



Keeping the **H** in Hometown®

Medical Center Hospital

Community Health Needs Assessment and Implementation Plan

August 2022



Table of Contents

Section 1: Community Health Needs Assessment	2
Executive Summary.....	3
Process and Methodology	9
Clinic Biography.....	15
Study Area.....	20
Demographic Overview.....	22
Health Data Overview	48
Phone Interview Findings.....	90
Family Health Clinic: Patient Survey Analysis	106
Local Community Health Reports	122
Input Regarding the Hospital’s Previous CHNA	126
Evaluation of Hospital’s Impact	128
Previous CHNA Prioritized Health Needs.....	142
2022 CHNA Preliminary Health Needs.....	144
Prioritization.....	146
Priorities That Will Not Be Addressed.....	151
Resources in the Community	153
Information Gaps	167
About Community Hospital Consulting.....	169
Appendix	171
Summary of Data Sources.....	172
Data References.....	175
HPSA and MUA/P Information.....	178
Interviewee Information.....	185
Family Health Clinic Survey.....	187
Priority Ballot	190
Section 2: Implementation Plan	194
Section 3: Feedback, Comments and Paper Copies	203
Input Regarding the Clinic’s Current CHNA.....	204

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 11, 2022 to review the research findings and prioritize the community health needs. Five 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. Based on the unique capabilities of the facilities, MCH prioritized separately from the FHC in order to tailor their list of identified needs to their specific patient population and resources. Through collaboration, engagement and partnership with the community, MCH and the FHC will address the following priorities with a specific focus on addressing social determinants of health among specific populations.

The five most significant needs as decided upon by MCH leadership are listed below:

- 1.) Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
- 2.) Access to Mental and Behavioral Health Care Services and Providers
- 3.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Continued Focus on COVID-19 Prevention & Response
- 5.) Access to Dental Care Services and Providers

Once this prioritization process was complete, MCH leadership discussed the results and decided to address four of the five prioritized needs in various capacities through its implementation plan. While MCH acknowledges that this is a significant need in the community, “Access to Dental Care Services and Providers” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. MCH will continue to support local organizations and efforts to address this need in the community. The Medical Center Hospital Family Health Clinic is addressing the need for “Access to Dental Care Services and Providers” in their clinic-specific implementation plan, and MCH will continue to support them in addressing this need 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 2022 Community Health Needs Assessment and Implementation Plan on August 2, 2022.

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care

Ector County has a lower rate of primary care providers per 100,000 population than the state, as well as a higher rate of preventable hospitalizations and residents who do not have a personal doctor than the state.

Interviewees discussed a shortage of primary care providers despite gains made by the hospital to increase primary care and specialist providers in the area. This could partly be due to the population growth in the area as well as transportation barriers for many but particularly for seniors. It was also mentioned that there are limitations on insurance types, particularly Medicaid, being accepted by local primary care providers in the community, and difficulty seeking primary care services may be leading to outmigration of patients to larger cities or inappropriately using the Emergency Room. Interviewees noted regarding the future needs for providers: "We are expecting some significant growth and with that in mind, our current number of providers would not meet the need." Another interviewee mentioned regarding accessibility of services for those without commercial insurance: "It's nearly impossible to find primary care providers who will see an individual with Medicaid. A lot of people end up in a crisis because they didn't have access to care."

Despite its aim to help address perceived long wait times for appointments, the increase in telehealth services were met with mixed perceptions. Though telehealth was perceived as a means of adding providers to the area particularly for psychiatric services, some interviewees felt that telehealth was not a popular means of providing care. One interviewee felt that recruitment efforts were enhanced by telehealth, stating: "We're still predominantly rural and surrounded by rural counties. We need more telemedicine because I think we'll continue to struggle to recruit providers into the community. I see that growth is needed in the healthcare industry and those could be big issues that will hurt the community down the line."

Healthcare worker burnout was a top concern due to the state and nation-wide shortages of healthcare providers as well as resource limitations. One interviewee stated: "We're seeing extraordinarily high levels of vacancies and resource limitations across the entire state. It's like the workforce has been depleted. We don't know where they've gone or what has happened to them. The world around us has changed to have more resource limitations and that's COVID-related."

Many interviewees raised concern surrounding succession planning needs for current primary care providers, particularly the growing trend to replace primary care physicians with physician extenders such as Physician Assistants and Nurse Practitioners. One interviewee stated: "It's become a customary practice [here] to fill provider offices with PAs. I don't see a lot of actual physicians." The elderly population was also noted as a population that appreciates a continuous relationship with their provider, making it difficult if their provider changes.

With regards to specialty care, interviewees praised existing providers for their high quality of care in the community. Interviewees also discussed outmigration to Odessa, Lubbock and Houston due to limited local resources, primary care provider referrals, a need for a higher level of care or a perception that larger cities provide better care. This outmigration may result in transportation and cost barriers. It was also noted that the shortage of specialty providers and limited availability of physicians providing rotating coverage leads to long wait times for appointments or lack of care. The financial burden of specialty care along with limited or no insurance coverage was mentioned by many interviewees as the largest barrier for care. One interviewee mentioned: "For specialty care, it comes back to whether or not you have insurance to afford the care. With heart doctors, we don't have enough providers to accept the underserved. Some folks go across the border and do what they can to take care of themselves."

Specific specialties mentioned as needed in the community include Pediatric Orthopedics, Hematology/Oncology, Neurosurgery/Spine, Gastroenterology, Endocrinology, Neurology, Infectious Disease and Pain Management. One interviewee noted: "GI is our biggest issue..."

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care (continued)

...You wait for months to see a GI. We don't have any pediatric specialty options here, you have to take kids to Lubbock.”

In the Family Health Clinic Survey, there was an increase in patients who utilized the Emergency Department when they are sick or need to see a doctor. Cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor which only increased from 2019 to 2022. One respondent noted: “I use the ER if I can't get into see my Doctor.”

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Data suggests that residents in Ector County do not have adequate access to mental and behavioral health care services and providers. Ector County has a significantly lower rate of mental health care providers per 100,000 than the state and the nation along with an increasing rate of residents with depressive disorders and poor mental health days.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county and the barriers to recruitment. One interviewee stated: “Difficulty recruiting is a huge issue. There's definitely a workforce shortage when it comes to mental and behavioral health providers - nurses, counselors, therapists, psychiatrists, any of them. They're hard to find, especially in children's areas. Most of our psychiatrists come in through telehealth, they don't live here.”

The lack of mental and behavioral health care resources were particularly mentioned for those lacking financial resources and adequate insurance coverage. One interviewee noted: “The biggest challenge is cost. We only have a handful of psychiatrists here. If you don't have insurance, there's a barrier. We have Mental Health and Mental Retardation (MHMR) locally but their wait list is unbelievable. They're strapped for staff.” Second to cost, stigma was also noted as a barrier to care no matter financial resources. One interviewee mentioned: “We do have several psychiatrists here, but people don't admit they go. People don't discuss it because of the stigma against it.”

It was mentioned several times that the limited or no options for mental and behavioral health care resources in the community lead to people leaving the community and seeking services in other cities particularly for services related to prescription medications, inpatient psychiatric services and autism. One interviewee stated: “We need specialists who deal with autism, the nearest one is in Lubbock and the wait time is 6 months to a year. For autism patients there is some therapy here in Midland, but the wait time is 2 years.”

Additionally, it was noted that there is a significant need for specific services for addiction treatment services in the county. Interviewees mentioned that the need for mental health services have only increased as a result of COVID-19 including increases in depression in the elderly, fear and anxiety across all populations and worsened social skills. There has also been an increase in alcohol and drug abuse issues throughout the county. One interviewee mentioned: “There's been a huge uptick in drug abuse anywhere from edibles to smoking marijuana or cocaine. We're seeing elementary school kids vaping.”

It was also mentioned that mental health concerns is of even greater concern in light of COVID-19. There is an increasing need for socialization and connection due to isolation during the pandemic. One interviewee specifically stated: “There's a big mental health component that came out during COVID that will take years to unpack. Depression came from it, definitely anxiety, definitely fear.”

Priority #3: 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...

Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles (continued)

...state. Ector County has higher mortality rates than Texas for the following causes of death: heart disease; cancer; chronic lower respiratory diseases; Alzheimer's disease; COVID-19; accidents (unintentional injuries); diabetes mellitus; cerebrovascular diseases; chronic liver disease and cirrhosis; septicemia; colon and rectum cancer; breast cancer; and lung and bronchus cancer.

Ector County has higher prevalence rates of chronic conditions such as obesity, asthma and diabetes in the Medicare population than the state. Ector County also has higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity, smoking and binge drinking than the state. With regards to maternal and child health, specifically, Ector County has a higher percentage of low birth weight births, teen (age 0-19 years) births as well as single teen birth rates than the state.

Data suggests that Ector residents are not appropriately seeking preventive care services, such as timely colonoscopies or mammograms and adults and seniors who received timely flu vaccines. Additionally, Ector County has a higher prevalence of HIV diagnoses as compared to the state along with a higher uninsured population.

Several interviewees noted significant rates of chronic conditions and healthy lifestyle behaviors, including obesity, diabetes, heart disease and physical inactivity. Additionally, lack of affordable nutritious food options were discussed by interviewees and how that was resulting in consumption of unhealthy food and higher rates of chronic conditions. Several individuals specified that the younger as well as the Hispanic and minority populations are in the greatest need of education to start and maintain healthy habits. One interviewee mentioned: "We still have a high percentage of teen pregnancies that impact our kids. There's teenage pregnancy, vaping, drug use, smoking diabetes...you have an overall influence of a non-health conscious community." While another stated: "We have seen that we need more education for the Hispanic population and minorities, especially on obesity and diabetes."

Interviewees also noted that low income populations may face cost barriers when accessing healthy lifestyle resources. One interviewee stated: "The trend is towards obesity, diabetes and heart disease problems. What you'll find is if you walk into the grocery store, your healthy foods are so much more expensive than what you can get for chips or frozen dinners. Those factors tie into each other."

Interviewees emphasized the need to educate the community on local resources available for their use. It was discussed that there are many resources and services in the community; however, there is a lot of confusion surrounding what resources are available and how to access those services. Social media was mentioned as an avenue for sharing information and resources within the community. Additionally, many people mentioned that there is confusion on how to navigate the health care system in the area. One interviewee stated: "One big issue is people knowing where to go. We need them to understand the different healthcare locations and what is available. People need more social media to teach them what resources are out there."

A few interviews expressed concern surrounding the limited number of residents with an established primary care provider for preventive care and how that could be leading to an increase in chronic conditions. Furthermore, COVID-19 has impacted residents seeking appropriate follow up care. One interviewee stated: "Diabetes is a big issue. COVID-19 has made [those conditions] worse, there were gaps in follow ups due to the pandemic. People were nervous to go to the doctor's office."

In the Family Health Clinic Survey, there was an increase in patients who cited cost as a barrier to care between 2019 and 2022 for both English and Spanish speaking patients. Confusion around cost of care seemed to be an overarching theme of responses. One respondent noted: "I have no other doctor and little money."

Priority #4: Continued Focus on COVID-19 Prevention & Response

Ector County had a significantly higher COVID-19 mortality rate than the state. Ector County also has a lower percentage of its population fully vaccinated compared to the state.

Interviewees discussed appreciation for the hospital's proactive response as well as the quality of care provided throughout the pandemic. There was also concern surrounding various areas impacted by COVID-19, such as residents with preexisting conditions, disparate healthcare access and education and homelessness.

Those with preexisting conditions or with long term effects from COVID-19 were of concern to interviewees. One interviewee stated: "There have been patients post COVID-19 who need long term pulmonology care, and with the vaccines and long term effects, I am worried it will be a problem in the future. There have been several rehab facilities that [took care of patients during the pandemic], and now they are [seeing the same patients again]."

Healthcare access and education along with unemployment and homelessness were also of great concern to interviewees as a result of COVID-19, particularly for those who seemed to be affected greatly such as the Hispanic and low income populations. Education regarding vaccinations and mask wearing were mentioned as two areas of opportunity. Fear of COVID-19 was seen as a potential barrier to care particularly for those who needed transportation assistance. One interviewee mentioned: "With our transportation system out here, it's pretty hard on the elderly. They can't afford a taxi and they don't feel comfortable riding on a bus with the COVID-19 going on."

Unemployment, homelessness and other social determinants have a significant effect on the health of residents. "Housing security and stability is a concern as far as homelessness and displaced families as a result of mass evictions due to the pandemic or loss of employment," one interviewee noted. Another mentioned, "The high level of unemployment that happened in conjunction with COVID-19 and the oil prices plummeting...people lost jobs and had trouble finding food. When someone has to choose between paying their power bill or paying for medicine, they pay their power bill so they have somewhere to stay and somewhere warm to live."



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 Medical Center Hospital
 - 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 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

- Medical Center Hospital worked with CHC Consulting in the development of its CHNA. Medical Center Hospital 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 Stratasan 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
 - Conducted a survey that collected input from Family Health Clinic patients and analyzed results
 - Facilitated the prioritization process during the CHNA Team meeting in April 2022. The CHNA Team included:
 - Christin Abbott-Timmons, Chief Nursing Officer and Chief Experience Officer
 - David Garcia, FHC Executive Director and Director of Governmental Affairs
 - Adiel Alvarado, President of ProCARE
 - Tina Leal, Vice President of Physician and Community Relations
 - Karime Ramirez, Director of Case Management
- 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)

– Medical Center Hospital Biography

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

– Study Area Definition

- The study area for Medical Center Hospital is based on hospital inpatient discharge data from October 1, 2020 - September 30, 2021 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, Stratasan, SparkMap, the Annie E. Casey Foundation Kids Count Data Center, the U.S. Census Bureau, the United States Bureau of Labor Statistics, and Feeding America

– 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 Centers for Disease Control and Prevention (CDC) WONDER Tool, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, Community Commons, the Texas Department of Health and Human Services, the Texas Central Cancer Registry, Small Area Health Insurance Estimates (SAHIE), and the U.S. Census Bureau

– Interview Methodology

- Medical Center Hospital and the Family Health Clinic 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, 26 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, Family Health Clinic - JBS and Family Health Clinic – West University sites distributed during registration or upon checkout from November 29, 2021 – December 24, 2021. 451 surveys were completed out of the 1,708 patients seen at the clinic location during that time frame, ending in a 26.4% 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
- Medical Center Hospital provided CHC Consulting with a report of community benefit activity progress since the previous CHNA report

– Prioritization Strategy

- Five 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 prioritization process
- See the prioritization section for a more detailed description of the prioritization methodology



HOSPITAL BIOGRAPHY

Hospital Biography

About Medical Center Hospital

About Medical Center Health System

Medical Center Health System is proud to be the most comprehensive healthcare provider in the Permian Basin. Founded more than 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.

The future is bright for MCHS.

With continued expansion, renovation and progress, we are always thinking of new ways to serve our community. Whenever you need us, wherever you are, Medical Center Health System has your family covered.

We're Your one source for health.

Medical Center Hospital: Serving the Community for 70+ Years

Medical Center Hospital (MCH) has provided care to the Permian Basin for more than 70 years. Opening December 5th, 1949 as an 85-bed community hospital, MCH met an important need for Odessa. Through the years, MCH has expanded and added services and technology to meet the community's growing needs. Today, MCH has grown into a 402-bed Level III Trauma Center with more than 2,000 employees and more than 450 providers.

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, Dr. Wood gathered a group of citizens who met with Ector County Commissioners to propose a new Odessa hospital. 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. The doors were opened for patients on December 5, 1949. 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 annually in the early years. As the number of patients grew, so did the hospital. To accommodate this growth, a three-story addition was created, followed by a seven story tower, and then another seven-story tower. "It was only three floors when it started," says Betty Johnson, a former Auxiliary member. "It's gone up now, and several new buildings have been added on."

Source: Medical Center Health System, "About Us, History," <https://www.mchodessa.com/about-us/history/>; information accessed April 13, 2022.

Hospital Biography

About Medical Center Hospital (continued)

Creation of ECHD

Medical Center Hospital has a history of growth and quality, but it still faced some challenging times. During the 1980s, 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.”

From a Hospital to a Health System

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 Clinic at Walmart at the East Odessa location, and the Center for Health & Wellness on Faudree and Highway 191. Because of Medical Center Hospital’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, ProCare Family Medicine, Laboratory 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 and pediatric services. MCHS operates three Urgent Care clinics, one Clinic at Walmart and two Family Health Clinic locations.

The future is bright for MCHS with continued expansion, renovation, and progress. 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

Medical Center Hospital 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

- Audiology
- Bariatric Surgery
- Cancer Treatment
- Cardiovascular Care
- Emergency Services
- Endocrinology
- Family Occupational Medicine
- Family Medicine
- Fitness Center
- Gastroenterology
- Imaging Services
- Infusion Services
- Internal Medicine
- Interventional Pain Medicine
- Laboratory Services
- NICU
- OB/GYN Services
- Occupational Therapy
- Orthopedics
- Otolaryngology
- Pain Management
- Pediatrics
- Pharmacy
- Physical Therapy
- Primary Care
- Speech Therapy
- Sports Medicine
- Stroke Services
- Surgical Services
- Telehealth
- Urgent Care
- Women's Health
- Wound Care/Skin Disorders



STUDY AREA

Medical Center Hospital

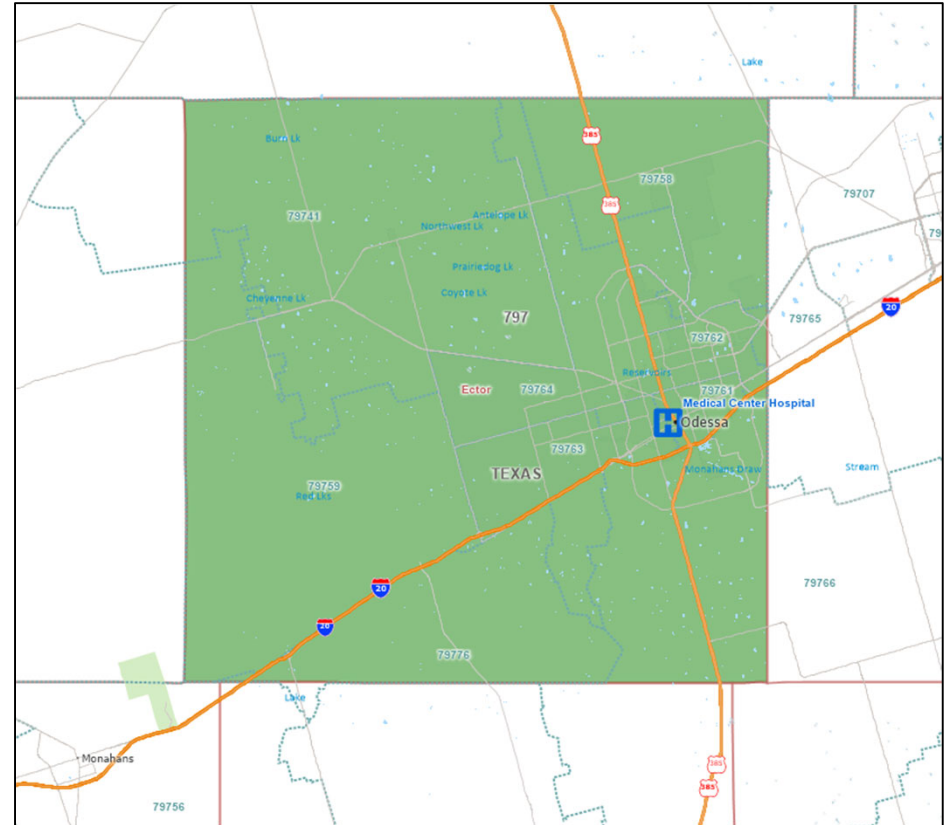
Study Area

- Ector County comprises 70.4% of MCH FY 2021 inpatient discharges
- H Indicates the hospital

**Medical Center Hospital
Patient Origin by County
October 1, 2020 - September 30, 2021**

County	State	FY21 Inpatient Discharges	% of Total	Cumulative % of Total
Ector County	TX	9,375	70.4%	70.4%
All Others		3,943	29.6%	100.0%
Total		13,318	100.0%	

Source: Texas Hospital Association (THA) & Texas Health Care Information Collection (THCIC), combined dataset, accessed from Stratason, public use data files; Fiscal Year 2021 (October 2020 - September 2021); inpatient discharges. Normal Newborns removed.



Note: the 2019 MCH CHNA and Implementation Plan report studied Ector County, Texas, which comprised 66.2% of SY 2018 (May 2018 – April 2019) 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 Stratasan 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/bust 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 2021-2026



Overall Population Growth				
Geographic Location	2021	2026	2021-2026 Change	2021-2026 % Change
Ector County	168,909	179,034	10,125	6.0%
Texas	29,969,514	32,346,738	2,377,224	7.9%

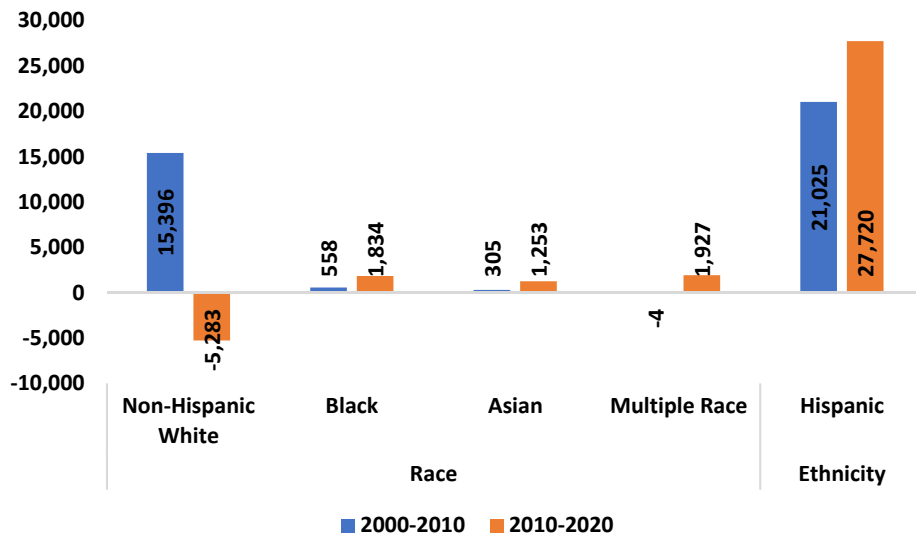
Source: Stratason, Canvas Demographic Report, 2021.

Population Health

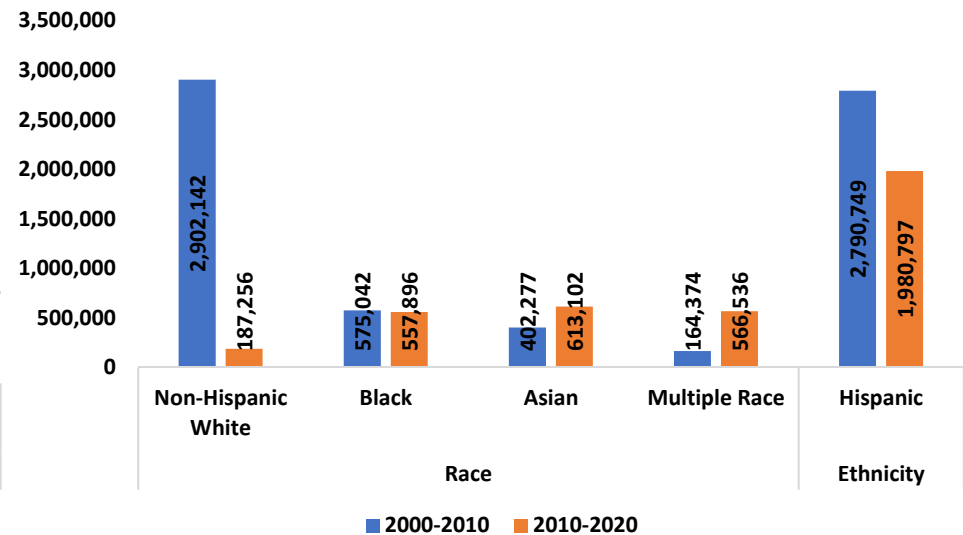
Population Growth (continued)

- Between 2000 and 2020, Ector County saw the biggest population decline in the Non-Hispanic White population.
- Texas saw the biggest population change in the Hispanic population followed by the Asian population (2000-2020).

Population Change by Race/Ethnic Group, Ector County, 2000-2020



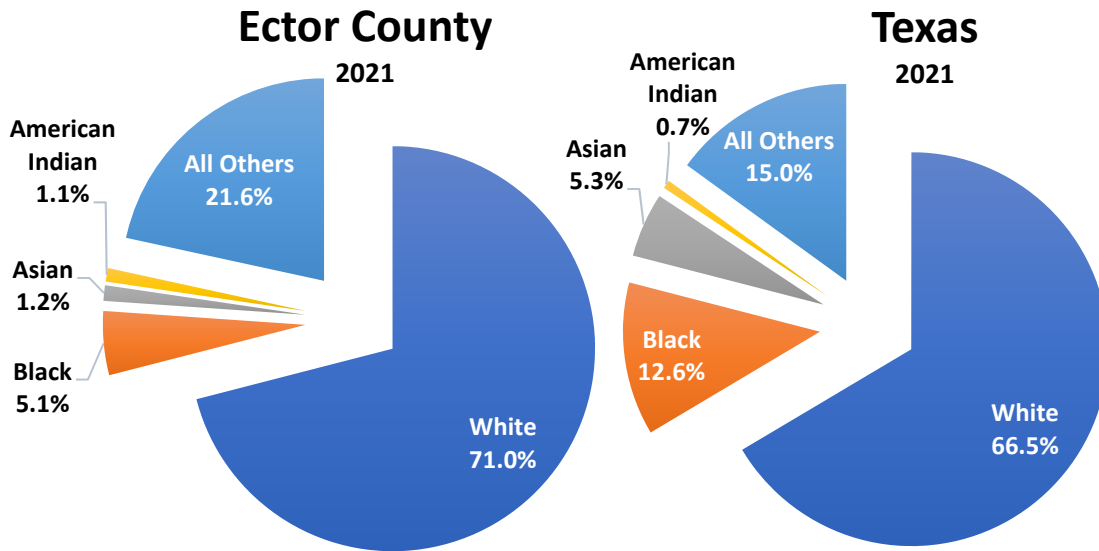
Population Change by Race/Ethnic Group, Texas, 2000-2020



Source: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed February 22, 2022.
 Note: Due to data being pulled from different data sources, racial/ethnic breakouts and definitions may vary.

Population Health

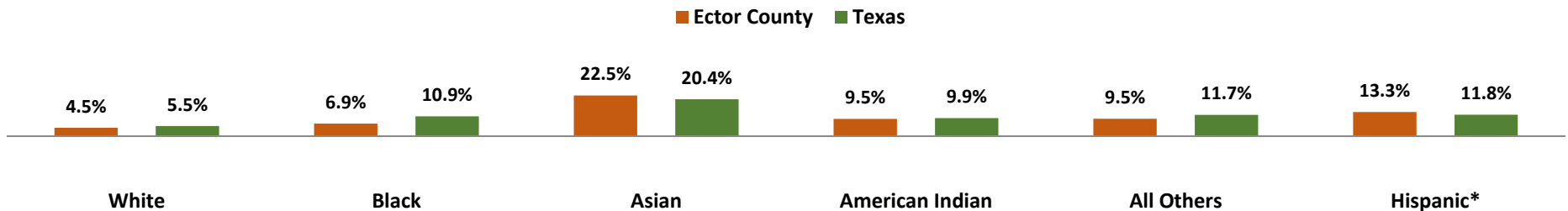
Population Composition by Race/Ethnicity



Ector County				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	119,914	125,323	5,409	4.5%
Black	8,609	9,200	591	6.9%
Asian	2,104	2,578	474	22.5%
American Indian	1,807	1,978	171	9.5%
All Others	36,475	39,955	3,480	9.5%
Total	168,909	179,034	10,125	6.0%
Hispanic*	108,653	123,115	14,462	13.3%

Texas				
Race/Ethnicity	2021	2026	2021-2026 Change	2021-2026 % Change
White	19,915,321	21,010,464	1,095,143	5.5%
Black	3,767,225	4,176,571	409,346	10.9%
Asian	1,585,385	1,909,545	324,160	20.4%
American Indian	207,520	228,091	20,571	9.9%
All Others	4,494,063	5,022,067	528,004	11.7%
Total	29,969,514	32,346,738	2,377,224	7.9%
Hispanic*	12,087,461	13,513,273	1,425,812	11.8%

Race/Ethnicity Projected 5-Year Growth 2021-2026



Source: Stratascan, Canvas Demographic Report, 2021.

*Hispanic numbers and percentages are calculated separately since it is classified as an ethnicity.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

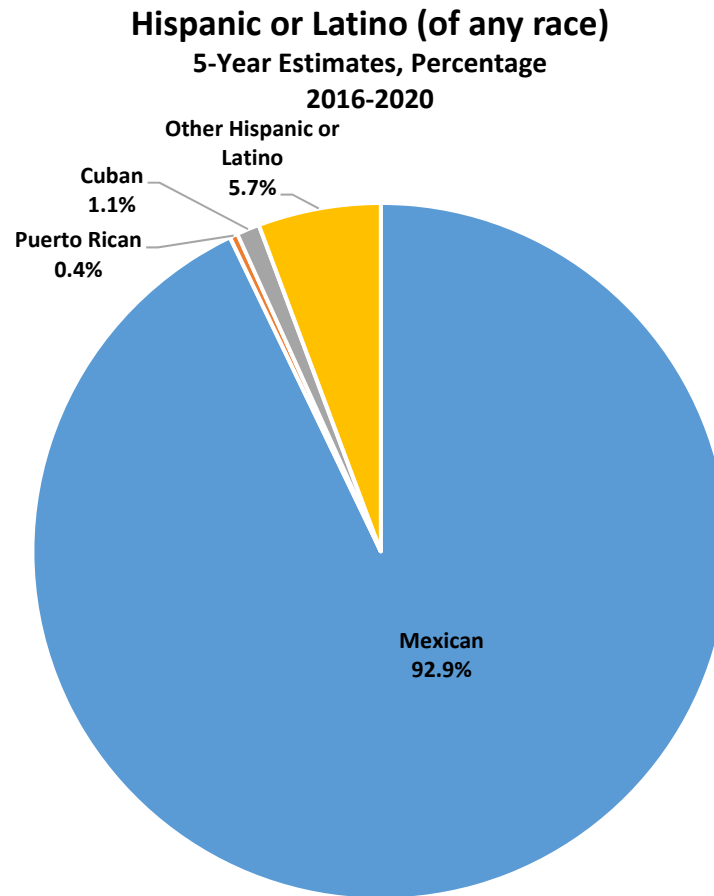
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.



Population Health

Population Composition by Race/Ethnicity - Hispanic

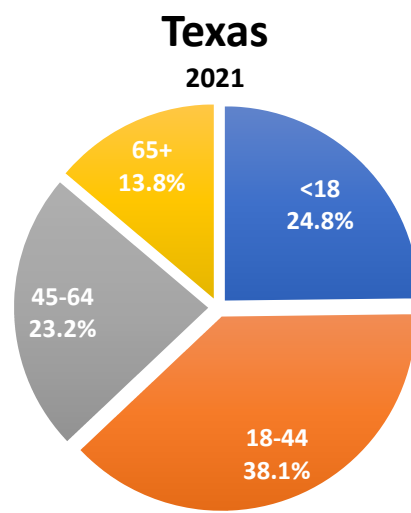
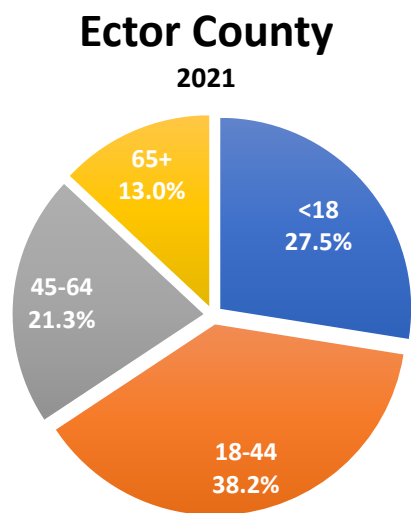
- In 2016-2020, the Ector County Hispanic or Latino population was composed of a majority Mexican population (92.9%), followed by Other Hispanic or Latino (5.7%) and Cuban (1.1%) and Puerto Rican (0.4%).



Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, data filtered for Ector County, TX <https://data.census.gov/cedsci/table?q=race%20and%20ethnicity&g=0500000US48135&d=ACS%205-Year%20Estimates%20Data%20Profiles>; information accessed March 28, 2022.

Population Health

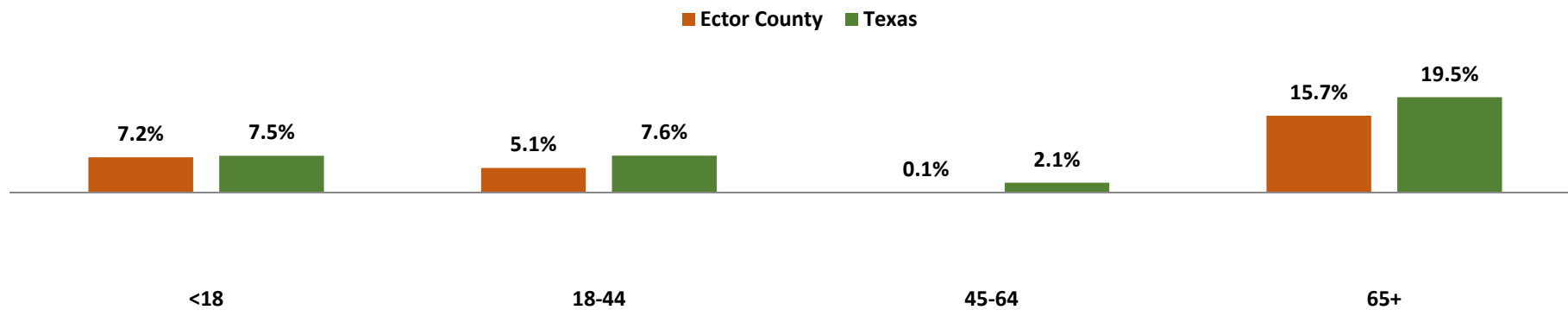
Population Composition by Age Group



Ector County				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	46,498	49,869	3,371	7.2%
18-44	64,470	67,734	3,264	5.1%
45-64	35,911	35,937	26	0.1%
65+	22,030	25,494	3,464	15.7%
Total	168,909	179,034	10,125	6.0%

Texas				
Age Cohort	2021	2026	2021-2026 Change	2021-2026 % Change
<18	7,436,722	7,997,092	560,370	7.5%
18-44	11,429,075	12,294,852	865,777	7.6%
45-64	6,957,653	7,100,903	143,250	2.1%
65+	4,146,064	4,953,891	807,827	19.5%
Total	29,969,514	32,346,738	2,377,224	7.9%

Age Projected 5-Year Growth 2021-2026



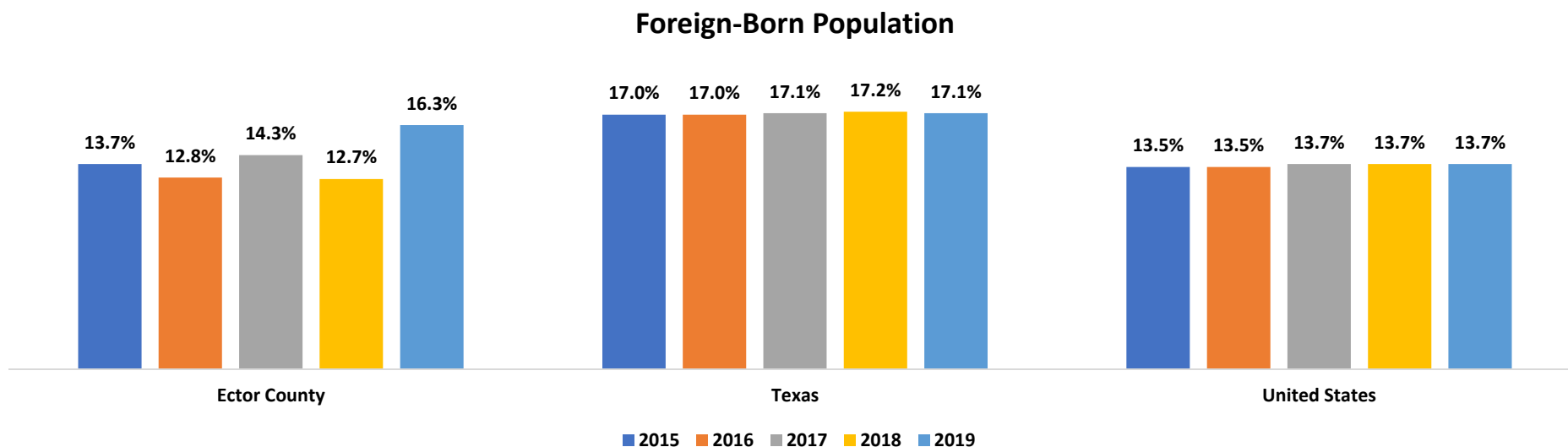
Source: Stratasan, Canvas Demographic Report, 2021.

