get access to specialists."
- Many of the interviewees raised concern surrounding the significantly higher rates of teen pregnancy and sexually transmitted infections in the community, as well as a need for sexual education for youth and parenting education for young parents.

Priority #4: Education and Services to Address Maternal, Fetal and Early Development Needs (continued)

Rationale:

-A few interviewees mentioned the need for emphasis on the importance of prenatal care due to the higher rates of teen pregnancy. One interviewee stated: "Prenatal Care [is a need]. We have a tremendous problem with young girls and pregnancy. Along that line, we have a real problem with sexually transmitted diseases."

-One interviewee noted that teen pregnancy has become somewhat normalized in the area, and that residents tend to celebrate young pregnancies, stating: "How do we change the culture to stop teen pregnancies and STDs? We have one of the worst teen pregnancy rates and rates of STDs in the nation. People celebrate 14 year old pregnancies."

Objective:

Increase access to education and services regarding the needs of the maternal, fetal and early development community

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
4.A. MCH will continue to host an annual community-wide event focused on the maternal population to provide education and support to women of all ages with children and expectant mothers. Such education and services included newborn care, breast-feeding education, connection with community resources such as home visiting programs and new parent classes and referrals to OB/GYNs, primary care providers and pediatricians.	x	x	x	The last time the event Sweet Expectations was offered in 2017, the attendance was low. The decision was made not to continue as the event averaged 200 attendees.	
4.B. MCH will continue its relationship with the Ector County Independent School District to increase physical activity both in and out of the classroom and to provide healthy lifestyle education through GoNoodle.	x	x	x	In conjunction with ECISD, MCH continues to promote physical activity both in and out of the classroom through the use of GoNoodle.	
4.C. MCH will continue to explore increasing access to OB/GYN services through the recruitment of additional OB/GYN providers to the area.	x	x	x	MCH ProCare will continue to explore access to OB/GYN services and will recruit for additional OB/GYN specialized services.	
4.D. MCH is building an additional OB/GYN clinic to meet the needs of our growing community.	x	x	x	MCH has built its new Women's Clinic, and will explore expanding the clinic to meet the needs of a growing community.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
4.E. MCH will continue to collaborate with local school nurses and counselors to provide education to expectant teen mothers through a class for all expectant school-aged mothers, along with a tour of the facility in coordination with the local school nurses by request.	x	x	x	MCHS Womens and Childrens services collaborates with high schools to provide a full day of learning by offering a Teen Pregnancy Day once a year. This class includes basic parenting skills, finance talks, and physician questions and answer time with a local pediatrician. The last class was held in October of 2018.	
4.F. MCH will continue to provide live maternal and child health classes every other month, as well as online classes.	x	x	x	Classes are held every other month, online classes were discontinued after feedback that the in class version was much more helpful and low attendance for online courses.	
4.G. MCH will continue to host the breast feeding/baby café every Wednesday for new mothers to promote breast feeding.	x	x	x	Classes are held every Wednesday from 10:00am-12:00pm in the CWI classroom.	
4.H. MCH will continue to host baby step tours on a monthly basis.	x	x	x	Tours are held the second Saturday of every month at 10:00am.	
4.I. MCH will continue its March of Dimes 39+ Weeks Quality Improvement Initiative that promotes healthy, full-term deliveries. Data is tracked on a monthly basis.	x	x	x	This is tracked monthly and presented in QAPI for quality improvement planning and review.	
4.J. MCH will continue to collaborate with the MCHS Foundation and Children's Miracle Network (CMN) to raise funds towards maternal and child health needs through various programs and initiatives, such as Miracle Treat Day, CMN Balloon Campaign, Miracle Challenge Physical Activity Event, Desert Dash, CMN Employee Fall Fest, Credit Union for Kids Golf Tournament, Miracle Jeans Day, CMN Radiothon in English and Spanish, Physician Engagement Event - Cor Tenera.	x	x	x	MCHS will continue to collaborate with the Foundation and CMN to raise funds for hospital programs and needs.	

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

- The median age across Ector County and the state has remained relatively consistent since 2012, and between 2012 and 2014, Ector County had a median age that was lower than the state. In 2014, the median age in Ector County was 30.9 years, as compared to 33.9 years in the state.
- Ector County consists of a majority Hispanic (57.8%) racial/ethnic population, and a majority 19 years and under age group (2016). Over the next five years, the majority of growth is projected to come from the Hispanic population and the 65 years and older age group (2016-2021).
- Ector County (4.6%) has a slightly higher unemployment rate than the state (4.5%) (2015).
- Ector County (14.3%) has a lower percent of residents with a bachelor or advanced degree than the state (27.1%) (2014).
- Ector County (81.0%) has a lower percent of students that received their high school degree within four years than the state (89.6%) and the nation (84.3%) (2013-2014).
- Between 2010 and 2014, the percent of the population (all ages) in Ector County (26.1%) that were uninsured was higher than the state (21.9%) and national (14.2%) rates.
- As of 2015, Ector County (23.0%) has a significantly higher rate of uninsured adults (age 18-64) as compared to the state (16.0%) and nation (10.7%).
- In comparison to peer counties, Ector County (27.2%) ranked within the least favorable quartile for the percent of adults (under age 65) living without health insurance in 2011, and also ranked above the U.S. median (17.7%).
- Between 2010 and 2014, the majority of tracts in Ector County had over 25.0% of its population receiving Medicaid or other means-tested public health insurance. The majority of residents in Ector County receiving Medicaid are under age 18 (59.3%), followed by the age 18-64 group (29.9%) and the age 65 and older group (10.8%) (2010-2014).
- In 2014, Ector County (12.8%) had a lower percent of people (all ages) living below poverty as compared to Texas (17.2%) and the United States (15.5%).
- Ector County (18.6%) has a lower percentage of children (<18 years) in poverty than the state (24.5%) and the nation (21.7%) (2014).
- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 9/10 (22.0%) was significantly higher than the state rate (17.6%), and higher than many other regions.
- In comparison to peer counties, Ector County (25.2%) ranked within the least favorable quartile for the percent of adults (age 18+) who did not see a doctor due to cost between 2006 and 2012, and also ranked above the Healthy People 2020 Target (9.0%) and the U.S. median (15.6%).
- The majority of interviewees noted that while there is access to high quality services in the area, health care costs may inhibit residents from seeking care.
- Interviewees overwhelmingly agreed that poverty was a major determinant of health status in Ector County, and many discussed affordability and cost barriers as major concerns. One interviewee stated: "For folks who can afford to pay, [health care] services are adequate. For the impoverished folks, they are inaccessible."
- Interviewees emphasized the disproportionate medical cost barrier upon the low income and working poor groups in the area, that may exacerbate adverse health outcomes for those subpopulations.
- Two interviewees mentioned that some parents avoid taking their child in for care due to the cost of health care services.
- A few interviewees noted that the lack of options in the area for low income residents leads to overcrowding in the Emergency Room. One interviewee stated: "Overutilization of ER is due to a lack of alternatives for low income people."
- Interviewees expressed concern surrounding health disparities that disproportionately affect specific populations, including: children and adolescent, elderly, Hispanic, homeless, low income/working poor, transient, and uninsured population groups.
- Interviewees raised concern surrounding the higher rates of uninsured residents in Ector County. Many interviewees noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers.
- Interviewees agreed that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home. One interviewee stated: "We have a very large undocumented population. So, they use ER care as opposed to primary care and to use the health system as designed. There's just so much indigent health care."
- A few interviewees mentioned that those without insurance tend to delay seeking care, which may put them at risk for an adverse health event or outcome.
- One interviewee emphasized the fact that specialty care is inaccessible for those who are uninsured, unable to pay, or self-pay, stating: "Very, very few specialists are willing to take uninsured, unfunded, or even self pay."
- The vast majority of interviewees mentioned that significant language barriers exist in the community that disproportionately affect non-English speaking residents. Many interviewees noted that there is a particularly large Hispanic population in the area that does not speak English, and that there are limited bilingual providers in the area to address the existing language barriers. One interviewee specifically stated: "Due to quite a bit of the population being Hispanic and speaking only one language that is not..."

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

Rationale:

...English, the inability to communicate well enough to access the medical system within our community [is a challenge].”

- A few interviewees agreed that there is an education barrier associated with the existing language barrier, and that causes the non-English speaking populations to be disproportionately challenged by a lack of awareness of existing health care resources.
- One interviewee mentioned that the language and education barriers that exist may cause the Hispanic population to utilize the Emergency Room as their primary care provider due to lack of awareness or understanding of services, stating: “The Hispanic population in particular uses the Emergency Room instead of having their own personal physician. For anything that comes up, they do that.”
- The majority of interviewees raised concern surrounding the unmet needs of the elderly population in Ector County. Many interviewees mentioned that the aging population requires an increased emphasis on elderly residents, including improvements within post acute care and follow up care as well as family involvement.
- A few interviewees mentioned the lack of health care options for the lower income elderly populations as a concern in the community. One interviewee stated: “We have several nursing homes but they’re not necessarily adequate or affordable for lower income individuals.”
- One interviewee mentioned that primary care services are more inaccessible for the elderly population living within nursing homes or assisted living facilities.
- The majority of interviewees raised concern surrounding the transient populations associated with oil booms and oil busts. Interviewees discussed the oil field workers that may not have insurance coverage and tend to overcrowd the Emergency Room due to a lack of preventive care and a lack of a medical home. One interviewee specifically stated: “[The mobile residents] only go to a doctor when it’s absolutely necessary and since they don’t have a PCP, they just go to the ER.”
- Many interviewees mentioned longer wait times and difficulty making appointments with providers due to the influx of residents into the community. One interviewee stated: “With the influx of residents over the last 5 years, there’s long periods of time before you can get in to see a provider.”
- One interviewee noted the negative impact of oil booms and busts on the county, specifically with relation to unemployment rates and socioeconomic status, and suggested increasing the number of Federally Qualified Health Centers (FQHCs) in the area to address transient families that cannot afford care, stating: “Lots of people have lost jobs recently...we need something else that would maintain us through those hard oil bust times. Maybe more FQHCs, it just has to mean more access especially for families who can’t put out that money.”