Note: A green highlighted row in the table represents the biggest change in true numbers in the population for each county and state.

Population Health

Subpopulation Composition

- Between 2015 and 2019, the percent of foreign-born residents overall increased in Ector County, the state and the nation.
- Between 2015 and 2019, Ector County maintained a lower percentage of foreign-born residents than the state but a higher percentage than the nation in 2015, 2017 and 2019.
- In 2019, Ector County (16.3%) had a lower percent of foreign-born residents than the state (17.1%) but a higher percent than the nation (13.7%).

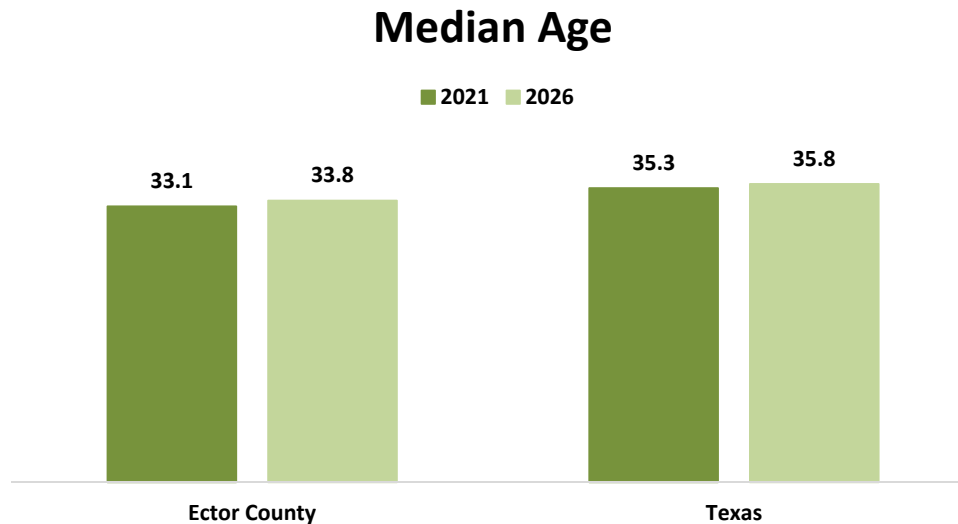


Source: United States Census Bureau, filtered for Ector County, TX, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed November 18, 2021.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

Population Health

Median Age

- Ector County (33.1 years) has a younger median age than Texas (35.3 years) (2021).
- The median age in Ector County and the state is expected to increase over the next five years (2021-2026).

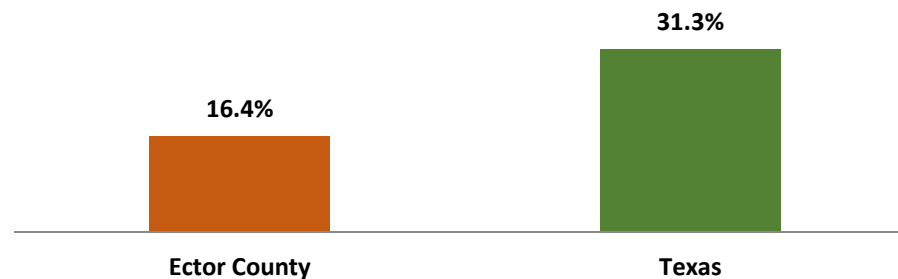


Population Health

Educational Attainment

- Ector County (16.4%) has a lower percentage of residents with a bachelor or advanced degree than the state (31.3%) (2021).

**Education Bachelor / Advanced Degree
2021**

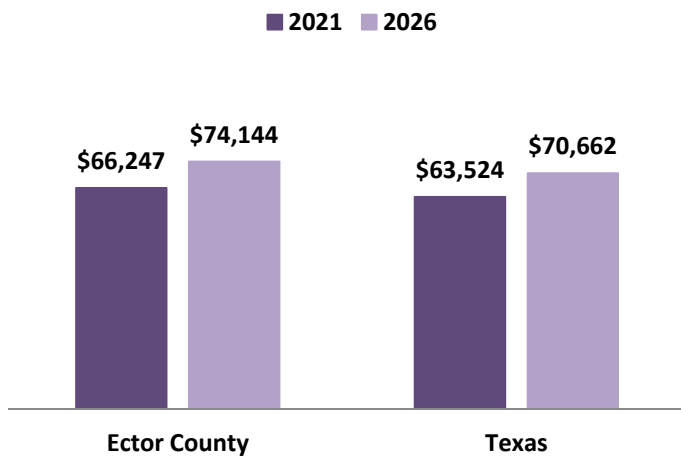


Population Health

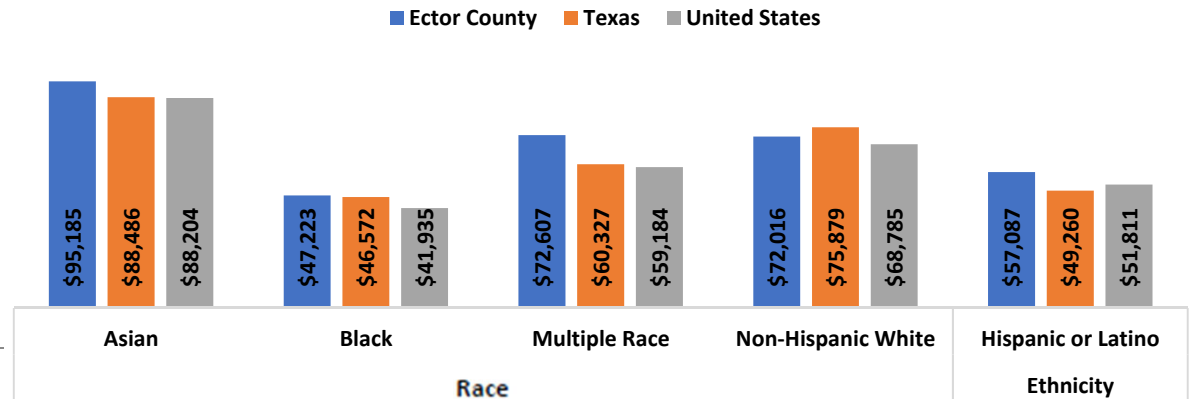
Median Household Income

- The median household income in Ector County (\$66,247) is higher than that of the state (\$63,524) (2021).
- Between 2021 and 2026, the median household income in both Ector County and the state is expected to increase.
- All race/ethnicity groups in Ector County, except for the Non-Hispanic White population, had a higher median household income as compared to the state (2015-2019).

Median Household Income



Median Household Income by Race/Ethnicity, Dollar Currency, 2015-2019



Source: Stratasen, Canvas Demographic Report, 2021.

Source: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed February 22, 2022.

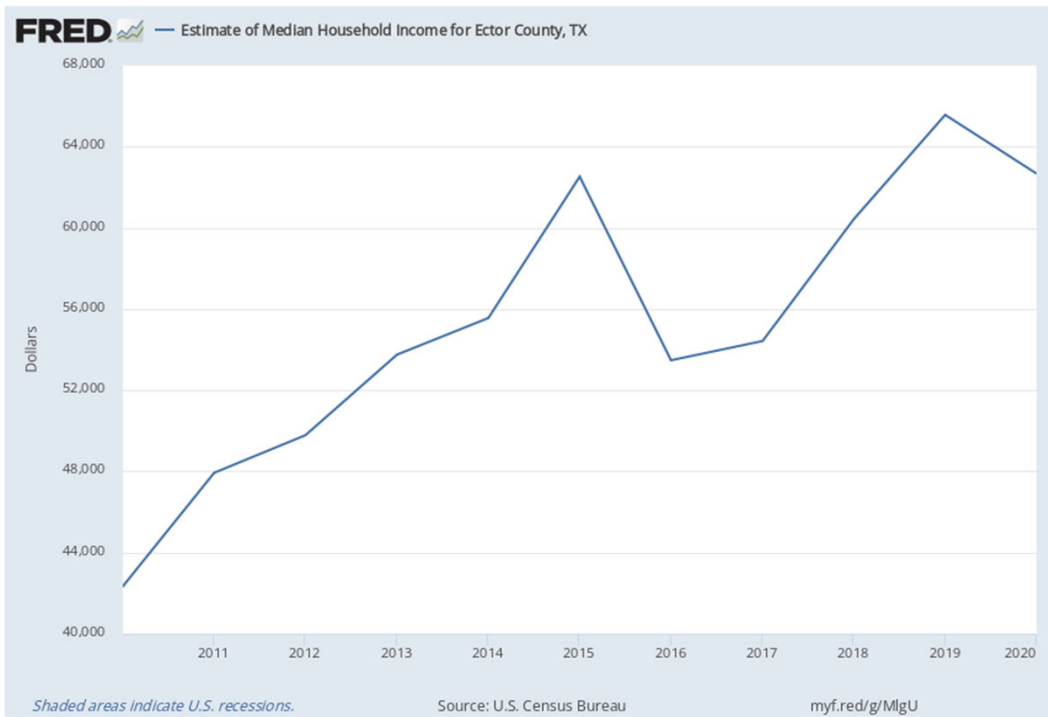
Definition: This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.

Note: Due to data being pulled from different data sources, racial/ethnic breakouts and definitions may vary.

Population Health

Median Household Income (continued)

- Ector County has seen an overall increase in the median household income between 2010 and 2020.
- Ector County saw the highest median household income in 2019 at \$65,564.
- Ector County saw the highest percent change over year in median household income between 2010-2011 and 2014-2015 (13% and 13%, respectively).



Year	Median Household Income	Percent Change by Year
2010	\$42,339	-4%
2011	\$47,930	13%
2012	\$49,784	4%
2013	\$53,752	8%
2014	\$55,555	3%
2015	\$62,519	13%
2016	\$53,474	-14%
2017	\$54,422	2%
2018	\$60,431	11%
2019	\$65,564	8%
2020	\$62,669	-4%

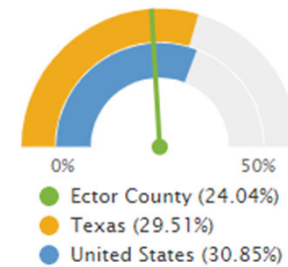
Source: FRED Economic Data, filtered for Ector County, TX, <https://fred.stlouisfed.org/series/MHITX48135A052NCEN>; data accessed February 22, 2022. Note: Data has been updated as of December 16, 2021.

Population Health

Housing

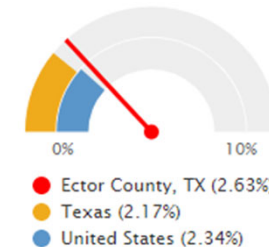
- Ector County (24.0%) has the lowest percentage of households where housing costs exceed 30% of total household income as compared to the state (29.5%) and the nation (30.9%) (2015-2019).
- The percent of homes that received an eviction judgment in which renters were ordered to leave in Ector County (2.6%) is higher than the state (2.2%) and the nation (2.3%) (2016).
- The eviction rates in the Hispanic or Latino (5.2%) and Non-Hispanic White (3.2%) racial/ethnic groups in Ector County were higher than the state and the nation (2016).

Percentage of Households where Housing Costs Exceed 30% of Income



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.

Eviction Rate



Eviction Filing Rate by Race/Ethnicity, Percent, 2016

	Asian	Hispanic or Latino	Non-Hispanic Black	Non-Hispanic White
Ector County	No data	5.18%	0.02%	3.23%
Texas	0.01%	1.88%	0.60%	1.24%
United States	0.01%	0.39%	0.80%	1.50%

Source: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed February 22, 2022.

Definition: The percentage of the households where housing costs are 30% or more of total household income.

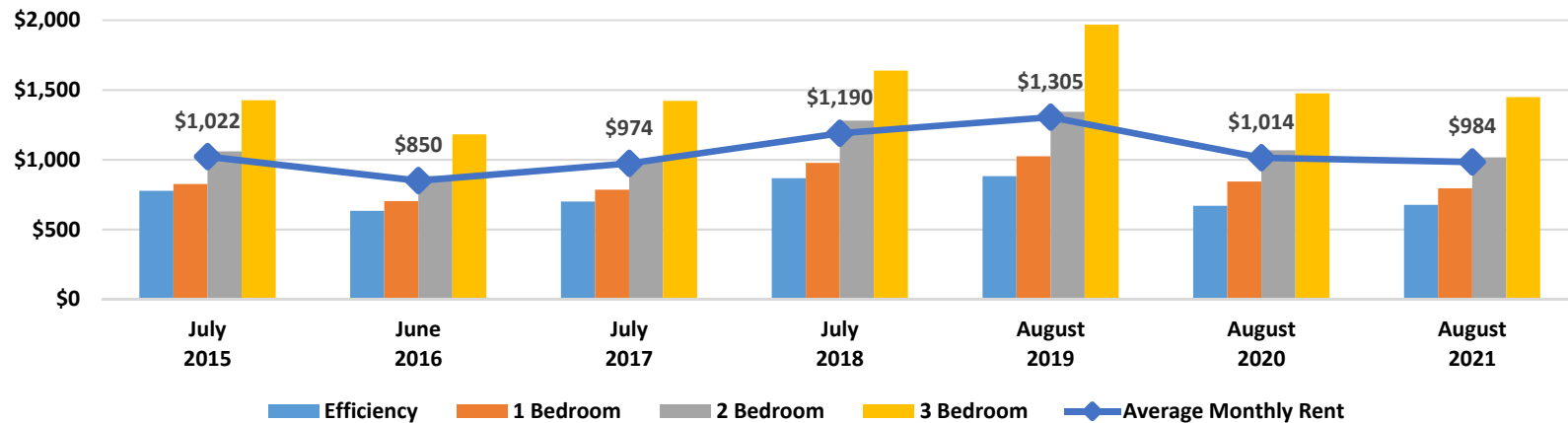
Definition: Eviction rate is the subset of those homes that received an eviction judgment in which renters were ordered to leave. Eviction rate data includes occupied renting households in the area.

Population Health

Housing (continued)

- Average apartment rental rates (unfurnished) slightly decreased between July 2015 and August 2021 in Odessa.

Average Apartment Rental Rates (Unfurnished)
2015-2021



Apartment Type	July 2015	June 2016	July 2017	July 2018	August 2019	August 2020	August 2021
Efficiency	\$777	\$633	\$700	\$867	\$882	\$669	\$676
1 Bedroom	\$826	\$703	\$785	\$977	\$1,025	\$844	\$795
2 Bedroom	\$1,060	\$883	\$990	\$1,280	\$1,343	\$1,068	\$1,017
3 Bedroom	\$1,426	\$1,182	\$1,422	\$1,639	\$1,968	\$1,476	\$1,449
Average Monthly Rent	\$1,022	\$850	\$974	\$1,190	\$1,305	\$1,014	\$984

Population Health

Cost of Living

- Cost of living data indicates that Odessa has higher health costs (102.1) than both Texas (95.4) and the United States (100).

Cost of Living Index Comparison

Category	Odessa	Texas	USA
Grocery	93.7	93.7	100
Health	102.1	95.4	100
Median Home Cost	\$175,200	\$243,600	\$291,700
Utilities	98.3	99.2	100
Transportation	83.3	103.3	100
Miscellaneous	97.5	96.4	100
Overall	88	93.9	100

100 = National Average

Source: Sperling's Best Places, Cost of Living, https://www.bestplaces.net/cost_of_living/city/texas/odessa; information accessed January 24, 2022.

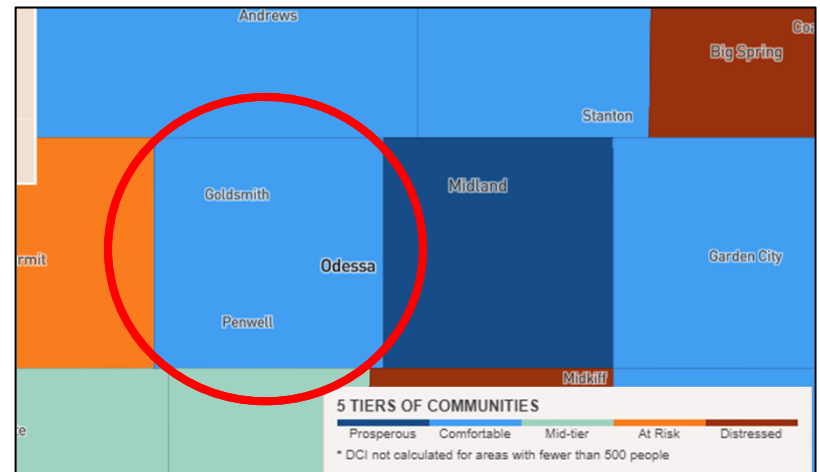
Note: Cost of living indices are based on a US average of 100. An amount below 100 means that Odessa is cheaper than the US average. A cost of living index above 100 means Odessa is more expensive than the US average.

Population Health

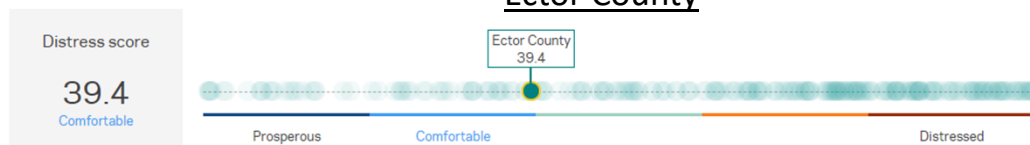
Distressed Communities Index

- In 2014-2018, 16.0% of the nation lived in a distressed community, as compared to 26.0% of the population that lived in a prosperous community.
- In 2014-2018, 24.5% of the population in Texas lived in a distressed community, as compared to 26.2% of the population that lived in a prosperous community.
- In 2014-2018, Ector County had a distress score of 39.4 which falls in the comfortable category and is more prosperous as compared to other counties in the state.

	Texas	United States
Lives in a Distressed Community	24.5%	16.0%
Lives in a Prosperous Community	26.2%	26.0%



CURRENT



Source: Economic Innovation Group, 2020 DCI Interactive Map, filtered for Ector County, TX, <https://eig.org/dci/interactive-map?path=state/>; data accessed November 18, 2021.

Definition: 'Prosperous' has a final score of 0 all the way up to 'Distressed' which has a final score of 100.

Note: 2020 DCI edition used U.S. Census Bureau's American Community Survey (ACS) 5 - Year Estimates covering 2014 -2018.

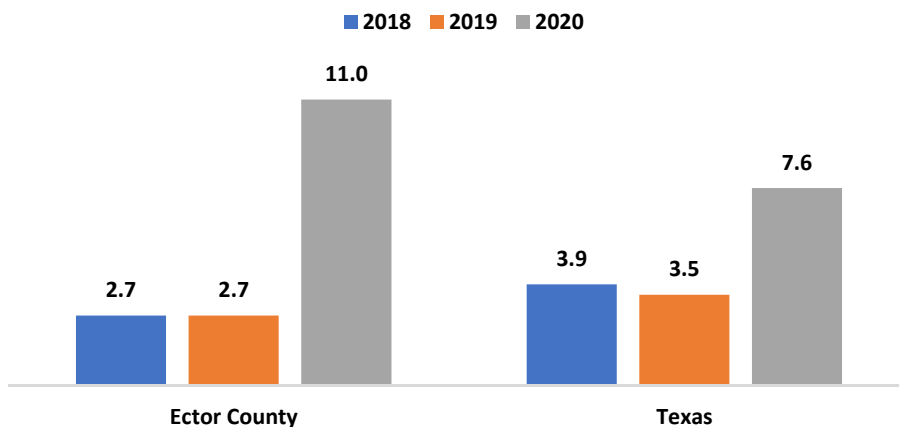
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in the appendix.

Population Health

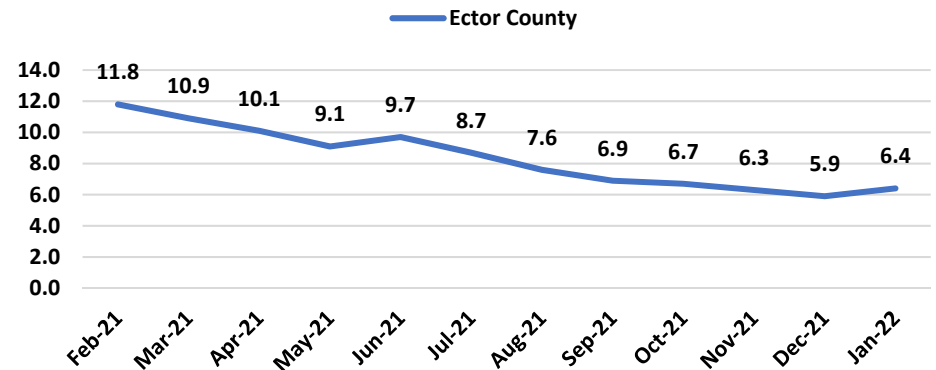
Unemployment

- Unemployment rates in Ector County and the state increased between 2018 and 2020.
- In 2020, Ector County (11.0) had a higher unemployment rate than the state (7.6).
- Over the most recent 12-month time period, monthly unemployment rates in Ector County overall decreased. December 2021 had the lowest unemployment rate (5.9) as compared to February 2021 with the highest rate (11.8).

**Annual Unemployment
Annual Average, 2018-2020**



**Monthly Unemployment
Rates by Month
Most Recent 12 Month Period**



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, www.bls.gov/lau/#tables; data accessed March 29, 2022

Definition: Unemployed persons include are all persons who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment some time during the 4 week-period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.



Population Health

Industry Workforce Categories

- As of 2019, the majority of employed persons in Ector County are within Construction & Extraction Occupations. The most common employed groupings are as follows:

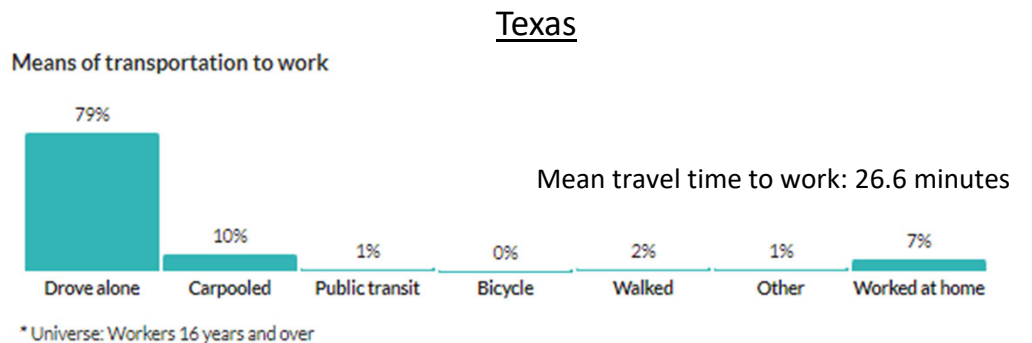
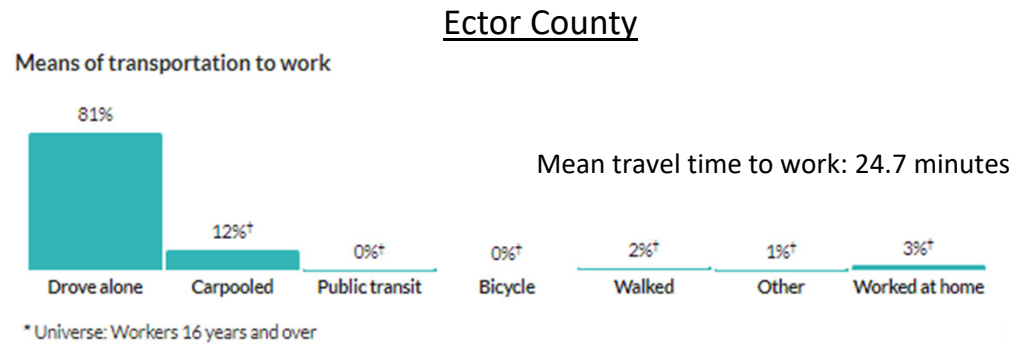
Ector County

- Construction & Extraction Occupations (12.3%)
- Sales & Related Occupations (12.2%)
- Office & Administrative Support Occupations (11.6%)
- Management Occupations (7.9%)
- Production Occupations (7.8%)

Population Health

Means of Transportation

- In 2016-2020, driving alone was the most frequent means of transportation to work for Ector County and the state.
- In 2016-2020, Ector County (12%) had a higher percent of people carpooling to work than the state (10%).
- Ector County (24.7 minutes) had a shorter mean travel time to work than the state (26.6 minutes) (2016-2020).



Source: U.S. Census Bureau (2016-2020). Sex of Workers by Means of Transportation to Work American Community Survey 5-year estimates, filtered for Ector County, TX, <https://censusreporter.org/search/>; data accessed March 28, 2022.

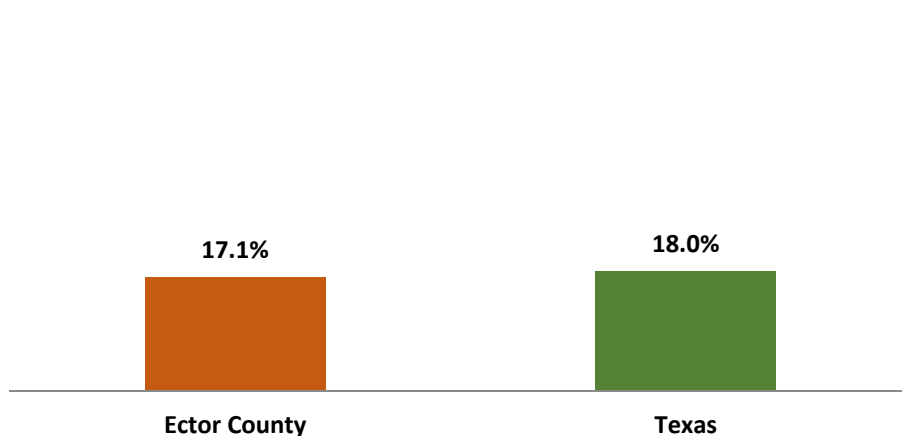
*+ indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

Population Health

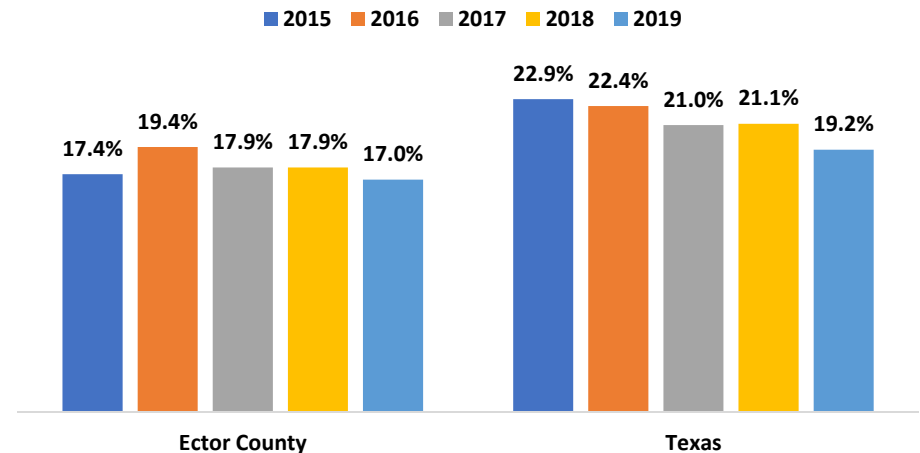
Poverty

- Ector County (17.1%) has a slightly lower percentage of families living below poverty as compared to the state (18.0%) (2021).
- Between 2015 and 2019, the percent of children (<18 years) living below poverty in Ector County fluctuated and the state decreased.
- Ector County (17.0%) has a lower percentage of children (<18 years) living below poverty than Texas (19.2%) (2019).

Families Below Poverty 2021



Children Living in Poverty



Source: Stratasan, Canvas Demographic Report, 2021.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Ector County, TX, www.datacenter.kidscount.org; data accessed November 19, 2021.

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 2022 Federal Poverty Guidelines define a household size of 4 as living below 100% of the federal poverty level if the household income is less than \$27,750, and less than 200% of the federal poverty level if the household income is less than \$55,500. Please see the appendix for the full 2022 Federal Poverty Guidelines.



Population Health

Food Insecurity

- According to Feeding America, an estimated 11.5% of Ector County residents are food insecure as compared to 14.1% in the state of Texas.
- Additionally, 15.0% of the youth population (under 18 years of age) in Ector County are food insecure as compared to 19.6% in the state (2019).
- The average meal cost for a Ector County resident is \$2.81, as compared to \$2.68 in Texas (2019).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Ector County	11.5%	15.0%	\$2.81
Texas	14.1%	19.6%	\$2.68

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 November 19, 2021.

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.

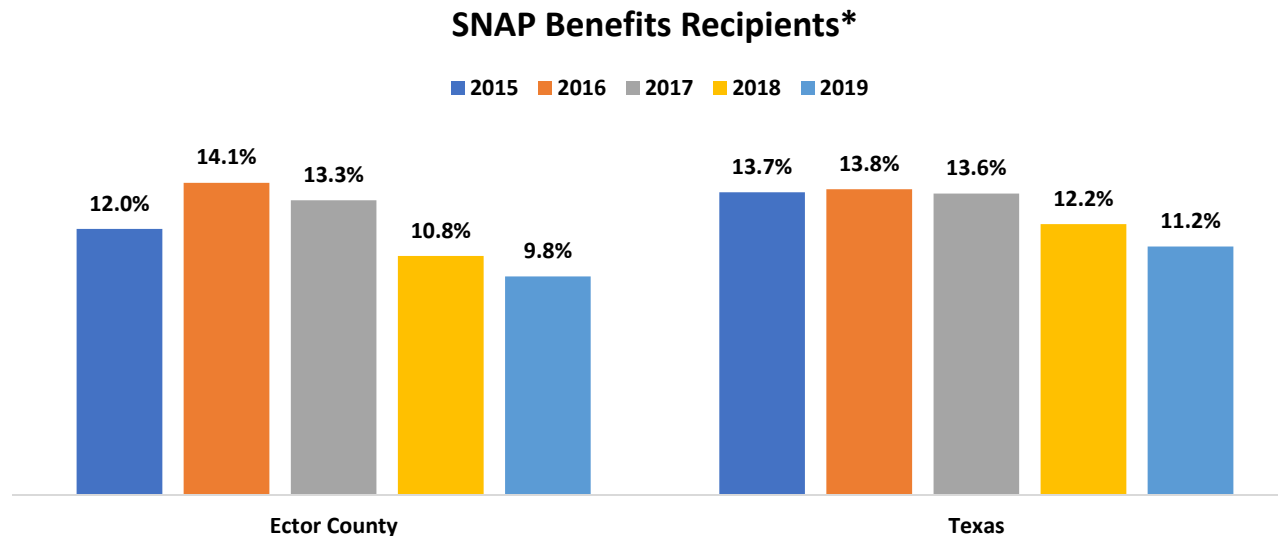
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).



Population Health

Supplemental Nutrition Assistance Program (SNAP) Benefits

- Between 2015 and 2019, Ector County overall maintained a lower percentage of recipients who qualified for Supplemental Nutrition Assistance Program (SNAP) benefits than the state except for 2016 where Ector County was higher than the state.
- Additionally, between 2015 and 2019, the percentage of SNAP Benefit recipients in Ector County and the state decreased.
- In 2019, Ector County (9.8%) had a lower percentage of recipients who qualified for SNAP benefits than the state (11.2%).



Source: SAIPE Model, United States Census Bureau, <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>; data accessed January 24, 2022.

Source: County Population Totals: 2010-2019, United States Census Bureau, filtered for Ector County, TX, https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-total.html#par_textimage_242301767; data access November 18, 2021.

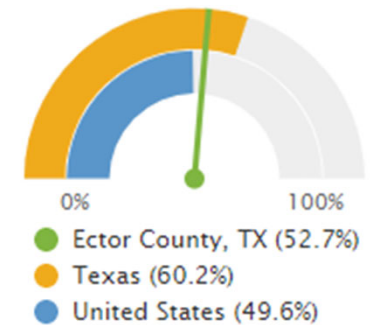
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.

Population Health

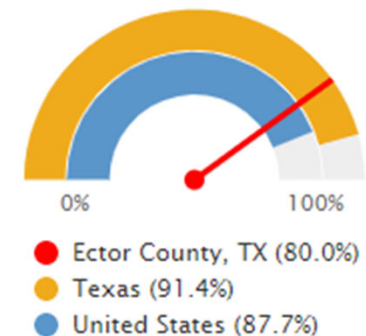
Children in the Study Area

- In 2019-2020, Ector County (52.7%) has a lower percentage of public school students eligible for free or reduced price lunch than the state (60.2%) but a higher rate than the nation (49.6%).
- Ector County (80.0%) has a lower high school graduation rate than the state (91.4%) and the nation (87.7%) (2018-2019).

Percentage of Students Eligible for Free or Reduced Price School Lunch



Adjusted Cohort Graduation Rate



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: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed December 17, 2021.

Eligible for Free/Reduced Price Lunch definition: Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Definition: receiving a high school diploma within four years.

Population Health

Children in the Study Area – Total Academic Enrollment

- Total enrollment across all Ector County Independent School Districts increased at a rate of 3.5% between the 2016-2017 and 2020-2021 academic years.
- Between the 2016-2017 and 2020-2021 academic years, Compass Academy Charter School and UTPB Stem Academy enrollment increased by 41.1% and 28.9%, 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 Name	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year	2020-2021 Academic Year	2016-2017 to 2020-2021 % Change
Compass Academy Charter School	778	1,027	1,116	1,234	1,322	41.1%
Ector County ISD	31,481	32,267	33,268	33,822	31,881	1.3%
UTPB Stem Academy	563	654	721	769	792	28.9%
Grand Total	32,822	33,948	35,105	35,825	33,995	3.5%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>; data accessed January 24, 2022.
 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 2016-2017 and 2020-2021 academic years.
- Between the 2016-2017 and 2020-2021 academic years, Kindergarten classes in all Ector County districts experienced the largest percentage increase (7.0%), followed by 1st grade (5.1%) and 5th grade (1.4%) students.

EARLY EDUCATION						
Grade Level Name	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year	2020-2021 Academic Year	2016-2017 to 2020-2021 % Change
Early Education	54	69	65	36	29	-86.2%
Pre-kindergarten	1,513	1,523	1,635	1,690	1,277	-18.5%
Grand Total	1,567	1,592	1,700	1,726	1,306	-20.0%

ELEMENTARY SCHOOL						
Grade Level Name	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year	2020-2021 Academic Year	2016-2017 to 2020-2021 % Change
Kindergarten	2,375	2,697	2,735	2,898	2,553	7.0%
Grade 1	2,605	2,572	2,830	2,864	2,746	5.1%
Grade 2	2,780	2,655	2,664	2,843	2,671	-4.1%
Grade 3	2,698	2,825	2,724	2,692	2,583	-4.5%
Grade 4	2,647	2,762	2,886	2,743	2,477	-6.9%
Grade 5	2,507	2,761	2,817	2,920	2,543	1.4%
Grand Total	15,612	16,272	16,656	16,960	15,573	-0.3%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>; data accessed January 24, 2022.
 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 2016-2017 and 2020-2021 academic years (7.9% and 9.2%, respectively).
- Between the 2016-2017 and 2020-2021 academic years, 11th grade classes in all Ector County districts experienced the largest percentage increase (15.0%), followed by 12th grade (14.5%) and 10th grade (11.6%) students.

MIDDLE SCHOOL						
Grade Level Name	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year	2020-2021 Academic Year	2016-2017 to 2020-2021 % Change
Grade 6	2,482	2,539	2,806	2,796	2,683	7.5%
Grade 7	2,456	2,555	2,579	2,789	2,628	6.5%
Grade 8	2,388	2,425	2,516	2,503	2,645	9.7%
Grand Total	7,326	7,519	7,901	8,088	7,956	7.9%

HIGH SCHOOL						
Grade Level Name	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2019-2020 Academic Year	2020-2021 Academic Year	2016-2017 to 2020-2021 % Change
Grade 9	2,712	2,857	2,816	2,893	2,676	-1.3%
Grade 10	2,212	2,212	2,330	2,337	2,502	11.6%
Grade 11	1,781	1,960	1,939	2,046	2,096	15.0%
Grade 12	1,612	1,536	1,763	1,775	1,886	14.5%
Grand Total	8,317	8,565	8,848	9,051	9,160	9.2%

Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>; data accessed January 24, 2022.
 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)
 - SparkMap
 - 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, and county level data

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:
 - Length of Life:
 - Premature death
 - Health Behaviors:
 - Adult smoking
 - Adult obesity
 - Sexually transmitted infections
 - Teen births
 - Social & Economic Factors:
 - High school completion
 - Unemployment
 - Income inequality

2022 County Health Rankings	Ector County
Health Outcomes	173
LENGTH OF LIFE	200
QUALITY OF LIFE	130
Health Factors	198
HEALTH BEHAVIORS	97
CLINICAL CARE	139
SOCIAL & ECONOMIC FACTORS	218
PHYSICAL ENVIRONMENT	155

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 27, 2022.
 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 (2018-2020)



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)	Alzheimer disease (G30)
4	Alzheimer disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	COVID-19 (U07.1)	Cerebrovascular diseases (I60-I69)
6	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
7	Diabetes mellitus (E10-E14)	COVID-19 (U07.1)
8	Cerebrovascular diseases (I60-I69)	Diabetes mellitus (E10-E14)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
10	Septicemia (A40-A41)	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 December 31, 2021.
 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 (2018-2020)

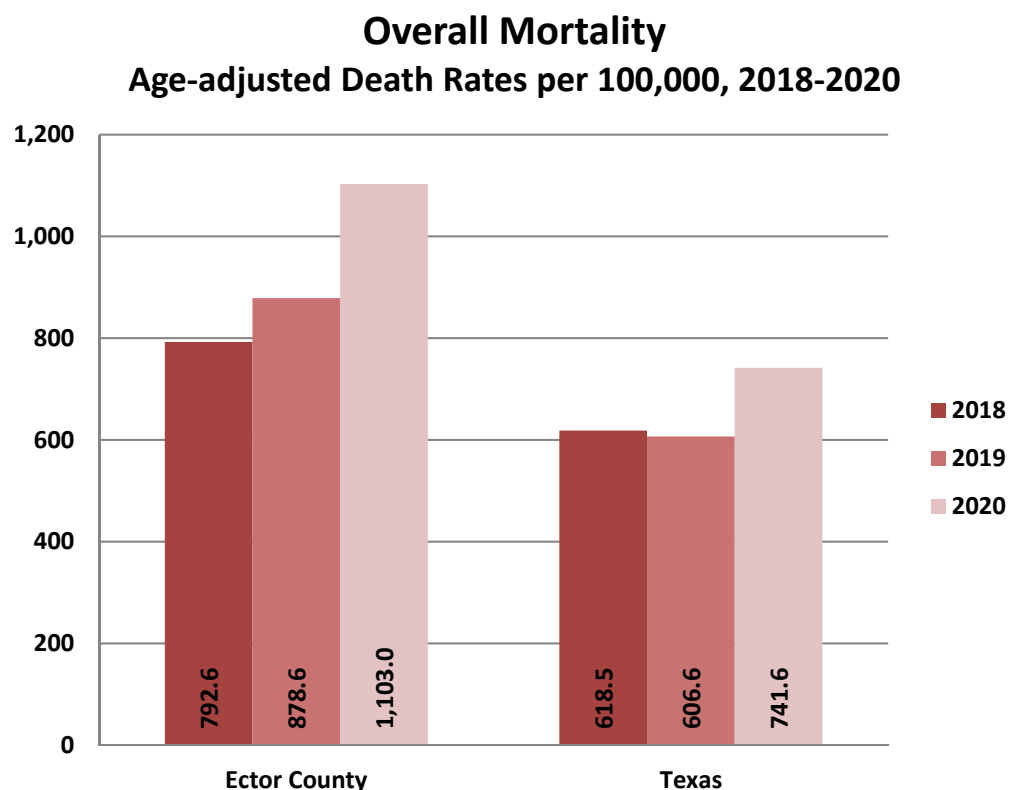
Disease	Ector County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	 218.5	169.1
Malignant neoplasms (C00-C97)	 171.0	141.4
Chronic lower respiratory diseases (J40-J47)	 75.3	38.1
Alzheimer disease (G30)	 71.7	40.6
COVID-19 (U07.1)	 69.8	36.0
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	 65.2	40.6
Diabetes mellitus (E10-E14)	 43.5	23.8
Cerebrovascular diseases (I60-I69)	 41.2	40.1
Chronic liver disease and cirrhosis (K70,K73-K74)	 25.9	14.7
Septicemia (A40-A41)	 19.8	12.6

-  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.

Health Status

Mortality – Overall

- Overall mortality rates in Ector County remained higher than the state between 2018 and 2020.
- Overall mortality rates in Ector County and the state increased between 2018 and 2020.
- In 2020, the overall mortality rate in Ector County (1,103.0 per 100,000) was higher than the state (741.6 per 100,000).



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	1,046	792.6	1,141	878.6	1,455	1,103.0	3,642	925.8
Texas	171,378	618.5	172,357	606.6	215,995	741.6	559,730	656.6

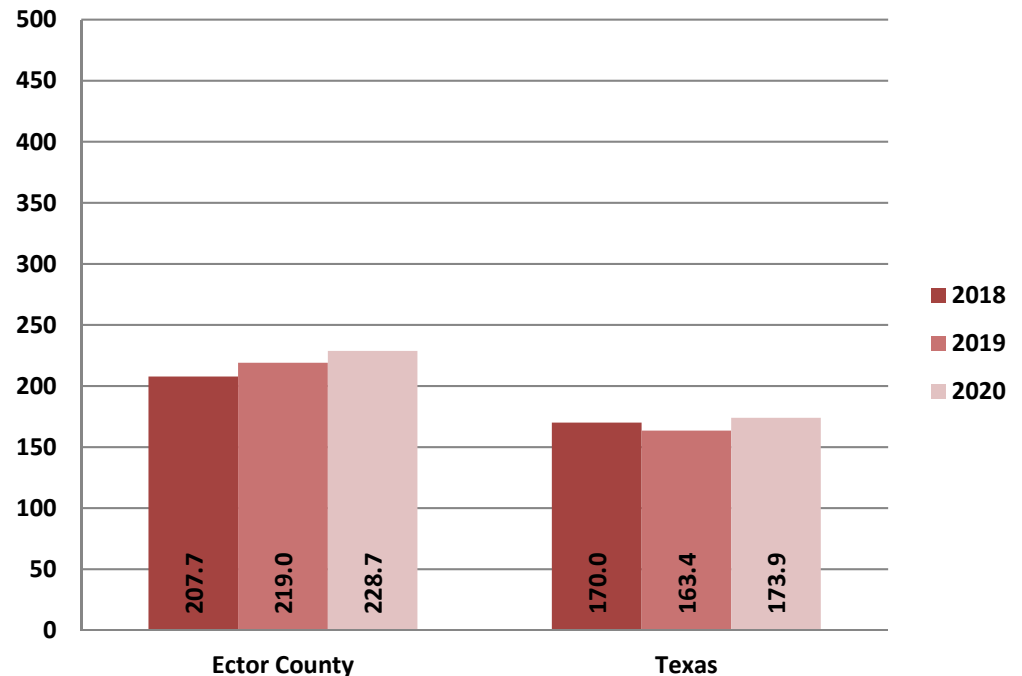
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in Ector County and the state (2018-2020).
- Between 2018 and 2020, heart disease mortality rates overall increased in both Ector County and the state.
- In 2020, the heart disease mortality rate in Ector County (228.7 per 100,000) was higher than the state rate (173.9 per 100,000).

Diseases of Heart
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	267	207.7	275	219.0	287	228.7	829	218.5
Texas	46,763	170.0	46,139	163.4	50,281	173.9	143,183	169.1

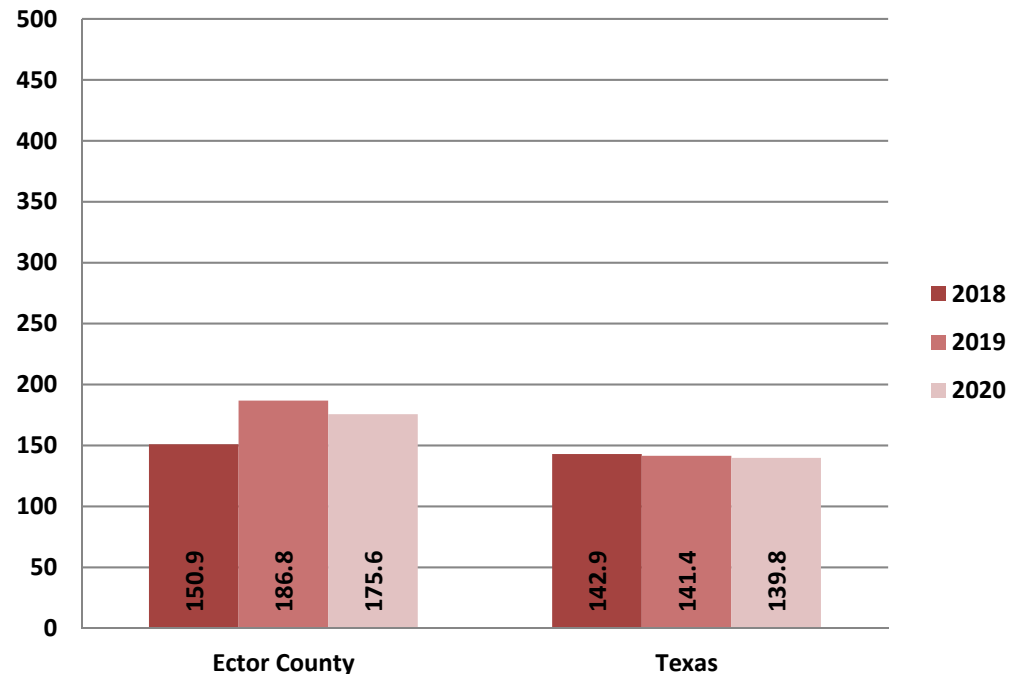
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in both Ector County and the state (2018-2020).
- Between 2018 and 2020, cancer mortality rates increased in Ector County, and slightly decreased in the state.
- In 2020, the cancer mortality rate in Ector County (175.6 per 100,000) was higher than the state rate (139.8 per 100,000).

Malignant Neoplasms
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	200	150.9	242	186.8	236	175.6	678	171.0
Texas	40,866	142.9	41,489	141.4	42,142	139.8	124,497	141.4

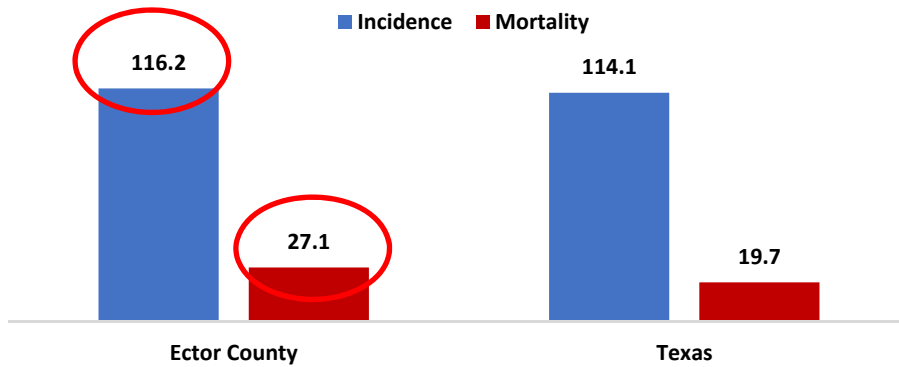
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Cancer Incidence & Mortality by Type

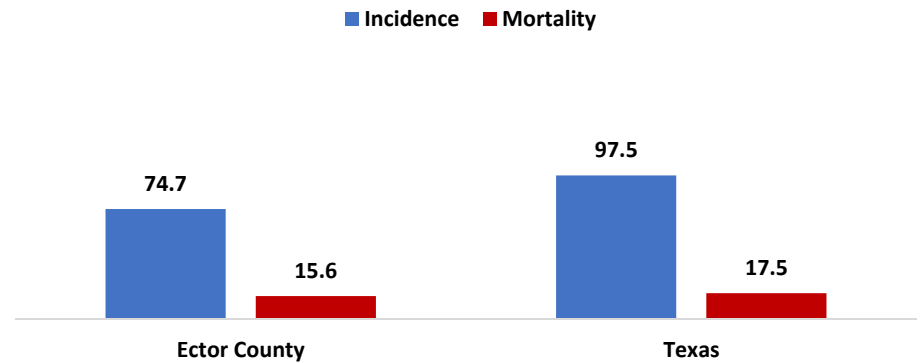
Breast Cancer (Female)

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



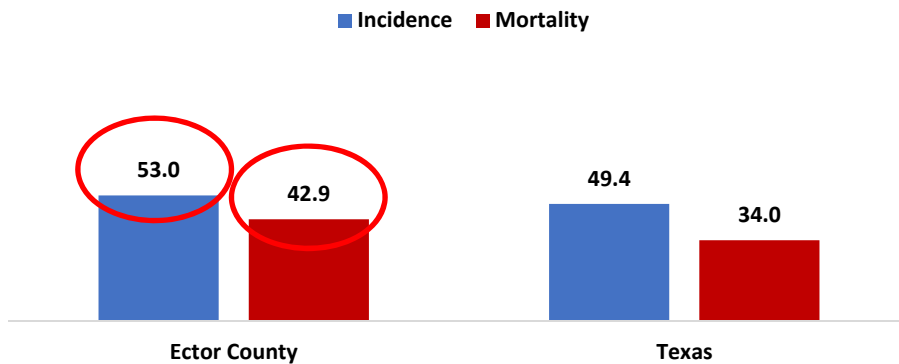
Prostate Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



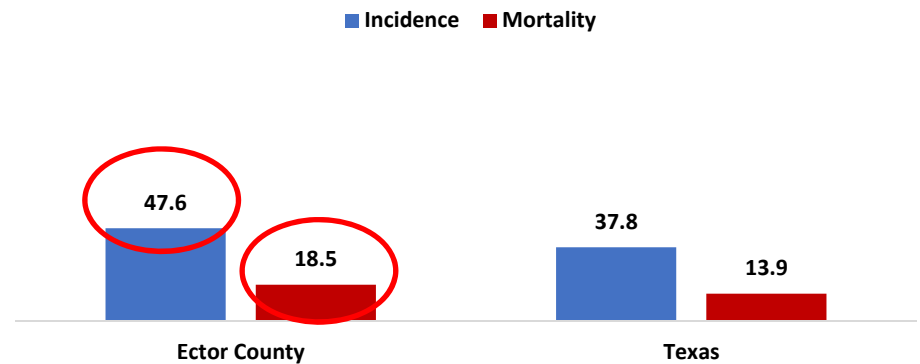
Lung & Bronchus Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



Colon & Rectum Cancer

Age-adjusted Incidence & Mortality Rates per 100,000
2014-2018



Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <https://www.cancer-rates.info/tx/>; data accessed November 19, 2021.

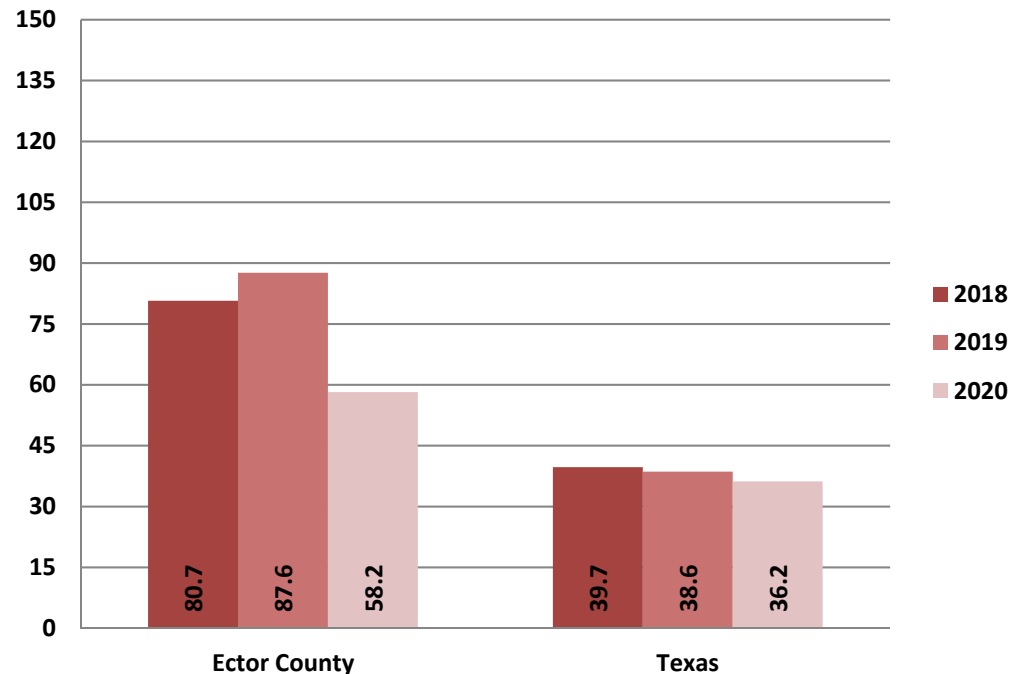
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

Health Status

Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Ector County and the sixth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, CLRD mortality rates decreased in Ector County and the state.
- In 2020, the CLRD mortality rate in Ector County (58.2 per 100,000) was higher than the state rate (36.2 per 100,000).

Chronic Lower Respiratory Diseases
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	101	80.7	107	87.6	70	58.2	278	75.3
Texas	10,766	39.7	10,797	38.6	10,402	36.2	31,965	38.1

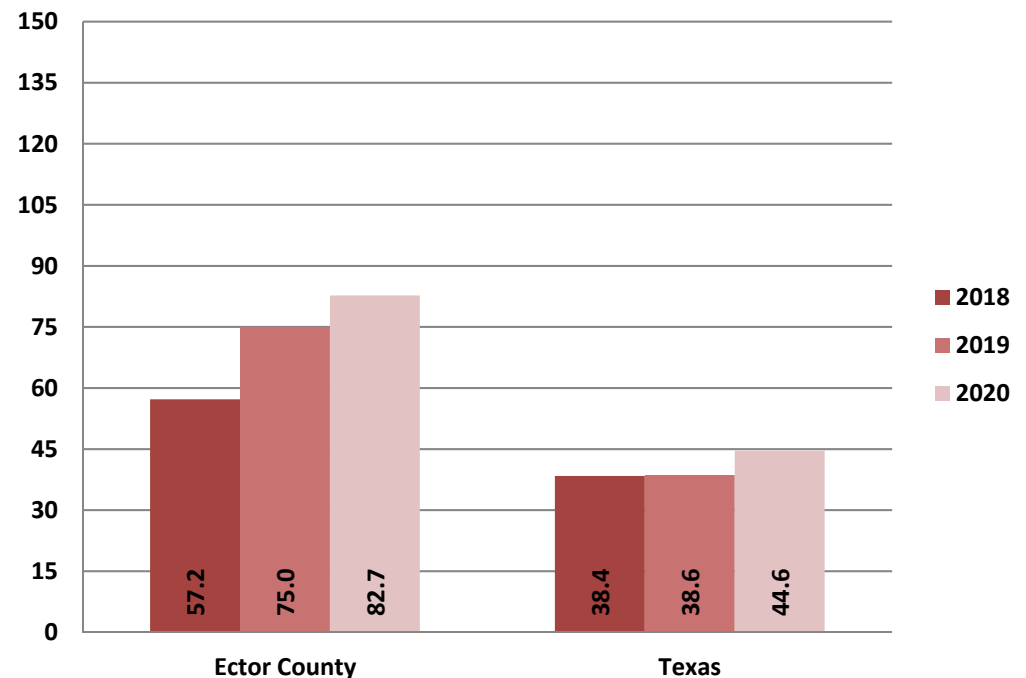
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the fourth leading cause of death in Ector County and the third leading cause of death in the state (2018-2020).
- Between 2018 and 2020, Alzheimer’s disease mortality rates increased in both Ector County and the state.
- In 2020, the Alzheimer’s disease mortality rate in Ector County (82.7 per 100,000) was higher than the rate in the state (44.6 per 100,000).

Alzheimer Disease
Age-adjusted Death Rates per 100,000, 2018-2020



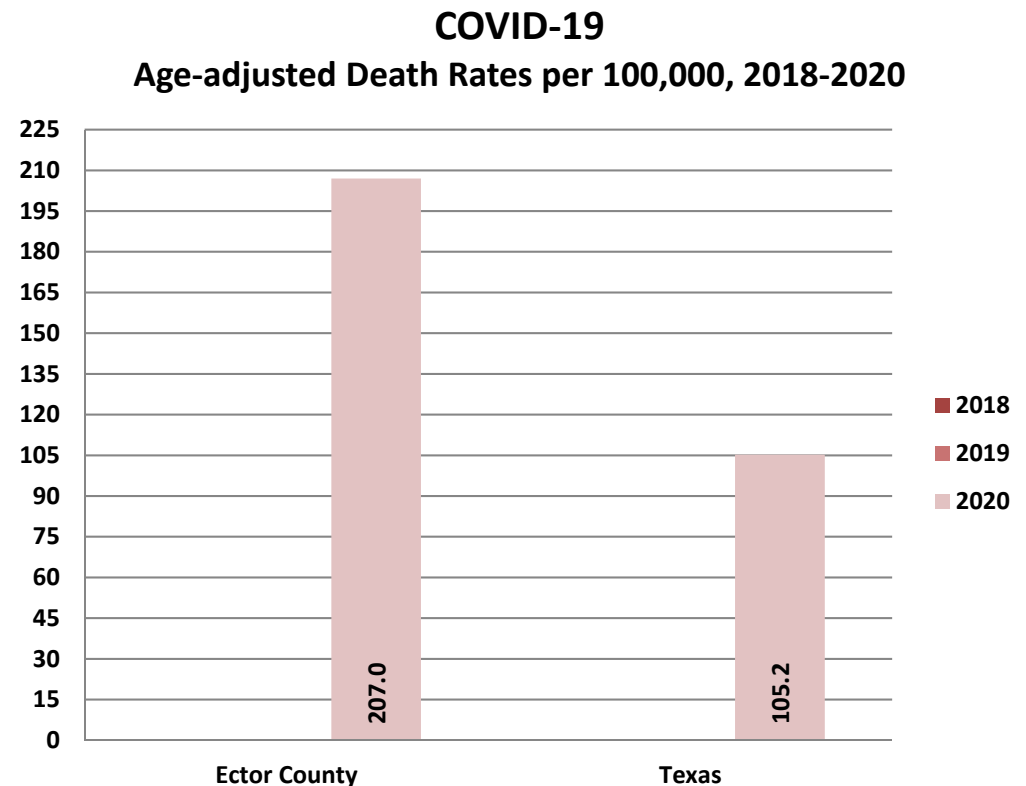
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	66	57.2	84	75.0	95	82.7	245	71.7
Texas	9,763	38.4	10,101	38.6	11,918	44.6	31,782	40.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – COVID-19

- COVID-19 is the fifth leading cause of death in Ector County and the seventh leading cause of death in the state (2018-2020).
- In 2020, the COVID-19 mortality rate in Ector County (207.0 per 100,000) was higher than the state (105.2 per 100,000).



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County					268	207.0	268	69.8
Texas					30,840	105.2	30,840	36.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously. “#N/A” means that no data was calculated during this year.

Health Status

COVID-19

- As of February 1, 2022, Ector County (35.2 per 1,000) has a lower rate of total COVID-19 cases than the state (60.4 per 1,000).
- As of April 6, 2022, the percent of the population (age 5+) that is fully vaccinated in Ector County (46.3%) is lower than the state (64.8%).

Location	Total Case Rate (per 1,000)	Total Number of First Doses Reported as Administered	Total Number of Second Doses Reported as Administered*	Percent of Population Fully Vaccinated (Age 5+)
Ector County	35.2	82,027	70,056	46.3%
Texas	60.4	20,699,838	17,463,672	64.8%

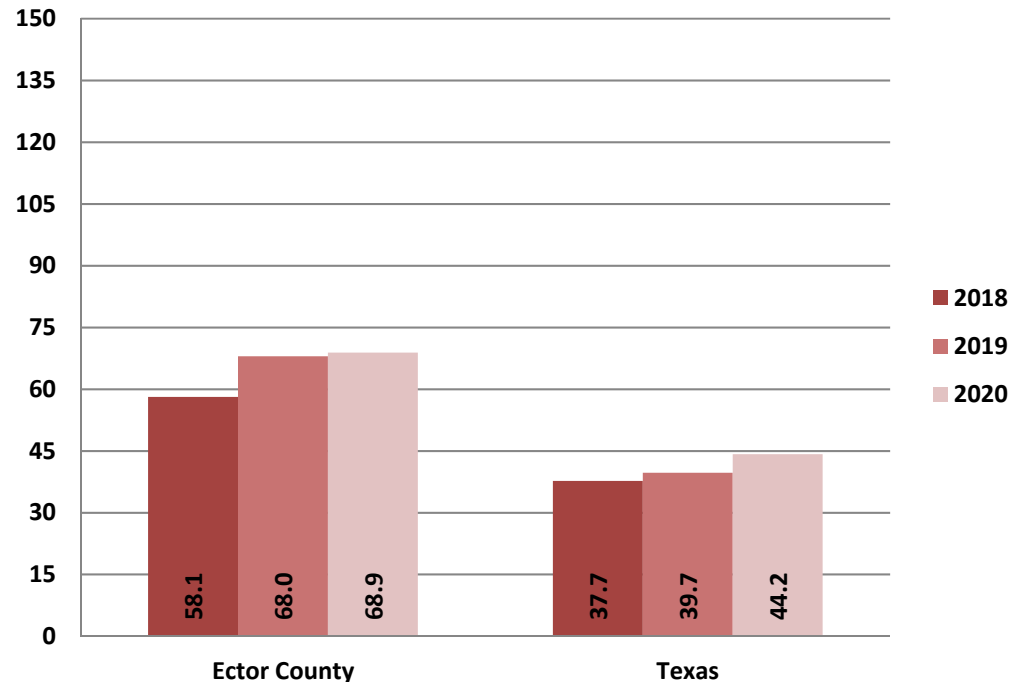
Source: Texas Health and Human Services, Texas Department of State Health Services, COVID-19 Vaccination in Texas, https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/Summary?origin=card_share_link&embed=y&isGuestRedirectFromVizportal=y; information accessed on April 7, 2022. Data updated as of April 6, 2022 at 12:30 p.m. CST.
 Source: Texas Health and Human Services, County-level Vulnerability and COVID-19 Measures, <https://hhs.texas.gov/data/county-level-vulnerability-covid-19-measures>; information accessed on April 7, 2022.
 Note: Vaccine coverage for at least 1 dose includes all individuals who have received their first dose of COVID-19 vaccine. "*" indicates vaccine coverage for series completion includes all individuals who have completed 2 doses of Pfizer-BioNTech or Moderna vaccine or 1 dose of Johnson and Johnson/Janssen. This data also includes any "additional and booster" doses given on or after August 13, 2021.

Health Status

Mortality – Accidents

- Fatal accidents are the sixth leading cause of death in Ector County and the fourth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, accident mortality rates increased in Ector County and the state.
- In 2020, the accident mortality rate in Ector County (68.9 per 100,000) was higher than the state rate (44.2 per 100,000).
- The leading cause of fatal accidents in Ector County is due to motor vehicle accidents (2020).

Accidents (Unintentional Injuries)
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	93	58.1	107	68.0	111	68.9	311	65.2
Texas	10,646	37.7	11,384	39.7	12,919	44.2	34,949	40.6

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.

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.

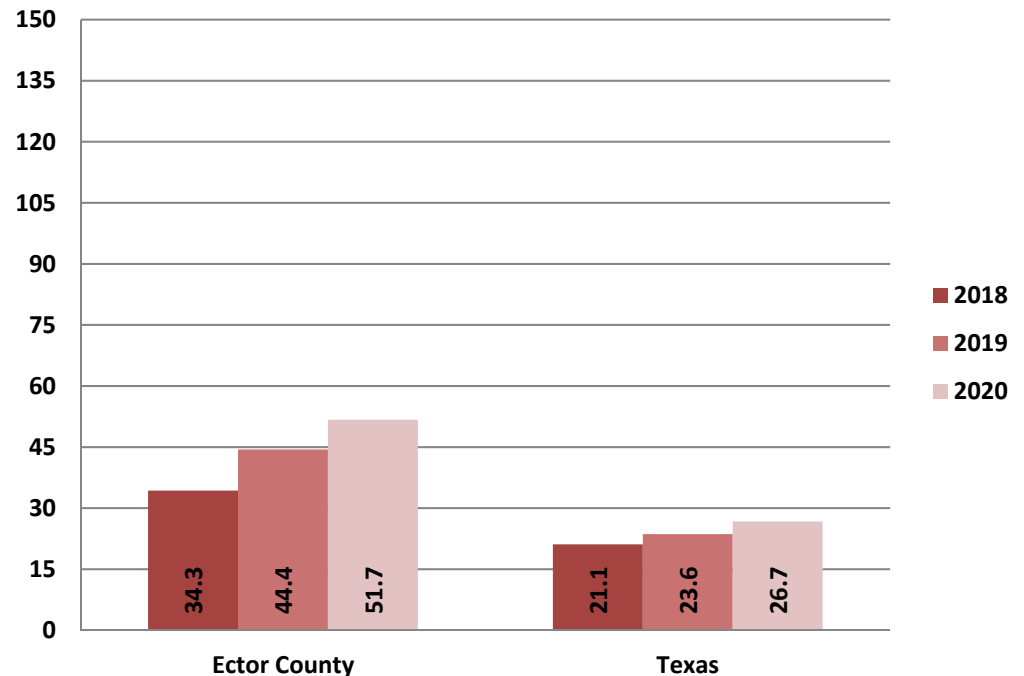


Health Status

Mortality – Diabetes Mellitus

- Diabetes mellitus is the seventh leading cause of death in Ector County and the eighth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, diabetes mortality rates increased in Ector County and the state.
- In 2020, the diabetes mortality rate in Ector County (51.7 per 100,000) was higher than the state rate (26.7 per 100,000).

Diabetes Mellitus
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	46	34.3	59	44.4	71	51.7	176	43.5
Texas	5,991	21.1	6,889	23.6	7,990	26.7	20,870	23.8

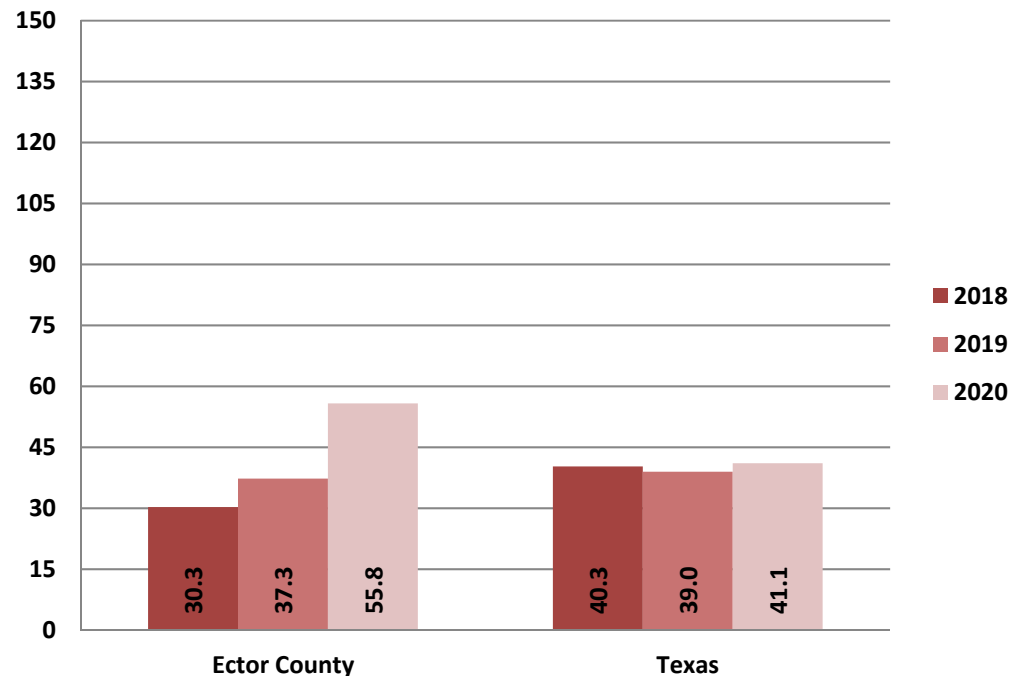
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the eighth leading cause of death in Ector County and the fifth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, cerebrovascular disease mortality rates increased in Ector County and the state.
- In 2020, the cerebrovascular disease mortality rate in Ector County (55.8 per 100,000) was higher than the state rate (41.1 per 100,000).

Cerebrovascular Diseases
Age-adjusted Death Rates per 100,000, 2018-2020



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	39	30.3	46	37.3	72	55.8	157	41.2
Texas	10,810	40.3	10,807	39.0	11,667	41.1	33,284	40.1

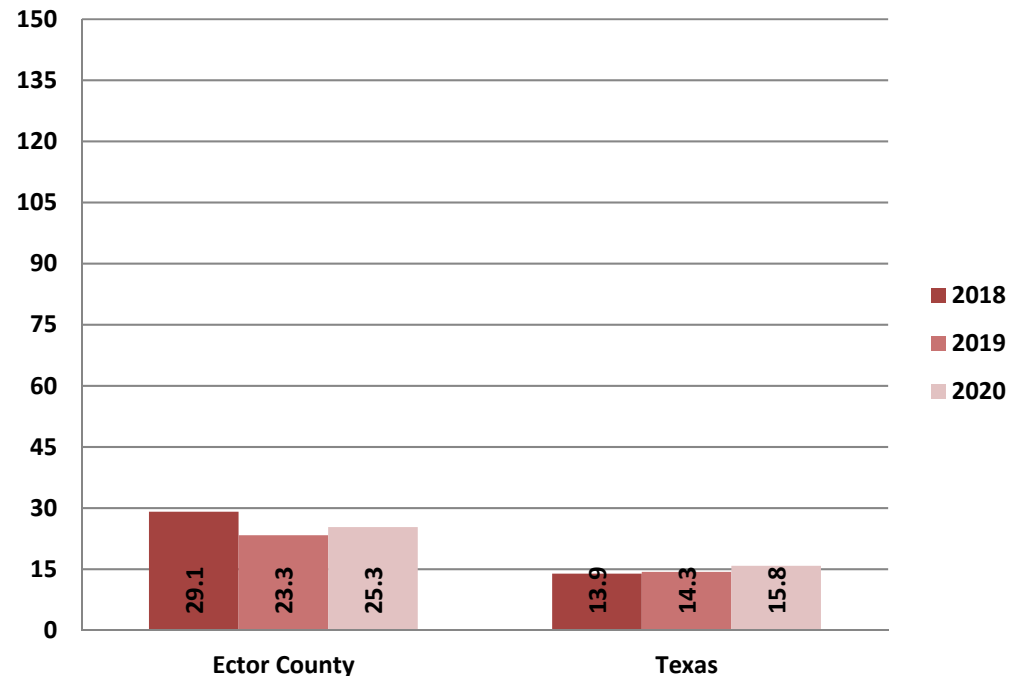
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the ninth leading cause of death in Ector County and the tenth leading cause of death in the state (2018-2020).
- Between 2018 and 2020, chronic liver disease and cirrhosis mortality rates decreased in Ector County and increased in the state.
- In 2020, the chronic liver disease and cirrhosis mortality rate in Ector County (25.3 per 100,000) was higher than the state rate (15.8 per 100,000).

Chronic Liver Disease and Cirrhosis
Age-adjusted Death Rates per 100,000, 2018-2020



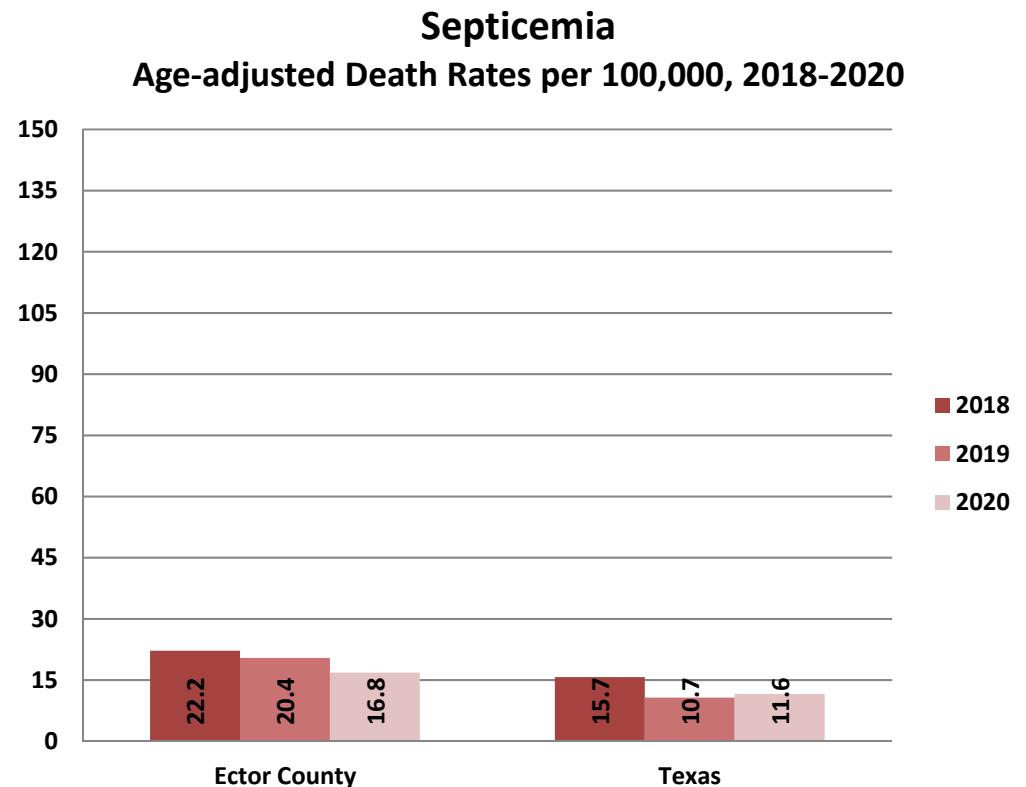
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	41	29.1	34	23.3	38	25.3	113	25.9
Texas	4,154	13.9	4,359	14.3	4,930	15.8	13,443	14.7

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
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 tenth leading cause of death in Ector County and is not a leading cause of death in the state (2018-2020).
- Between 2018 and 2020, septicemia mortality rates decreased in Ector County and the state.
- In 2020, the septicemia mortality rate in Ector County (16.8 per 100,000) was higher than the state rate (11.6 per 100,000).



LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	29	22.2	27	20.4	23	16.8	79	19.8
Texas	4,378	15.7	3,058	10.7	3,413	11.6	10,849	12.6

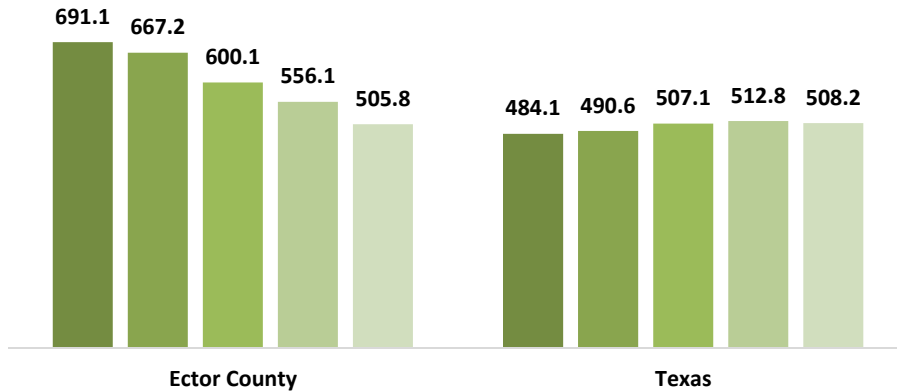
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

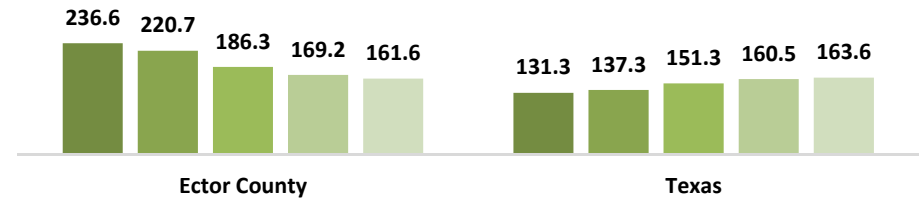
Chlamydia, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



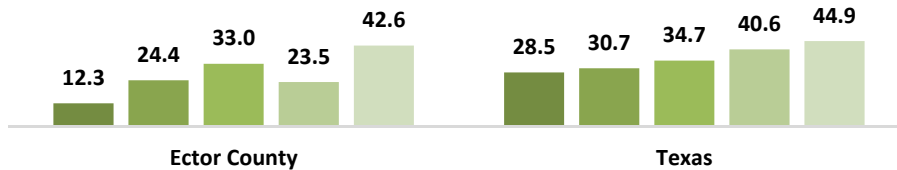
Gonorrhea, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



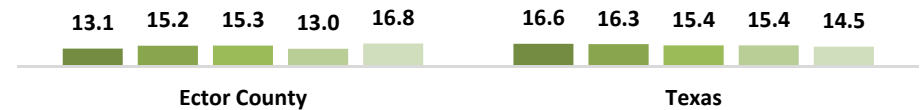
Syphilis, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



HIV, Rate Per 100,000, 2015-2019

■ 2015 ■ 2016 ■ 2017 ■ 2018 ■ 2019



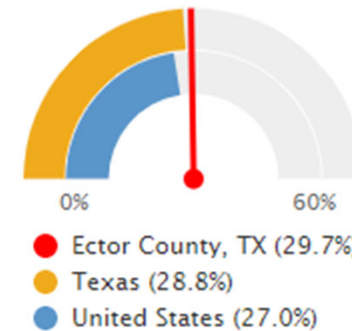
Source: Texas Department of State Health Services, HIV/STD Program: Reports, <https://dshs.texas.gov/hivstd/reports/>; data accessed on February 14, 2022.

Health Status

Chronic Conditions – Diabetes

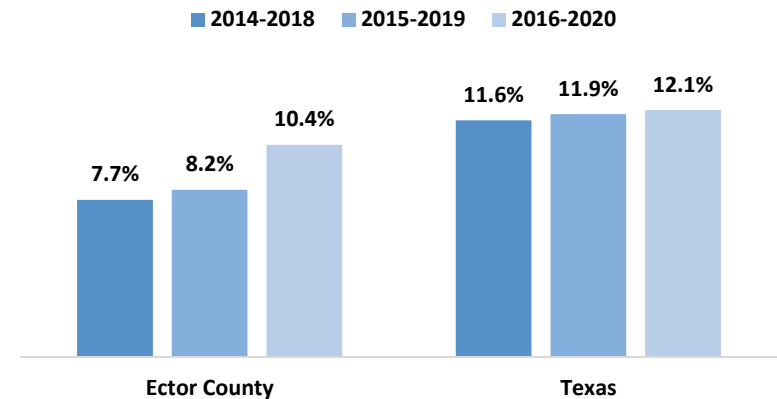
- In 2018, the percentage of Medicare Beneficiaries with diabetes in Ector County (29.7%) was higher than the state rate (28.8%) and the national rate (27.0%).
- Between 2014 and 2020, diabetes prevalence rates in adults (age 18+) in Ector County and the state increased.
- In 2016-2020, Ector County (10.4%) had a lower percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (12.1%).

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, Percentage, Adults (age 18+), 2014-2020



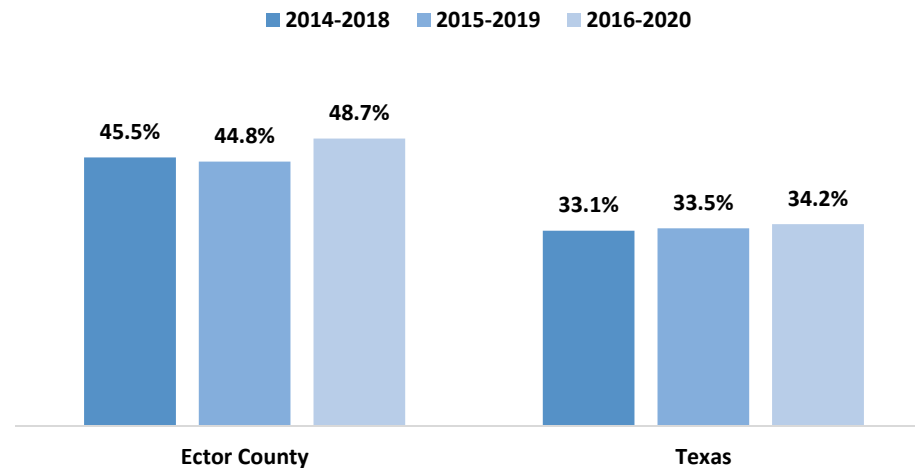
Source: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed December 17, 2021.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Chronic Conditions – Obesity

- Between 2014 and 2020, obesity prevalence rates in adults (age 18+) in Ector County and the state increased.
- In 2016-2020, Ector County (48.7%) had a higher percentage of obese adults (age 18+) than the state (34.2%).

Obesity, Percentage, Adults (age 18+), 2014-2020

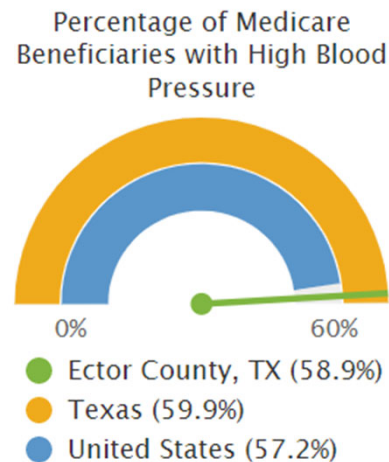


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Chronic Conditions - High Blood Pressure

- Ector County (58.9%) has a lower rate of Medicare fee-for-service residents with hypertension than the state (59.9%), but a higher rate than the nation (57.2%) (2018).



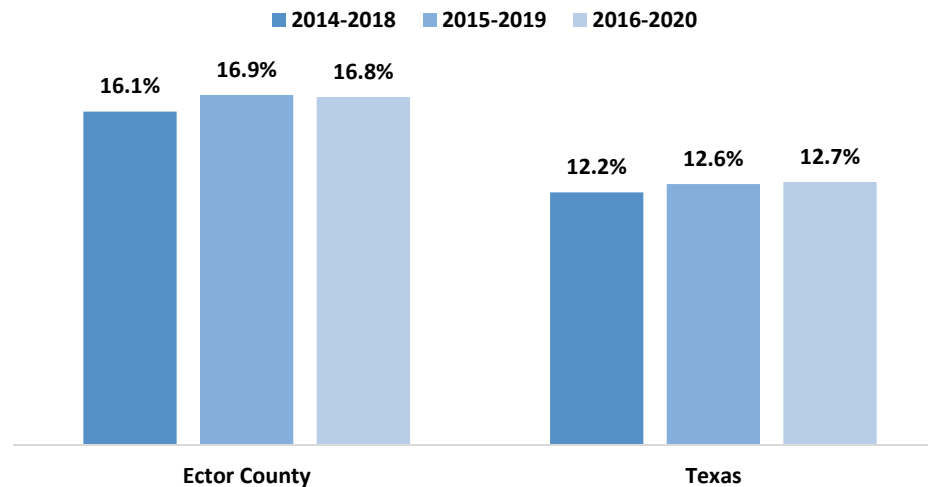
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Health Status

Chronic Conditions - Asthma

- Between 2014 and 2020, asthma prevalence rates in adults (age 18+) in Ector County and the state slightly increased.
- In 2016-2020, Ector County (16.8%) had a higher percentage of adults (age 18+) ever diagnosed with asthma than the state (12.7%).

Asthma, Percentage, Adults (age 18+), 2014-2020



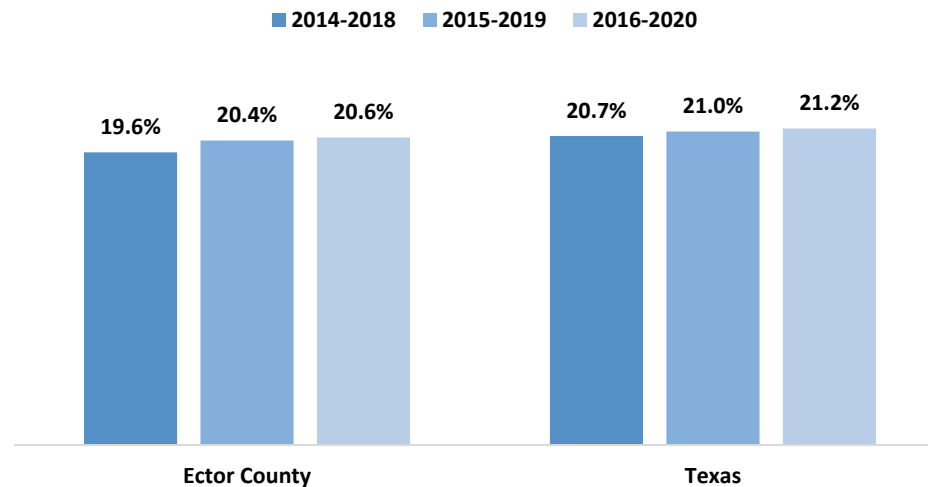
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Chronic Conditions - Arthritis

- Between 2014 and 2020, arthritis prevalence rates in adults (age 18+) in Ector County and the state increased.
- In 2016-2020, Ector County (20.6%) had a lower percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.2%).

Arthritis, Percentage, Adults (age 18+), 2014-2020



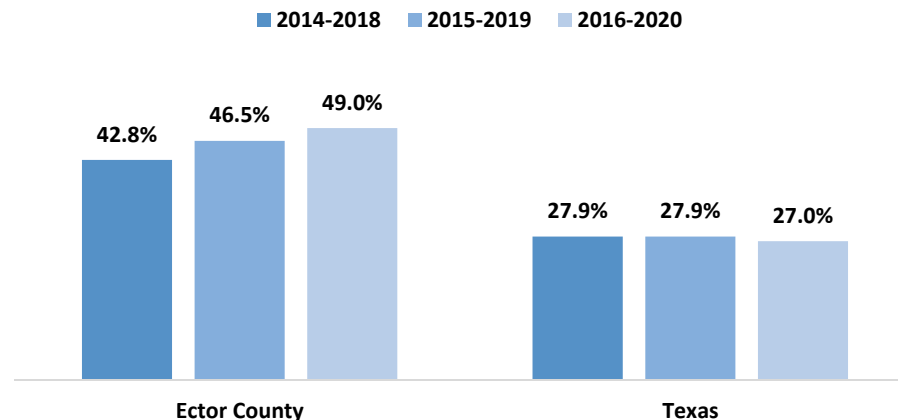
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Behaviors – Physical Inactivity

- The percent of adults (age 18+) that did not participate in leisure time physical activity in Ector County increased while the percent decreased in the state between 2014 and 2020.
- In 2016-2020, the percentage of adults (age 18+) that did not participate in physical activity in Ector County (49.0%) was higher than the state (27.0%).

Physical Inactivity, Percentage, Adults (age 18+),
2014-2020



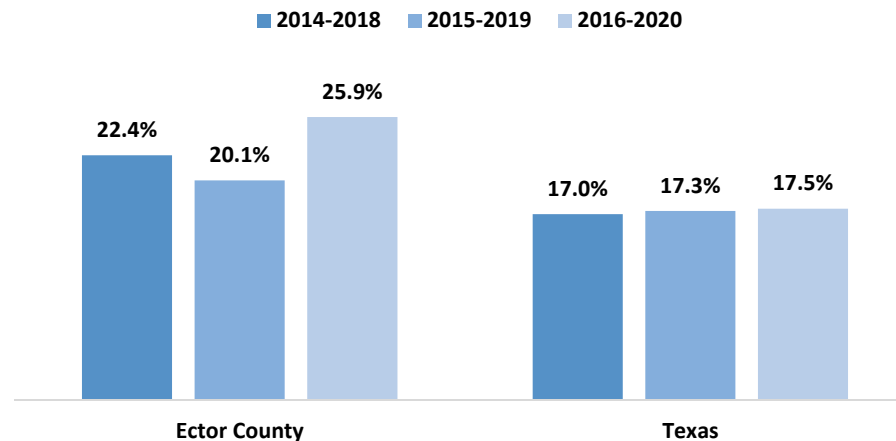
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Behaviors – Binge Drinking

- Between 2014 and 2020, the percentage of adults (age 18+) at risk of binge drinking in Ector County and the state increased.
- In 2016-2020, Ector County (25.9%) had a higher percentage of adults (age 18+) at risk of binge drinking than the state (17.5%).

Binge Drinking, Percentage, Adults (age 18+),
2014-2020



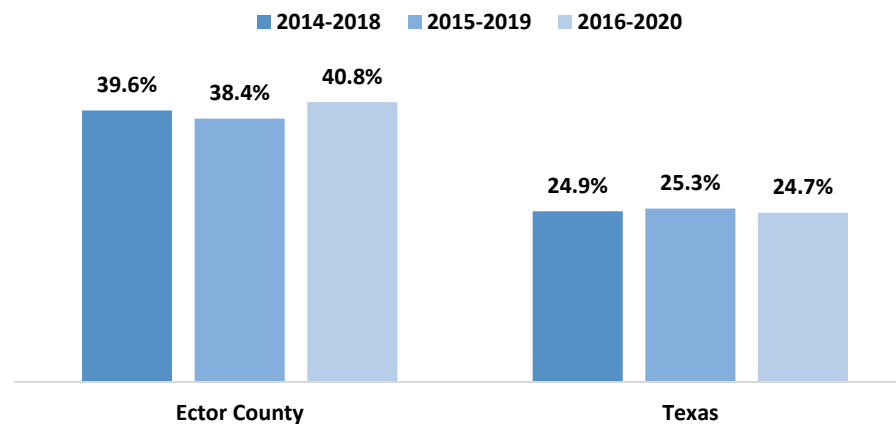
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (females) drinks on an occasion?
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Behaviors – Smoking

- Between 2014 and 2020, the percent of adults (age 18+) that self-reported smoking every day in Ector County increased, while rates in the state slightly decreased.
- In 2016-2020, the prevalence of current, every day smokers in Ector County (40.8%) was higher than the state (24.7%).

Smoking Frequency - Every Day, Percentage, Adults (age 18+), 2014-2020



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.

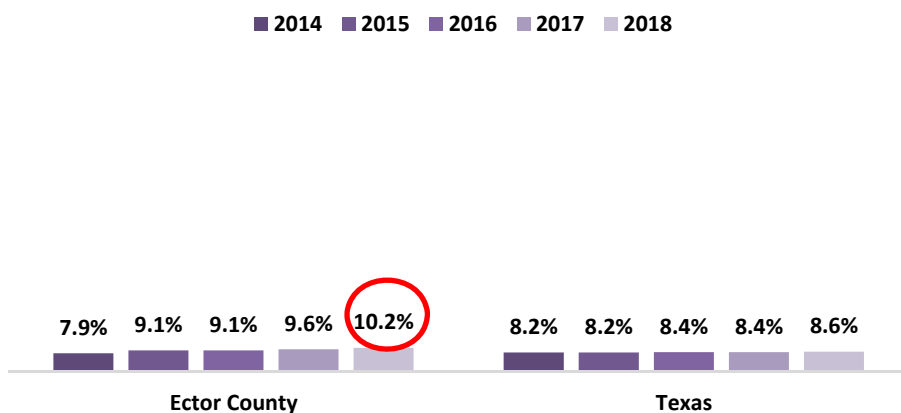
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

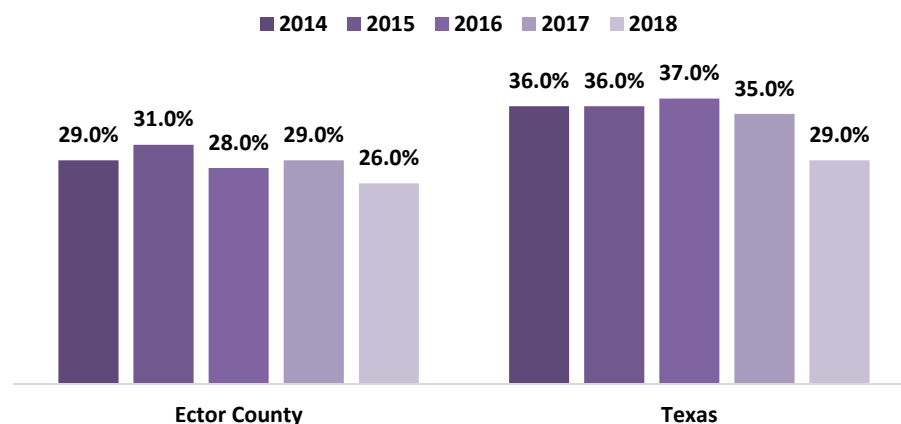
Health Status

Maternal & Child Health Indicators

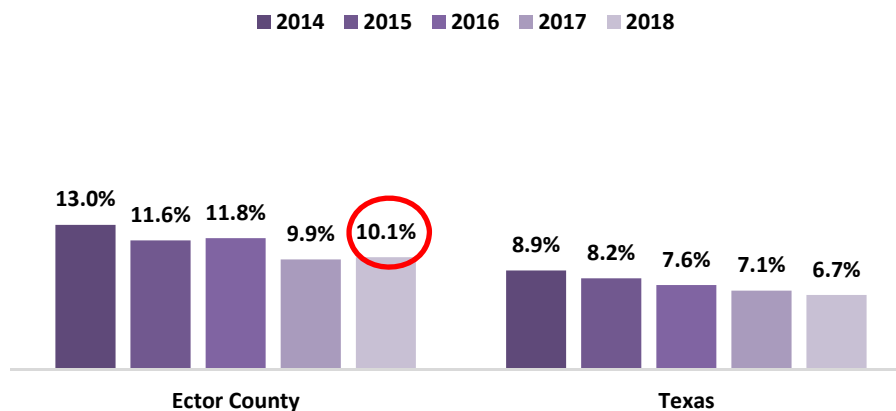
Low Birth Weight (<2,500g), Percent of All Births, 2014-2018



Births to Women Receiving Late or No Prenatal Care, Percent of All Births, 2014-2018



Teen Births (Age 19 and Younger), Percent of All Births, 2014-2018



Source: The Annie E. Casey Foundation Kids Count Data Center, <https://datacenter.kidscount.org/>; data accessed on February 14, 2022.

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

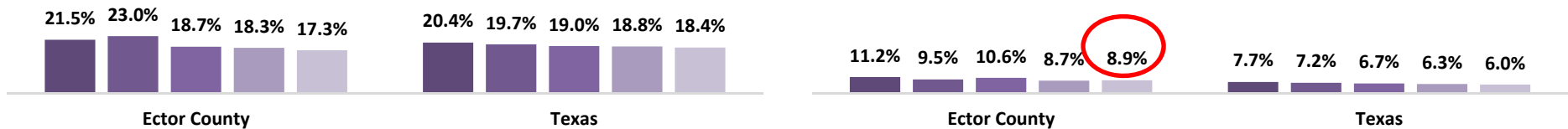
Maternal & Child Health – Teen Births

Repeat Births to Teens, Percent of All Teen Births (Age 19 and Younger), 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018

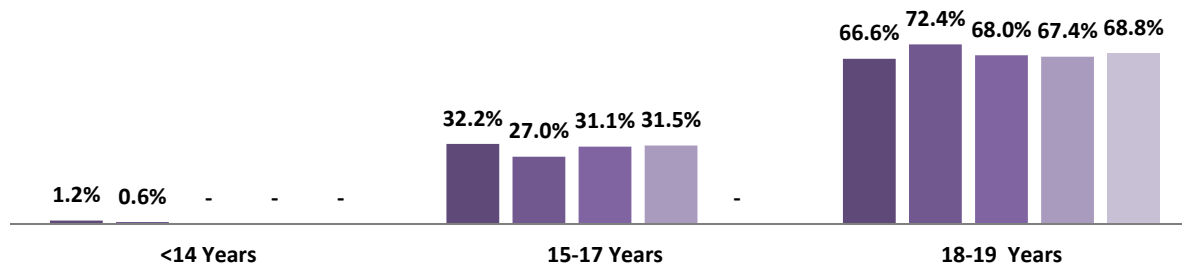
Births to Single Teens, Percent of All Unmarried Teen Births (Age 19 and Younger), 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



Teen Births by Age Group
Percent of All Teen Births by Age Group in Ector County
2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



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 February 14, 2022.

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?).

Rates are not calculated if number of cases are too low for statistical reliability. A "-" indicates one or two events in the category and the percent is shielded for privacy.

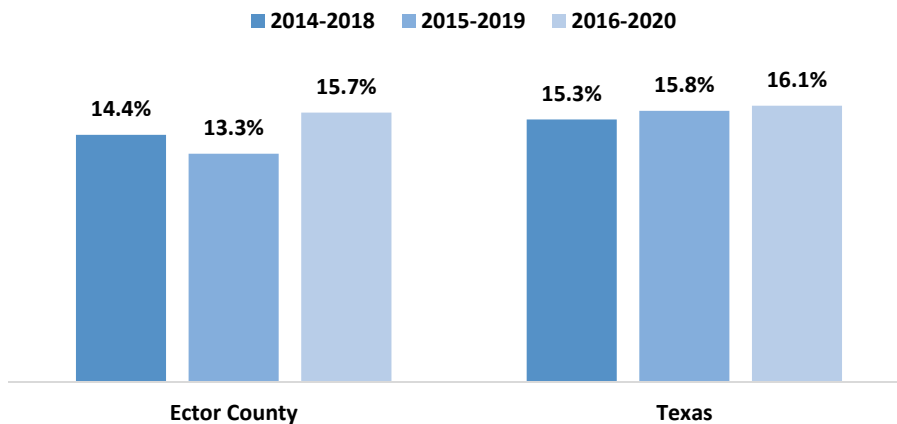


Health Status

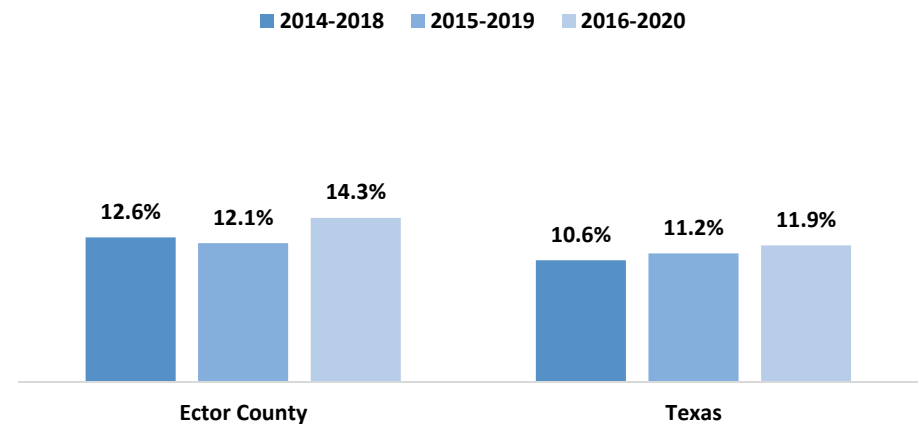
Mental Health – Depressive Disorders

- Between 2014 and 2020, the rate of adults (age 18+) in Ector County and the state that have been diagnosed with a depressive disorder increased.
- In 2016-2020, Ector County (15.7%) had a lower percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (16.1%).
- Between 2014 and 2020, the percent of adults (age 18+) that reported experiencing **14 or more days** of poor mental health in Ector County and the state increased.
- In 2016-2020, Ector County (14.3%) had a higher percent of adults (age 18+) that reported experiencing **14 or more days** of poor mental health than the state (11.9%).

Depressive Disorders, Percentage, Adults (age 18+), 2014-2020



Days of Poor Mental Health - 14+, Percentage, Adults (age 18+), 2014-2020

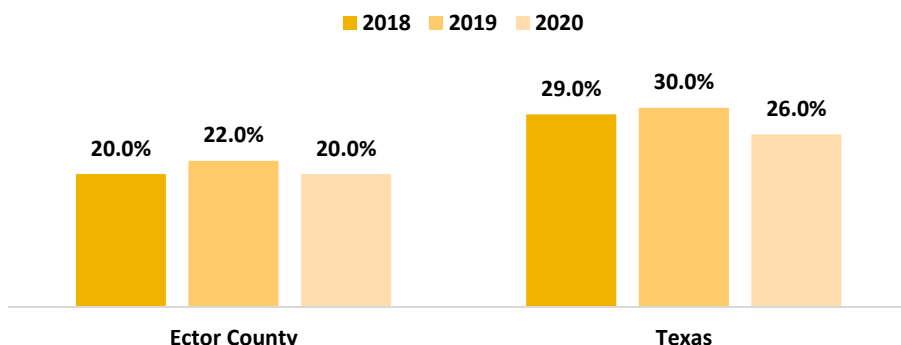


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?
 Definition: Days mental health not good - 14 days
 Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

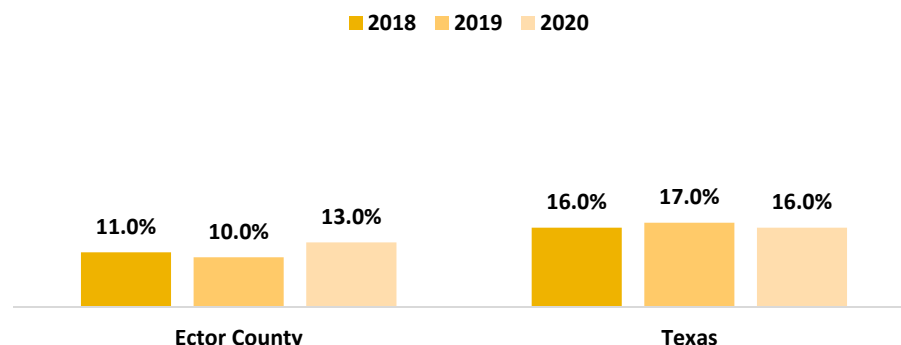
Health Status

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

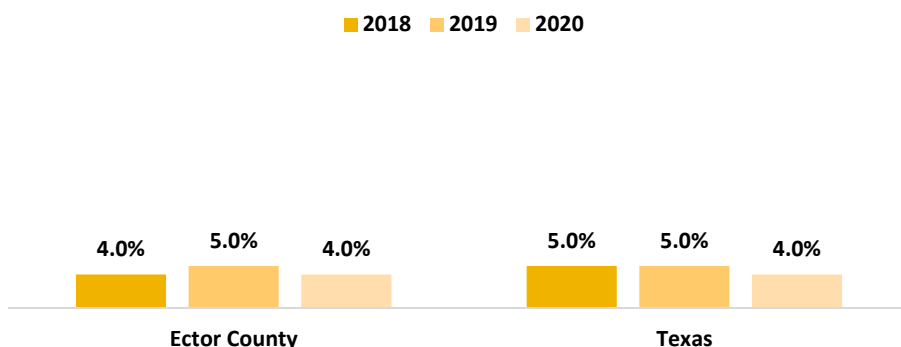
Received Mammography Screening, Percentage, Females (65+), 2018-2020



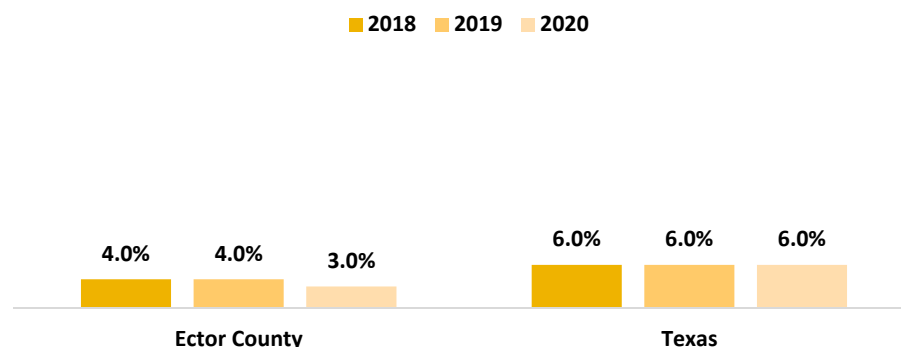
Received Prostate Cancer Screening, Percentage, Males (65+), 2018-2020



Received Pap Test Screening, Percentage, Females (65+), 2018-2020



Received Colorectal Cancer Screening, Percentage, Adults (65+), 2018-2020



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed November 19, 2021.

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.

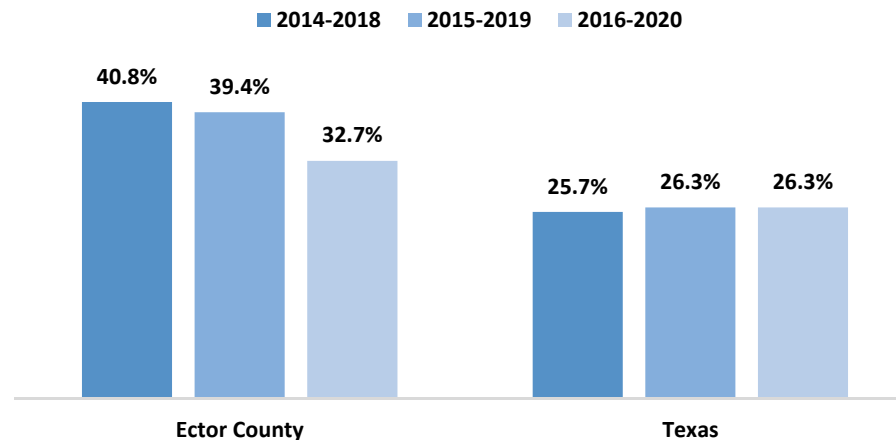


Health Status

Mental Health – Disability

- Between 2014 and 2020, the rate of adults (age 18+) ever diagnosed with a disability in Ector County decreased while the percent in the state increased.
- In 2016-2020, Ector County (32.7%) had a higher percentage of adults (age 18+) ever diagnosed with a disability than the state (26.3%).

Disability Status, Percentage, Adults (age 18+),
2014-2020



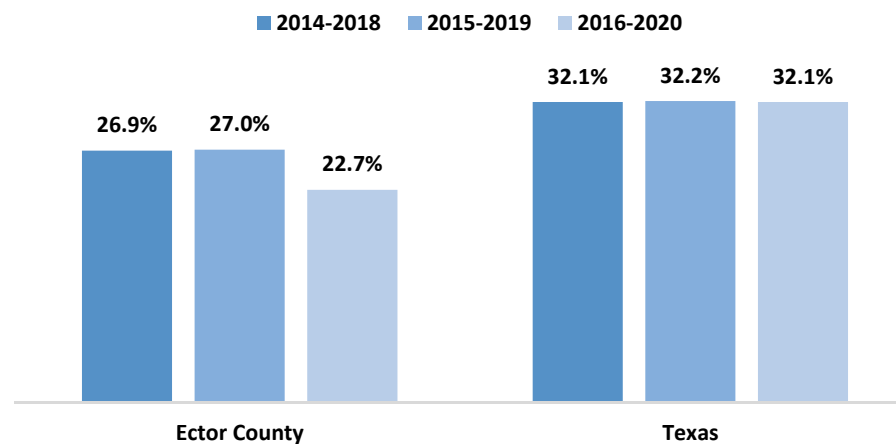
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: The percentage of people that self-reported that they had a disability
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Preventive Care – Influenza Vaccine (18-64 Years)

- Between 2014 and 2020, the percent of adults (age 18-64) that **did** receive a flu shot in the past year in Ector County decreased while the percent in the state remained consistent.
- In 2016-2020, Ector County (22.7%) had a lower percentage of adults (age 18-64) that **did** receive a flu shot in the past year than the state (32.1%).

Received Flu Shot in Past Year (age 18-64),
Percentage, 2014-2020



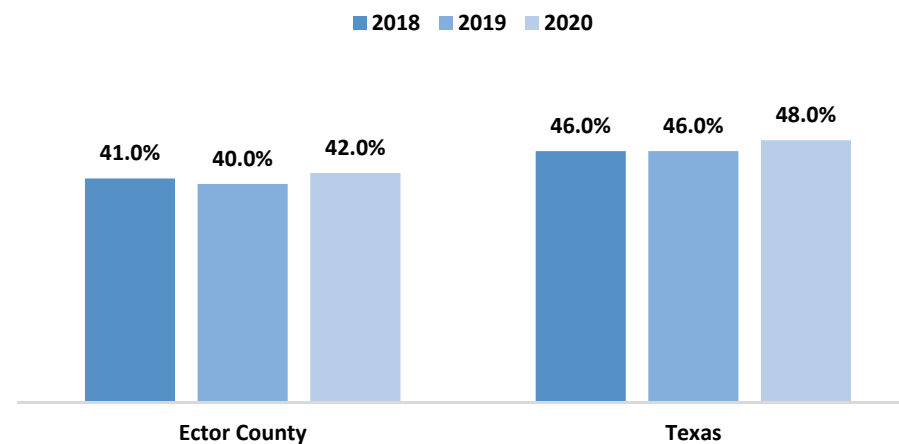
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? *ADULTS AGE 18-64 YEARS*
Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Preventive Care – Influenza Vaccine (65+ Years)

- Between 2018 and 2020, the percent of adults (age 65+) that **did** receive a flu shot in the past year in Ector County and the state increased.
- In 2020, the percent of adults (age 65+) that **did** receive a flu shot in the past year in Ector County (42.0%) was lower than the state (48.0%).