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.A. MCH will continue to partner with the American Diabetes Association for Diabetes Alert Day. This involves free diabetic screenings at MCH, local MCHS Clinic at Walmart locations, and the Center for Health and Wellness. If needed, a voucher is distributed to patients for discounted testing.	x	x	x	Actively certified with ADA and have Alert Day screenings. Screening at community events, health fairs. Patients receive free testing and lower treatment rates at the Family Health Clinics.	Vouchers given to community for a reduced cost. A1c tests to be performed at the Walmart clinics, Farmers Market screenings 2017 and 2018, and also offered at Permian Basin Fair and other community events.
5.B. MCHS will continue to offer discounted sports physicals through the Clinic at Walmart locations and urgent care clinics.	x	x	x	Discounted sports physicals continue to be offered through Walmart Clinic locations and urgent care clinics.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.C. MCH will continue to offer the Agape Dream Center health fair on an annual basis that includes numerous monthly health-related events, fairs, etc. on behalf of the faith and health network.	x	x	x	The Agape Dream Center continues it's efforts to promote wellness in the community and MCH offers support in the form of health screenings.	
5.D. MCH patient navigation services and teams will continue to focus on Medicare patients age 65 and older and patients that are either unfunded or defined as indigent in order to help them identify the most affordable options.	x	x	x	The navigation program has continued to expand and serves those at high risk who are discharged from the hospital with assistance navigating the healthcare system, including the Medicare 65 and older population and unfunded patients.	
5.E. MCH will continue to connect patients with the Ector County Hospital District Assistance Program in order to provide them with provider access and medication assistance.	x	x	x	MCH partners closely with the Ector County Hospital District Assistance program to assist patients in getting access to medical care and follow up appointments.	
5.F. MCH will continue to offer the Ector County Hospital District Assistance (ECHDA) program for low income residents in Ector County to register more individuals that meet criteria.	x	x	x	The ECHDA program is still offered for low income residents in order to increase access to affordable care.	
5.G. MCH will continue to provide taxi, food and hotel vouchers to patients and families that need these services, as well as free/very low cost temporary housing at the MCH Friendship Home for families visiting loved ones from out of town.	x	x	x	The Friendship Home program ended in 2017, but vouchers for assistance with food, transportation and lodging continue to be utilized to serve those in need.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.H. MCH will continue to serve as an active member of the Ector County Health Coalition grant project for COPD, asthma, CHS, and diabetes. The Coalition meets every other month with community members and keeps updated records of grant expenditures for patient supplies such as minor equipment, transportation vouchers, provider appointments, etc.	x	x	x	The Ector County Healthcare Coalition ended in 2017 with the ending of the grant through DSHS, but efforts to improve the health and wellness of those with chronic conditions and ensuring patients have appropriate supplies continues through the efforts of the Community Health Department and MCH.	
5.I. MCH will continue to explore the utilization of a medical home model with the new EMR (Cerner) transition.	x	x	x	<i>Not at this time.</i>	
5.J. MCH will continue to work with post acute providers to facilitate safe transitions home, including home health, Adult Protective Services (APS), Department of Assistive and Rehabilitative Services (DARS), Department of Aging and Disability Services (DADS), local nonprofit charities, and also to other facilities such as nursing homes, rehabs, etc.	x	x	x	MCH continues to work closely with post acute providers, partnering with local nursing homes to offer education and training, and maintaining relationships with other state offered resources and non-profits.	
5.K. MCH provides free daily and monthly bus vouchers to patients that need them, as well as taxi cab transportation if the patient is unable to use public transportation.	x	x	x	Transportation assistance is provided through multiple methods to promote adherence to follow up appointments and outpatient services.	
5.L. MCH will continue to explore Telehealth opportunities in conjunction with the Ector County School District.	x	x	x	Currently there are no tele-health units deployed. We are in ownership of all units. One is housed in the NICU for neonatal higher level care and one in the nursing floors for tele-psych.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.M. MCH FHC clinics will continue to offer sliding fee scales for health care services.	x	x	x	The MCH Family Health Clinic continues to offer sliding fee programs and discounted copays to eligible patients.	
5.N. MCH will continue to provide staff that can assist with health care enrollment under the Affordable Care Act.	x	x	x	MCH continues to provide staff located in the business office to assist with financial needs.	
5.O. MCH will continue to contract with vendors to provide support services for unfunded patients to achieve some form of payment, or to apply for Medicaid, county assistance, etc.	x	x	x	MCH continues to work/contract with vendors to increase access to care for unfunded patients.	
5.P. MCH employees will continue to provide financial donations to the United Way of Odessa.	x	x	x	MCH employees currently provide financial donations to United Way.	
5.Q. MCH will continue its partnership with Covenant Health System to provide pediatric specialist services, including Pediatric Cardiology, Pediatric GI, Pediatric Surgery, and Pediatric NeuroSurgery at the Healthy Kids Clinic on a monthly basis.	x	x	x	Current services are offered in the specialty clinic.	Currently offer: Pedi Cardiology, Neurosurgery, cardiology, surgery.

Priority #6: Access to Mental and Behavioral Health Care

Rationale:

- In 2016, the rate of mental health care providers per 100,000 population in Ector County (49.3 per 100,000) was lower than the state (102.3 per 100,000) rate and significantly lower than the national rate (202.8 per 100,000).
- Between 2012 and 2014, the prevalence of adults (age 18+) in HSR 9/10 that have been diagnosed with a depressive disorder increased, while rates in the state remained steady. In 2014, HSR 9/10 (17.6%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority of other regions.
- Ector County Hospital District's Federally Qualified Health Center Look A Like, the Family Health Clinic, is a designated Health Professional Shortage Area and received a score of 19 for Mental Health Services, indicating a significant need for the assignment of clinicians to the area (2011).
- The majority of interviewees agreed that mental and behavioral health services are significantly lacking in Ector County. The lack of services in the area tends to result in referring patients out of the county for mental health care. One interviewee specifically stated: "If we have to discharge a patient for mental health reasons, we have to send them to San Angelo."
- A few interviewees mentioned that the lack of mental health services disproportionately affects the youth population, particularly due to difficulty in making appointments and lack of child psychiatrists in the area. One interviewee stated: "We have no child psychiatrists at MHMR. We have 2 private practice ones here, but they are booked up."
- One interviewee emphasized the stigma associated with seeking mental health services as a significant challenge in the community that is exacerbated by the lack of facilities and services, stating: "It is the stigma of mental illness and addiction problems. Need to address them early on, and there is nowhere for them to turn."

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
6.A. MCH will continue to partner with mental health facilities in the region and throughout Texas to provide mental health services to patients.	x	x	x	MCH continues to partner with MHMR and local mental health facilities such as Oceans to offer resources to patients.	
6.B. MCH will continue to update its list of available mental health services in the community through its partnerships through the Medicaid 1115 Waiver and the Regional Health Partnership-14 (RHP-14).	x	x	x	MCH continues to participate in the 1115 waiver and stays up to date on available mental health services to offer patients.	

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
6.C. MCH will continue to offer mental health support to its employees through the Employee Assistance Program (EAP) provided by Beacon Health Options.	x	x	x	Employees are provided with ongoing education regarding the Employee Assistance program. This program helps with mental health issues of the employee or family member as well as the other issues that may effect their quality of life including substance abuse counseling, marriage and family counseling and financial and legal counseling. This service is free to the employees and any member of an employee's household may use the service.	
6.D. MCH will continue to staff a SANE (Sexual Assault Nurse Examiner) professional within the hospital.	x	x	x	SANE is offered on a 24/7 call coverage with 6 nurses certified. Current yearly volume averages 120/year.	



PREVIOUS PRIORITIZED NEEDS

Previous Prioritized Needs

Medical Center Hospital (2013 & 2016)

2013 Prioritized Needs

1. Prevention, education and services to address maternal and fetal health concerns
2. Fragmented continuum of care
3. Prevention, education and services to address high mortality rates, chronic diseases and unhealthy lifestyles
4. Need for primary care services and providers
5. Health disparities among specific populations
6. Need for additional mental health care services and providers

2016 Prioritized Needs

1. Need for Increased Emphasis on a Collaborative Continuum of Care
2. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
3. Access to Primary Care Services
4. Education and Services Surrounding Maternal, Fetal and Early Development Needs
5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
6. Access to Mental and Behavioral Health Care



2019 CHNA PRELIMINARY HEALTH NEEDS

2019 Preliminary Health Needs

- Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- Access to Dental Care Services and Providers
- Access to Mental and Behavioral Health Care Services and Providers
- Access to Primary Care Services and Providers
- Access to Specialty Care Services and Providers
- Improved Availability of Safe, Affordable Housing
- Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- On April 30, 2019, leadership from Medical Center Hospital and the Family Health Clinic met with CHC Consulting to review data findings and prioritize the community's health needs.
- The CHNA team included the following:
 - Christin Abbott-Timmons, Divisional Director Women & Children Services/SANE Nursing at Odessa Medical Center Hospital
 - David Garcia, FHC Executive Director and Director of Governmental Affairs
 - Adiel Alvarado, Executive Director of ProCare Operations/Regional Services
 - Lindsey Duncan, Director of Population/Community Health
- Leadership ranked the health needs based on three factors:
 - Size and Prevalence of Issue
 - Effectiveness of Interventions
 - Hospital's Capacity
- See the following page for a more detailed description of the prioritization process.

The Prioritization Process

- The CHNA Team utilized the following factors to evaluate and prioritize the significant health needs.

1. Size and Prevalence of the Issue
<ul style="list-style-type: none">a. How many people does this affect?b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state?c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none">a. How likely is it that actions taken will make a difference?b. How likely is it that actions will improve quality of life?c. How likely is it that progress can be made in both the short term and the long term?d. How likely is it that the community will experience reduction of long-term health cost?
3. Medical Center Hospital Capacity
<ul style="list-style-type: none">a. Are people at Medical Center Hospital likely to support actions around this issue? (ready)b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing)c. Are the necessary resources and leadership available to us now? (able)

Health Needs Ranking

- Hospital and clinic leadership ranked the eight significant health needs based on the three factors discussed, resulting in the following list (in descending order):
 1. Access to Primary Care Services and Providers
 2. Access to Specialty Care Services and Providers
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 5. Improved Availability of Safe, Affordable Housing
 6. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 7. Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning
 8. Access to Dental Care Services and Providers

Final Priorities

- Hospital leadership decided to address seven of the ranked health needs. The final health priorities that MCH will address through its Implementation Plan are, in descending order:
 1. Access to Primary Care Services and Providers
 2. Access to Specialty Care Services and Providers
 3. Access to Mental and Behavioral Health Care Services and Providers
 4. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
 6. Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning



PRIORITIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- MCH decided not to specifically address “Improved Availability of Safe, Affordable Housing” and “Access to Affordable Dental Care Services” largely due to the hospital’s capacity to address these needs.
- While MCH acknowledges that these are significant needs in the community, “Improved Availability of Safe, Affordable Housing” and “Access to Dental Care Services and Providers” are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address these needs.
- MCH will continue to support local organizations and efforts to address these needs in the community.



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

- In addition to the services provided by MCH, other charity care services and health resources that are available in Ector County are included in this section.



COMMUNITY RESOURCES

Faith & Health Network

ABSTRACT

In this community resources section, you will find information to assist you, or help others in need.

Angela Sue Herrington, BSN, RN, CHW
herrington@echd.org

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Crisis Intervention

Children's Services

Child Protective Services:

1-800-252-5400 Abuse Hotline

High Sky Children's Ranch Stay Together:

(432) 699-1466 Hotline

1-800-922-7829

Poison Information Center:

1-800-222-1222

Texas Runaway Hotline:

www.texasrunaway.org

1-888-580-HELP

1-888-580-4357

Texas Youth & Runaway Hotline:

<http://www.dfps.state.tx.us/Youth Hotline/default.asp>

1-800-989-6884

Women's Services

Birthright of Odessa:

2125 E. 42nd St.

Odessa, TX 79762

www.birthright.org

1-800-550-4900 Helpline

(432) 332-0081 Odessa

Life Center:

802 N. Washington Ave.

Odessa, TX 79761

www.optionline.org

1-800-712-HELP (4357) Helpline

(432) 617-8378 Odessa

(432) 683-6072 Midland

(432) 570-7745 Metro

(432) 523-2859 Andrews

Safe Place of the Permian Basin:

Provides assistance for victims of domestic violence

700 N. Grant Ave.

Odessa, TX 79761

www.safeplacenow.com

(432) 580-5970

(432) 570-1465

The Crisis Center (Angel House Shelter):

1-866-627-4747 Hotline

(432) 333-2527

Provides assistance for women and men who are victims of domestic violence and sexual abuse.

Dependent children are welcome.

4526 E. University Blvd.

Odessa, TX 79762

www.odessacrisiscenter.org

Women's Services (cont.)

The Genesis Center: (432) 682-2514

Provides assistance for women who are victims of domestic violence.

Dependent children are welcome.

2800 West Louisiana Ave.

Midland, TX 79701

www.genesiscentermidland.org

Adult Services

Adult Protective Services: 1-800-252-5400 Abuse Hotline

Domestic Violence Hotline: 1-800-799-SAFE
1-800-799-7233

Texas Dept. of Public Safety Victim Services: (432) 498-2168

Provides acute and follow up care for any victim of violent crime in any Texas County

Mental Health

Mental Health Crisis Intervention/Suicide Prevention Hotlines (MHMR):

1111 W. 12th St.

Odessa, TX 79763

www.pbmhmr.com

(432) 333-3265 (Odessa)

(432) 570-3300 (Midland)

1-800-542-4005 (Alpine)

1-877-475-7322 (Fort Stockton)

1-800-542-4005 (Presidio)

1-800-542-4005 (Van Horn)

<http://findtreatment.samhsa.gov/MHTreatmentLocator/faces/geographicSearch.jspx>

National Suicide Prevention Hotline: 1-800-273-TALK (8255)
1-800 SUICIDE (784-2433)

Substance Abuse

24hr addiction treatment 1-800-331-7572

Mental Health

Midland

Mental Retardation/ IDD Services	400 North Carver	432-570-3385
Early Childhood Intervention Program	401 East Illinois	432-570-3366
Mental Health Services and Clinic	401 East Illinois	432-570-3300
Administration	401 East Illinois	432-570-3333
Substance Abuse Services	502 North Carver	432-570-3390
IDD Services Workshop (CLEW)	1403 East Front	432-570-3411
Crisis Hotline		432-570-3300

Odessa

Mental Retardation/ IDD Services	3128 Kermit Hwy.	432-580-2646
Early Childhood Intervention Program	1012 W. MacArthur	432-334-0900
Mental Health Services and Clinic	600 N. Grant	432-333-3265
Basin Assistance Services	1330 E. 8 th , Ste. 410	432-580-0713
Turning Point	2000 Maurice	432-580-2654
IDD Services Workshop(CLEW)	3116 Kermit Hwy.	432-580-2642
Crisis Hotline		432-333-3265

Alpine

Mental Health and IDD Services	805 North 5 th St.	432-837-3373
Crisis Hotline		1-800-542-4005

Fort Stockton

Mental Health Services	301 East 5 th St.	432-336-3383
Early Childhood Intervention Program	301 East 5 th St.	432-336-3383
IDD Services	1123 North Main	432-336-3383
Substance Abuse Services (CHOICES)	1123 North Main	432-336-6606
Crisis Hotline		1-877-475-7322

Van Horn

Mental Health and IDD Services	700 West Broadway	432-283-2732
Crisis Hotline		1-800-542-4005

Presidio

Mental Health and IDD Services	601 West O'Reilly	432-229-4219
Crisis Hotline		1-800-542-4005

PBCC provides services in many different locations in the 8 county area we serve. Some services can also be provided in homes, daycares, or other public areas.