Received Flu Shot in Past Year (age 65+),
Percentage, 2018-2020



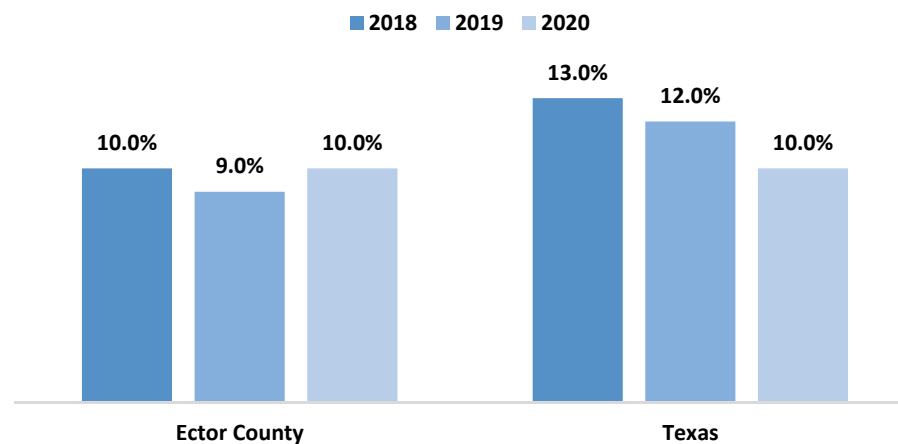
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed October 16, 2021.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the influenza vaccine in the past 12 months *ADULTS AGE 65+ YEARS*

Health Status

Preventive Care – Pneumococcal Vaccine (65+ Years)

- Between 2018 and 2020, the percent of adults (age 65+) that **did** receive a pneumonia shot in the past year in Ector County remained consistent and decreased in the state.
- In 2020, the percent of adults (age 65+) that **did** receive a pneumonia shot in the past year in Ector County (10.0%) was consistent with the state (10.0%).

Received Pneumonia Shot in Past Year (age 65+),
Percentage, 2018-2020



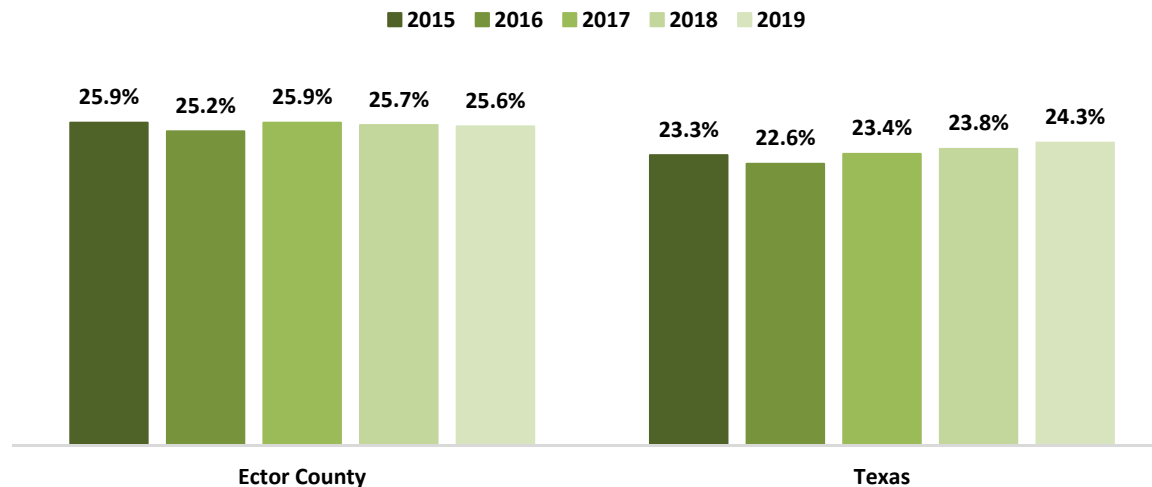
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed October 16, 2021.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the influenza vaccine in the past 12 months *ADULTS AGE 65+ YEARS*

Health Status

Health Care Access – Uninsured

- As of 2019, Ector County (25.6%) has a higher rate of uninsured adults (age 18-64) as compared to the state (24.3%).
- Ector County experienced a slight decrease in the percentage of uninsured adults (age 18-64) between 2015 and 2019, while the state experienced an increase.

Uninsured, Percent of Adults (age 18-64), 2015-2019

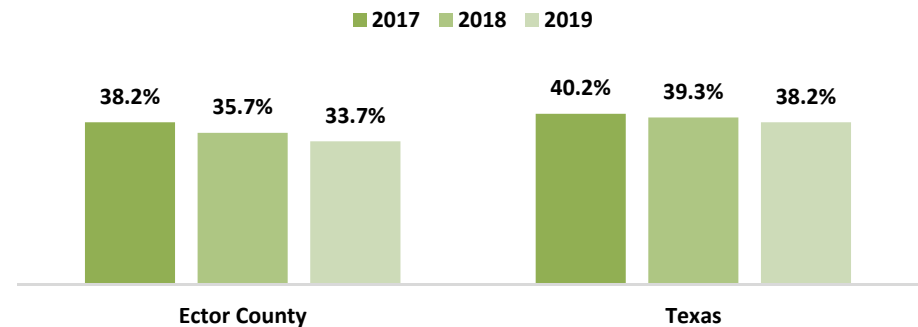


Health Status

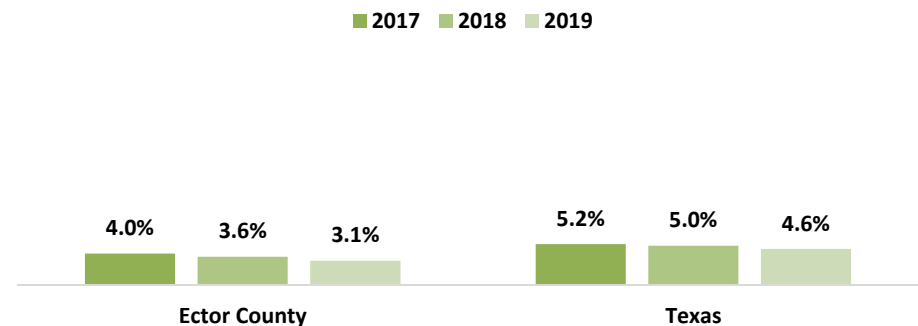
Health Care Access – Medicaid & CHIP

- Between 2017 and 2019, the percent of children (ages 0-18) in Ector County that were enrolled in the Texas Medicaid Program remained lower than the state and steadily decreased.
- In 2019, the percent of children (ages 0-18) in Ector County (33.7%) that were enrolled in the Texas Medicaid Program was lower than the state (38.2%).
- Between 2017 and 2019, 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 2019, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County (3.1%) was lower than the state (4.6%).

Children Enrolled in the Texas Medicaid Program, Percent, Children (Age <18), 2017-2019



Children Enrolled in the Texas CHIP Program, Percent, Children (Age <18), 2017-2019



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 January 24, 2022.

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).

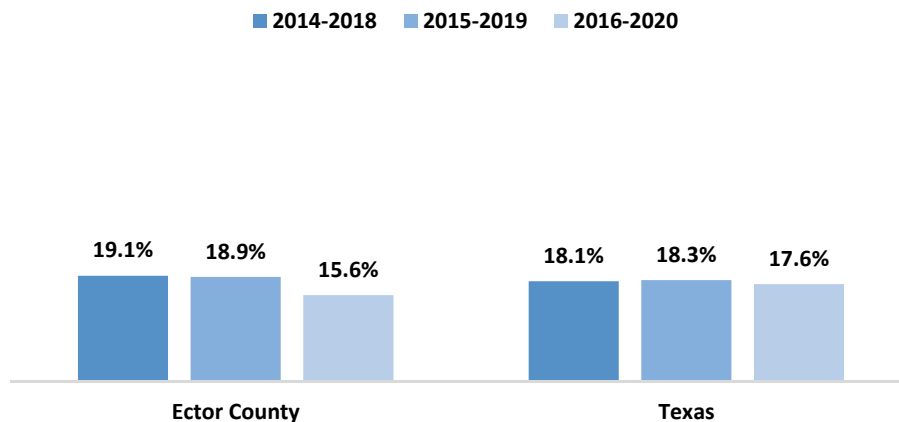
Note: This is point-in-time data from August of each fiscal year and is generally accepted as being representative of monthly enrollment.

Health Status

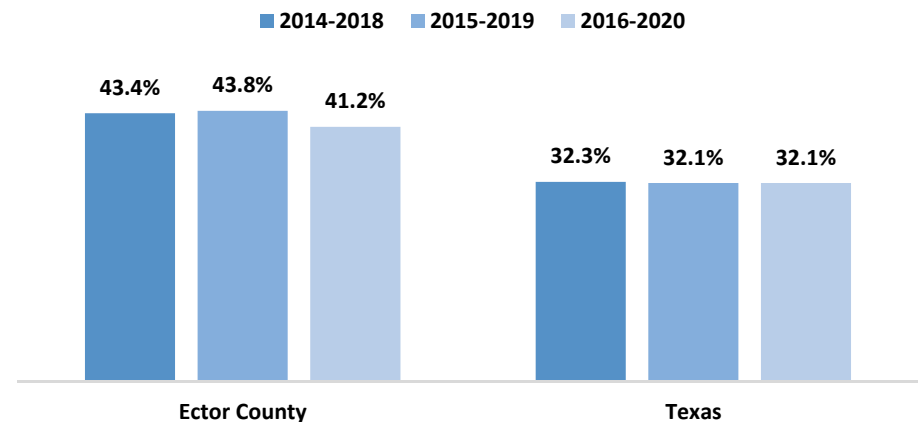
Health Care Access – Medical Cost Barrier & No Personal Doctor

- Between 2014 and 2020, the percent of adults (age 18+) that needed medical care but could not receive it due to cost decreased in Ector County and the state.
- In 2016-2020, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Ector County (15.6%) was lower than the state (17.6%).
- Between 2014 and 2020, the percent of adults (age 18+) in Ector County and the state that reported having **no personal doctor** decreased.
- In 2016-2020, Ector County (41.2%) had a higher percent of adults (age 18+) that had **no personal doctor** than the state (32.1%).

Medical Cost Barrier to Care, Percentage, Adults (age 18+), 2014-2020



No Personal Doctor, Percentage, Adults (age 18+), 2014-2020

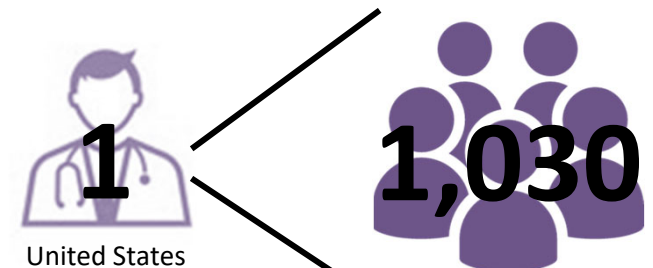
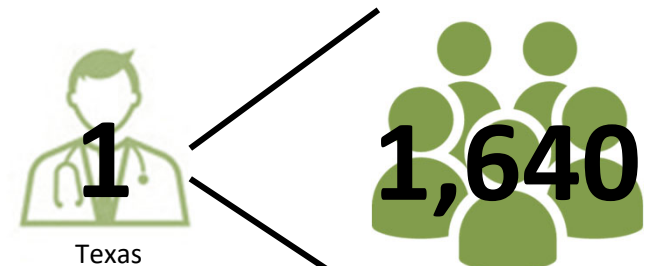
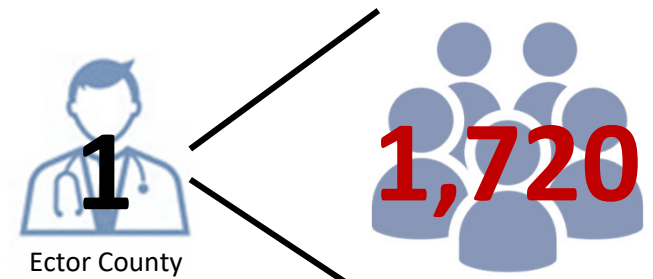


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
 Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
 Definition: Do you have one person you think of as your personal doctor or health care provider?
 Note: Data has been pulled in 5-year sets of moving averages for purposes of statistical reliability.

Health Status

Health Care Access – Primary Care Providers

- **Sufficient availability of primary care physicians is essential for preventive and primary care.**
 - In 2018, the population to primary care provider ratio in Ector County (1,720:1) was higher than the state (1,640:1) and the nation (1,030:1).



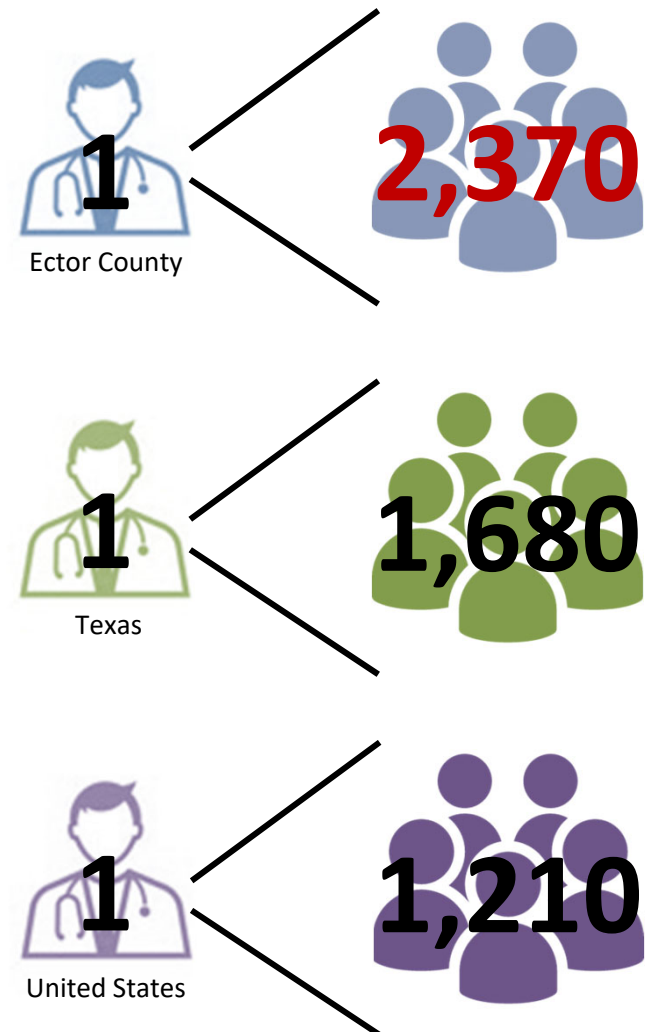
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Ector County, TX, <https://www.countyhealthrankings.org/>; data accessed November 19, 2021.

Definition: The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. "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.

Health Status

Health Care Access – Dental Care Providers

- **Lack of sufficient dental providers is a barrier to accessing oral health care. Untreated dental disease can lead to serious health effects including pain, infection, and tooth loss.**
 - In 2019, the population to dental provider ratio in Ector County (2,370:1) was higher than the state (1,680:1) and the nation (1,210:1).



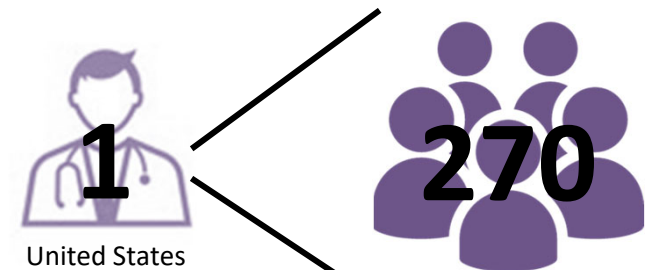
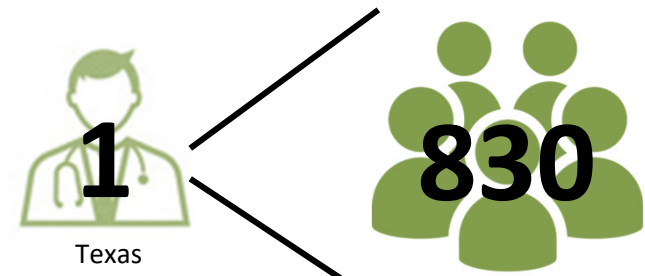
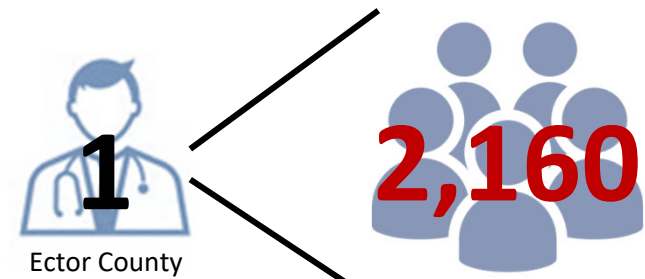
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Ector County, TX, <https://www.countyhealthrankings.org/>; data accessed November 19, 2021. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists. 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.

Health Status

Health Care Access – Mental Health Care Providers

- **Lack of access to mental health care providers not only effects overall individual wellness but also impacts the health of a community.**

- In 2020, the population to mental health provider ratio in Ector County (2,160:1) was significantly higher than the state (830:1) and higher than the nation (270:1).



Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Ector County, TX, <https://www.countyhealthrankings.org/>; data accessed November 19, 2021.

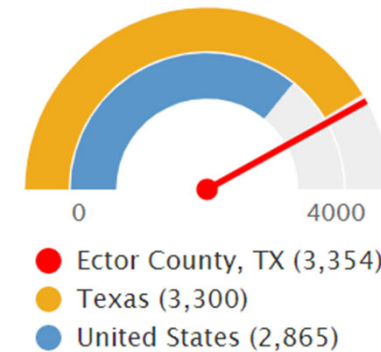
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

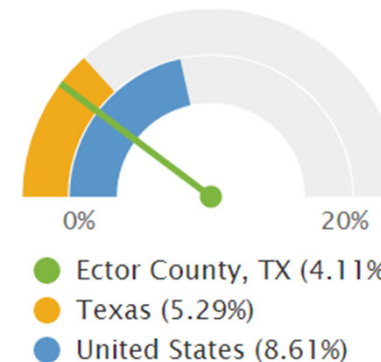
Health Care Access – Common Barriers to Care

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2020, the rate of preventable hospital events in Ector County (3,354 per 100,000 Medicare Beneficiaries) was slightly higher than the state (3,300 per 100,000 Medicare Beneficiaries) and higher than the nation (2,865 per 100,000 Medicare Beneficiaries).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
 - In 2015-2019, 4.1% of households in Ector County had no motor vehicle, as compared to 5.3% in Texas and 8.6% in the nation.

Preventable Hospital Events, Rate per 100,000 Beneficiaries



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: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed December 17, 2021.

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

- Community input was gained from 26 individuals within the two groups outlined in the IRS Final Regulations
 - CHC Consulting contacted a number of other individuals in the community to participate in the interview process, but several persons were unable to complete an interview due to a variety of reasons
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Methodology

- Individuals participating in this process for the CHNA were identified by the facilities and are known to be supportive of ensuring community needs are met. CHC Consulting did not verify any comments or depictions made by any individuals interviewed. Interviewees expressed their perception of the health of the community based on their professional and/or personal experiences, as well as the experiences of others around them. It is important to note that individual perceptions may highlight opportunities to increase awareness of local resources available in the community.
- This analysis is developed from interview notes, and the CHC Consulting team attempted to identify and address themes from these interviews and share them within this report. None of the comments within this analysis represent any opinion of CHC Consulting or the CHC Consulting professionals associated with this engagement. Some information may be paraphrased comments. The comments included within the analysis are considered to have been common themes from interviews defined as our interpretation of having the same or close meaning as other interviewees.

Key Informant Information

- **Mike Adkins:** Public Information Officer, Ector County Independent School District
- **Joshua Alaniz:** Chief of Staff, PermiaCare
- **Chris Barnhill:** Chief Executive Officer, PermiaCare
- **Devin Benavides:** Public Information Officer, City of Odessa
- **Kathy Berryhill:** Community Leader, Ector County
- **David Boutin:** Chairperson, Odessa Development Corporation
- **Margaret Burton:** Director, Meals on Wheels
- **Emily Cunningham:** Executive Director, Crisis Center of West Texas
- **Bryn Dodd:** President, Ector County Hospital District
- **Lindsey Duncan:** Director of Population/Community Health, Medical Center Health System
- **Renee Earls:** President/Chief Executive Officer, Odessa Chamber of Commerce
- **Christina Escobar:** Community Impact Coordinator, United Way of Odessa
- **Brandy Garcia:** Director, Ector County Health Department
- **Dr. Sreedevi Godey:** Medical Director, Family Health Clinic
- **Allie Hernandez:** Nurse, Ector County Independent School District
- **Austin Keith:** Owner, Pinkie's, Inc.
- **Todd Luzadder:** Director of Mental Health Services, PermiaCare
- **Mike Marrero:** City Manager, City of Odessa
- **Dr. Atul Poudel:** Pediatrician, Family Health Clinic
- **Rebecca Rhodes:** Director of Health Services, Ector County Independent School District
- **Ravi Shakamuri:** Owner, Star Care Health Services
- **Dr. Greg Shipkey:** Physician, Medical Center Health System
- **Stephanie Sivals-Latimer:** Vice President of Administration, Sivals Inc.
- **Craig Stoker:** Director of Marketing and Communications, West Texas Food Bank
- **Willie Taylor:** Board President, Family Health Clinic
- **Erika Thomas:** Executive Director, Odessa Links

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

3.8%

- 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

73.1%

- Community leaders

23.1%

Note: Interviewees may provide information for several required groups.

Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
 - Barriers to Care
 - Economic Barriers
 - Transportation Barriers
 - Healthy Lifestyle Education & Management
 - Healthcare Workforce
 - Primary Care
 - Specialty Care
 - Mental & Behavioral Healthcare
 - Dental Care
 - Recruitment & Retention
 - Impact of COVID-19

Barriers to Accessing Care

Economic Barriers

- **Issues/Themes:**

- Cyclical poverty for working poor population in Ector County
- Concern surrounding grandparents on fixed incomes raising grandchildren
- Difficulty affording healthcare coverage and services, particularly for the following groups:
 - Working families
 - Small businesses
 - Independent contractors
 - Oil field workers
 - Racial/ethnic populations
- Greater challenge in accessing healthcare for underserved residents due to:
 - Transportation
 - Internet access
 - Limited knowledge of available resources
 - Cost barriers to care (services, prescriptions)
- Impact of COVID-19 and oil industry on employment status leading to lower prioritization of healthcare needs

“We put a Band-Aid on some of the working poor issues. There’s not a lot to break the cycle of poverty or working poor conditions.”

“There’s more and more grandparents caring for their students. You’ve got people on fixed incomes having to make decisions about the grandchild’s care vs. their own care. Since they’re on a fixed income, do they pay for their own medications? Or do they put food on the table for their grandkids they’re trying to raise?”

“The challenge is working families not having coverage. There’s a significant gap for those families, small business owners, independent contractors with no insurance...those are the ones with some sort of income but no health insurance.”

“The biggest thing for the oil field workers is being underinsured or uninsured. A lot of these guys don’t have insurance or a high deductible health plan.”

“Some racial/ethnic groups fall into that group of being apathetic, not in that they don’t care but they cannot care. They don’t have the means to care. They don’t have the means to take off work.”

“Those who are low income/working poor cannot take off work to go to a doctors appointment or they don’t have the means to pay for it, so it’s easier to just ignore it and keep pushing through. But in the end, it creates a bigger problem.”

“If you’re uninsured, you may not have the ability to get care if you have to miss work and don’t have a vehicle. So many people here don’t have internet access and can’t look up where to get any help. It’s a lack of knowledge or ability to find those resources, and it disproportionately impacts our low income populations.”

“We need better access to prescriptions, one of those being diabetic prescriptions with insulin and high blood pressure prescriptions. They’re too expensive.”

“The high level of unemployment that happened in conjunction with COVID-19 and the oil prices plummeting...people lost jobs and had trouble finding food. When someone has to choose between paying their power bill or paying for medicine, they pay their power bill so they have somewhere to stay and somewhere warm to live.”

Barriers to Accessing Care

Transportation Barriers

- **Issues/Themes:**

- Transportation barriers in getting to/from healthcare services
- Challenges with existing transportation system, including cost barriers and fear of COVID-19
- Greater difficulty accessing transportation services for seniors in the community
- Inappropriate use of ambulance services for transportation by elderly
- Limited access to primary care services for senior residents facing transportation barriers

“Transportation is an issue going back and forth to appointments. There’s not any Medicare covered transportation options. It impacts whether or not people can get their medications.”

“Transportation to a doctor is a challenge. There is a public transit system, but the elderly can't get on a bus and they don't feel comfortable doing that because most are by themselves and have no family here. If they do have family, they aren't close by. If they're on limited income, a bus pass is costly. If they're on a fixed income they have to really count those pennies.”

“With our transportation system out here, it's pretty hard on the elderly. They can't afford a taxi and they don't feel comfortable riding on a bus with the COVID-19 going on.”

“Transportation is a barrier, especially if seniors don’t have anyone to take them where they need to go. They just call the ambulance to come pick them up and that plugs up the emergency room with people who have a sinus infection. If they don't have a means of transportation or someone caring enough to take them, there are people that have difficulty getting to available places.”

“Medical Center Health System has done a tremendous job of trying to spread primary care in central locations in the city and the county. We have easy rider, but a lot of seniors do not have access to get to the facility sometimes so that's an issue around the community.”

Healthy Lifestyle Education & Management

- **Issues/Themes:**

- Significant rates of chronic conditions and risky lifestyle behaviors, including:
 - Obesity
 - Diabetes
 - Heart Disease
 - Physical inactivity
- Lack of affordable nutritious food options resulting in consumption of unhealthy foods, higher rates of chronic conditions
- Perceived need for targeted education on healthy lifestyle choices for Hispanic and minority populations
- Concern surrounding limited number of residents with established primary care provider for preventive care leading to increase in chronic conditions
- Impact of COVID-19 on residents seeking appropriate follow up care
- Growing need for promotion of available resources to combat chronic conditions
- Perceived need to promote available resources via social media to connect with more residents

“There are so many things tied to obesity with diabetes and our culture in this area. We're not an active culture here so obesity is an issue and that leads to so many other problems.”

“The trend is towards obesity, diabetes and heart disease problems. What you'll find is if you walk into the grocery store, your healthy foods are so much more expensive than what you can get for chips or frozen dinners. Those factors tie into each other.”

“Diabetes and obesity have been major challenges here before and after COVID-19.”

“We have seen that we need more education for the Hispanic population and minorities, especially on obesity and diabetes.”

“There are more severe chronic conditions for people of color. We have a high rate of minority residents on kidney dialysis machines.”

“We have a lack of residents pursuing healthy choices and a lack of action from consumers to find a primary care physician to deal with those issues. That leads people to much more chronic and more complicated processes.”

“Diabetes is a big issue. COVID-19 has made [those conditions] worse, there were gaps in follow ups due to the pandemic. People were nervous to go to the doctor's office.”

“We still have a high percentage of teen pregnancies that impact our kids. There's teenage pregnancy, vaping, drug use, smoking diabetes...you have an overall influence of a non-health conscious community.”

“A lot of kids are overweight or obese. For kids, a lot of it is lack of physical activity, nutrition...they're just not eating right and they pick up those bad habits.”

“With the issues that we have in our community, we should be marketing to let people know what we can do to help with chronic conditions.”

“One big issue is people knowing where to go. We need them to understand the different healthcare locations and what is available. People need more social media to teach them what resources are out there.”

Healthcare Workforce

Primary Care

- **Issues/Themes:**

- Increasing need for additional primary care providers due to anticipated population growth
- Conflicting opinions regarding use of telehealth services
 - Benefit in providing telehealth due to difficulty recruiting providers to the community
 - Use of telehealth visits by providers is disliked by some community members
- Difficulty seeking primary care services for Medicaid residents leading to crisis situations
- Perceived long wait times for appointments
- Significant number of residents with no established primary care provider leading to use of urgent care, emergency room
- Concern surrounding limited number of physicians in the community
- Aging providers resulting in growing succession planning needs and difficulty for elderly in changing physicians

“We are expecting some significant growth and with that in mind, our current number of providers would not meet the need.”

“We're still predominantly rural and surrounded by rural counties. We need more telemedicine because I think we'll continue to struggle to recruit providers into the community. I see that growth is needed in the healthcare industry and those could be big issues that will hurt the community down the line.”

“There's just not enough primary care providers. I think they're still doing telehealth visits but why are they doing that? Most people are not a fan of it.”

“It's nearly impossible to find primary care providers who will see an individual with Medicaid. A lot of people end up in a crisis because they didn't have access to care.”

“Getting appointments within reasonable time limits is an issue. We have good doctors here, there are just long wait times for primary care.”

“By and large, there are a large number of people who live in Ector County who do not have a primary care physician.”

“Parents aren't creating a medical home for their kids and that's a problem. They use urgent care a lot. They go to the emergency room for things that are not emergent.”

“The new norm has limited us because these doc-in-a-box offices in town. When you go into those offices, you only see PAs. You never see physicians.”

“It's become a customary practice [here] to fill provider offices with PAs. I don't see a lot of actual physicians.”

“One of the things I notice is we have a lot of aging doctors that are retiring out. Who will step up and meet that need when those physicians are retired?”

“With so many of our physicians retiring, seniors don't feel comfortable with finding new doctors. The medical community is bringing in younger doctors but it's very hard for the elderly to change doctors.”

Healthcare Workforce

Specialty Care

- **Issues/Themes:**

- Appreciation for high quality specialty providers in the community
- Perceived outmigration due to primary care provider referrals, needs requiring higher level of care
- Insurance coverage as determining factor in ability to seek specialty care in the community
- Insurance barriers in seeking specialty care leading to outmigration, worsened health outcomes
- Outmigration for orthopedic, cancer, cardiac care due to “bigger is better” perception
- Concern surrounding financial burden of seeking care outside of community for low income families
- Specialties mentioned as needed include (in descending order based on number of times mentioned):
 - Pediatric Orthopedics
 - Hematology/Oncology
 - Neurosurgery/Spine
 - Gastroenterology
 - Endocrinology
 - Neurology
 - Infectious Disease
 - Pain Management

“The quality of care is very good for specialties [here]. Sometimes primary care providers refer people to specialists in Dallas or Houston, and that outmigration is driven by the primary care providers instead of the patients.”

“Locally, they offer a variety of services but escalated situations have to be transported out of the community.”

“For specialty care, it comes back to whether or not you have insurance to afford the care. With heart doctors, we don’t have enough providers to accept the underserved. Some folks go across the border and do what they can to take care of themselves.”

“People see a primary care provider and if they need to get referred to a specialist, that’s nearly impossible to come by because of insurance issues. We need early access to specialty care for people with big needs and no payer for those things that could be managed with early interventions so they don’t end up in [worse situations].”

“...I hear about orthopedics over and over again, specifically knee and hip replacements. I don’t know anyone who has had those procedures done here. They go to Lubbock or Dallas. Nobody hangs around here to have heart surgery if you can afford not to.”

“People go to MD Anderson for cancer care. If they have to have heart surgery or back surgery, they don’t stay here. A lot of people go somewhere else for knee surgery because they think other places have better techniques.”

“Orthopedic care for kids is so limited here. Endocrinologists, neurologists, that type of care...a lot of people end up going to Dallas for their care. it’s hard on a family that doesn’t have the financial means to go back and forth and stay in another city.”

“We lack neurosurgery. With the trauma certification, we don’t have neurosurgeons here often enough.”

“GI is our biggest issue. You wait for months to see a GI. We don’t have any pediatric specialty options here, you have to take kids to Lubbock.”

“We have problems with infectious disease. We don’t have anybody in Odessa. Pain management is another difficult one. We refer out of Odessa for that.”

Healthcare Workforce

Mental & Behavioral Healthcare

- **Issues/Themes:**

- Stigma associated with seeking appropriate mental and behavioral healthcare
- Concern surrounding impact of COVID-19 on mental and behavioral health, specifically:
 - Depression within growing elderly population due to loss of family members, isolation
 - Fear, anxiety within general population
 - Worsened social skills
- Difficulty seeking local providers and resources due to:
 - Cost barriers
 - Insurance coverage
 - Long wait times
 - Shortage of providers, staff
- Outmigration due to:
 - Limited number of local providers able to prescribe medications
 - Lack of inpatient psychiatric centers
 - Few pediatric specialists for patients with autism
- Perceived increase in drug/substance abuse within youth population (marijuana, cocaine, vaping)

“We do have several psychiatrists here, but people don't admit they go. People don't discuss it because of the stigma against it.”

“We have to increase behavioral health treatment across the lifespan, from birth to the grave. COVID-19 exacerbated the situation with so many of our elderly population having a much higher incidence of death and COVID-related instances. The depression that comes from that and losing family members, feeling shut in and afraid, not having enough social and counseling resources and your family not being able to be around you made it much worse.”

“There's a big mental health component that came out during COVID that will take years to unpack. Depression came from it, definitely anxiety, definitely fear.”

“Since COVID, social skills have taken a hit in adults and children alike. Teens aren't socializing in a social setting, they're all virtual. Social skills in the future are going to get worse because we're so used to everything being virtual or electronic.”

“The biggest challenge is cost. We only have a handful of psychiatrists here. If you don't have insurance, there's a barrier. We have Mental Health and Mental Retardation (MHMR) locally but their wait list is unbelievable. They're strapped for staff.”

“...we may have therapists or counselors but they can't prescribe certain medications, so psychiatrists are lacking. That's a problem.”

“We only have one inpatient psychiatric center in Midland, otherwise people go to San Angelo or Abilene. There's not many options if they don't have funding.”

“We need specialists who deal with autism, the nearest one is in Lubbock and the wait time is 6 months to a year. For autism patients there is some therapy here in Midland, but the wait time is 2 years.”

“There's been a huge uptick in drug abuse anywhere from edibles to smoking marijuana or cocaine. We're seeing elementary school kids vaping.”

Healthcare Workforce

Dental Care

- **Issues/Themes:**

- Appreciation for improved availability of local dental care providers
- Concern surrounding cost barriers to care and insurance plans
- Perceived need for additional education and support regarding financial assistance opportunities for dental care
- Greater difficulty accessing dental care services leading to poor dental health, particularly for:
 - Medicaid
 - Medicare
 - Self-pay
 - Oil field workers
 - Low income
- Outmigration of Hispanic patients for dental care services to Mexico due to cost barriers

“...we have a lot more access than 10-15 years ago when a lot of our poor individuals had to drive as far as San Angelo to get dental care. Now we don't see that because we have a lot of dentists that have opened up in the last several years.”

“There are no issues getting into dentists, we have quite a few. It's the cost that bothers people. So many people can't afford the plans so they don't have insurance and it's expensive for them, but we are blessed with good dentists in Odessa.”

“Maybe there is access [to dental care], but there needs to be more information on funding opportunities or insurance opportunities so people can have access to help with payment plans.”

“Access to dentists, especially for Medicaid/Medicare patients and self-pay...it's tough. For preventive dental care, a lot of patients are lacking it because of the cost.”

“It's the access to dental care. People don't always have insurance and we have a lot of members in our community that move in and out for the oilfields so they don't have the insurance or financial means, and dental care is not cheap. Those people are not getting the dental care that they need. We don't have any real free or reduced dental care options for someone who doesn't have dental insurance.”

“We do see access issues with dental care services. If you're funded, there's not a problem. If you're unfunded, dental care is harder to come by.”

“Traditionally, the Hispanic community goes to Mexico to get dental stuff done because it's cheaper. That drive is 200 miles, but they go - especially if they have crown work they needed to do or dentures.”

Healthcare Workforce

Recruitment & Retention

- **Issues/Themes:**

- Significant concern surrounding shortage of providers, healthcare staff
- Nursing shortage and inflated salaries creating budgetary concerns for healthcare facilities
- Difficulty recruiting and retaining staff in rural areas, particularly within mental and behavioral healthcare
- Impact of COVID-19 on state-wide position vacancies and resource limitations
- Staffing shortages leading to:
 - Use of telehealth services
 - Limited efficiency and access to care for consumers
 - Exhaustion, stress, burnout
 - Healthcare staff leaving the medical field

“The shortage of providers across the board is an emerging need. In terms of the nursing shortage, the solution has been to pay more and more and at a certain point, that eats so much of your operational budget that you can't keep up. If these salaries keep getting inflated, it's going to swallow a lot of people up. If that trend continues as it is, there could be some significant consequences.”

“Difficulty recruiting is a huge issue. There's definitely a workforce shortage when it comes to mental and behavioral health providers - nurses, counselors, therapists, psychiatrists, any of them. They're hard to find, especially in children's areas. Most of our psychiatrists come in through telehealth, they don't live here.”

“We're seeing extraordinarily high levels of vacancies and resource limitations across the entire state. It's like the workforce has been depleted. We don't know where they've gone or what has happened to them. The world around us has changed to have more resource limitations and that's COVID-related.”

“Having clinic staff is a big need. To increase access and see more patients, we need our support staff like front desk staff and clerks and LVNs, RNs and medical assistants. It's hard to find them and hard to retain them here. Because of that, sometimes we are not as efficient as we should be. If you don't have the nurse or staff to give the vaccine, you can't take the patient and we can't see them. That has been a challenge for us.”

“We're really worried about losing staff, especially with the vaccine mandate. We're short several nurses right now just in general at our facilities. The number of patients all the hospitals are seeing is putting a strain on all of them and everybody is tired and stressed.”

“Our medical staff is exhausted from COVID-19 and we're seeing a lot of people step out of the medical field. That's a concern over the next few years. Staff members are burnt out and tired. It's going to be very stressful on the healthcare system.”

Impact of COVID-19

- **Issues/Themes:**

- Appreciation for hospital's proactive response to the COVID-19 pandemic
- Concern surrounding potential long-term effects of the virus, patients with long term pulmonology care needs
- Imbalance across populations regarding the pandemic, specifically surrounding mask mandates and vaccinations
- Need for additional information and education on COVID-19 prevention, vaccine acceptance
- Impact of COVID-19 on local economy, oil industry and transient population
- Perceived higher rates of COVID-19 virus within Hispanic population
- Emerging need for housing security and stability due to mass evictions, loss of employment due to COVID-19

"The hospital has been doing a good job with everything that has happened with the pandemic. My hats off to the CEO, he leads a good team."

"There is high quality care at Medical Center. Medical Center did a phenomenal job with COVID-19 efforts. They have really stepped up in order to do the best they can to help the community."

"For people who have been infected with COVID-19, what kind of long term effects will continue for them?"

"There have been patients post COVID-19 who need long term pulmonology care, and with the vaccines and long term effects, I am worried it will be a problem in the future. There have been several rehab facilities that [took care of patients during the pandemic], and now they are [seeing the same patients again]."

"Sadly, we have some non-believers that this COVID-19 thing is real and exists. The hospital and other partners have done a tremendous job in educating the public, but we have a real large sense of people who don't think they need to wear a mask or get vaccinated and don't believe it's a real thing. Therefore our vaccination rates have been low and that's a problem."

"There has to be some counter balance to some of the stories out there. There's a lot of mistrust and misinformation on both sides. It's one of those hills that's insurmountable at the local level just because you've got this subset of the population that's drinking from the firehose of lies."

"COVID-19 and the economics of the oil industry took a toll on our transient population. We have a big plant coming, and with prices going up, we'll have larger transient populations again."

"During the COVID-19 surges, there seemed to be a larger Hispanic population of patients."

"Housing security and stability is a concern as far as homelessness and displaced families as a result of mass evictions due to the pandemic or loss of employment."

Populations Most at Risk

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

- Pediatric
 - Lack of local specialty care options
 - Lack of local developmental disability services
- Youth
 - Vaping, drug use, smoking
 - Overweight/obesity
 - Immunizations
 - High rate of teen pregnancy, STIs
 - Traumatic brain injuries, continual concussions
 - Use of electronics
 - Limited access to local mental/behavioral healthcare resources
 - Low high school graduation rate, high rate of teens entering the workforce early
 - Homelessness/displaced families
- Racial/Ethnic
 - COVID-19 (Hispanic)
 - Diabetes (Hispanic, African American)
 - Hypertension, heart disease (African American)
- Oil Field Workers
 - Injuries/road safety concerns
 - Limited insurance coverage
 - Local healthcare noncompliance
- Elderly
 - Transportation barriers
 - Loneliness, isolation
 - Obesity, respiratory illnesses
 - Lack of understanding of chronic conditions
 - Chronic conditions (diabetes, hypertension, COPD)
 - Cost barriers to care, prescriptions leading to medical noncompliance
 - Food insecurity
 - Limited access to local mental/behavioral healthcare resources
 - Technology barriers
- Low Income/Working Poor
 - Lack of awareness of local resources
- Homeless
 - Lack of local resources
 - Growing population (mass evictions due to pandemic, loss of employment)
- Veterans
 - Limited local care options leading to outmigration
 - Transportation barriers



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 November 29, 2021 – December 24, 2021 at the following clinic locations:
 - MCH Family Health Clinic – Clements: 840 West Clements St., Odessa, TX 79763
 - MCH Family Health Clinic – JBS: 3001 John Ben Shepperd Pkwy, Odessa, TX 79762
 - 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 2019 survey process conducted in English and Spanish
 - Location of care
 - Problems seeing a doctor
 - Likelihood of returning to clinic(s)
- Collected 451 surveys which is 26.4% of patients seen in the clinics during that time (total of 1,708 patients seen)
 - 71.2% responded to survey in English
 - 28.8% responded to survey in Spanish
- Results are compared to the 2019 FHC survey when appropriate
- Due to the rise of telehealth services from the pandemic, CHC Consulting added prompts for virtual care in several of the survey questions

Family Health Clinic Survey

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

- **Total**

- In both 2019 and 2022, 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 increased between 2019 and 2022
- Patients who indicated they go to a doctor or that they don't usually go to the doctor at a different facility decreased between 2019 and 2022
- Patients who indicated using the Emergency Department for care increased between 2019 and 2022

- **English**

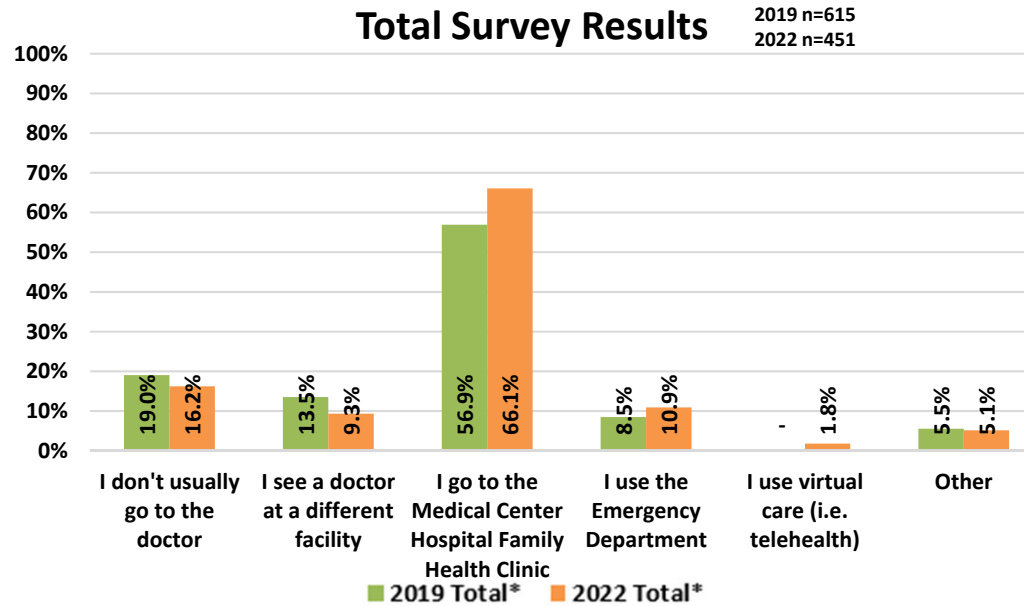
- In both 2019 and 2022, the majority of **English** respondents go to the Family Health Clinic when they are sick or need to see a doctor
- **English** patients who responded that they go to the Family Health Clinic for care increased between 2019 and 2022
- **English** patients who indicated they go to a doctor or that they don't usually go to the doctor at a different facility decreased between 2019 and 2022
- **English** patients who indicated using the Emergency Department for care increased between 2019 and 2022

- **Spanish**

- In both 2019 and 2022, 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 slightly decreased between 2019 and 2022
- **Spanish** patients who indicated they go to a doctor at a different facility increased between 2019 and 2022
- **Spanish** patients who indicated using the Emergency Department for care increased between 2019 and 2022

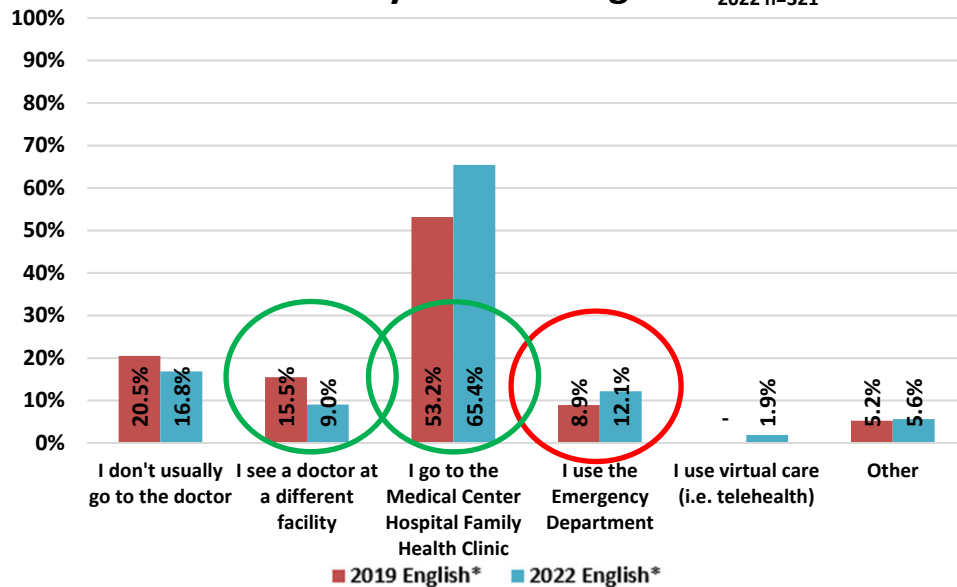
Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

LOCATION OF CARE Total Survey Results



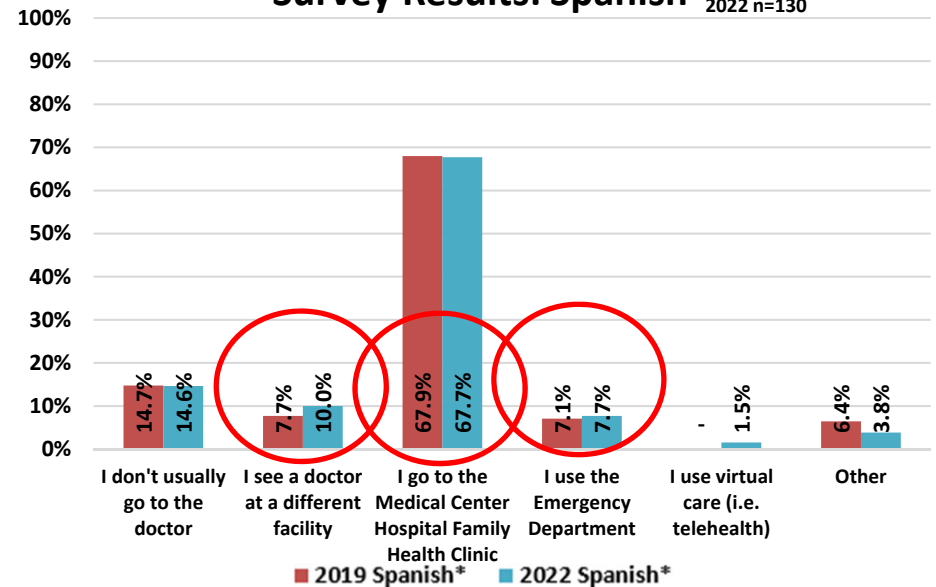
Survey Results: English

2019 n=459
2022 n=321



Survey Results: Spanish

2019 n=156
2022 n=130



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.
 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%.
 Note: A '-' indicates that no data is available. "I use virtual care (i.e. telehealth)" prompt was added in 2022.

Family Health Clinic Survey

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

- **Total**

- In both 2019 and 2022, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor
- Patients citing cost as a barrier to care increased between 2019 and 2022
- Patients citing no insurance as a barrier to care decreased between 2019 and 2022, while limited insurance as a barrier to care increased between 2019 and 2022
- Patients who indicated no problems in seeing a doctor decreased between 2019 and 2022

- **English**

- In both 2019 and 2022, 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 increased between 2019 and 2022
- **English** patients citing no insurance as a barrier to care decreased between 2019 and 2022
- **English** patients who indicated no problems in seeing a doctor decreased between 2019 and 2022

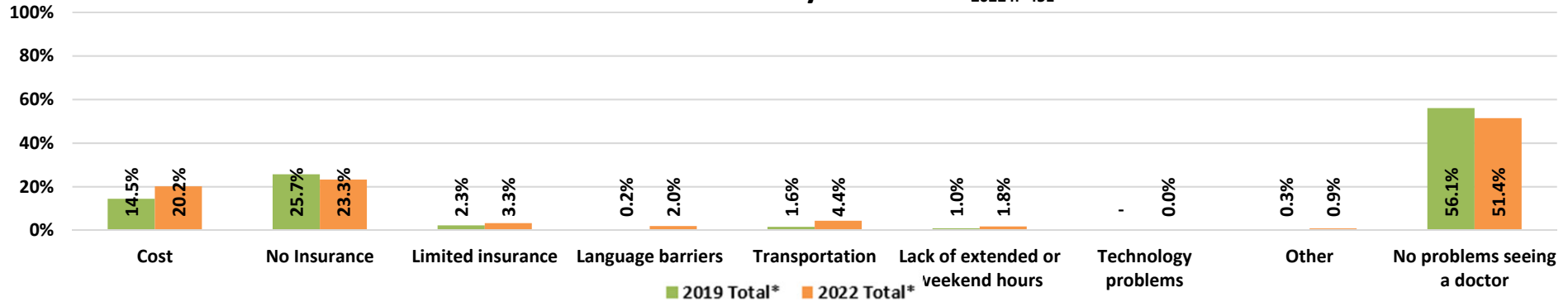
- **Spanish**

- In both 2019 and 2022, 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 increased between 2019 and 2022
- **Spanish** patients citing no insurance and/or limited insurance as a barrier to care decreased between 2019 and 2022
- **Spanish** patients citing language as a barrier to care increased between 2019 and 2022
- **Spanish** patients who indicated no problems in seeing a doctor decreased between 2019 and 2022

BARRIERS SEEING A DOCTOR

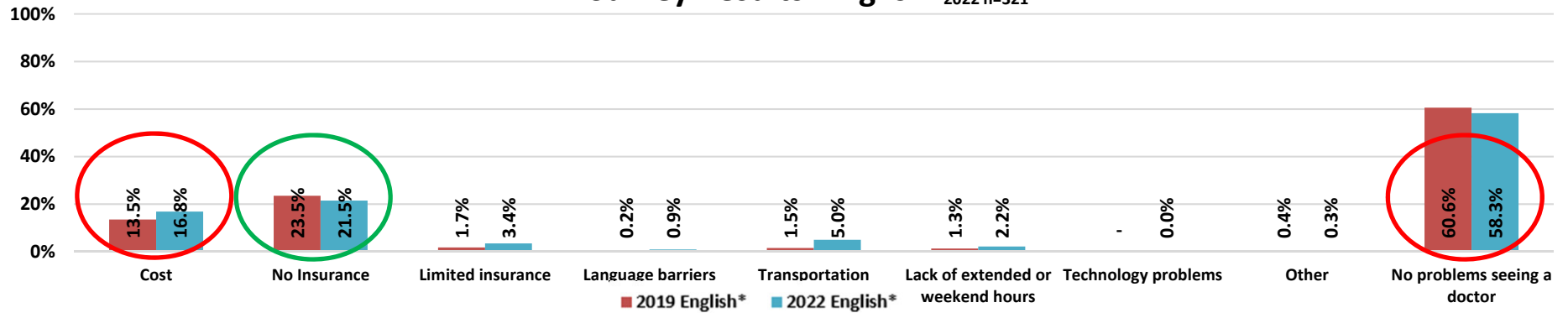
Total Survey Results

2019 n=615
2022 n=451



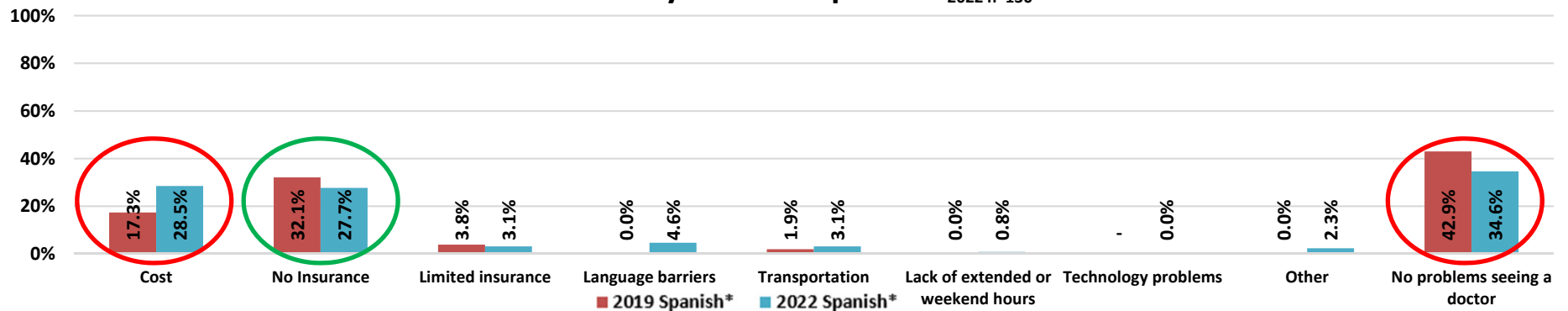
Survey Results: English

2019 n=459
2022 n=321



Survey Results: Spanish

2019 n=156
2022 n=130



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

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%.

Note: A '-' indicates that no data is available. "I use virtual care (i.e. telehealth) prompt was added in 2022.

Family Health Clinic Survey

Location of care for respondents citing cost and insurance barriers

- **Total**

- In both 2019 and 2022, 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 2019 and 2022
- 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 increased between 2019 and 2022
- Patients citing cost and insurance barriers to care who indicated they see a doctor at a different facility increased between 2019 and 2022

- **English**

- In both 2019 and 2022, 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 2019 and 2022
- **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 increased between 2019 and 2022
- **English** patients citing cost and insurance barriers to care who indicated they see a doctor at a different facility increased between 2019 and 2022

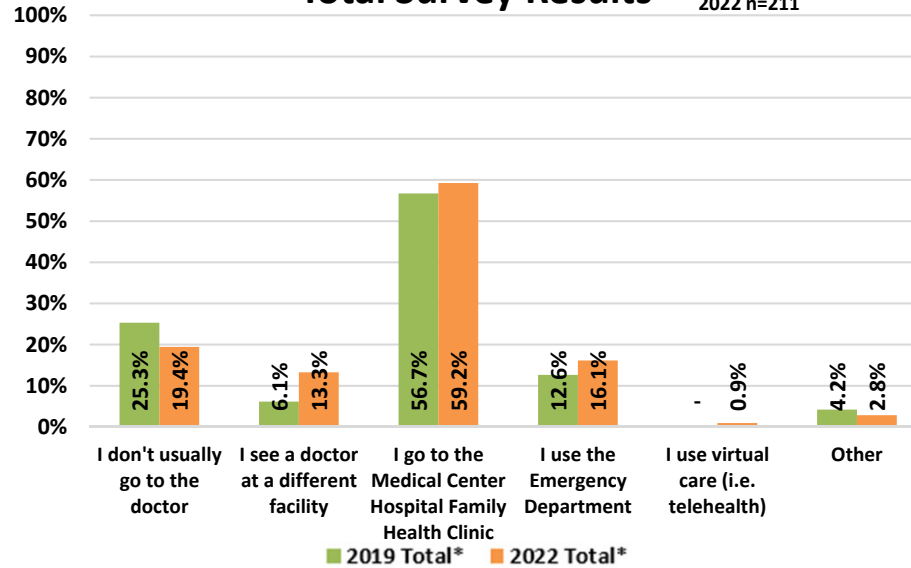
- **Spanish**

- In both 2019 and 2022, the majority of **Spanish** 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 2019 and 2022
- **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 increased between 2019 and 2022
- **Spanish** patients citing cost and insurance barriers to care who indicated they see a doctor at a different facility increased between 2019 and 2022

LOCATION OF CARE FOR RESPONDENTS CITING COST AND INSURANCE BARRIERS

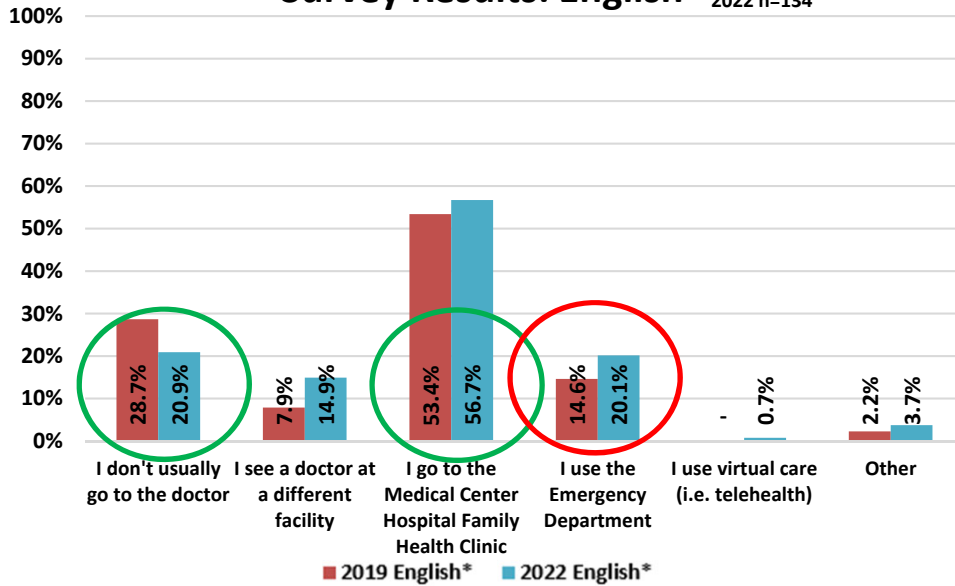
Total Survey Results

2019 n=261
2022 n=211



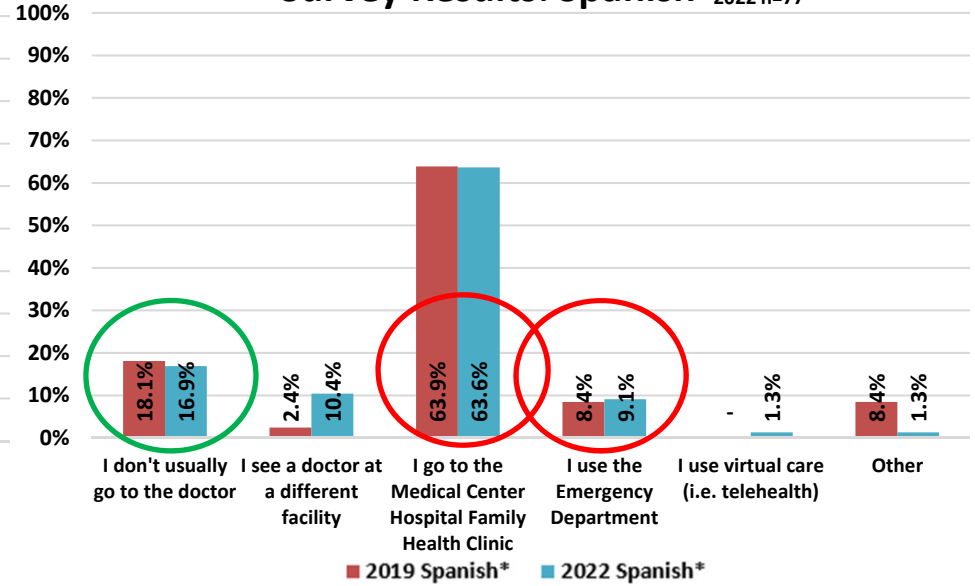
Survey Results: English

2019 n=178
2022 n=134



Survey Results: Spanish

2019 n=83
2022 n=77



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

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%.

Note: A '-' indicates that no data is available. "I use virtual care (i.e. telehealth)" prompt was added in 2022.

Family Health Clinic Survey

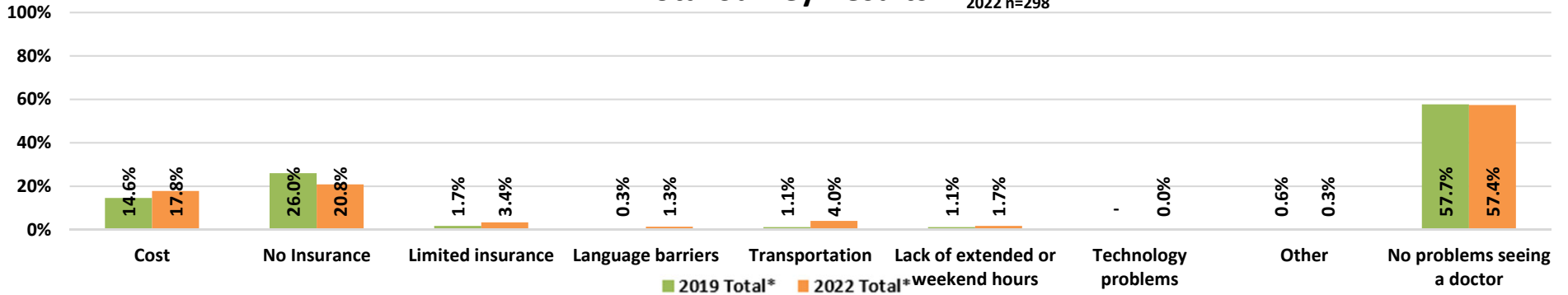
Barriers to care for Family Health Clinic patients

- **Total**
 - In both 2019 and 2022, 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 increased between 2019 and 2022
 - FHC patients citing no insurance as a barrier to care decreased between 2019 and 2022
 - FHC patients who indicated transportation problems in seeing a doctor increased between 2019 and 2022
- **English**
 - In both 2019 and 2022, 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 increased between 2019 and 2022
 - **English** FHC patients citing no insurance as a barrier to care decreased between 2019 and 2022
 - **English** FHC patients who indicated transportation problems in seeing a doctor increased between 2019 and 2022
- **Spanish**
 - In both 2019 and 2022, 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 increased between 2019 and 2022
 - **Spanish** patients citing no insurance and/or limited insurance as a barrier to care increased between 2019 and 2022
 - **Spanish** patients who indicated transportation problems in seeing a doctor increased between 2019 and 2022

BARRIERS TO CARE FOR FAMILY HEALTH CLINIC PATIENTS

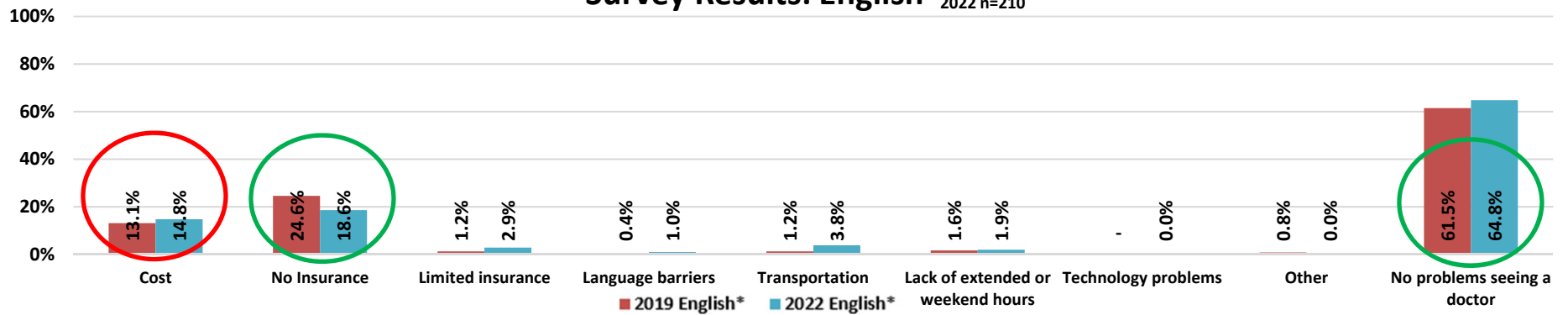
Total Survey Results

2019 n=350
2022 n=298



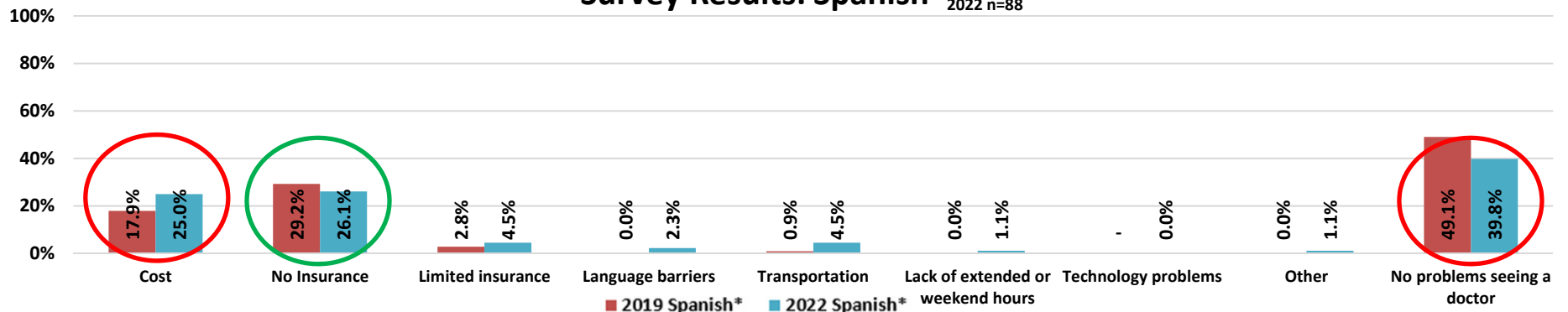
Survey Results: English

2019 n=244
2022 n=210



Survey Results: Spanish

2019 n=106
2022 n=88



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

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%.

Note: A '-' indicates that no data is available. "I use virtual care (i.e. telehealth) prompt was added in 2022.

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 2019 and 2022, 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' or 'Somewhat likely' to return to the FHC for care increased between 2019 and 2022
- Survey respondents who indicated they are 'Very Unlikely' or 'Unsure' if they will return to the FHC for care decreased between 2019 and 2022

- **English**

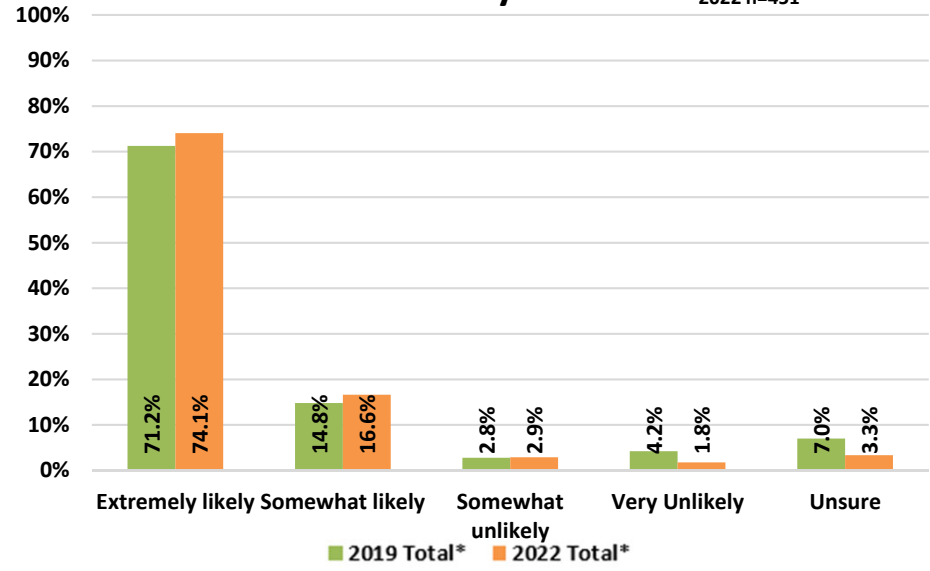
- In both 2019 and 2022, the majority of **English** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **English** survey respondents who indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care increased between 2019 and 2022
- **English** survey respondents who indicated they are 'Very Unlikely' or 'Unsure' if they will return to the FHC for care decreased between 2019 and 2022

- **Spanish**

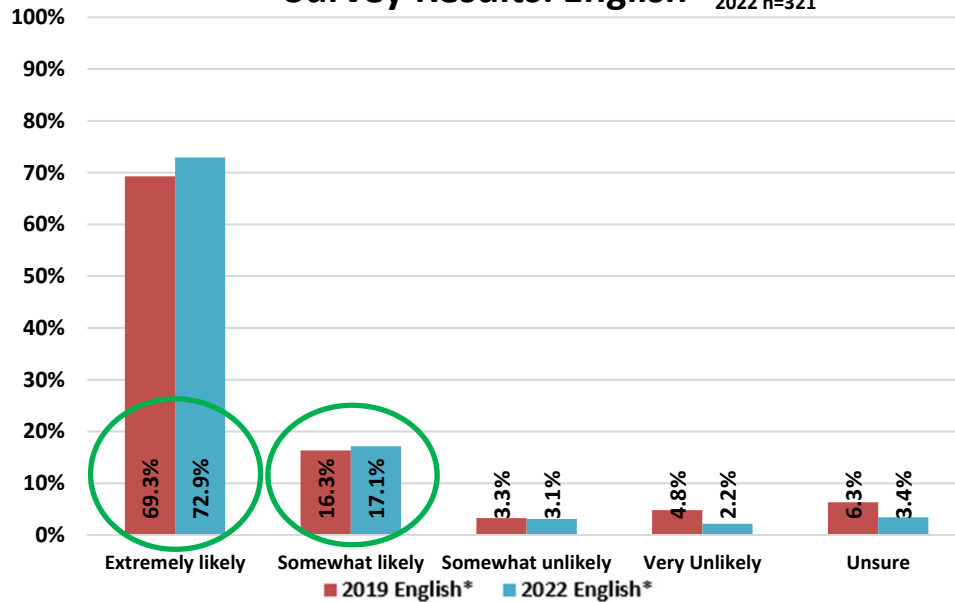
- In both 2019 and 2022, the majority of **Spanish** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **Spanish** survey respondents who indicated they are 'Extremely likely' to return to the FHC for care remained steady while survey respondents who indicated they are 'Somewhat likely' to return to the FHC for care increased between 2019 and 2022
- **Spanish** survey respondents who indicated they are 'Very Unlikely' or 'Unsure' if they will return to the FHC for care decreased between 2019 and 2022

LIKELINESS TO RETURN TO THE FAMILY HEALTH CLINIC

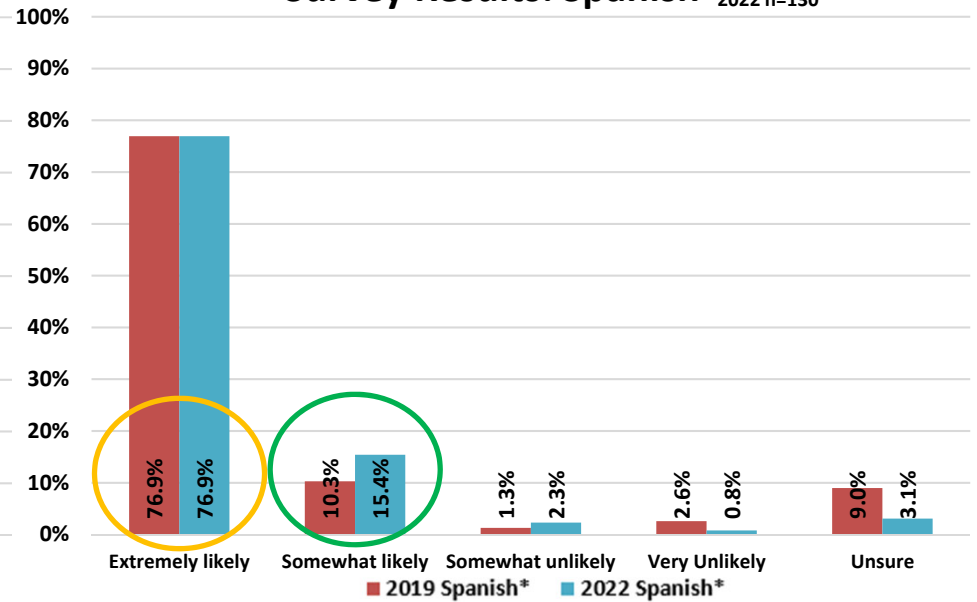
Total Survey Results



Survey Results: English



Survey Results: Spanish



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.
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