Community Resources – Street Survival Guide

Where can I get something to Eat or a Cup of Coffee?

Faith Temple Fellowship	1335 East 6 th St.	272-3362 337-7195	Breakfast: 6-8am; Lunch: 11:30am-12:30pm Monday-Thursday
Samaritans by Grace	Noel Plaza	337-1527	Sunday 10:30 – 11:30 am only
The Salvation Army	811 East 10 th St.	332-0738	Dinner Served from 5 – 5:30pm (Shelter Location)

Where can I find some Clothes?

Catholic Charities	2500 Andrews Hwy.	332-1387	Requires ID, SSN, Application & Interview
Odessa Tabernacle	2406 Oakwood	368-0240	
P.B. Mission Center	208 North Adams	337-0554	Requires ID
Servants of the Poor	2022 Grant Way	333-4623	
Sherwood Church of Christ	4900 N. Dixie	366-3641	First Saturday of each month from 9am-11am Rm. 26
The Salvation Army	810 East 11 th St.	332-0738	Requires ID, Application & Interview (Office)
Ector Co. Greater Works	2616 N. Maple	661-8043	M-Th 9am-2pm; serve seniors (125% of FPL) age 60 or older, low income disabled (on SS Disability)
Helping Hands (Midland)	1301 Brinson Ln.	520-8900	

Where can I find a place to Sleep?

Door of Hope Mission	200 W. 1 st St.	337-8294	Requires interview with Pastor Andrew Pistone. Possible on site approval. Men and women accepted. No children. No discharged hospital patients. 6 month program.
Family Promise	1354 East 6 th St.	339-7100 934-6693	Families Only; Requires ID for parents, SS cards for each family member, application/interview (2-4 days)
The Salvation Army	810 East 11 th St.	332-0738	Requires ID (Office)

Where can I get a Shower, Haircut, or do Laundry?

Odessa Tabernacle	2406 Oakwood	368-0240	1 st Monday of the Month
The Salvation Army	810 East 11 th St.	332-0738	Requires ID, Application & Interview (Office)

Where can I get Groceries?

Please refer to attached document for complete listing from the West Texas Food Bank

Where can I get Medical or Dental Services/Supplies?

Family Health Clinic	840 West Clements	640-4860	Requires ID, Application & Interview
Family Dental Clinic	840 West Clements	640-4920	Requires ID, Application & Interview
Ronald McDonald Mobile	Call for Location	640-5497	Children thru Age 18 only
Ector Co. Greater Works	2616 N. Maple	661-8043	M-Th: 9am-2pm; serve seniors (125% of FPL) age 60 or older, low income disabled (on SS Disability)

Where can I find Help Getting a Job?

Experience Works	www.experienceworks.org	432-367-1453 432-257-1454	Must be 55 years or older with documented financial need. Part time employment.
Odessa Tabernacle	2406 Oakwood	368-0240	1 st Monday of the Month
Workforce Solutions	2626 JBS PKWY	367-3332	Requires ID, SSN, Application & Interview
W.T. Community Workforce	835 Tower Dr.	552-7484	Requires ID, SSN, Application & Interview
Able Center	1931 E. 37 th St. Ste. 1 (Midland)	580-3439	Assists disabled individuals with part-time employment opportunities.

Where can I get School Supplies for my Kids?

P.B. Mission Center	208 North Adams	337-0554	Requires ID
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Where can I get diapers or formula for my baby?

Health & Human Services	3016 Kermit Hwy.	333-5141	Apply for Medicaid Call ahead for appointment and required documents
Hope Chest	1808 N. Dixie	580-1019	Accrue points for completing set goals and earn baby items.
P.B. Mission Center	208 North Adams	337-0554	Requires ID
WIC	835 Tower Dr. #34	866-907-0080	Call ahead for appointment and required documents

Where can I get Temporary Financial Assistance for Rent & Utilities?

Ector Co. Greater Works	2616 N. Maple	661-8043	M-Th: 9am-2pm; serve seniors (125% of FPL) age 60 or older, low income disabled (on SS Disability)
Helping Hands (Midland)	1301 Brinson Ln.	520-8900	
West Texas Opportunities	700 N. Grant Ave.	333-9027	Contact for eligibility requirements

Children/Family Services

First 5 Permian Basin	4901 E. University Mesa Bldg. 4243 http://www.utpb.edu/ced/texas-home-visiting-program	552-4025	Multiple programs available to improve your child's success in school and in life.
High Sky Children's Ranch	8701 W. Co Rd. 60 http://highsky.org	432-694-7728	Programs designed to help troubled or abused children and promote family wholeness.

Adult Day Care

Mission Center Adult Day Services	3500 N. A St. #1300 Midland, TX www.missioncads.com	432-688-7720	\$60.00/day; transportation \$15.00/day Minimum 1 day/month Do not accept Medicare. No electric wheelchairs.
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Mental Health Services

Big Spring	1901, Big Spring, TX www.dshs.state.tx.us/mhhospitals/bigspringsh/default.shtm	432-267-8216	Psychiatric hospital
Bridges Behavioral Health	600 N. Grant, Odessa	550-0517	Treatment of mental health and primary care needs
Bridges Behavioral Health	401 E. Illinois, Midland	550-0500	Treatment of mental health and primary care needs
Oceans	3300 South FM 1788 www.oceanspermianbasin.com	432-818-2568 432-561-5915 1-877-821-1758	Mental health services
P.B. Community Center	1111 West 12 th St.	580-2600	Requires ID, SSN, Application & Interview
River Crest	1636 Hunters Glen Rd. San Angelo, TX 76901 www.rivercresthospital.com	325-949-5722	Mental health facility for mental health, vocational skills and family therapy.
Texas Tech Psychiatry Dr. Bobby Jain	701 W. 5 th Ste. 2207	703-5507	Placing prospective patients on a waiting list

Substance Abuse Services

The Springboard Center	200 Corporate Dr. Midland www.springboardcenter.com	432-620-0255	Substance abuse treatment
Turning Point	2000 Maurice, Odessa	580-2654	Substance abuse treatment

Additional Numbers

American Red Cross – Odessa Office	(432) 333-5461
Area Agency on Aging	1-800-491-4636 or (432) 563-1061
Bikers Against Child Abuse (BACA)	(432) 557-0632
City of Odessa City Hall	(432) 335-3200
Department of Aging & Disability Services	(432) 686-2312 (Meals on Wheels)
Department of Assistive & Rehabilitative Services	1-800-687-7034 or (432) 334-5650
Harmony Home (Must report to Police or CPS first)	(432) 333-5233 or (432) 580-5233
MADD – West Texas Region	1-877-623-3435
Odessa Chambers of Commerce	(432) 332-9111
Odessa College	(432) 335-6400
Odessa Convention & Visitors Bureau	(432) 333-7871
Odessa Crime Stoppers	(432) 333-TIPS(8477)
Social Security Office – Odessa	(432) 561-5061
Time & Temperature	(432) 560-2400
Texas Department of Transportation (Road Conditions)	1-800-452-9292
UTPB	(432) 552-2020
Welfare Check (within Odessa City Limits):	(432) 333-3641
Welfare Check (within Ector County):	(432) 335-3067

211 Texas www.211texas.org

If calling from within the State of Texas:	211
Outside of Texas call:	1-877-541-7905

Odessa Links

www.odessalinks.org

(432) 582-0099

West Texas Food Bank

Agency Referral Information

Odessa, Texas 432-580-6333

Agency Name	Address	Telephone	Distribution Days	Times	Notes
Catholic Charities	2500 Andrews Hwy.	432-332-1387	Mon. & Tue. Application only Wed. for food distribution	9am- 11:45am 1pm- 4:45	Pantry and Finance
Clements Church of Christ	1201 S. Texas Ave.	432-580-0040	3 rd Saturday of the month	10am- 12pm	Food Pantry
Ector Co. Greater Works	2616 N. Maple	432-661-8043	3 rd Tue., Wed., and Thurs. of the month	9am- 2pm	For the elderly and those with disabilities
First United Methodist Church	415 N. Lee St.	432-337-1527	2 nd & 4 th Mondays	8am- 9:30am	Food Pantry
Mackey Chapel UMC	306 West Clements	432-332-7707	Last Wednesday of the month	4pm- 6pm	Food Pantry
Permian Basin Mission Center	208 North Adams	432-337-0554	Monday- Friday	10am- 12pm; 1pm- 3:30pm	Food Pantry & assistant
Promise Land Ministries	822. E. Glenn Drive	432-337-2032	2 nd Saturday of the month	12pm- 2pm	Food Pantry
Resurrection United Methodist Church	9541 West 57 th St.	432-385-1212	3 rd Saturday of the month	8am- 12pm	Food Pantry
Salvation Army Odessa	811 East 10 th St.	432-332-0738	Monday – Friday	9am- 12pm; 1pm- 4pm	Shelter/meals/pantry/ financial assistance
Shadow of Christ	16015 South Hwy. 385	432-332-0024 Call first	1 st and 22 nd of the month	8am- 12pm	Food Pantry
St. John's Episcopal Church	401 N. County Rd. West	432-333-6022	Every other Saturday	7:30am- 9am	Food Pantry
L.O.O.P.S	205 E. 10 th St.	432-580-5667 Call first	Monday- Friday	9am- 12pm	Food Pantry
St. James Missionary Baptist Church	2212 East 11 th St.	432-580-3306	Every other Friday	11am- 3pm	Food Pantry
Snap/Medicaid/Medicare/Chip Applications available on site	1008 East 2 nd St.	432-580-6333	Monday- Friday	8am- 5pm	Food/Snap application/ Insurance Assistance

West Texas Food Bank

Agency Referral Information

Midland, Texas 432-580-6333

Agency Name	Address	Telephone	Distribution Days	Times	Notes
Maria Amos	908 S. Loraine	432-687-2667	Monday- Friday	9am- 12pm	Pantry
Breaking Bread	410 E. Florida	432-553-6325	Monday- Friday	5pm- 7pm	Kitchen
Dismiss Charities	24 Industrial Loop	432-686-9188		8am- 5pm	Transitional Center
Greater Works	922 S. Main	432-694-2501	Delivers 3 rd Wednesday	11am- 1pm	Food to Elderly
Greater Ideal Baptist	401 S. Tyler	432-682-8169	Monday- Friday	11am- 1pm	Pantry
Jubilee Center	3311 Andrews Hwy.	432-520-0671	2 nd and 4 th Saturday	10am- 12pm	Food Pantry
Memorial Christian	1001 Andrews Hwy.	432-694-5321	Wednesday's	1pm- 3pm	Food Pantry
Midland Baptist Crisis	806 S. Baird	432-685-1467	Monday- Friday	9am- 12pm	Food Pantry/ Services
New Harvest	4010 CR 1130	432-894-6281	Monday & Thursday	8am- 10am	Food Pantry
One Hope	2516 West Ohio	432-254-0378	1 st & 3 rd Tuesday	12:30pm- 2pm	Food Pantry
Teen Challenge	6901 S. County Rd.	432-687-0348	Monday- Friday	9am- 5pm	Solution for Drug Epidemic