- Several comments praising the quality of care provided at the Family Health Clinic
 - “Good price, quality care.” (Clements)
 - “I like this place better, more professional and staff is really great, friendly and understanding.” (Clements)
 - “I have had great service.” (Clements)
 - “I trust my doctor at this facility.” (Clements)
 - “They take care of my diabetes.” (Clements)
 - “Very likely to visit to get my medication.” (Clements)
 - “The attention is excellent, they speak Spanish, good treatment, staff very friendly.” (JBS)
 - “I really enjoy how nice everyone is here, very patient when explaining or answering questions. Very thorough.” (JBS)
 - “The two front desk ladies are the sweetest.” (JBS)
 - “Great experience every time we have come since my child was a baby.” (JBS)
 - “Always used this facility and the people are awesome.” (JBS)
 - “I have never had a bad experience here. Beverly and her crew are always great and so helpful.” (West University)
 - “I see my regular doctor here and she is great. She always is on time, and I am in and out in a timely manner.” (West University)
 - “I love the way everyone is at the FHC. They are very nice and kind and my doctor is awesome.” (West University)

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

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 as well as education on cost of care
 - “I use the ER if I can't get into see my Doctor.” (Clements)
 - “[When I need care, I] stay home.” (Clements)
 - “Need more doctors and a dentist too.” (Clements)
 - “I don't know the cost yet.” (Clements)
 - “Don't know the cost.” (Clements)
 - “I have no other doctor and little money.” (Clements)
 - “I usually just wait to get better on my own.” (West University)

Family Health Clinic Survey

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

- **Total**

- In both 2019 and 2022, 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 as a barrier to care when they are sick or need to see a doctor increased between 2019 and 2022, while insurance barriers to care increased
- Survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor slightly decreased between 2019 and 2022

- **English**

- In both 2019 and 2022, 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 as a barrier to care when they are sick or need to see a doctor increased between 2019 and 2022, while insurance barriers to care increased
- **English** survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor increased between 2019 and 2022

- **Spanish**

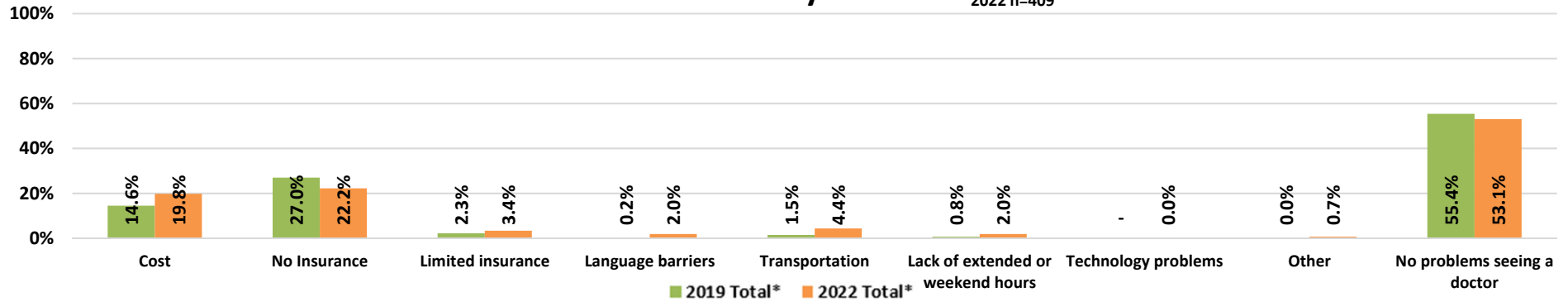
- In both 2019 and 2022, the majority of **Spanish** survey respondents who are likely to return to the FHC for care cited cost and no insurance/limited insurance as barriers to seeing a doctor
- **Spanish** survey respondents who are likely to return to the FHC for care and cited cost as a barrier to care when they are sick or need to see a doctor increased between 2019 and 2022, while insurance barriers to care decreased
- **Spanish** survey respondents who are likely to return to the FHC for care and cited no problems seeing a doctor decreased between 2019 and 2022

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

PROBLEMS SEEING A DOCTOR AMONG THOSE LIKELY TO RETURN TO FHC

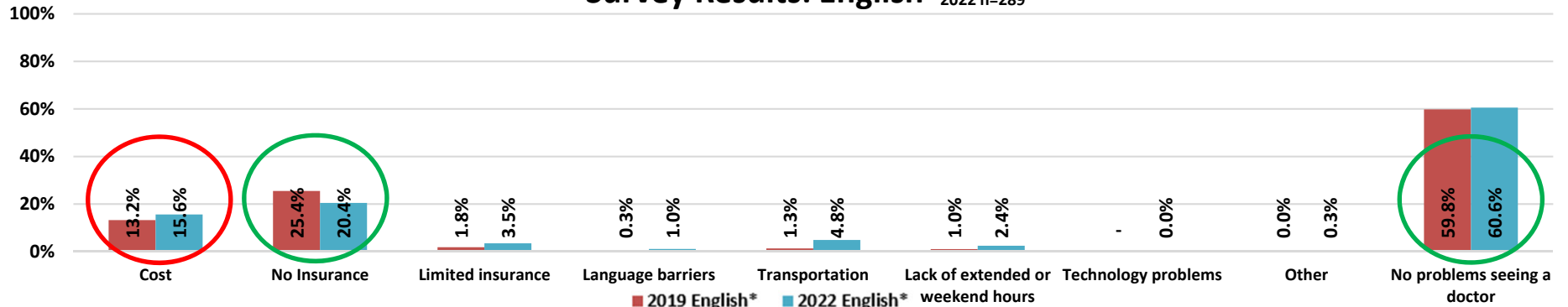
Total Survey Results

2019 n=529
2022 n=409



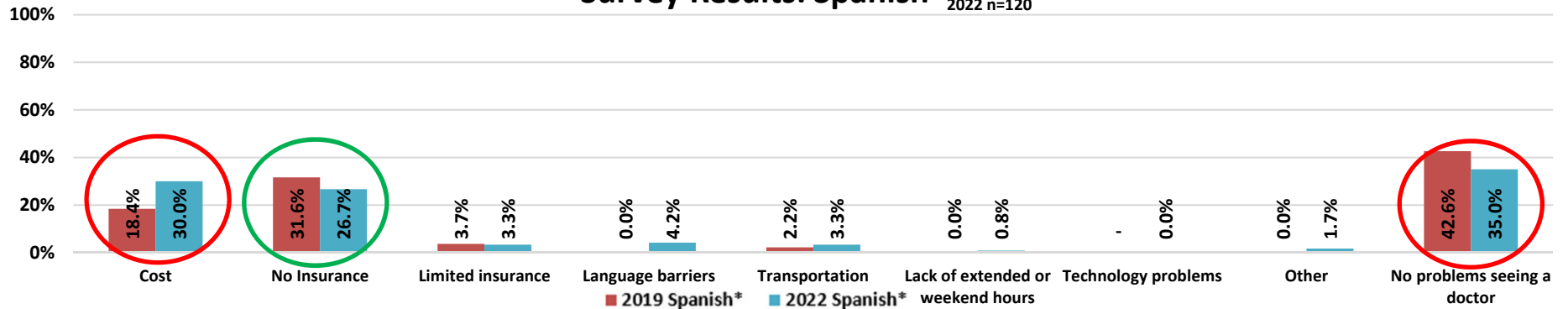
Survey Results: English

2019 n=393
2022 n=289



Survey Results: Spanish

2019 n=136
2022 n=120



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

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%.

Note: A ‘-’ indicates that no data is available. “I use virtual care (i.e. telehealth) prompt was added in 2022.



LOCAL COMMUNITY HEALTH REPORTS

West Texas Opportunities, INC.

Community Needs Assessment - 2018

- West Texas Opportunities, Inc., a non-profit community action agency, is located in the Permian Basin Geographic Region with some service area covering the Rolling Plains Region
 - The agency is responsible for approximately 25 different sources of federal, state and local contracts to provide the following services to its clients
- In order to effectively offer services to citizens in the area, West Texas Opportunities operates 16 full-time rural service centers that are strategically located in sub-areas throughout the top 25 counties of the region
- The primary focus of the needs assessment is needs and barriers that exist and that prevent low-income people from achieving self-sufficiency, independent of government assistance

West Texas Opportunities, INC.

Community Needs Assessment - 2018

- Following are the list of counties that were studied in this assessment: Andrews, Borden, Dawson, Ector, Fisher, Gaines, Glasscock, Howard, Loving, Martin, Midland, Mitchell, Nolan, Reeves, Scurry, Upton, Ward and Winkler
- Input was received from clients, citizens in our service area, community agencies, employees and governing officials. Input was gathered via surveys and/or interviews.

Ector County

- Surveys were distributed at West Texas Opportunities (WTO), Inc. offices and Interagency Meetings. Customers were also given the option to do the survey on line. Survey was also posted on our website at www.gowto.org. 163 surveys were completed. 2 local officials and 3 board members were interviewed and 4 individuals participated in a forum.
- **Top 5 Needs for Ector County**
 1. Lack of affordable housing
 2. Families on fixed income unable to meet basic needs
 3. Lack of affordable healthcare
 4. Lack of education
 5. Lack of affordable childcare
- **Overall Community Needs Assessment Results**
 1. Lack of affordable housing
 2. Lack of job skills
 3. Lack of education
 4. Lack of affordable healthcare
 5. Lack of affordable childcare

ContinueCARE Hospital at Medical Center

Community Health Needs Assessment - 2021

- ContinueCARE Hospital at Medical Center operates in collaboration with our host hospital, Medical Center Hospital in Odessa. As part of this agreement, ContinueCARE Hospital at Medical Center leases space and purchases certain ancillary services from our host hospital.

Methodology

- ContinueCARE Hospital at Medical Center utilized CHC ContinueCARE to help complete their community health needs assessment
- The community health needs assessment report encompasses demographic data, health data and one-on-one interviews with individuals who have special knowledge of the communities

Prioritized Needs

- ContinueCARE Hospital at Medical Center's prioritized health needs are:
 1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 2. Access to Primary and Specialty Care Services and Providers
 3. Continued Focus on COVID-19 Prevention & Response
 4. Increased Emphasis on Addressing Social Determinants of Health
 5. Access to Mental and Behavioral Health Care Services and Providers



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 2020 to 2022 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	ONGOING	38,838 primary care visits for Procure, 16, 578 for FHC.	ONGOING	32,527 primary care visits for Procure, 19,244 for FHC.	ONGOING	15,718 visits through March for procure, 11,461 for FHC.
1.B. MCH will continue to recruit additional primary care providers within internal medicine, pediatrics and family medicine to the area.	MCHS ProCare	ONGOING	1 pedi for Procure, 1 NP for Retail clinic, 2 NP for hospitalist.	ONGOING	3 MD and 1 NP for hospitalist, 1 NP for hospitalist, 1 NP for Retail Clinic.	ONGOING	1 NP for FHC, 2 MD for hospitalist, 1 PA for hospitalist.
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	ONGOING	Urgent Care 9a-9p Mon-Fri and 10-6 Sat-Sun, Retail is 8a-7p Mon-Sat.	ONGOING	Urgent Care 9a-9p Mon-Fri and 10-6 Sat-Sun, Retail is 8a-7p Mon-Sat.	ONGOING	Urgent Care 9a-9p Mon-Fri and 10-6 Sat-Sun, Retail is 8a-7p Mon-Sat.
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	ONGOING	485 nursing students.	ONGOING	461 nursing students.	ONGOING	456 nursing students.
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	ONGOING	6 interviews aired on multiple stations, provider spotlights on social media, new provider marketing when joining procure, ASK A DOC series ads/social, inviting docs to community events.	ONGOING	5 interviews aired on multiple stations, provider spotlights on social media, new provider marketing when joining procure, ASK A DOC series ads/social, inviting docs to community events.	ONGOING	1 interviews aired on multiple stations, provider spotlights on social media, new provider marketing when joining procure, ASK A DOC series ads/social, inviting docs to community events.
1.F. MCH will continue to provide patients' other physicians with a copy of their discharge summaries upon request.	Nursing/IT Department	ONGOING	Discharge summaries available in patient portal and sent electronically per request.	ONGOING	Discharge summaries available in patient portal and sent electronically per request.	ONGOING	Discharge summaries available in patient portal and sent electronically per request.

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	ONGOING	Needs assessment is being reviewed and will be completed in 2021.	ONGOING	Needs Assessment completed.	ONGOING	Roadmap planning to be completed at upcoming board retreat.
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	DISCONTINUED	Palliative care program ended April 2020.	DISCONTINUED	DISCONTINUED	DISCONTINUED	DISCONTINUED
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	ONGOING (as COVID-19 permits)	Due to COVID pandemic, oncology navigation reduced to 1 RN.	ONGOING	417 Breast and Lung cancer patients navigated.	ONGOING	Additional FTE approved to return staffing to two FT RN oncology navigators.
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	ONGOING	Currently recruiting a Maternal Fetal Medicine Doctor.	ONGOING	Currently recruiting a Maternal Fetal Medicine Doctor.	ONGOING	Contract negotiations in place for a potential MFM Doctor.

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	ONGOING	Continued partnership with mental health facilities agencies, Electronic referral system Xferral utilized for mental health facilities.	ONGOING	Continued partnership with mental health facilities agencies.	ONGOING	Continued partnership with mental health facilities agencies.
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	ONGOING	Continued collaboration with RHP 14 DSRIP performing providers, including quarterly RHP 14 DSRIP provider calls and annual learning collaboratives/ stakeholder meetings.	ONGOING	Continued collaboration with RHP 14 DSRIP performing providers, including quarterly RHP 14 DSRIP provider calls and annual learning collaboratives/ stakeholder meetings.	ONGOING	Continued collaboration with RHP 14 DSRIP performing providers, including quarterly RHP 14 DSRIP provider calls and annual learning collaboratives/ stakeholder meetings.
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	ONGOING	EAP provided to all hospital employees and dependents residing with employees, 3 free counseling sessions per year.	ONGOING	EAP provided to all hospital employees and dependents residing with employees, 3 free counseling sessions per year.	ONGOING	EAP provided to all hospital employees and dependents residing with employees, 3 free counseling sessions per year.
3.D. MCH will continue to staff a SANE (Sexual Assault Nurse Examiner) professional within the hospital.	CNO	ONGOING	5 Sane Nurses on Staff.	ONGOING	5 Sane Nurses on Staff.	ONGOING	5 Sane Nurses on Staff, 2 additional SANE nurses being recruited.
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	ONGOING	Psychiatry residents in house from 8-12.	ONGOING	Psychiatry residents in house from 8-12.	ONGOING	Psychiatry residents in house from 8-12.
3.F. MCH will continue to provide telepsych services through its partnership with Texas Tech.	Community Health	ONGOING	Telehealth consultations provided by Dr.Jain with Texas Tech Psychiatry.	ONGOING	Telehealth consultations provided by Dr.Jain with Texas Tech Psychiatry.	ONGOING	Telehealth consultations provided by Dr.Jain with Texas Tech Psychiatry.

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	ONGOING	Heart Failure clinic operated once a week from 0800-1500.	ONGOING	Heart Failure clinic operated once a week from 0800-1500.	ONGOING	Heart Failure clinic operated once a week from 0800-1500. 14 visits scheduled each week.
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	DISCONTINUED	MCH Diabetes Center closed 6/2020.	DISCONTINUED	DISCONTINUED	DISCONTINUED	DISCONTINUED
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	ONGOING	All services remain except for the diabetes center and radiology.	ONGOING	All services remain except for the diabetes center and radiology.	ONGOING	All services remain except for the diabetes center and radiology.
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	ON HOLD BECAUSE OF COVID-19	Outreach and community activities have been put on hold due to COVID-19.	ON HOLD BECAUSE OF COVID-19	Outreach and community activities have been put on hold due to COVID-19.	ON HOLD BECAUSE OF COVID-19-	Working on new initiatives for outreach for 2023.
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	ONGOING	All services remain except for palliative care which was cancelled in 2020.	ONGOING	All services remain except for palliative care which was cancelled in 2020.	ONGOING	All services remain except for palliative care which was cancelled in 2020.

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)
<p>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.</p>	MCHS Marketing	ONGOING (as COVID-19 permits)	The Hand In Hand program hosted monthly lunches until March 2020 at which time all hospital events were put on hold. However, efforts continued to provide education and information to the community through Food for Thought videos posted to the MCHS website. Topics included recognizing Covid symptoms, top health concerns for men, stroke awareness, nutrition and heart health.	DISCONTINUED	All luncheons cancelled.	DISCONTINUED	All luncheons cancelled.
<p>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.</p>	MCHS Marketing	ONGOING (as COVID-19 permits)	MCH continues to support and participate in the Pink the Basin events. Luncheon cancelled.	ONGOING (as COVID-19 permits)	MCH continues to support and participate in the Pink the Basin events. Luncheon cancelled.	ONGOING	MCH continues to support and participate in the Pink the Basin events. Luncheon held 4/12.
<p>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.</p>	MCHS Marketing	ONGOING	Not held due to Covid.	ON HOLD BECAUSE OF COVID-19	Not held due to Covid.	ON HOLD	Not currently on the calendar for 2022.
<p>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.</p>	MCHS Marketing, Community Health	ONGOING	2020 25 LDCT's, screenings placed on hold during pandemic.	ONGOING	2021 – 125 LDCTs.	ONGOING	2022 – 64 LDCT's competed through march.
<p>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.</p>	MCHS Marketing, Breast Care	ONGOING	MCH Mammo Madness events continue to be offered twice a year to the community. Event has grown from a single weekend event to a month long offering of \$99 mammograms to underserved women throughout the community.	ONGOING	MCH Mammo Madness events continue to be offered twice a year to the community.	ONGOING	MCH Mammo Madness events continue to be offered twice a year to 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.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	ON HOLD BECAUSE OF COVID-19	MCH continues to provide education and information to local and regional health fairs. In addition to information on service lines, various screenings (blood pressure, blood sugar, etc) are offered. Not held due to COVID.	ON HOLD BECAUSE OF COVID-19	Not held due to COVID.	ON HOLD BECAUSE OF COVID-19	Not currently on the calendar for 2022.
4.L. MCH will continue to support the West Texas Food Bank through the Stamp Out Hunger Food Drive every May.	MCHS Marketing	DISCONTINUED	Program no longer offered.	DISCONTINUED	DISCONTINUED	DISCONTINUED	DISCONTINUED
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	DISCONTINUED	No longer offered.	DISCONTINUED	DISCONTINUED	DISCONTINUED	DISCONTINUED
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	ON HOLD BECAUSE OF COVID-19	Event cancelled due to pandemic.	ON HOLD BECAUSE OF COVID-19	Event cancelled due to pandemic.	ON HOLD BECAUSE OF COVID-19	Not currently on the calendar for 2022.
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	ONGOING	MCH continues to support Vitalant Blood Services (formerly United Blood Services) by sponsoring three blood drives annually. Blood drives held in March, July/Aug, and Dec of each year.	ONGOING	MCH continues to support Vitalant Blood Services (formerly United Blood Services) by sponsoring three blood drives annually. Blood drives held in March, July/Aug, and Dec of each year.	ONGOING	MCH continues to support Vitalant Blood Services (formerly United Blood Services) by sponsoring three blood drives annually. Blood drives held in March, July/Aug, and Dec of each year.
4.P. MCH will continue to remain a smoke-free campus for patients and employees.	MCHS Leadership Team	ONGOING	MCH remains a smoke-free campus.	ONGOING	MCH remains a smoke-free campus.	ONGOING	MCH remains a smoke-free campus.
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	ONGOING	Continued partnership with OFR and RAC. 20 car seats provided.	ONGOING	20 car seats provided.	ONGOING	20 car seats provided.
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	ONGOING	All of these initiatives remain in place and accessible to All MCH Employees.	ONGOING	All of these initiatives remain in place and accessible to All MCH Employees.	ONGOING	All of these initiatives remain in place and accessible to All MCH Employees.

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)
<p>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.</p>	Wound Care	ONGOING	4 Full time mobility assistants available M-F, focused on covid critical care patients during pandemic.	ONGOING	4 Full time mobility assistants available M-F, with possible expansion to weekends and nights.	ONGOING	4 FT mobility assistants available M-F, 2 nurses teaching yearly pressure injury case studies and assessing every patient on admission. Leaf patient monitoring system for pressure ulcers is live house wide.
<p>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.</p>	Community Health	ONGOING	MCH Care Management maintains working relationships with community partners such as APS, CPS, Salvation Army, and others.	ONGOING	MCH Care Management maintains working relationships with community partners such as APS, CPS, Salvation Army, and others.	ONGOING	MCH Care Management maintains working relationships with community partners such as APS, CPS, Salvation Army, and others. New Partnership with Harmony Home.
<p>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.</p>	MCHS Marketing	DISCONTINUED	MCH is no longer a partner with ECISD in the Go Noodle program.	DISCONTINUED	DISCONTINUED	DISCONTINUED	DISCONTINUED

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	ONGOING	On the inpatient side, we offer free screenings and education daily. On the outpatient side, the only place this happens is in Healthfairs and functions the APRN's are asked to participate in. The Diabetes Center at H&W is closed, indefinitely.	ONGOING	On the inpatient side, we offer free screenings and education daily. On the outpatient side, the only place this happens is in Healthfairs and functions the APRN's are asked to participate in. The Diabetes Center at H&W is closed, indefinitely.	ONGOING	On the inpatient side, we offer free screenings and education daily. On the outpatient side, the only place this happens is in Healthfairs and functions the APRN's are asked to participate in. The Diabetes Center at H&W is closed, indefinitely.
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	ONGOING	Sports physicals are continued to be offered at MCH urgent cares for \$25, Walmart \$35.	ONGOING	Sports physicals are continued to be offered at MCH urgent cares for \$25, Walmart \$35.	ONGOING	Sports physicals are continued to be offered at MCH urgent cares for \$25, Walmart \$35.
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	ONGOING	Navigation services remain focused on Medicare patients and other high risk populations.	ONGOING	Navigation services remain focused on Medicare patients and other high risk populations.	ONGOING	Navigation services remain focused on Medicare patients and other high risk populations. Navigation provided to 175 patients a month.
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	ONGOING	We continue to offer ECHDA to our low income residents that qualify.	ONGOING	We continue to offer ECHDA to our low income residents that qualify.	ONGOING	We continue to offer ECHDA to our low income residents that qualify.
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	ONGOING	Taxi/uber, food and hotel vouchers provided to those in need.	ONGOING	Taxi/uber, food and hotel vouchers provided to those in need.	ONGOING	Taxi/uber, food and hotel vouchers provided to those in need.
5.F. MCH will continue to work with post acute providers to facilitate safe transitions home for patients.	Community Health	ONGOING	Continued relationship with post acute providers.	ONGOING	Continued relationship with post acute providers. 5 home health agencies and 3 hospice agencies on call for the hospital, rotating on a weekly basis.	ONGOING	Continued relationship with post acute providers. 6 home health agencies and 4 hospice agencies on call for the hospital, rotating on a weekly basis.
5.G. MCH FHC clinics will continue to offer sliding fee scales for health care services.	MCHS ProCare, FHC Executive Director	ONGOING	This service is continually offered to our low income patients.	ONGOING	This service is continually offered to our low income patients.	ONGOING	This service is continually offered to our low income patients.

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	ONGOING	These services are offered.	ONGOING	These services are offered.	ONGOING	These services are offered.
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	ONGOING	MCH contracts with Parallon, with 4 active current employees.	ONGOING	Additional 2 employees to be added.	ONGOING	MCH contracts with Parallon, with 4 active current employees.
5.J. MCH employees will continue to provide financial donations to the United Way of Odessa.	MCHS Marketing	ONGOING	MCHS continues to be a supporter of the United Way. We are a silver level sponsor of their annual fundraising campaign.	ONGOING	MCHS continues to be a supporter of the United Way. We are a silver level sponsor of their annual fundraising campaign.	ONGOING	MCHS continues to be a supporter of the United Way. We are a silver level sponsor of their annual fundraising campaign.
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	ONGOING	These services are offered in conjunction with Covenant Health System.	ONGOING	These services are offered in conjunction with Covenant Health System.	ONGOING	These services are offered in conjunction with Covenant Health System.
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	ONGOING	MCH continues to use interpreter services throughout the organization.	ONGOING	MCH continues to use interpreter services throughout the organization.	ONGOING	MCH continues to use interpreter services throughout the organization.
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	ONGOING	My MCH Record is still available to all pts and staff to get access to their records.	ONGOING	My MCH Record is still available to all pts and staff to get access to their records.	ONGOING	My MCH Record is still available to all pts and staff to get access to their records.
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	ONGOING (as COVID-19 permits)	Staffing decreased during pandemic.	ONGOING	Began working with Vizient consulting to improve workflows and optimize care provided to high risk patients.	ONGOING	Currently staffed with 11 care coordinators, 4 social workers, 1 community navigator, 2 oncology navigators. Approval for additional FTE's.

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	ON HOLD	Not currently implemented.	ON HOLD	Not currently implemented.	ON HOLD	Not currently implemented.
6.B. MCH will continue to provide live maternal and child health classes every other month.	CNO	ON HOLD BECAUSE OF COVID-19	Cancelled during height of pandemic.	ONGOING	Classes taught by certified childbirth educators. All classes are free and are offered from 7-9pm. July 20, 22, 27, 29 September 21,23,28,30 November 9,11,16,18. Breastfeeding classes aug 3, Oct 5th, Dec 7th.	ONGOING	Classes taught by certified childbirth educators. All classes are free and are offered from 7-9pm. Jan 18th &20th, March 22 & 24th, May 17th & 19th, July 19th & 21st, Sep 20th & 22nd, Nov 15th & 17th.
6.C. MCH will continue to host the breast feeding/baby café every Wednesday for new mothers to promote breast feeding.	CNO	ON HOLD BECAUSE OF COVID-19	MCH continues to host breast feeding/baby café every Wednesday, placed on hold during pandemic.	ONGOING	MCH continues to host breast feeding/baby café every Wednesday. Free consultations for pregnant and nursing mothers 10am-12pm.	ONGOING	MCH continues to host breast feeding/baby café every Wednesday. Free consultations for pregnant and nursing mothers 10am-12pm.
6.D. MCH will continue to host baby step tours on a monthly basis.	CNO	ONGOING (as COVID-19 permits)	Available online via a virtual tour due to visitation restrictions.	ONGOING (as COVID-19 permits)	Available online via a virtual tour due to visitation restrictions.	ONGOING (as COVID-19 permits)	Available online via a virtual tour due to visitation restrictions.
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	ONGOING	Data still being tracked and reported monthly in QAPI meetings.	ONGOING	Data still being tracked and reported monthly in QAPI meetings.	ONGOING	Data still being tracked and reported monthly in QAPI meetings.
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	ONGOING	MCH continues to work with the MCHS Foundation and CMN to raise funds through various funds and initiatives.	ONGOING	MCH continues to work with the MCHS Foundation and CMN to raise funds through various funds and initiatives.	ONGOING	MCH continues to work with the MCHS Foundation and CMN to raise funds through various funds and initiatives.



PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

Medical Center Hospital (2016 & 2019)

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 Prioritized Needs

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



2022 CHNA PRELIMINARY HEALTH NEEDS

2022 Preliminary Health Needs

- Through collaboration, engagement and partnership with the community, Medical Center Hospital and the Family Health Clinic will address the following priorities with a specific focus on addressing social determinants of health among specific populations.
 - Access to Dental Care Services and Providers
 - Access to Mental and Behavioral Health Care Services and Providers
 - Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 - Continued Focus on COVID-19 Prevention & Response
 - Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles



PRIORITIZATION

The Prioritization Process

- In April 2022, 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, Chief Nursing Officer and Chief Experience Officer
 - David Garcia, FHC Executive Director and Director of Governmental Affairs
 - Adiel Alvarado, President of ProCARE
 - Tina Leal, Vice President of Physician and Community Relations
 - Karime Ramirez, Director of Case Management
- 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
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
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
a. Are people at the 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 leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 2. Access to Mental and Behavioral Health Care Services and Providers
 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Continued Focus on COVID-19 Prevention & Response
 5. Access to Dental Care Services and Providers

Final Priorities

- Hospital leadership decided to address four out of the five ranked health needs. The final health priorities that Medical Center Hospital will address through its Implementation Plan are, in descending order:
 1. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 2. Access to Mental and Behavioral Health Care Services and Providers
 3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 4. Continued Focus on COVID-19 Prevention & Response



PRIORITIES THAT WILL NOT BE ADDRESSED

Needs That Will Not Be Addressed

- Medical Center Hospital decided not to specifically address “Access to Affordable Dental Care Services” largely due to the hospital’s capacity to address these needs.
- While Medical Center Hospital acknowledges that this is a significant needs in the community, “Access to Dental Care Services and Providers” is not addressed largely due to the fact that it is not a core business functions of the hospital and the limited capacity of the hospital to address this need.
- Medical Center Hospital will continue to support local organizations and efforts to address this need in the community. The Medical Center Hospital Family Health Clinic is addressing the need for “Access to Dental Care Services and Providers” in their clinic-specific implementation plan, and MCH will continue to support them in addressing this need in the community.



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

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

Community Resources – Street Survival Guide

Where can I get something to eat?

Ajuua’s Mexican Restaurant	2100 Andrews Hwy	580-8477	3 rd Monday of the month 2-5 pm. Transportation provided
Faith Temple Fellowship	1335 East 6 th St.	272-3362 337-7195	Lunch: 11:30am – 12:30pm Monday – Thursday 12 – 1 pm
Friday Lunch	Noel Plaza		
Hope for the Homeless	2406 Oakwood Dr.	368-0240	3 rd Monday of the month, 11 am to 1pm. Transportation provided. Pickup locations: Ector County Library, Dottie’s Lounge, Jesus House, Salvation Army. Pickup time is 10:30 am.
Samaritans by Grace	Noel Plaza	337-1527.	Sunday 10:30 – 11:30 am only
The Salvation Army (Shelter Location)	811 East 11 th	332-0738.	Dinner Served from 5:30pm
West Texas Food Bank	411 S. Pagewood Ave	580-6333	
Works of Faith		231-6766	Meal Delivery For the Homeless Monday – Saturday Evenings 5 to 5:30 pm
Westside Senior Center	2265 W. Sycamore Dr	385-7715	Odessa Pick up or Lunch delivery
Ector County Greater Works	2616 N Maple	661-2634	Food boxes for disabled and Elderly
Sherwood Baptist Church	505 E. 42 nd	362-0331.	Saturday from 10-2P Sack Lunch Provided

Where can I find some clothes:

Catholic Charities and Interview	2500 Andrews Hwy	332-1387	Requires ID, SSN, Application
Ector Co. Greater Works	2616 N. Maple	661-2634	M-Th 9am-2pm; serve seniors age 60 or older, low income disabled (on SS Disability)
Helping Hands (Midland)	1301 Brinson Ln.	520-8900	
Odessa Tabernacle	2406 Oakwood	368-0240	
P.B. Mission Center	208 North Adams	337-0554	M-Th, 10-3 pm, Requires ID,SSN,Application and Interview
Sherwood Church of Christ	4900 N. Dixie	366-3641	First Saturday of each month.

From 9am to 10:30am

The Salvation Army	810 East 11 th St.	332-0738.	Requires ID, Application & Interview (Office)
--------------------	-------------------------------	-----------	---

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. Hospital discharged patients may be considered for interview, however they must be self-sufficient, able to climb stairs, and not be receiving outpatient Services. 6-month program.
----------------------	----------------------------	----------	---

Family Promise	1354 East 6 th St.	934-6693	Families Only; Requires ID for parents, SS cards for each family
Member, application/interview	(2-4 days)		

Jesus House	1335 E. 6 th	272-3362	Requires interview with Pastor Donnie Kyken, men only.
-------------	-------------------------	----------	--

The Salvation Army	810 East 11 th St.	332-0738.	Requires an interview with Pastor Donnie
--------------------	-------------------------------	-----------	--

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 and interview (Office)
--------------------	-------------------------------	-----------	---

Where can I get groceries?

Odessa Tabernacle	2406 Oakwood	368-0240	Canned goods, dry goods paper products, Mon-Thursday
-------------------	--------------	----------	---

Permian Basin Mission Center	208 N. Adams	337-0554	
Sherwood Church of Christ	4900 N. Dixie	366-3641	9:30 am to 4 pm

West Texas Food Bank	411 S Pagewood Ave	580-6333	
----------------------	--------------------	----------	--

Where can I get medical or dental services/supplies?

Basin Assistance Services	1330 E 8 th St. #315	580-0713	Services to Individuals with HIV/AIDS
---------------------------	---------------------------------	----------	---------------------------------------

Catholic Charities	2500 Andrews Hwy	332-1387	Requires ID, SSN, Application and Interview
--------------------	------------------	----------	---

Ector County Greater Works	2616 N. Maple	661-2634	Equipment for the elderly and disabled
Ector County Health Dept.	221 N. Texas	498-4141	Vaccinations, STD/HIV testing, tuberculosis testing, Free Blood Pressure Monitoring
Ector County Hospital District	425 N Sam Houston	640-1053	Assistance with medical expenses incurred at Medical Center Hospital. May also Provide assistance with qualifying for prescribed medications. Must be qualified through a screening process. Must have valid Driver's License, SS card. Must be a legal resident of Ector County, who is a citizen or permanent resident status.
Coleman Dental Clinic	801 Florida Midland	685-0450	
	699-3817		For assistance program
Family Health Clinic	840 West Clements.	640-4860	Requires ID, Application and Interview
Hope for the Homeless.	6030 W. University	640-6600	3 rd Monday, 11 am to 1pm. Transportation provided. Pickup locations: Ector County Library, Dottie's Lounge, Jesus House, Salvation Army. Pickup time is 10:30 am
New Eyes for the Needy		1-973-376-4903	
Permian Basin Mission Center	208 N. Adams	337-0554	

Where can I find help getting a job?

ABLE Center	4803 Plaza Blvd Ste.401	432-580-3439	Assists disabled individuals with part-time employment
Experience Works	www.experienceworks.org	432-367-1453	Must be 55 years or older with documented financial need. Part time employment
Odessa Tabernacle	2406 Oakwood	368-0240.	1 st and 3 rd Monday
Workforce Solutions	2626 JBS PKWY Bldg. D	367-3332.	Requires ID, SSN, Application & Interview

Where can I get school supplies for my kids?

ECISD Outreach Center	301 E. Clements.	456-8569.	Scott Randolph
Odessa Tabernacle	2406 Oakwood.	368-0240.	1 st and 3 rd Monday
Permian Basin Mission Center	208 N. Adams	337-0554	

Where can I get diapers or formulas for my baby?

Health and Human Services	3016 Kermit Hwy.	333-5141.	Apply for Medicaid
---------------------------	------------------	-----------	--------------------

Hope Chest	1808 N. Dixie.	580-1019.	Accrue points for completing set goals and earn baby items.
Life Center	802 N. Washington.	617-8378	
W.I.C.	835 Tower Dr #34.	866-907-0080	Call ahead for appointment and required documents

Where can I get temporary financial assistance for rent & utilities?