Free Diabetes Classes

Center for Health and Wellness

432-640-6400

8050 Texas 191 Frontage

Odessa, Texas 79765

First and Third Monday in Spanish

Second and Fourth Monday in English

1:30 pm – 3:30 pm

**These classes are offered on a walk in basis, but we recommend you call the
Diabetes Center at 432-640-2128**

Family Health Clinic

432-640-1068

840 West Clements

Odessa, Texas 79763

Must be an existing patient of the Family Health Clinic

Thursday 8:30 am – 10:30 am in English

Thursday 1:30 pm – 3:30 pm in Spanish

**These classes are offered on a walk in basis, but we recommend you call the
Diabetes Center at 432-640-2128**

Support Groups	Contact Person	Dates/Times	Location
Alzheimer's Association	1-800-272-3900	Call	Call for the location of the meeting.
Amputee	Kathy Braunstein: 432-550-4371 Kim Doolan: 432-683-3788	Lunch meetings are held on the third Saturday of every month at 11:00am	Call
Anti-Bullying	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Bariatrics	Kim Kwiatkowski: 432-640-3551 432-640-1264	Third Thursday of every month 12:00pm to 1:00pm	Community Health Conference Room Cone Professional Building 318 N. Alleghaney, Suite 110
Cancer Online Support Group	1-800-227-2345	Online	http://csn.cancer.org/
Cancer "Surviving Life's Journey" Support Group	Jackie Freeman: 640-1578	First Friday of each month (except for holiday weekends) 11:30am-12:30pm This is open to all cancer survivors and caregivers	Medical Center Hospital Auditorium 500 W. 4 th St. Odessa, TX
Cancer Survivorship through Art	Jackie Freeman: 640-1578	First and third Friday of each month (except for holiday weekends) 1:00pm to 2:30pm This is open to cancer survivors	Hope House Odessa 700 W. 1 st Street Odessa, TX 79760
Cancer Survivorship Support Group	Samaritan Counseling Center of West Texas: 432-563-4144	Every Monday 9:00am-10:00am	MCH Center for Health & Wellness 8050 East Hwy 191 Odessa, TX
Caregiver Support Information	Susan Frederickson: 432-463-1061 1-800-491-4636	Call	Call
Caring for Mom Post-Partum Depression	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	First Saturday of every month 3:00pm to 4:00pm	Call
Depression	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Diabetes	Redeemer Lutheran Church 432-640-2128	Meets the last Tuesday of every month 5:30pm	Redeemer Lutheran Church 824 E. 18 th St. Odessa, TX
Eating Disorders	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call

Support Group	Contact Person	Dates/Times	Location
Emotional & Behavioral Management	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Fibromyalgia	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Grief Support Group	First Baptist Church: 432-337-1524	Every Wednesday 10:30am to 12:15pm	First Baptist Church 709 N. Lee Odessa, TX 79761
Heart Failure Support Group	Lee Arreola: 432-640-1183	Second Wednesday of Every Month 2:00pm-3:30pm	Medical Center Hospital 7 th Floor Conference Room #7120 500 W. 4 th St. Odessa, TX
Helping Hand Metastatic Cancer	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Hold on Pain Ends (H.O.P.E.) (addresses Adolescent Self-Injury)	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
M.A.D.D.	1-806-793-6233 1-877-MADD-HELP	Call	Call
Mental Munchies	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Third Wednesday of each month (No events will be held in November and December)	Texas Tech University Health Sciences Center at the Permian Basin Auditorium 800 W. 4 th St. Odessa, TX
MOPS (Mothers of Preschoolers)	Asbury United Methodist Church 432-366-4455	Every first and third Tuesday 10:00am – 12:00pm	Asbury United Methodist Church 4001 East University Odessa, TX 79762
Psychotherapy	Amber Chavez, LBSW: 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
SOS (Survivors of Suicide)	Amber Chavez, LBSW 432-620-1023 amber.chavez@ttuhsc.edu	Call	Call
Southwest Parkinson Society Caregiver Support Group	Jo Bidwell: 1-806-725-0941 jbidwell@covhs.org	First Monday of each month 3:30pm-5:00pm	Permian Basin Regional Planning Commission, 2910 LaForce Blvd. at Midland International Airport 432-563-1061

Support Group	Contact Person	Dates/Times	Location
Southwest Parkinson Society Patient Support Group National Parkinson Foundation	Jo Bidwell: 1-806-725-0941 jbidwell@covhs.org swparkinson.org Helpline: 1-800-473-4636	Odessa: First Monday of every month at 1:30pm Midland: First Monday of every month at 6:30pm	Odessa: Lincoln Tower Midland: Healthsouth
Stroke	Karry Morris: 432-640-2331	Call	Call
Tobacco Cessation	Renato Galindo: 432-640-1160	Every Tuesday 6:00pm to 7:00pm	Center for Health & Wellness Classroom B 8050 East Highway 191
West Texas Twilight Vision Support Group	Mike Bates: 432-234-2445 tmikebates403@yahoo.com	First and Third Thursday of each month 12:30pm – 3:00pm Call for dates/times outside of Ector Co.	Asbury United Methodist Church in the Atkins Community Room Call for locations outside of Ector Co.

Transitional Programs

Celebrate Recovery

First United Methodist Church in Odessa

Jody Wallin

432-337-1527

First Baptist Church in Odessa

James McCrary

432-337-1524

Kelview Heights Baptist Church in Midland

Jim Connell

432-682-3842

Celebrate God's healing power in our lives through the eight recovery principles found in the Beatitudes and the Christ-centered 12 step program. This program is intended to help individuals become free from addictive, compulsive, and dysfunctional behaviors.

Door of Hope Mission

Pastor Andrew Pistone

432-337-8294

200 W. 1st St.

Odessa, TX 79761

Men and Women accepted. No Children. Must go directly to Mission for interview. Possible on site approval. 6 month program. No discharged hospital patients.

Family Promise

Kara Evenson-Dorethy

432-934-6693 or 432-339-7100

familypromiseodessa@nts-online.net

1354 E. 6th St.

Odessa, TX 79761

Families only; requires ID for parents, Social Security Cards for each family member, application and interview. No current substance abuse, must be able to pass a criminal background check. 1 year program.

Freedom House

Agape Ministries Dream Center

Jami & Tammy Butts

432-381-5453

freedomhouse@clearwire.net

3542 Mercury Ave.

Odessa, TX 79764

Men only. A ministry to men coming out of jail/prison. Requirements include: NO sexually related charges of any kind, past or present; must have the desire to serve God; must be willing to comply with all Freedom House rules & regulations; must be ready to turn away from old lifestyle; must be willing to commit to an intense 12 month program.

Jesus House

Faith Temple Fellowship

Pastor Donny Kyker

432-272-3362

jesushouse@jesushouseodessa.com

www.jesushouseodessa.com

1335 E. 6th St.

Odessa, TX 79761

Men only. Residents are required to obtain employment and keep a savings account. Provides life skills classes and church attendance, bible studies and participation in several outreach ministries is required. Program length is dependent upon each individual.

SOUP KITCHEN

Breakfast: 6:00 – 6:30 Monday - Friday

Lunch: 11:30 – 12:30 Monday - Thursday

LOOPS (Loved Ones of Prisoners)

432-580-5667

www.loopsministries.com

A Christ centered organization dedicated to presenting the gospel of Jesus Christ to prison inmates, ex-inmates, their families and loved ones. LOOPS sole purpose is “Mending broken hearts through Jesus Christ, our Lord” by application of God’s word to physical, mental, social and spiritual problems (Luke 2:52).

A REC-Room meeting occurs every Thursday from 7-8pm at Life Change Baptist Church, 1000 N. Texas, Building 103.

Mission Messiah

432-580-5222

www.missionmessiah.gov

1213 W. 2nd St.

Odessa, TX 79763

Application and Interview required. Women and children welcome. 12 month program.

Project Adam

Nelvia Rodriguez-Yarbrough, Director

432-522-2700

Monica Windham

432-553-1278

1030 Andrews Hwy., Suite 120

Midland, TX 79701

Batterer’s Intervention and Prevention Program: This is a 24 session program. Participants meet once weekly for 6 months. The cost of the program is billed on a sliding scale. This is not an anger management, marriage, couples and/or pastoral counseling program.

Project Hope

Odessa LINKS
Donna Ramirez
432-582-0099
119 W. 4th St. Ste. 201
Odessa, TX 79764

Program available to men, women, or families who are homeless. Primarily receive referrals through shelter agencies. Must be employed or going to school full time Ector County Resident for at least 6 months. 2 year program.

Salvation Army

432-332-0738
811 E. 10th St.
Odessa, TX 79761

Must have a picture ID and a SS Card. Will be given a 5 day pass to give time to obtain a SS Card if necessary. Doors open at 5pm and close at 9pm. Dinner is served at 5pm, and participants must be willing to look for a job. Program is 90 days.

Teen Challenge

432-687-0348
www.teenchallengepb.com
6901 S. Co. Rd. 1200
Midland, TX 79706

Available to men and women struggling with drugs, alcohol, gangs, victims of abuse. The program applies Bible-based group classes and individualized studies designed to assist each student in dealing with the situations affecting his/her own life. Program is 12 – 15 months.

The Crisis Center: Angel House Shelter

Leah Morgan

432-333-2527

1-866-627-4747 (Crisis Hotline)

www.odessacrisiscenter.org

910-B S. Grant

Odessa, TX 79761

Able to locate accommodations for men, women, and children. In addition to offering crisis intervention: shelter, food, and safety following domestic violence or sexual assault, the Angel House also offers case management, counseling, legal help and accompaniment, and the P.A.T.H. (Positive Action Toward Healing) Program.

The Genesis Center

Renee Morris, Director of Women's Services

432-682-2514

www.genesiscentermidland.org

2800 West Louisiana Ave

Midland, TX 79701

Women and children. Offer Crisis Intervention for victims of domestic violence, drug and alcohol abuse, and homelessness. Provides counselors, sheltering resources, parenting classes, job services, medical referrals, and spiritual mentoring. 12 month program.

The Springboard Center

432-620-0255

www.springboardcenter.com

200 Corporate Dr.

Midland, TX 79705

Substance abuse treatment and recovery center

The Well Hand of Grace

Renee Morris

432-770-8198

432-889-1362

thewellhandofgrace@gmail.com

Asbury United Methodist Church

4001 E. University Blvd.

Odessa, TX 79762

The Well is dedicated to improving the lives of women in the Permian Basin who have suffered the results of life's challenges. Programs include: Prevention & Education, Community Engagement, Creative Arts, Health & Wellness and Spiritual Growth.

Turning Point

432-580-2654

<http://treatment-facilities.healthgrove.com/l/10493/Permian-Basin-Community-Centers>

2000 Maurice Rd.

Odessa, TX 79763

Treatment facility specializing in substance abuse services.

Second Saturday Screenings

Second Saturday Screenings



We offer screenings to manage your health, time and budget. Stop by any H-E-B Pharmacy the second Saturday of the month from 9 a.m. to 2 p.m. Our certified screeners offer five tests. [Find your closest H-E-B Pharmacy](#)

Blood Pressure FREE

Many people have high blood pressure for years without knowing it. Uncontrolled high blood pressure can lead to stroke or heart attack.

Blood Glucose FREE

Blood glucose tests are done to check for diabetes or hypoglycemia.

Cholesterol \$3.99

If your cholesterol levels are high, you probably won't have any signs or symptoms, so a cholesterol test is an important tool. High cholesterol levels are a significant risk factor for heart disease.

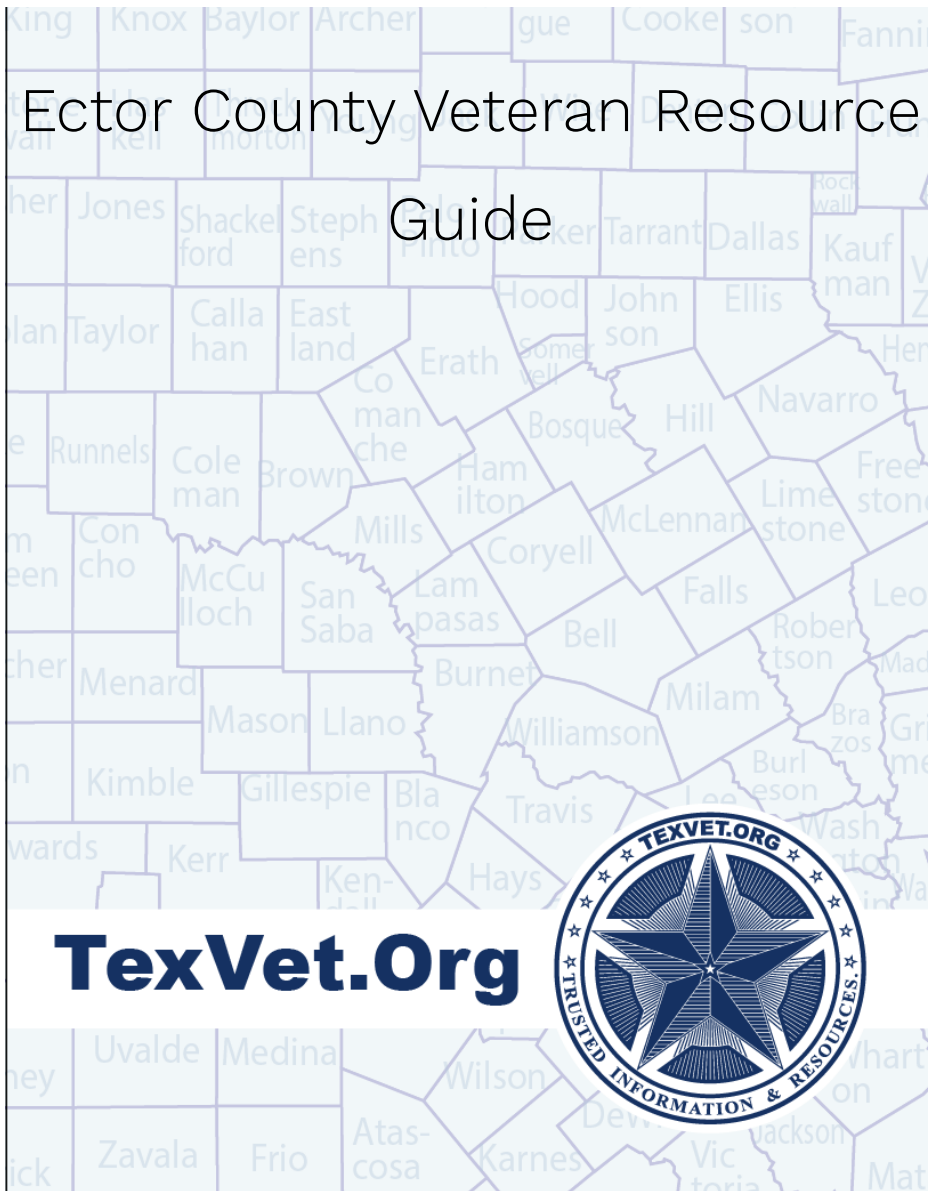
Quarterly Diabetes (A1C) \$29.99

This test provides you with the "big picture" view of your average blood sugar control over a period of several months to help you manage your diabetes.

Cholesterol \$29.99 (fasting required)

A complete cholesterol test measures all the cholesterol and triglycerides in your blood. This includes a breakdown of the "good" HDL cholesterol and "bad" LDL cholesterol.

Ector County Veteran Resource Guide



TexVet.Org



Veterans County Service Officers

Veterans County Service Officers help veterans apply with the VA for free. Local expert help.

- Joe Rickey • 432-498-4015 • joe.rickey@ectorcountytexas.gov
Veterans County Service Officer
- Sunshine Thompson • 432/ 498-4015 • sunshine.thompson@ectorcountytexas.gov
Veterans County Service Officer- Asst.

The Military Veteran Peer Network

Fellow veterans who are there to listen and help.

- Joseph Gonzalez • 432-770-9326 • josephgonzalez@pbmhm.com

Emergency Funds

2-1-1 Help for all Texans	State-wide resources for all Texans and veterans. Help areas from: mental/physical health, rent & utilities, and more.	211 877-541-7905
American Red Cross Permian Basin Area	Emergency grants and low interest loans for Veterans. Can help with car payment, irregular expenses.	432-563-2267
Endeavors, Inc. - Supportive Services for Veteran Families (SSVF)	Housing, case management, and homeless services for veterans across Texas.	210-431-6466 ext. 117
Goodwill West Texas	Job opportunities for those with barriers to employment.	325-676-7925
Operation Homefront of Texas	Emergency funds for OEF/OIF military families and families of veterans, needs must be directly due to post 9/11/ service. Emergency funds, food, home repair, critical baby items, home appliances, auto repair, furniture, local moves	210-659-7756

Employment and Business

Goodwill West Texas	Job opportunities for those with barriers to employment.	325-676-7925
TVLP - Texas Workforce Commission - Texas Veterans Leadership Program	Individual job search from veterans for veterans and resume help for IAV	888-838-8391

Transportation

On the Road Lending

For individuals with low credit scores, car loans for new/lightly used, fuel efficient and dependable cars, and personal financial coaching for the life of the loan.

214-226-2542

Emergency funds for OEF/OIF military families and families of veterans, needs must be directly due to post 9/11/ service. Emergency funds, food, home repair, critical baby items, home appliances, auto repair, furniture, local moves

210-659-7756

Legal Aid

Legal Aid of NorthWest Texas	Free help in civil legal cases for financially qualifying veterans. Multiple locations.	888-529-5277
Veterans Consortium Pro Bono Program	Provides free assistance with federal appeals for Veterans Claims & Discharge Upgrades to Veterans, their family members, and survivors.	(888) 838-7727

Medical

HHS - County Indigent Health Care Program	County insurance for individuals that do not qualify for Medicaid or Medicare.	
MVPN - Permian Basin	Connects veterans and military families to small peer support groups staffed by veteran volunteers and other community resources.	
Permian Basin Community Centers	Regional MHMR. Serves veterans, military, & all who qualify financially. Provides mental health services, counseling, medications, and coping skills	
Primary Health Care Services Program	State primary care for individuals that do not qualify for Medicaid or Medicare.	800-222-3986 Ext. 5922
Project MEND Veterans Program	Medical equipment and assistive technology for Texas veterans and their family members.	210-223-6363
West Texas Centers (NW)	Regional MHMR: Hub for MVPN. Provides Mental Health Services, Counseling, Medications, and Coping Skills for Veterans, Military, and all who qualify financially.	800-375-4357 432-263-0007

Women Veterans

Endeavors, Inc. - Supportive Services for Veteran Families (SSVF)	Housing, case management, and homeless services for veterans across Texas.	210-431-6466 ext. 117
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Project MEND Veterans Program	Medical equipment and assistive technology for Texas veterans and their family members.	210-223-6363
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Homeless Aid

Endeavors, Inc. - Supportive Services for Veteran Families (SSVF)	Housing, case management, and homeless services for veterans across Texas.	210-431-6466 ext. 117
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All County Services

2-1-1 Help for all Texans	State-wide resources for all Texans and veterans. Help areas from: mental/physical health, rent & utilities, and more.	211 877-541-7905
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American Red Cross Permian Basin Area	Emergency grants and low interest loans for Veterans. Can help with car payment, irregular expenses.	432-563-2267
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City of Odessa Housing Rehabilitation	Performs major and minor home repair for veterans, seniors and the disabled.	(432) 335-4820
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Endeavors, Inc. - Supportive Services for Veteran Families (SSVF)	Housing, case management, and homeless services for veterans across Texas.	210-431-6466 ext. 117
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Goodwill West Texas	Job opportunities for those with barriers to employment.	325-676-7925
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HHS - County Indigent Health Care Program	County insurance for individuals that do not qualify for Medicaid or Medicare.	
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Honor Veterans Now	Partners with Meals on Wheels to provide food for disabled & retired veterans under 60 across Texas.	(830) 992-3375
Legal Aid of NorthWest Texas	Free help in civil legal cases for financially qualifying veterans. Multiple locations.	888-529-5277
MVPN - Permian Basin	Connects veterans and military families to small peer support groups staffed by veteran volunteers and other community resources.	
On the Road Lending	For individuals with low credit scores, car loans for new/lightly used, fuel efficient and dependable cars, and personal financial coaching for the life of the loan.	214-226-2542
Operation Homefront of Texas	Emergency funds for OEF/OIF military families and families of veterans, needs must be directly due to post 9/11/ service. Emergency funds, food, home repair, critical baby items, home appliances, auto repair, furniture, local moves	210-659-7756
Permian Basin Community Centers	Regional MHMR. Serves veterans, military, & all who qualify financially. Provides mental health services, counseling, medications, and coping skills	
Primary Health Care Services Program	State primary care for individuals that do not qualify for Medicaid or Medicare.	800-222-3986 Ext. 5922
Project MEND Veterans Program	Medical equipment and assistive technology for Texas veterans and their family members.	210-223-6363
StarCare Specialty Health System	TV+FA Grant Awardee	
Texas Veterans Commission (TVC) Education	Administers Hazlewood act, assists veterans with educational opportunities	512-463-3168
The University of Texas of the Permian Basin	Public University in Midland, TX, accepts Hazlewood and GI bill.	432-552-2638

TVLP - Texas Workforce Commission - Texas Veterans Leadership Program	Individual job search from veterans for veterans and resume help for IAV	888-838-8391
Veterans Consortium Pro Bono Program	Provides free assistance with federal appeals for Veterans Claims & Discharge Upgrades to Veterans, their family members, and survivors.	(888) 838-7727
VLB - TexVetLoan	State office providing land sales to veterans the 'texvet loan' is not affiliated with TexVet.org.	800-252-8387
West Texas Centers (NW)	Regional MHMR: Hub for MVPN. Provides Mental Health Services, Counseling, Medications, and Coping Skills for Veterans, Military, and all who qualify financially.	800-375-4357 432-263-0007
West Texas Food Bank	Local Food Bank, help applying for other assistance	
Women Veterans of West Texas	Facebook and in-person support group for women veterans living in West Texas.	





INFORMATION GAPS

Information Gaps

- While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps in the interviews conducted by Community Hospital Consulting.
 - This assessment seeks to address the community’s health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.
 - The use of local information has been used to supplement the demographic data section, and specifically used in an effort to emphasize the rapid population growth in Ector County. Because census data is collected every ten years, periodic updates are provided by data vendors based on a variety of population health factors. Due to the rapid population growth and significant transient population within Ector County, total population and projection estimates are difficult to accurately depict. Therefore, CHC Consulting has provided demographic data from the IBM Watson Health Market Expert tool that includes census periodic updates, as well as supplemental information from local reports in an attempt to emphasize the effect of the current oil boom on current population and projected population numbers.
 - The most significant information gap exists within this assessment’s ability to capture various county-level health data indicators. Data for these indicators is reported at the specifically-created BRFSS level and the health service region level.



ABOUT COMMUNITY HOSPITAL CONSULTING

About CHC Consulting

- Community Hospital Corporation owns, manages and consults with hospitals through three distinct organizations – CHC Hospitals, CHC Consulting and CHC ContinueCare, which share a common purpose of preserving and protecting community hospitals.
- Based in Plano, Texas, CHC provides the resources and experience community hospitals need to improve quality outcomes, patient satisfaction and financial performance. For more information about CHC, please visit the website at: www.communityhospitalcorp.com

APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE INFORMATION
- FAMILY HEALTH CLINIC SURVEY



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from the **IBM Watson Health Market Expert** tool.
- Local median household income and housing supplemental information included this section is from the **Community Development Strategies Odessa Affordable Workforce Housing Study**.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- Food insecurity information is pulled from Feeding America's **Map the Meal Gap**, which provides food insecurity data by county, congressional district and state: <http://map.feedingamerica.org/>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- The **Annie E. Casey Foundation** is a private charitable organization, dedicated to helping build better futures for disadvantaged children in the United States. One of their initiatives is the Kids Count Data Center, which provides access to hundreds of measures of child well-being by county and state; <http://datacenter.kidscount.org/>.
- The **Texas Education Agency** Student Enrollment Reports provides enrollment statistics by county and district; <https://rptsvr1.tea.texas.gov/adhocrpt/adste.html>.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The Rankings measure the health of nearly all counties in the nation and rank them within states. The Rankings are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights. The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003; <http://www.countyhealthrankings.org/>.

Summary of Data Sources

- **Health Data (continued)**

- The **Centers for Disease Control and Prevention** National Center for Health Statistics WONDER Tool provides access to public health statistics and community health data including, but not limited to, mortality, chronic conditions, and communicable diseases; <http://wonder.cdc.gov/ucd-icd10.html>.
- This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of Health and Human Services; <https://www.dshs.texas.gov/chs/brfss/>.
- This study also used health data collected by **Community Commons**, a site which is managed by the Institute for People Place and Possibility, the Center for Applied Research and Environmental Systems, and Community Initiatives. Data can be accessed at <http://www.communitycommons.org/>.
- The U.S. Census Bureau's **Small Area Health Insurance Estimates** program produces the only source of data for single-year estimates of health insurance coverage status for all counties in the U.S. by selected economic and demographic characteristics. Data can be accessed at <https://www.census.gov/data-tools/demo/sahie/index.html>.
- The U.S. Department of Health and Human Services **Health Resources and Services Administration (HRSA)** provides Medically Underserved Area / Population and Health Professional Shortage Area scores, and can be accessed at: <https://datawarehouse.hrsa.gov/tools/analyzers.aspx>.

- **Phone Interviews**

- CHC conducted interviews on behalf of MCH and FHC from September 9, 2018 – December 12, 2018.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



DATA REFERENCES

2019 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430
For families/households with more than 8 persons, add \$4,420 for each additional person.	



MUA/P AND HPSA INFORMATION

Medically Underserved Areas/Populations

Background

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
 - A whole county
 - A group of neighboring counties
 - A group of urban census tracts
 - A group of county or civil divisions
- MUPs are specific sub-groups of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
 - Homeless
 - Low income
 - Medicaid eligible
 - Native American
 - Migrant farmworkers

Medically Underserved Areas/Populations

Background (continued)

- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
 1. Population to provider ratio
 2. Percent of the population below the federal poverty level
 3. Percent of the population over age 65
 4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

Medically Underserved Areas/Populations

Ector County

- **Ector County**

- Service Area Name: Ector Service Area
 - CT 0018.00
 - CT 0019.00
 - CT 0020.00
 - CT 0031.00
- MUA/P Source ID Number: 03503
- Designation Type: Medically Underserved Area
- Index of Medical Underservice Score: 53.0
- Status: Designated
- Rural Status: Non-Rural
- Designation Date: 05/11/1994
- Update Date: 05/11/1994

Health Professional Shortage Areas

Background

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
 - Primary care
 - Dental health
 - Mental health
- These shortages may be geographic-, population-, or facility-based:
 - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
 - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
 - Facilities:
 - Other Facility (OFAC)
 - Correctional Facility
 - State Mental Hospitals
 - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)

Health Professional Shortage Areas

Background (continued)

- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

Health Professional Shortage Areas

Low Income – Ector County

- **County Name:** Ector County
 - **HPSA Name:** Low Income – Ector County
 - **Designation Type:** Low Income Population HPSA
 - **Status:** Designated
 - **Rural Status:** Partially Rural
-
- **HPSA Discipline Class:** Primary Care
 - **HPSA ID:** 1489862663
 - **HPSA Score:** 13
 - **HPSA Designation Last Update Date:** 10/05/2016

Health Professional Shortage Areas

Medical Center Hospital

- **County Name:** Ector County
 - **HPSA Name:** Medical Center Hospital
 - **Designation Type:** Federally Qualified Health Center Look-alike
 - **Status:** Designated
 - **Rural Status:** Non-Rural
-
- | | | |
|---|--|--|
| <ul style="list-style-type: none">– <u>HPSA Discipline Class:</u> Primary Care<ul style="list-style-type: none">○ <u>HPSA ID:</u> 14899948Q5○ <u>HPSA Score:</u> 18○ <u>HPSA Designation Last Update Date:</u> 09/27/2018 | <ul style="list-style-type: none">– <u>HPSA Discipline Class:</u> Dental Health<ul style="list-style-type: none">○ <u>HPSA ID:</u> 64899948O3○ <u>HPSA Score:</u> 22○ <u>HPSA Designation Last Update Date:</u> 09/27/2018 | <ul style="list-style-type: none">– <u>HPSA Discipline Class:</u> Mental Health<ul style="list-style-type: none">○ <u>HPSA ID:</u> 74899948O7○ <u>HPSA Score:</u> 22○ <u>HPSA Designation Last Update Date:</u> 09/27/2018 |
|---|--|--|



INTERVIEWEE INFORMATION

Medical Center Health System Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Mike Adkins	Public Information Officer	Ector County Independent School District	11/20/2018	Ector County	Valerie Hayes		x		Youth, Adolescent
Margaret Burton	Director	Meals on Wheels	12/3/2018	Multi-county area, including Ector County	Valerie Hayes		x		Elderly, Vulnerable, Underserved
Lindsey Duncan	Director of Population/Community Health	Medical Center Health System	11/20/2018	Multi-county area, including Ector County	Valerie Hayes		x		General Public
Renee Earls	President/Chief Executive Officer	Odessa Chamber of Commerce	11/30/2018	Ector County	Valerie Hayes		x		General Public
Dr. Sreedevi Godey	Medical Director	Family Health Clinic	11/16/2018	Multi-county area, including Ector County	Valerie Hayes		x		Low income, Un/underinsured, Vulnerable, Underserved
Andrea Goodson	Public Information Officer	City of Odessa	11/20/2018	Ector County	Valerie Hayes		x		General Public
Debbie Harris	Director of Quality	Home Hospice	12/12/2018	Multi-county area, including Ector County	Valerie Hayes		x		Vulnerable, Complex
Karen Hildebrand	Executive Director	Crisis Center	12/12/2018	Multi-county area, including Ector County	Valerie Hayes		x		Mental and Behavioral Health
Austin Keith	Owner	Pinkie's, Inc.	12/10/2018	Ector County	Valerie Hayes			x	General Public
Grace King	Community leader	-	12/6/2018	Ector County	Valerie Hayes			x	General Public
Mike Marrero	City Manager	City of Odessa	9/24/2018	Ector County	Valerie Hayes		x		General Public
Arnulfo Martinez	Chief Executive Officer	Hispanic Chamber of Commerce	11/26/2018	Ector County	Valerie Hayes		x		Hispanic, Underserved
Laura Mathew	Health Services Director	Ector County Independent School District	11/28/2018	Ector County	Valerie Hayes		x		Youth, Adolescent
Summer Memchaca	Community Outreach Coordinator	United Way of Odessa	9/25/2018	Ector County	Valerie Hayes		x		General Public, Underserved
Jill Miller	Executive Director	Odessa Housing Finance Corporation	12/12/2018	Ector County	Valerie Hayes		x		General Public
Lorraine Perryman	Chief Financial Officer	The Perryman Group	11/26/2018	Ector County	Valerie Hayes			x	General Public
Ray Perryman	President	The Perryman Group	11/26/2018	Ector County	Valerie Hayes			x	General Public
Ravi Shakamuri	Owner	Star Care Health Services	9/24/2018	Multi-county area, including Ector County	Valerie Hayes		x		Elderly, Vulnerable
Dr. Eileen Sheridan-Shayeb	Pediatric Director	Family Health Clinic	11/20/2018	Multi-county area, including Ector County	Valerie Hayes		x		Low income, Un/underinsured, Vulnerable, Underserved
Dr. Greg Shipkey	Physician	Medical Center Health System	11/30/2018	Multi-county area, including Ector County	Valerie Hayes		x		General Public
Stephanie Sivalls-Latimer	Vice President of Administration	Sivalls, Inc.	11/20/2018	Ector County	Valerie Hayes			x	General Public
Gino Solla	Director	Ector County Health Department	11/19/2018	Ector County	Valerie Hayes	x			General Public
Craig Stoker	Director of Marketing and Communications	West Texas Food Bank	11/16/2018	Multi-county area, including Ector County	Valerie Hayes		x		Low income, Vulnerable, Underserved
Willie Taylor	Board President	Family Health Clinic	11/20/2018	Multi-county area, including Ector County	Valerie Hayes		x		Low income, Un/underinsured, Vulnerable, Underserved
Erika Thomas	Executive Director	Odessa Links	11/16/2018	Ector County	Valerie Hayes		x		General Public

Medical Center Health System Community Health Needs Assessment Interviewee Information

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Ramona Thomas	Chief Executive Officer	PermiaCare	9/21/2018	Multi-county area, including Ector County	Valerie Hayes		x		Mental and Behavioral Health
Mary Thompson	Community leader	Ector County	9/27/2018	Ector County	Valerie Hayes			x	General Public
Betsy Triplett-Hurt	Chairperson	Odessa Development Corporation	11/19/2018	Ector County	Valerie Hayes		x		General Public
LaNell Webb	Chief Financial Officer	Home Hospice	12/12/2018	Multi-county area, including Ector County	Valerie Hayes		x		Vulnerable, Complex
Greg Williams	President	Odessa College	11/20/2018	Ector County	Valerie Hayes		x		Young Adult

A: Work for a State, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community

B: Member of a medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations

C: Community Leaders

Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; September 9, 2018 – December 12, 2018.



FAMILY HEALTH CLINIC SURVEY

Patient Survey

Please give us your input about the Medical Center Hospital Family Health Clinic by taking this anonymous and confidential survey. Thank you!

(Consulte el reverso de la página para participar en esta encuesta en Español)

1. Where do you usually go when you're sick or need to see a doctor?

- a. I don't usually go to the doctor.
- b. I see a doctor at a different facility. Doctor's Name:

- c. I go to the Medical Center Hospital Family Health Clinic.
- d. I use the Emergency Department.
- e. Other: _____

2. Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?

- a. If yes, why? (select all that apply)
 - a. Cost
 - b. No insurance
 - c. Limited insurance
 - d. Language barriers
 - e. Transportation
 - f. Lack of extended or weekend hours
 - g. Other: _____
- b. No

3. How likely are you to come to the Medical Center Hospital Family Health Clinic next time that you're sick or need to see a doctor?

- a. Extremely likely
- b. Somewhat likely
- c. Somewhat unlikely
- d. Very unlikely
- e. Unsure
 - a. Please explain:

Patient Survey

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(Consulte el reverso de la página para participar en esta encuesta en Español)

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- b. I see a doctor at a different facility. Doctor's Name:

- c. I go to the Medical Center Hospital Family Health Clinic.
- d. I use the Emergency Department.
- e. Other: _____

2. Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?

- a. If yes, why? (select all that apply)
 - a. Cost
 - b. No insurance
 - c. Limited insurance
 - d. Language barriers
 - e. Transportation
 - f. Lack of extended or weekend hours
 - g. Other: _____
- b. No

3. How likely are you to come to the Medical Center Hospital Family Health Clinic next time that you're sick or need to see a doctor?

- a. Extremely likely
- b. Somewhat likely
- c. Somewhat unlikely
- d. Very unlikely
- e. Unsure
 - a. Please explain:

Encuesta del Paciente

Favor de dar su opinión acerca de Medical Center Hospital Family Health Clinic participando en esta encuesta anónima y confidencial. ¡Gracias!
(See the reverse side of this page to take the survey in English)

1. ¿Dónde suele ir cuando está enfermo o necesita ver a un médico?

- a) No suelo ir al médico.
- b) Veo a un médico en un centro diferente, el nombre del médico es:

- c) Voy a Medical Center Hospital Family Health Clinic.
- d) Uso el servicio de Urgencia.
- e) Otro: _____

2. ¿Usted o algún miembro de su familia (padres, hermanos, hijos, etc.) tienen problemas para ver a un médico?

- a) Si la respuesta es sí, ¿por qué? (seleccione todas las que apliquen)
 - a. Costo
 - b. No tiene seguro
 - c. Seguro limitado
 - d. Barreras del idioma
 - e. Transporte
 - f. Falta de horas extendidas o durante los fines de semana
 - g. Otro: _____
- b) No

3. ¿Qué probabilidades hay de que venga a Medical Center Hospital Family Health Clinic la próxima vez que esté enfermo o necesite ver a un médico?

- a) Muy probable
- b) Algo probable
- c) Algo improbable
- d) Muy improbable
- e) No está seguro
 - a. Explique por favor:

Encuesta del Paciente

Favor de dar su opinión acerca de Medical Center Hospital Family Health Clinic participando en esta encuesta anónima y confidencial. ¡Gracias!
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- e) Otro: _____

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- a) Si la respuesta es sí, ¿por qué? (seleccione todas las que apliquen)
 - a. Costo
 - b. No tiene seguro
 - c. Seguro limitado
 - d. Barreras del idioma
 - e. Transporte
 - f. Falta de horas extendidas o durante los fines de semana
 - g. Otro: _____
- b) No

3. ¿Qué probabilidades hay de que venga a Medical Center Hospital Family Health Clinic la próxima vez que esté enfermo o necesite ver a un médico?

- a) Muy probable
- b) Algo probable
- c) Algo improbable
- d) Muy improbable
- e) No está seguro
 - a. Explique por favor:

Section 2:

Implementation Plan

Medical Center Hospital

FY 2020 - FY 2022 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Medical Center Hospital (MCH) and the Family Health Clinic (FHC) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Ector County, Texas.

The CHNA Team, consisting of leadership from MCH and the FHC, met with staff from CHC Consulting on April 30, 2019 to review the research findings and prioritize the community health needs. Eight significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Once this prioritization process was complete, MCH and FHC leadership discussed the results and decided to address all of the prioritized needs in various capacities through hospital and clinic specific implementation plans.

The eight most significant needs, as discussed during the April 30th prioritization meeting, are listed below:

- 1.) Access to Primary Care Services and Providers
- 2.) Access to Specialty Care Services and Providers
- 3.) Access to Mental and Behavioral Health Care Services and Providers
- 4.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 5.) Improved Availability of Safe, Affordable Housing
- 6.) Access to Affordable Care and Reducing Health Disparities Among Specific Populations
- 7.) Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning
- 8.) Access to Dental Care Services and Providers

Once this prioritization process was complete, MCH leadership discussed the results and decided to address six of the eight prioritized needs in various capacities through its implementation plan. While MCH acknowledges that these are significant needs in the community, “Improved Availability of Safe, Affordable Housing” and “Access to Dental Care Services and Providers” are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address these needs. MCH will continue to support local organizations and efforts to address these needs in the community.

MCH leadership has developed the following implementation plan to identify specific activities and services which directly address the remaining priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The MCH Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on August 6, 2019.

Priority #1: Access to Primary Care Services and Providers

Rationale:

Several interviewees noted that there is an increasing need for additional primary care provider and nurses due to difficulty with recruitment and retainment of such health care professionals. It was mentioned that the shortage of primary care providers leads to increased use of advanced practitioners, long wait times for appointments, and overuse of the ER for non-emergent issues. One interviewee stated: “We need more doctors and nurses. There is a need for more access to medical care for people living out in the outer area.”

Interviewees mentioned that there are limited primary care options in the community for un/underinsured, Medicaid and low income residents. It was also noted that there is a general lack of emphasis on the importance in establishing a medical home, and one interviewee specifically stated: “We do not have that medical home concept. People don’t know how to help themselves or their children when it’s 2am, so they go to the ER.”

Interviewees mentioned a growing need for more providers offering and encouraging immunizations in the community, as well as frustration with the current hospitalist model and the inability of patients to see their personal provider in the hospital. One interviewee stated: “Most people do not feel comfortable with hospitalists because you get the hospitalist of the day, so you get a new doc every day. That makes it hard to maintain consistent health care, especially when somebody is in the hospital.”

Findings from the 2019 Family Health Clinic survey indicate that the majority of respondents go to the Family Health Clinic when they are sick or need to see a doctor; however, the percentage of patients using the Family Health Clinic for care decreased between 2016 and 2019. Additionally, patients who indicated they go to a doctor at a different facility increased between 2016 and 2019.

Objective:

Provide access to primary care services in the community

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. MCH will continue to track visits to its facilities in order to assess primary care recruitment opportunities in the community.	VP MCHS ProCare, FHC Executive Director						
1.B. MCH will continue to recruit additional primary care providers within internal medicine, pediatrics and family medicine to the area.	MCHS ProCare						
1.C. MCH will continue to offer weekend and extended hours in its urgent care clinics and retail clinics, and is currently evaluating expanding the hours.	MCHS ProCare						
1.D. MCH will continue to partner with various schools such as Odessa College, Midland College, UT Permian Basin and the Texas Tech Nursing program to provide clinical rotation education in nursing and other allied health professions.	Nursing Education Department						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.E. MCH will continue to promote its available primary care physicians or services through its weekly news spot and weekly interviews, social media outlets and other community events.	MCHS ProCare, MCHS Marketing						
1.F. MCH will continue to provide patients' other physicians with a copy of their discharge summaries upon request.	Nursing/IT Department						

Priority #2: Access to Specialty Care Services and Providers

Rationale:

Several interviewees noted that there is a shortage of specialty care providers leading to physician burnout and departure from the community. Interviewees suggested the use of telemedicine for specialty care to alleviate the situation. It was also discussed that there is an increasing number of specialty care providers nearing retirement age, with one interviewee specifically stating: “Some of our providers are aging out and we’re having a hard time finding physicians to replace them.”

Interviewees noted that patients tend to leave Ector County specialty care in more urban areas. Specific specialties mentioned as needed include: Orthopedics, Pediatric subspecialties, Trauma, Dermatology, Cardiology, Oncology, ENT, Rheumatology, Emergency Care and Pain Management. It was also noted that there is a limited number of local specialists accepting county assistance program, Medicare and Medicaid patients. One interviewee specifically stated: “There are a few specialists who take our county assistance patients, most don’t. We have a problem getting them in.”

Objective:

Provide a point of access for specialty care services in the community

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. MCH recently completed its Physician Needs Assessment to outline a physician/provider recruitment plan for the next few years, and will use this report as a roadmap for its recruitment efforts.	MCHS ProCare						
2.B. MCH will continue to provide the comprehensive Palliative Care Program which focuses on patient and provider education and removing stigmas associated with Palliative Care in order to provide patients with options for their care.	ACNO						
2.C. MCH will continue to streamline its oncology navigation services into the community health model in an effort to standardize care and services delivered. Two dedicated oncology nurse navigators provide care coordination and post discharge services for patients with a new or existing cancer diagnosis. Additionally, oncology navigation is strengthened through partnerships with various local organizations such as the American Cancer Society, West Texas Cancer Center, Hope House and others.	Community Health						
2.D. MCH will continue to explore increasing access to OB/GYN services through the recruitment of additional OB/GYN providers to the area.	MCHS ProCare						

Priority #3: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Ector County has a lower rate of mental health care providers per 100,000 population than the state.

Interviewees mentioned that there are limited local mental and behavioral health care services and providers in the community, which leads to the transferring of patients to places like San Angelo and Big Spring. It was also mentioned that law enforcement is typically used to transfer patients outside of the county, which takes officers off the road for several hours. One interviewee stated: "Our law enforcement officers have to drive to San Angelo or Big Spring to transfer a patient who has mental health issues. That's taking an officer off the street for 5-6 hours."

Interviewees raised concern surrounding the unmet mental and behavioral health needs in youth and pediatric residents, as well as an overall shortage of providers resulting in long wait times. It was also mentioned that residents have difficulty identifying providers accepting insurance types due to limited promotion of such providers and whether or not they accept different coverage types. One interviewee stated: "If they won't accept your insurance, you have to find other programs. There's nothing on mental health out there. You have to find something."

Several interviewees noted the lack of substance abuse treatment facilities in the community, as well as increasing concerns among the youth population that include marijuana use, anxiety, stress and depression. It was noted that there is a stigma associated with seeking care for mental and behavioral health related concerns, which leads to a lack of utilization of available resources. One interviewee stated: "We have seen an increase in people that need mental health services and we're referring them, but those people aren't necessarily making it to those places. It's just a lot of shame and not feeling comfortable at those offices."

Objective:

Provide a point of access for mental health services in the community

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. MCH will continue to partner with mental health facilities in the region, such as Oceans Behavioral Hospital Permian Basin, River Crest Hospital and PermianCare, and throughout Texas to provide mental health services to patients.	Community Health						
3.B. MCH will continue to update its list of available mental health services in the community through its partnerships within the Medicaid 1115 Waiver and the Regional Healthcare Partnership-14 (RHP-14).	FHC Executive Director						
3.C. MCH will continue to offer mental health support to its employees through the Employee Assistance Program (EAP) provided by Beacon Health Options.	HR Director						
3.D. MCH will continue to staff a SANE (Sexual Assault Nurse Examiner) professional within the hospital.	CNO						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.E. MCH will continue to provide in-person evaluations by Texas Tech residents and psychiatrists and supplemental telepsychiatry services in the Emergency Department in order to assist with the crisis evaluation process.	Community Health						
3.F. MCH will continue to provide telepsych services through its partnership with Texas Tech.	Community Health						

Priority #4: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Ector County and the state. Ector County has higher mortality rates than Texas for diseases of heart, malignant neoplasms, chronic lower respiratory diseases, accidents (unintentional injuries), Alzheimer’s disease, cerebrovascular disease, diabetes mellitus, chronic liver disease and cirrhosis, septicemia, intentional self-harm (suicide), female breast cancer, lung and bronchus cancer, and colon and rectum cancer.

Ector County has higher rates of chronic conditions and unhealthy lifestyle behaviors such as diabetes (Medicare population), obesity, asthma, physical inactivity, binge drinking and tobacco use than the state. Data also suggests that residents may not be seeking necessary preventive care services, such as mammograms, prostate cancer screenings, colon cancer screenings, and flu shots (adults 18-64 years of age).

Several interviewees mentioned a lack of access to healthy food options in the community, as well as an increasing number of fast food restaurants. It was noted that these two factors lead to increased health care costs, obesity, diabetes, and heart disease. One interviewee stated: “We have more fast food restaurants because of the oil fields. With obesity, there’s a lot of underlying chronic diseases...diabetes, heart disease, cancers, all types of diseases that are going to have a large impact on the future population.”

It was mentioned that the community has a limited built environment and motivation to be physically active. Interviewees also noted that the higher cost of healthy lifestyle programs in the community results in lower participation rates, with one interviewee stating: “A lot of colleges and hospitals promote healthy lifestyles, but organizations don’t make it cheap. If it was affordable to obtain, more people would participate.”

Interviewees discussed higher rates of diabetes in Hispanic and African American residents, and a growing problem of childhood obesity. It was also mentioned that there is a limited parental understanding of how to manage asthma and diabetes in children. One interviewee specifically stated: “We are constantly teaching parents how to take care of children with asthma or diabetes. We have to give instructions at a 5th grade level...many have not finished high school and it is hard for them to understand how to manage chronic illnesses.”

Objective:

Implement programs and provide educational opportunities that seek to address unhealthy lifestyles and behaviors in the community

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. MCH will continue to provide the comprehensive heart failure management program, which includes a Heart Failure Navigator, on a weekly basis at a cardiology clinic that is a member of the ProCare network.	Divisional Center for Heart Disease						
4.B. MCH will continue to partner with the Ector County Health Department to increase access to diabetic screenings and education, and implementing diabetes community coordinators through the Outpatient Diabetes Center Services and the Inpatient Diabetes Center Services.	Divisional Center for Heart Disease						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.C. MCH will continue to operate the Center for Health and Wellness which includes Mission Fitness. Mission Fitness is a medically integrated fitness center that is open to community members and employees (is fee-based). Special programming within the MCH Mission Fitness facility include a Cancer Wellness Program, Aqua Arthritis Classes, Prenatal Aqua Classes and Yoga, Cardiac and Pulmonary Rehab, Physical Therapy and Sports Medicine, Diabetes Education and Management Services, Education Areas (i.e., demonstration kitchen), Diagnostic Radiology (i.e., mammograms, x-rays, ultrasounds, CT scans), Urgent Care (24/7), and Laboratory Services.	Mission Fitness Director						
4.D. MCH and FHC will continue to work in conjunction to provide outreach and community activities, such as health fairs, community clinics, and education on general health and health careers to the community at large. FHC participates in the annual Permian Basin Health fair. FHC continues to provide outreach activities and to look for additional venues to reach out into the community to serve the underserved population.	MCHS ProCare, FHC Executive Director						
4.E. MCH will continue to work on the 1115 Waiver Program Category 3 Quality Improvements, including chronic disease management of diabetes and heart disease, care transitions and hospital readmissions, maternal care hospital safety and palliative care.	FHC Executive Director						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.F. MCH will continue the Hand in Hand program to host monthly lunches and quarterly evening events. "Food for Thought" educational luncheons are monthly seminars focusing on various health topics. Events feature a physician/clinician speaker with relevant experience and the distribution of educational materials. Topics presented include: healthy living, heart disease, bone health, etc.	MCHS Marketing						
4.G. MCH will continue to host "Pink the Basin," a yearly breast cancer fundraising and awareness event that serves to educate women about breast cancer and available cancer and rehabilitation services at the hospital, as well as raise money to pay for mammograms for underserved women in the community.	MCHS Marketing						
4.H. MCH will continue to host and participate in the annual Permian Basin Health Fair, the largest health fair in the surrounding communities. Community agencies partner with MCH to offer the following services: free health screenings including blood pressure, blood sugar, foot checks, BMI, balance testing, discounted flu vaccinations and other health education.	MCHS Marketing						
4.I. MCH will continue to offer affordable, early-detection lung cancer screenings under their Screening Center of Excellence designation from the Lung Cancer Alliance.	MCHS Marketing, Community Health						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.J. MCH will continue to host two Mammo Madness events twice a year to raise awareness about breast cancer awareness and offer low cost, flat rate mammograms of \$99 to underserved women throughout the community. The events are offered at different times to accommodate various schedules of community members.	MCHS Marketing, Breast Care						
4.K. MCH will continue to participate in local and regional health fairs. MCH provides educational information and assists in providing information on bariatric and stroke services, and various screenings (diabetes, blood pressure, BMI and blood sugar).	MCHS Marketing						
4.L. MCH will continue to support the West Texas Food Bank through the Stamp Out Hunger Food Drive every May.	MCHS Marketing						
4.M. MCH will continue to participate in and/or support the "Shine a Light on Lung Cancer Vigil." This is a joint event hosted annually in November with MCH and the West Texas Cancer Center meant to raise awareness of lung cancer, during which community members remember loved ones who died from the disease.	MCHS Marketing						
4.N. MCH will continue to host the smoking cessation event, "The Great American Smoke Out," on an annual basis. MCH partners with the American Cancer Society to provide information and literature on the effects of tobacco use and smoking cessation services.	MCHS Marketing, Respiratory Department						
4.O. MCH will continue to facilitate blood drives each year by encouraging employees and community members to donate. Donations are towards United Blood Services.	MCHS Marketing						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.P. MCH will continue to remain a smoke-free campus for patients and employees.	MCHS Leadership Team						
4.Q. MCH will continue to partner with the local fire department and Regional Advisory Council to offer free car seat safety checks and replacement car seats for families whose car seats have been recalled.	MCHS Marketing, Emergency Preparedness						
4.R. MCH will engage in a variety of employee wellness initiatives, including: discounted rates to access the on-campus, medically-integrated fitness center, Mission Fitness; additional use discounts to encourage frequent exercise; providing new graduate nurses 1 free year membership to Mission Fitness; pre-employment health screenings; wellness incentives towards employee health insurance premiums; mental health counseling through the Employee Assistance Program provided by Beacon Health Options; providing healthy food options and calorie counts in the hospital cafeteria; providing a smoothie bar; and physical activity opportunities and social clubs.	HR Director						
4.S. MCH will ensure that patients receive the best care possible while in the facility by treating the "whole" patient through the implementation of Turn Teams. The goal of the Turn Team is to reduce the incidence of hospital acquired pressure ulcers through the MCH full-time wound ostomy nurse and implementing various Turn Teams. Additionally, MCH is evaluating the feasibility of electronic assisted turn devices.	Wound Care						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.T. MCH will continue to connect patients to existing community resources in order to promote health and wellness in the community. These resources include referrals to places such as Adult Protective Services, Catholic Charities, and other community-based resources.	Community Health						
4.U. MCH will continue its relationship with the Ector County Independent School District to increase physical activity both in and out of the classroom and to provide healthy lifestyle education through GoNoodle.	MCHS Marketing						

Priority #5: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

Rationale:

Ector County has a higher rate of uninsured adults than the state, and a higher percentage of adults with no personal doctor than the state. The county also has a higher rate of preventable hospital events per 1,000 Medicare Enrollees than the state. Ector County has several geographic- and population-based Health Professional Shortage Area designations and census tract-based Medically Underserved Area/Population designations, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees discussed affordability and cost barriers as concerns that disproportionately affect un/underinsured populations in the community, resulting in overuse of the ER (specifically by Hispanic and un/underinsured residents), fewer residents with established medical homes, and lack of necessary preventive care services. It was mentioned that the overcrowding in the ER is leading to frustration with non-emergent cases and long wait times, and that there is a perception in the community that emergency care is the quicker option due to a lack of extended hour facilities. One interviewee specifically stated: "I had a neighbor whose daughter had an ear infection and they called an ambulance because they thought it'd be faster to get in. It's just timing – late at night, early in the morning, weekends...maybe where you want to go isn't open so the place you're stuck with is the hospital."

Interviewees also noted that there is a limited number of providers accepting Medicaid, CHIP and Medicare patients in the community. Additionally, the lack of affordable medications and health care services in Ector County is forcing elderly residents to be noncompliant with treatment plans. One interviewee stated: "Health care is easy to cut out of your budget. The senior population is only taking their medicine every third day because they can't afford the medicine for whatever it is they're afflicted by."

When asked about which specific groups are at risk for inadequate care, interviewees spoke about pediatric, youth, elderly, homeless, low income/working poor, homeless, racial/ethnic and veteran populations as being disproportionately challenged by barriers to accessing healthcare services in Ector County.

With regards to the pediatric population, interviewees mentioned a lack of primary and specialty care options, ADHD and seizure disorders, and obesity and diabetes as challenges for this particular population. For youth residents, interviewees mentioned substance use; anxiety, stress and depression; obesity; high drop out rates due to opportunities to work in the oil field; outmigration of patients for treatment of ADHD, dyslexia, and autism; and a high rate of teen pregnancy and sexually transmitted infections as challenges for the youth community in Ector County.

When speaking about the elderly population in Ector County, interviewees raised concern surrounding a need for health care advocates and interpreters, the growing aging population, limited availability of affordable resources, lack of hospice care options, difficulty accessing and navigating the health care system and transportation barriers as issues for such residents. With regards to the low income/working poor group, interviewees noted limited access to wound care services, a lack of access to mental health care services, overuse of the ER, transportation barriers and a limited number of primary care options as challenges for these residents.

For homeless residents, interviewees mentioned transportation barriers and mental and behavioral health care needs as issues for such residents. For racial/ethnic group residents, interviewees mentioned that Hispanic residents are disproportionately challenged by outmigration to Mexico for health care services and medications, language barriers, overuse of the ER, diabetes and childhood obesity, and African American residents are challenged by higher rates of diabetes.

Lastly, for veterans, interviewees mentioned frustration with the VA system and limited local care options as challenges for such residents.

Objective:

Implement and offer programs that aim to reduce health disparities by targeting specific populations

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. MCH will continue to partner with the American Diabetes Association for Diabetes Alert Day. This involves free diabetic screenings at MCH, local MCHS Clinic at Walmart locations, and the Center for Health and Wellness. If needed, a voucher is distributed to patients for discounted testing.	Divisional Center for Heart Disease						
5.B. MCHS will continue to offer discounted sports physicals through the Clinic at Walmart locations and urgent care clinics.	MCHS ProCare, FHC Executive Director						
5.C. MCH patient navigation services and teams will continue to focus on Medicare patients age 65 and older and patients that are either unfunded or defined as indigent in order to help them identify the most affordable options.	Community Health						
5.D. MCH will continue to offer the Ector County Hospital District Assistance (ECHDA) program for low income residents in Ector County to register more individuals that meet criteria.	MCHS Business Department						
5.E. MCH will continue to provide taxi/uber, food and hotel vouchers to patients and families that need these services.	Community Health, Nursing Directors						
5.F. MCH will continue to work with post acute providers to facilitate safe transitions home for patients.	Community Health						
5.G. MCH FHC clinics will continue to offer sliding fee scales for health care services.	MCHS ProCare, FHC Executive Director						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.H. MCH will continue to provide staff that can assist with health care enrollment under the Affordable Care Act. Services provided to our patients are enrollment assistance, eligibility review for in state and out of state Medicaid, long term care assistance, OB pre-registration program, Medicaid as a secondary payer as well as disability applications and representation at the hearing level and appeals for approval. Other services provided are enrollment in qualified health plans, state and county programs, COBRA assistance, victims of crime services and Indian Health Services.	MCHS Business Department						
5.I. MCH will continue to contract with vendors to provide support services for unfunded patients to achieve some form of payment, or to apply for Medicaid, county assistance, etc.	MCHS Business Department						
5.J. MCH employees will continue to provide financial donations to the United Way of Odessa.	MCHS Marketing						
5.K. MCH will continue its partnership with Covenant Health System to provide pediatric specialist services, including Pediatric Cardiology, Pediatric Surgery, and Pediatric Neurosurgery at the Healthy Kids Clinic on a monthly basis.	CNO, CMO						
5.L. MCH continues to expand interpretation services through a video-conferencing service, My Accessible Real Time Trusted Interpreter (Martti™) from the Language Access Network. Martti™ is a dedicated service that provides patients with access to a wide variety of language interpretation at the touch of a button.	Center for Service Excellence						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.M. MCH will continue to participate in the electronic health record (EHR) and health information exchange (HIE). The HIE brings an integrated and unified patient-centered database to connect MCH patients, clinics and physicians. Patients will benefit by having online access to much of their clinical information.	MCH Leadership Team						
5.N. MCH will continue to bridge the gap in care by following a patient from the time of admission to the point of discharge using its recently expanded team of case coordinator nurses, community nurse navigators, social workers, care transition coordinators and respiratory therapists. Special focus is placed on patients that experience health disparities and those with a high risk for readmission based on complex medical and social needs.	Community Health						

Priority #6: Increased Emphasis on Sex Education, Communicable Disease Prevention and Family Planning

Rationale:

Ector County has higher rates of communicable diseases (chlamydia, gonorrhea) than the state. With regards to maternal and child health, specifically, Ector County has higher percentages of mothers smoking during pregnancy, low birth weight births, and teen births than the state, with higher percentages of repeat births to teens and births to single teens than the state.

Interviewees mentioned that there is an increasing rate of teen births who are not receiving adequate, timely prenatal care, as well as a perception that there is a normalization of births to younger teens. There is also growing concern regarding the limited local access to family planning services and resources, and one interviewee stated: "Access to family planning services is not available here. Anyone who lives in West Texas has very limited access to subsidized services for family planning."

Several interviewees discussed higher rates of sexually transmitted infections, specifically chlamydia, in the community, as well as the lack of community outreach regarding sex education, communicable disease prevention and family planning. It was noted that low income and un/underinsured residents may have a greater challenge in seeking family planning assistance programs, and interviewees discussed concern surrounding parental irresponsibility and limited proper parenting skills in the community. One interviewee specifically stated: "...parents are not available when [the school nurse] calls them so we call 911. Parents are not aware of their responsibilities and it becomes an emergency."

Objective:

Implement programs and provide educational opportunities that seek to address sex education, communicable disease prevention and family planning in the community

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.A. MCH will continue to collaborate with local school nurses and counselors to provide education to expectant teen mothers through a class for all expectant school-aged mothers, along with a tour of the facility in coordination with the local school nurses by request.	CNO						
6.B. MCH will continue to provide live maternal and child health classes every other month.	CNO						
6.C. MCH will continue to host the breast feeding/baby café every Wednesday for new mothers to promote breast feeding.	CNO						
6.D. MCH will continue to host baby step tours on a monthly basis.	CNO						
6.E. MCH will continue its March of Dimes 39+ Weeks Quality Improvement Initiative that promotes healthy, full-term deliveries. Data is tracked on a monthly basis.	CNO						

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
6.F. MCH will continue to collaborate with the MCHS Foundation and Children's Miracle Network (CMN) to raise funds towards maternal and child health needs through various programs and initiatives, such as Miracle Treat Day, CMN Balloon Campaign, Miracle Challenge Physical Activity Event, Desert Dash, CMN Employee Fall Fest, Credit Union for Kids Golf Tournament, Miracle Jeans Day, CMN Radiothon in English and Spanish, Physician Engagement Event - Cor Tenera.	CNO						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE HOSPITAL'S CURRENT CHNA

CHNA Feedback Invitation

- IRS Final Regulations require a hospital facility to consider written comments received on the hospital facility's most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- MCH invites all community members to provide feedback on its existing CHNA and Implementation Plan.
- To provide input on this CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.

Feedback, Questions or Comments?

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Medical Center Hospital

ATTN: Administration

500 West 4th Street

Odessa, TX 79761

Phone: (432) 640-6000

Please find the most up to date contact information on the Medical Center Hospital website under “Community Health” > “Community Health Needs Assessment”:

<http://mchodessa.com/community-health-needs-assessment/>



Thank you!

Community Hospital Consulting
7800 N. Dallas Parkway, Suite 200
Plano, TX 75024
972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com
Valerie Hayes - vhayes@communityhospitalcorp.com