Catholic Charities	2500 Andrews Hwy	332-1387	Requires ID, SSN, Application and Interview
Ector County Greater Works	2616 N. Maple.	661-2634	
Helping Hands (Midland)	1301 Brinson Ln.	520-8900	
Permian Basin Mission Center	208 N. Adams.	337-0554	
West Texas Opportunities	1415E. 2 nd St	333-9027	Contact for Eligibility Requirements
Hope Program Housing Assistance		582-0099	
Christmas in Action	Midland	683-4177	Home Repairs
	Odessa	368-9022	

Children/Family Services

Crisis Center		333-2527 or 806-627-4747	Counseling, Case Management, Prevention
Child Protective Services	2525 N. Grandview.	800-222-1222 or 368-2400	
Family Promise	1354 E. 6 th St.	339-7100 or 934-6693	
First 5 Permian Basin	4901 E. University.	552-4025	
The Well	1819 E 8 th St.		For Women and showers for Men and Women
High Sky Children's Ranch	8613 W. Co Rd. 60.	432-694-7728	Programs designed to help Troubled or abused children and promote family wholeness
Maximus.		214-5413.	Medicaid assistance for Children
Mission Messiah month residency program	1213 W. 2 nd .	580-5222	Must submit application 1 designed to teach life skills, leadership training Women and children only
Poison Control.		800-222-1222	
Safe Place		800-967-8928.	CO-ED
		432-580-5970	Odessa
		432-570-1465	Midland
Texas Runaway Hotline		877-886-9927	

Texas Youth & Runaway 800-989-6884
 Angel House @ Crisis Center

Elderly and Disabled Services

Adult Protective Services (APS)	2525 N. Grandview	800-252-5400	Abuse Hotline
Ector County Greater Works	2616 N. Maple.	661-2634.	Equipment and food for the elderly and disabled
Area Agency on Aging	2910 LaForce Blvd. Midland	563-1061.	Services for people Age 60 and older
Able Center	4803 Plaza Blvd. ste. 401	580-3439.	Assistance with equipment and ramps, promote independent living for people with disabilities
DADS		866-535-9759.	Provider services, meals, emergency response services
Texas Dept. of Assistive & Rehabilitative Services.	3016 Kermit Hwy, Ste A.	334-5650	
Texasramps.org			

Mental Health Services

Big Spring	1901 N Hwy 87, Big Spring, TX	432-267-8216.	Psychiatric Hospital
National Suicide Preventive Hotline		800-273-8255	
Permian Basin Community Centers	600 N. Grant	333-3265	Free mental health Screenings M-F, 8am to 3p, 1 st come. Need picture ID, proof of income, SS card and proof of residence
Texas Suicide Prevention Crisis	Text Line	800-273-8255 741741	

Domestic Violence/Sexual Assault

Safe Place	580-5972.	1-800-967-8928.	Women Only
Crisis Center	333-2527.	1-806-627-4747	Counseling, Case Management Prevention
Catholic Charities	332-1387		Emergency Housing

Substance Abuse Services

Basin Detox	800-317-7818	520-2990.
-------------	--------------	-----------

Crisis Center Counseling, Case Management, Prevention PBCC-OSAR www.pbmhmr.com 844-420-3964		333-2527	800-627-4747
PBRCADA -(Permian Basin Regional Council on Alcohol and Drug Abuse)	120 E. 2 nd	580-5100	
The Springboard Center	200 Corporate Dr. Midland	432-620-0255	Substance Abuse Treatment www.springboardcenter.com
Turning Point	2000 Maurice	580-2654	Substance Abuse Treatment

Drug and Alcohol Treatment Center

Alcoholics Anonymous		432-580-7868	
Basin Detox		432-520-2990	(Traditional Medicare accepted)
Begin Again Recovery Center		432-218-5479	
Concho Valley A&D San Angelo		800-880-9641	
Council on Drug and Alcohol Narcotics Anonymous	605 W. 1 st St.	432-580-5100 432-582-2926.	Meetings Tu, Th, Sat 7 pm and Sun 4 pm
Ranch at Dove Tree Lubbock		806-368-7080	
Serenity House Abilene		325-673-6489	
Starline Recovery Center		830-469-4787	
Teen Challenge		432-687-0348	
The Springboard Center Substance Abuse Treatment	200 Corporate Dr. Midland	432-620-0255	
	www.springboardcenter.com		
Turning Point		432-580-2656	
West Texas Counseling and Rehab		432-335-8141	

Transportation Assistance

Catholic Charities		432-332-1387	
Easy Rider Paratransit		432-561-9990	
Medicaid Transportation Recipients		877-633-8747	For Eligible Medicaid
Odessa Links		432-582-0099	
West Texas Opportunities/TRAX		800-245-9028	

Additional Numbers

American Red Cross – Odessa Office		432-333-5461	
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 / 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)
Rape Crisis Center		1-866-627-4747
Social Security Office – Odessa		432-561-5061
Time & Temperature		432-560-2400
Texas Department of Public Safety Victim Services		432-498-2168
Texas Department of Transportation (Road Conditions)		1-800-452-9292
Texas Health and Human Services 3016 Kermit Highway Odessa		432-307-7575
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

432-582-0999

Mental Health Resource Guide

Odessa- Counseling Centers

Alpha Behavioral Health Services- (432) 614-5720

Alternative Life Solutions- (432) 582-2444

Centers for Children and Families- (432) 580-7006

Choiceworks Counseling- (432) 332-9644

Insight Counseling Center- (432) 333-3667

New Day Counseling- (432) 332-5645

Pathways Youth & Family Services- (432) 699-7763

The Crisis Center- (432) 333-2527

UTPB Counseling- (432) 552-2365

Midland- Counseling Centers

Affinity Counseling Center- (432) 557-1775

Agape Counseling Services- (432) 550-5683

Archway Support- (432) 682-2724

Celmar Counseling- (432) 557-6921

Centers for Children & Families- (432) 570-1084

Cole's Grace Project- (432) 550-5683

Healing through Hope's Christian Counseling- (432) 238-1239

High Sky Children's Ranch- (432) 694-7728

Midland Children's Advocacy Center & Crisis Center- (432) 682-7273

New Hope Counseling- (432) 687-4673

Oceans Behavioral Hospital IOP- (432) 561-5915

Rays of Hope- (432) 684-5437

Samaritan Counseling Center- (432) 563-4144

Vision Youth & Family Christian Counseling- (432) 770-7841

Odessa- Independent Counselors

Anna Carrillo, RPT- (432) 853-3645

Darla Avery, LPC- (432) 770-1205

David Baldwin, LPC, LCDC- (432) 813-4031

Genna Clark, LPC- (432) 332-7778

Jessica Bolden, LPC- (432) 272-0872

Mallori Mangus, LPC- (432) 582-2444

Misty Locknane, LCDC- (432) 614-5720

Teresa Valero, LPC- (432) 967-2330

Midland- Independent Counselors

Elizabeth Buchanan, LPC- (432) 570-1084

Francis Hymel, LPC- (432) 687-4673

John Sikes Johnson, LPC- (432) 934-3139

Lewis Busbee, LPC- (432) 770-2432

Thomas Wynne, LCSW- (432) 599-1727

Psychologists- Midland/Odessa

Cynthia Wall, PsyD- (432) 312-1450

Kristin Jensen, PhD- (432) 550-0224

Perry Marchioni, PhD- (432) 684-4540

Psychiatrists- Midland/Odessa

Ben Hankins, MD- (432) 620-8500

Eric Olson, MD- (432) 620-0161

Mark Luley, DO- (432) 215-1102
Muhammad Zafar, MD- (432) 620-1160
Ravi Medi, MD- (432) 201-1388
Roy Mathew, MD- (432) 617-3855
Shailesh Jain, MD- (432) 620-1160
Shamsuddin Pepermintwala, MD- (432) 218-9920
Shanthi Thangam, MD- (432) 333-3636
Srinivasa Reddy, MD- (432) 620-1160
Wilbur Lineback, MD- (432) 570-9552

Mental Health Emergency Contacts

9-1-1 is always an option for an emergency

Ector Co. Sheriff's Office Mental Health Deputies- (432) 335-3567
PBCC Crisis Line- (432) 333-3265
National Suicide Prevention Hotline- 1-800-273-8255
Crisis Text Line- Text HOME to 741741

Mental Health Hospitals

Oceans Behavioral Hospital, Midland Location- (432) 651-5915
Oceans Behavioral Hospital, Abilene Location- (325) 691-0030
River Crest Hospital, San Angelo- (325) 949-5722
The Pavilion, Amarillo- (806) 354-1810

Drug and Alcohol Resources

OSAR- (844) 420-3964
Begin Again- (432) 218-8635
Springboard- (432) 620-0255
Turning Point- (432) 580-2654

West Texas Counseling & Rehab- (432) 335-8141

Social Security Benefits Resources

Social Security Administration: 2015 E 37th St., Odessa- (866) 404-1866

Texas Health and Human Services Commission: 3016 Kermit Hwy, Odessa- (432) 333-5141

Employment Resources

Workforce Solutions: 2626 JBS Pkwy, Bldg D, Odessa- (432) 367-3332

Workforce Solutions: 2911 LaForce Blvd, Midland- (432) 563-5239

Housing Resources

Odessa Housing Authority: 124 E 2nd St., Odessa- (432) 333-1088

Catholic Charities: 2500 Andrews Hwy, Odessa- (432) 332-1387

Door of Hope Mission: 200 W 1st St., Odessa- (432) 337-8294

Salvation Army Shelter: 810 E 11th St., Odessa- (432) 332-0738

Jesus House: 1335 E 6th St., Odessa- (432) 272-3362

Family Promise: 1354 E 6th St., Odessa- (432) 934-6693

Mission Messiah: 1213 W 2nd St., Odessa- (432) 580-5222

2-1-1 Texas

- 2-1-1 Texas, a program of the Texas Health and Human Services Commission, is committed to helping Texas citizens connect with the services they need. Whether by phone or internet, our goal is to present accurate, well-organized and easy-to-find information from state and local health and human services programs.
- 2-1-1 Texas is a free, anonymous social service hotline available 24 hours a day, 7 days a week, 365 days a year.
- No matter where you live in Texas, you can dial 2-1-1, or (877) 541-7905, and find information about resources in your local community. Whether you need help finding food or housing, child care, crisis counseling or substance abuse treatment, one number is all you need to know.
- Please visit the following link to access the 2-1-1 Texas website:
<https://www.211texas.org/>



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.
 - Due to smaller population numbers and the general rural nature of Ector County, 1-year estimates for the majority of data indicators are statistically unreliable. Therefore, sets of years were combined to increase the reliability of the data while maintaining the combined county-level perspective.
 - 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 Stratasan 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.



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
- PRIORITY BALLOT



SUMMARY OF DATA SOURCES

Summary of Data Sources

- **Demographics**

- This study utilized demographic data from **Stratasan**.
- The **United States Census Bureau**, provides foreign-born population statistics by county and state; <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>.
- This study utilizes data from the **Economic Innovation Group**, which provides distressed community index scores by county and state: <https://eig.org/dci/interactive-map?path=state/>.
- **Data USA** provides access to industry workforce categories at the county and state level: <https://datausa.io/>.
- 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 the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.org/>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- **FRED Economic Data** provides statistics on median household income for county: <https://fred.stlouisfed.org/series/MHITX48135A052NCEN>.
- **Sperling's Best Places** provides cost of living statistics by county, state and the nation: https://www.bestplaces.net/cost_of_living/city/texas/odessa.
- The **Texas Education Agency** provides enrollment statistics on students in local county schools in Texas: <https://rptsrv1.tea.texas.gov/adhocrpt/adste.html>.
- The **Odessa Development Corporation** provides demographics, workforce and housing data for the county: <https://odessatex.com/research-reports/apartment-survey/>.
- The **United States Census Bureau** provides access to transportation data at the county and state level: <https://censusreporter.org/search/>.
- This study also used data collected by the **Small Area Income and Poverty Estimates (SAIPE)**, that provides Supplemental Nutrition Assistance Program (SNAP) Benefits by county and state: <https://www.census.gov/data/datasets/time-series/demo/saipe/model-tables.html>.
- **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/>.

- **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 county 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 the **SparkMap**, a national platform that provides public and custom tools produced by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. Data can be accessed at <https://engagementnetwork.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>.
- The **Texas Cancer Registry** is a statewide, population-based registry that serves as the foundation for measuring the cancer burden in Texas. Data can be accessed at: <https://www.cancer-rates.info/tx/>.
- The **Texas Health and Human Services** produces a COVID-19 dashboard about vaccinations in Texas. Data can be accessed at: https://tabexternal.dshs.texas.gov/t/THD/views/COVID-19VaccineinTexasDashboard/Summary?:origin=card_share_link&:embed=y&:isGuestRedirectFromVizportal=y.
- The **Texas Health and Human Services** produces county-level vulnerability in combination with COVID-19 occurrence. Data can be accessed at: <https://hhs.texas.gov/data/county-level-vulnerability-covid-19-measures>.
- 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 Department of State Health Services** provides HIV/STD surveillance for year by year estimates. Data can be accessed at: <https://dshs.texas.gov/hivstd/reports/>.
- The **Centers for Medicare & Medicaid Services, Office of Minority Health** provides public tools to better understand disparities in chronic diseases. Data can be accessed at: <https://data.cms.gov/mapping-medicare-disparities>.

- **Phone Interviews**








- CHC Consulting conducted interviews on behalf Medical Center Hospital and the Family Health Clinic from November 1, 2021 – December 1, 2021.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



DATA REFERENCES

Distressed Communities Index

The seven components of the index are:

-  **No High School Diploma**
Percent of the 25-year-old+ population without a high school diploma or equivalent
-  **Housing Vacancy Rate**
Percent of habitable housing that is unoccupied, excluding properties that are for seasonal, recreational, or occasional use
-  **Adults Not Working**
Percent of the prime-age (25-54) population not currently employed
-  **Poverty Rate**
Percent of the population living under the poverty line
-  **Median Income Ratio**
Median household income as a percent of metro area median household income (or state, for non-metro areas)
-  **Change in Employment**
Percent change in the number of jobs from 2014 to 2018
-  **Change in Establishments**
Percent change in the number of business establishments from 2014 to 2018

2022 Poverty Guidelines

2022 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
Persons in family/household	Poverty guideline
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630
For families/households with more than 8 persons, add \$4,720 for each additional person.	

Source: Poverty Guidelines, Office Of The Assistant Secretary For Planning and Evaluation, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>; data accessed April 12, 2022.



HPSA AND MUA/P 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.
- *Please note that there are currently no Medically Underserved Areas or Medically Underserved Populations in Ector County, Texas.*

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.

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date	
Primary Care	1482191523	Ector County	Geographic HPSA	Texas	Ector County, TX	5.22	11	Designated	Partially Rural	07/01/2019	08/06/2021	
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Texas		Ector		Ector		Single County		48135		Partially Rural		
Mental Health	7488989333	Ector County	Geographic HPSA	Texas	Ector County, TX	5.94	17	Designated	Partially Rural	04/23/2019	09/10/2021	
Component State Name		Component County Name		Component Name		Component Type		Component GEOID		Component Rural Status		
Texas		Ector		Ector		Single County		48135		Partially Rural		
Primary Care	14899948Q5	ECTOR COUNTY HOSPITAL DISTRICT	Federally Qualified Health Center Look-alike	Texas	Ector County, TX		20	Designated	Non-Rural	09/28/2018	09/11/2021	
Site Name		Site Address		Site City		Site State		Site ZIP Code		County		Rural Status
Ector County Hospital District		840 W Clements St		Odessa		TX		79763-4601		Ector		Non-Rural
ECTOR COUNTY HOSPITAL DISTRICT		6030 W University Blvd		Odessa		TX		79764-8530		Ector		Non-Rural
Ector County Hospital District		3001 John Ben Shepperd Pkwy STE 100		Odessa		TX		79762-8126		Ector		Non-Rural
Mental Health	74899948O7	ECTOR COUNTY HOSPITAL DISTRICT	Federally Qualified Health Center Look-alike	Texas	Ector County, TX		21	Designated	Non-Rural	09/28/2018	09/11/2021	
Site Name		Site Address		Site City		Site State		Site ZIP Code		County		Rural Status
Ector County Hospital District		840 W Clements St		Odessa		TX		79763-4601		Ector		Non-Rural
ECTOR COUNTY HOSPITAL DISTRICT		6030 W University Blvd		Odessa		TX		79764-8530		Ector		Non-Rural
Ector County Hospital District		3001 John Ben Shepperd Pkwy STE 100		Odessa		TX		79762-8126		Ector		Non-Rural

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	County Name	HPSA FTE Short	HPSA Score	Status	Rural Status	Designation Date	Update Date
Dental Health	6489994803	ECTOR COUNTY HOSPITAL DISTRICT	Federally Qualified Health Center Look-alike	Texas	Ector County, TX		25	Designated	Non-Rural	09/28/2018	09/11/2021

Site Name	Site Address	Site City	Site State	Site ZIP Code	County	Rural Status
Ector County Hospital District	840 W Clements St	Odessa	TX	79763-4601	Ector	Non-Rural
ECTOR COUNTY HOSPITAL DISTRICT	6030 W University Blvd	Odessa	TX	79764-8530	Ector	Non-Rural
Ector County Hospital District	3001 John Ben Shepperd Pkwy STE 100	Odessa	TX	79762-8126	Ector	Non-Rural



INTERVIEWEE INFORMATION

Medical Center Hospital and Family Health Clinic 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	11/18/2021	Ector County	Valerie Hayes		X		Youth
Joshua Alaniz	Chief of Staff	PermiaCare	11/4/2021	Ector County	Valerie Hayes		X		General Public, Mental Health
Chris Barnhill	Chief Executive Officer	PermiaCare	11/4/2021	Ector County	Valerie Hayes		X		General Public, Mental Health
Devin Benavides	Public Information Officer	City of Odessa	11/8/2021	Ector County	Valerie Hayes			X	General Public
Kathy Berryhill	Community Leader	Community Leader	11/23/2021	Ector County	Valerie Hayes			X	General Public
David Boutin	Chairperson	Odessa Development Corporation	11/19/2021	Ector County	Valerie Hayes			X	General Public
Margaret Burton	Director	Meals on Wheels	11/4/2021	Ector County	Valerie Hayes		X		Elderly, Underserved
Emily Cunningham	Executive Director	Crisis Center of West Texas	11/25/2021	Ector County	Valerie Hayes		X		Mental Health
Bryn Dodd	President	Ector County Hospital District	11/19/2021	Ector County	Valerie Hayes		X		General Public
Lindsey Duncan	Director of Population/Community Health	Medical Center Health System	11/9/2021	Ector County	Valerie Hayes		X		General Public
Renee Earls	President/Chief Executive Officer	Odessa Chamber of Commerce	11/4/2021	Ector County	Valerie Hayes		X		General Public
Christina Escobar	Community Impact Coordinator	United Way of Odessa	12/1/2021	Ector County	Valerie Hayes		X		Underserved, General Public
Brandy Garcia	Director	Ector County Health Department	11/29/2021	Ector County	Valerie Hayes	X			General Public
Dr. Sreedevi Godey	Medical Director	Family Health Clinic	11/8/2021	Ector County	Valerie Hayes		X		Underserved
Allie Hernandez	Nurse	Ector County Independent School District	11/19/2021	Ector County	Valerie Hayes		X		Youth
Austin Keith	Owner	Pinkies	11/1/2021	Ector County	Valerie Hayes			X	General Public
Todd Luzadder	Director of Mental Health Services	PermiaCare	11/4/2021	Ector County	Valerie Hayes		X		General Public, Mental Health
Mike Marrero	City Manager	City of Odessa	11/25/2021	Ector County	Valerie Hayes			X	General Public
Dr. Atul Poudel	Pediatrician	Family Health Clinic	11/5/2021	Ector County	Valerie Hayes		X		Underserved
Rebecca Rhodes	Director of Health Services	Ector County Independent School District	11/19/2021	Ector County	Valerie Hayes		X		Youth
Ravi Shakamuri	Owner	Star Care Health Services	11/23/2021	Ector County	Valerie Hayes		X		Seniors
Dr. Greg Shipkey	Physician	Medical Center Health System	11/5/2021	Ector County	Valerie Hayes		X		General Public
Stephanie Sivals-Latimer	Vice President of Administration	Sivals Inc.	11/10/2021	Ector County	Valerie Hayes			X	General Public
Craig Stoker	Director of Marketing and Communications	West Texas Food Bank	11/22/2021	Ector County	Valerie Hayes		X		Food Insecure, Underserved
Willie Taylor	Board President	Family Health Clinic	11/9/2021	Ector County	Valerie Hayes		X		Underserved
Erika Thomas	Executive Director	Odessa Links	11/10/2021	Ector County	Valerie Hayes		X		General Public

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; November 1, 2021 – December 1, 2021.



FAMILY HEALTH CLINIC SURVEY

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) Uso cuidado virtual (mi visita con el doctor es por teléfono or computadora).
- f) 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. Problemas tecnología
 - h. Otro (explique):

- 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!
(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) Uso cuidado virtual (mi visita con el doctor es por teléfono or computadora).
- f) 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. Problemas tecnología
 - h. Otro (explique):

- 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:

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. I use virtual care (i.e. telehealth).
- f. 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. Technology problems
 - h. 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

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. I use virtual care (i.e. telehealth).
- f. 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. Technology problems
 - h. 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:



PRIORITY BALLOT

Prioritization Ballot

Upon reviewing the comprehensive preliminary findings report for the 2022 Medical Center Hospital Community Health Needs Assessment (CHNA), we have identified the following needs for the Medical Center Hospital CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Medical Center Hospital Capacity) that we would like for you to use when identifying the top community health priorities for Medical Center Hospital, then cast 3 votes for each priority.

1. Size and Prevalence of the Issue

In thinking about the "Size and Prevalence" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- 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

In thinking about the "Effectiveness of Interventions" of the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- a. How likely is it that actions taken by Medical Center Hospital will make a difference?**
- b. How likely is it that actions taken by Medical Center Hospital 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

In thinking about the Capacity of Medical Center Hospital to address the health need identified, ask yourself the following questions listed below to figure out if the overall magnitude of the health issue should be ranked as a "1" (least important) or a "5" (most important).

- 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)**

****Please note that the identified health needs below are in alphabetical order for now, and will be shifted in order of importance once they are ranked by the CHNA Team.***

Through collaboration, engagement and partnership with the community, Medical Center Hospital and the Family Health Clinic will address the following priorities with a specific focus on addressing social determinants of health among specific populations.

*** 1. Access to Mental and Behavioral Health Care Services and Providers**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Center Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 2. Access to Dental Care Services and Providers**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Center Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 3. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care**

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Center Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 4. Continued Focus on COVID-19 Prevention & Response

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Center Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

	1 (Least Important)	2	3	4	5 (Most Important)
Size and Prevalence of the Issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Center Hospital Capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 6. When thinking about the above needs, are there any on this list that you DO NOT feel that Medical Center Hospital could/would work on over the next 3 years?

Yes, we could/should work on this issue. No, we cannot/should not work on this issue.

Access to Dental Care Services and Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Mental and Behavioral Health Care Services and Providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continued Focus on COVID-19 Prevention & Response	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 2:

Implementation Plan

Medical Center Hospital

FY 2023 - FY 2025 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 11, 2022 to review the research findings and prioritize the community health needs. Five 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. Based on the unique capabilities of the facilities, MCH prioritized separately from the FHC in order to tailor their list of identified needs to their specific patient population and resources. Through collaboration, engagement and partnership with the community, MCH and the FHC will address the following priorities with a specific focus on addressing social determinants of health among specific populations.

The five most significant needs as decided upon by MCH leadership are listed below:

- 1.) Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
- 2.) Access to Mental and Behavioral Health Care Services and Providers
- 3.) Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- 4.) Continued Focus on COVID-19 Prevention & Response
- 5.) Access to Dental Care Services and Providers

Once this prioritization process was complete, MCH leadership discussed the results and decided to address four of the five prioritized needs in various capacities through its implementation plan. While MCH acknowledges that this is a significant need in the community, “Access to Dental Care Services and Providers” is not addressed largely due to the fact that it is not a core business function of the hospital and the limited capacity of the hospital to address this need. MCH will continue to support local organizations and efforts to address this need in the community. The Medical Center Hospital Family Health Clinic is addressing the need for “Access to Dental Care Services and Providers” in their clinic-specific implementation plan, and MCH will continue to support them in addressing this need 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 2022 Community Health Needs Assessment and Implementation Plan on August 2, 2022.

Priority #1: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care

Rationale:

Ector County has a lower rate of primary care providers per 100,000 population than the state, as well as a higher rate of preventable hospitalizations and residents who do not have a personal doctor than the state.

Interviewees discussed a shortage of primary care providers despite gains made by the hospital to increase primary care and specialist providers in the area. This could partly be due to the population growth in the area as well as transportation barriers for many but particularly for seniors. It was also mentioned that there are limitations on insurance types, particularly Medicaid, being accepted by local primary care providers in the community, and difficulty seeking primary care services may be leading to outmigration of patients to larger cities or inappropriately using the Emergency Room. Interviewees noted regarding the future needs for providers: "We are expecting some significant growth and with that in mind, our current number of providers would not meet the need." Another interviewee mentioned regarding accessibility of services for those without commercial insurance: "It's nearly impossible to find primary care providers who will see an individual with Medicaid. A lot of people end up in a crisis because they didn't have access to care."

Despite its aim to help address perceived long wait times for appointments, the increase in telehealth services were met with mixed perceptions. Though telehealth was perceived as a means of adding providers to the area particularly for psychiatric services, some interviewees felt that telehealth was not a popular means of providing care. One interviewee felt that recruitment efforts were enhanced by telehealth, stating: "We're still predominantly rural and surrounded by rural counties. We need more telemedicine because I think we'll continue to struggle to recruit providers into the community. I see that growth is needed in the healthcare industry and those could be big issues that will hurt the community down the line."

Healthcare worker burnout was a top concern due to the state and nation-wide shortages of healthcare providers as well as resource limitations. One interviewee stated: "We're seeing extraordinarily high levels of vacancies and resource limitations across the entire state. It's like the workforce has been depleted. We don't know where they've gone or what has happened to them. The world around us has changed to have more resource limitations and that's COVID-related."

Many interviewees raised concern surrounding succession planning needs for current primary care providers, particularly the growing trend to replace primary care physicians with physician extenders such as Physician Assistants and Nurse Practitioners. One interviewee stated: "It's become a customary practice [here] to fill provider offices with PAs. I don't see a lot of actual physicians." The elderly population was also noted as a population that appreciates a continuous relationship with their provider, making it difficult if their provider changes.

With regards to specialty care, interviewees praised existing providers for their high quality of care in the community. Interviewees also discussed outmigration to Odessa, Lubbock and Houston due to limited local resources, primary care provider referrals, a need for a higher level of care or a perception that larger cities provide better care. This outmigration may result in transportation and cost barriers. It was also noted that the shortage of specialty providers and limited availability of physicians providing rotating coverage leads to long wait times for appointments or lack of care. The financial burden of specialty care along with limited or no insurance coverage was mentioned by many interviewees as the largest barrier for care. One interviewee mentioned: "For specialty care, it comes back to whether or not you have insurance to afford the care. With heart doctors, we don't have enough providers to accept the underserved. Some folks go across the border and do what they can to take care of themselves."

Specific specialties mentioned as needed in the community include Pediatric Orthopedics, Hematology/Oncology, Neurosurgery/Spine, Gastroenterology, Endocrinology, Neurology, Infectious Disease and Pain Management. One interviewee noted: "GI is our biggest issue. You wait for months to see a GI. We don't have any pediatric specialty options here, you have to take kids to Lubbock."

In the Family Health Clinic Survey, there was an increase in patients who utilized the Emergency Department when they are sick or need to see a doctor. Cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor which only increased from 2019 to 2022. One respondent noted: "I use the ER if I can't get into see my Doctor."

Objective:

Engage in physician recruitment efforts, coupled with the implementation of strategies to retain physicians in the area

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. MCH completed its Physician Needs Assessment and will use this report as a roadmap for its recruitment efforts of primary and specialty care providers to the area. Additionally, MCH will continue to track visits to its facilities in order to assess primary and specialty care recruitment opportunities in the community.	VP MCHS ProCare, FHC Executive Director						
1.B. MCH will continue to offer weekend and extended hours in its urgent care clinics and retail clinics, and evaluates expansion of such hours as appropriate.	MCHS ProCare						
1.C. MCH will continue to partner with local schools to provide clinical rotation education in nursing and other allied health professions and several nursing leadership team members at the hospital will continue to serve as adjunct staff at local universities as appropriate. Additionally, MCH will continue to partner with Odessa College to build their simulation hospital in the area.	Nursing Education Department		<i>Current Examples include: Odessa College, Midland College, UT Permian Basin, Texas Tech Nursing program</i>				
1.D. MCH will continue to promote its available primary and specialty care physicians or services through its weekly news spot and weekly interviews, social media outlets and other community events.	MCHS ProCare, MCHS Marketing						
1.E. MCH will continue to provide patients' other physicians with a copy of their discharge summaries upon request.	Nursing/IT Department						
1.F. MCH will continue to streamline its oncology navigation services into the community health model in an effort to standardize care and services delivered. 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.	Care Management						

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. MCH will continue its partnership with Covenant Health System to provide pediatric specialist services as opportunities arise. Additionally, MCH will continue to explore other partnerships within the community to increase pediatric specialty services.	CNO, CMO, ProCare leadership		<i>Current Examples include: Pediatric Cardiology, Pediatric Surgery, Pediatric Neurosurgery at the Healthy Kids Clinic</i>				
1.H. In an effort to increase employee retention, MCH recognizes outstanding employees through nominations and award ceremonies on a regular basis.	CNO, HR Director		<i>Current Examples include: DAISY Awards, Associate of the Month, Women of Distinction in the Permian Basin, Chaplain Jimmy Wilson Service Award, Dr. H.E. Hestand Humanitarian Award, Florence Nightingale Nursing Award, BOOST Award</i>				
1.I. MCH will continue to host job fairs in the community to provide the opportunity for interested individuals to apply and interview for jobs within the health system.	HR Director		<i>Current Examples include: RN, LVN, Respiratory Therapist, Social Worker, Certified Surgical Tech</i>				
1.J. MCH will continue to partner with Odessa College and other educational organizations to provide scholarships and support for students and employees pursuing careers within health care.	CNO/CFO/Nursing education						
1.K. MCH will expand access to telemedicine services through its online application that allows residents to access primary and specialty care providers and services.	COO/Regional service Director/Procure admin						

Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Ector County do not have adequate access to mental and behavioral health care services and providers. Ector County has a significantly lower rate of mental health care providers per 100,000 than the state and the nation along with an increasing rate of residents with depressive disorders and poor mental health days.

Many interviewees mentioned the overall lack of mental and behavioral health care providers and services in the county and the barriers to recruitment. One interviewee stated: "Difficulty recruiting is a huge issue. There's definitely a workforce shortage when it comes to mental and behavioral health providers - nurses, counselors, therapists, psychiatrists, any of them. They're hard to find, especially in children's areas. Most of our psychiatrists come in through telehealth, they don't live here."

The lack of mental and behavioral health care resources were particularly mentioned for those lacking financial resources and adequate insurance coverage. One interviewee noted: "The biggest challenge is cost. We only have a handful of psychiatrists here. If you don't have insurance, there's a barrier. We have Mental Health and Mental Retardation (MHMR) locally but their wait list is unbelievable. They're strapped for staff." Second to cost, stigma was also noted as a barrier to care no matter financial resources. One interviewee mentioned: "We do have several psychiatrists here, but people don't admit they go. People don't discuss it because of the stigma against it."

It was mentioned several times that the limited or no options for mental and behavioral health care resources in the community lead to people leaving the community and seeking services in other cities particularly for services related to prescription medications, inpatient psychiatric services and autism. One interviewee stated: "We need specialists who deal with autism, the nearest one is in Lubbock and the wait time is 6 months to a year. For autism patients there is some therapy here in Midland, but the wait time is 2 years."

Additionally, it was noted that there is a significant need for specific services for addiction treatment services in the county. Interviewees mentioned that the need for mental health services have only increased as a result of COVID-19 including increases in depression in the elderly, fear and anxiety across all populations and worsened social skills. There has also been an increase in alcohol and drug abuse issues throughout the county. One interviewee mentioned: "There's been a huge uptick in drug abuse anywhere from edibles to smoking marijuana or cocaine. We're seeing elementary school kids vaping."

It was also mentioned that mental health concerns is of even greater concern in light of COVID-19. There is an increasing need for socialization and connection due to isolation during the pandemic. One interviewee specifically stated: "There's a big mental health component that came out during COVID that will take years to unpack. Depression came from it, definitely anxiety, definitely fear."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.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.	Care Management						
2.B. In conjunction with Midland Memorial Hospital, MCH is exploring the development of a comprehensive mental health facility to provide services for the Permian Basin region.	CEO, CNO, Lead Care Coordinator						
2.C. MCH will continue to update its list of available mental health services in the community in order to connect patients to resources as appropriate.	CEO, Christine, Karime						
2.D. MCH will continue to offer mental health support to its employees through the Employee Assistance Program (EAP) provided by Beacon Health Options.	HR Director						
2.E. MCH will continue to staff a SANE (Sexual Assault Nurse Examiner) professional within the hospital.	CNO						
2.F. MCH will continue to provide telepsych services and 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. Additionally, MCH partners with Amwell for Emergency Room and Inpatient psychiatric coverage.	Care Management						

Priority #3: 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 the following causes of death: heart disease; cancer; chronic lower respiratory diseases; Alzheimer's disease; COVID-19; accidents (unintentional injuries); diabetes mellitus; cerebrovascular diseases; chronic liver disease and cirrhosis; septicemia; colon and rectum cancer; breast cancer; and lung and bronchus cancer.

Ector County has higher prevalence rates of chronic conditions such as obesity, asthma and diabetes in the Medicare population than the state. Ector County also higher percentages of residents participating in unhealthy lifestyle behaviors such as physical inactivity, smoking and binge drinking than the state. With regards to maternal and child health, specifically, Ector County has a higher percentage of low birth weight births, teen (age 0-19 years) births as well as single teen birth rates than the state.

Data suggests that Ector residents are not appropriately seeking preventive care services, such as timely colonoscopies or mammograms and adults and seniors who received timely flu vaccines. Additionally, Ector County has a higher prevalence of HIV diagnoses as compared to the state along with a higher uninsured population.

Several interviewees noted significant rates of chronic conditions and healthy lifestyle behaviors, including obesity, diabetes, heart disease and physical inactivity. Additionally, lack of affordable nutritious food options were discussed by interviewees and how that was resulting in consumption of unhealthy food and higher rates of chronic conditions. Several individuals specified that the younger as well as the Hispanic and minority populations are in the greatest need of education to start and maintain healthy habits. One interviewee mentioned: "We still have a high percentage of teen pregnancies that impact our kids. There's teenage pregnancy, vaping, drug use, smoking diabetes...you have an overall influence of a non-health conscious community." While another stated: "We have seen that we need more education for the Hispanic population and minorities, especially on obesity and diabetes."

Interviewees also noted that low income populations may face cost barriers when accessing healthy lifestyle resources. One interviewee stated: "The trend is towards obesity, diabetes and heart disease problems. What you'll find is if you walk into the grocery store, your healthy foods are so much more expensive than what you can get for chips or frozen dinners. Those factors tie into each other."

Interviewees emphasized the need to educate the community on local resources available for their use. It was discussed that there are many resources and services in the community; however, there is a lot of confusion surrounding what resources are available and how to access those services. Social media was mentioned as an avenue for sharing information and resources within the community. Additionally, many people mentioned that there is confusion on how to navigate the health care system in the area. One interviewee stated: "One big issue is people knowing where to go. We need them to understand the different healthcare locations and what is available. People need more social media to teach them what resources are out there."

A few interviews expressed concern surrounding the limited number of residents with an established primary care provider for preventive care and how that could be leading to an increase in chronic conditions. Furthermore, COVID-19 has impacted residents seeking appropriate follow up care. One interviewee stated: "Diabetes is a big issue. COVID-19 has made [those conditions] worse, there were gaps in follow ups due to the pandemic. People were nervous to go to the doctor's office."

In the Family Health Clinic Survey, there was an increase in patients who cited cost as a barrier to care between 2019 and 2022 for both English and Spanish speaking patients. Confusion around cost of care seemed to be an overarching theme of responses. One respondent noted: "I have no other doctor and little money."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.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						
3.B. 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, Education Areas (i.e., demonstration kitchen), Urgent Care (24/7), and Laboratory Services.	Mission Fitness Director						
3.C. 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.	MCHS ProCare, FHC Executive Director		<i>Current Examples include: How to Save a Life With Two Hands, KEY Driver Education Program</i>				
3.D. 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						
3.E. MCH will continue to participate in local and regional health fairs. 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. 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		<i>Current Examples include: Permian Basin Health Fair</i>				

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.F. MCH will continue to offer affordable, early-detection lung cancer screenings under their Screening Center of Excellence designation from the Lung Cancer Alliance as opportunities arise.	MCHS Marketing, Care Management						
3.G. MCH will continue to host Mammo Madness events periodically throughout the year to raise awareness about breast cancer awareness and offer low cost mammograms to underserved women throughout the community. The events are offered at different times to accommodate various schedules of community members.	MCHS Marketing, Breast Care						
3.H. 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						
3.I. 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						
3.J. 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						
3.K. 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, Health and Wellness Director		<i>Current Examples include: Walk on Wednesday</i>				
3.L. 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 and utilizes the leaf patient monitoring system to alert staff that it is time to turn the patient and prevent pressure ulcers for patients.	Wound Care						
3.M. MCH will continue to connect patients to existing community resources in order to promote health and wellness in the community.	Care Management		<i>Current Examples include: Adult Protective Services, Catholic Charities, partnership with Harmony Home, other community-based resources</i>				

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.N. MCH will continue to collaborate with local organizations to provide maternal and child health classes on a variety of topics to expectant and new mothers as opportunities arise.	CNO	<i>Current Examples include: collaboration with local school nurses and counselors, tours of the facility with local school nurses, host live maternal and child health classes, host breast feeding/baby cafe for new mothers</i>					
3.O. 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 as opportunities arise.	CNO	<i>Current Examples include: Desert Dash, Share A Pint Blood Drive, Holiday Blood Drive, Valenzuela Family Memorial 5k run/2k walk, Take Time for Your Health, Summer Blood Drive, sport physicals</i>					
3.P. MCH will continue to partner with the American Diabetes Association for Diabetes Alert Day. This involves free diabetic screenings at MCH, and at local MCHS Clinic at Walmart locations. If needed, a voucher is distributed to patients for discounted testing.	Divisional Center for Heart Disease						
3.Q. MCHS will continue to offer discounted sports physicals through the Clinic at Walmart locations and urgent care clinics.	MCHS ProCare, FHC Executive Director						
3.R. 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						
3.S. 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. Additionally, MCH will continue to work with Vizient to improve workflows and optimize care provided to higher risk patients.	Care Management						

Priority #4: Continued Focus on COVID-19 Prevention & Response

Rationale:

Ector County had a significantly higher COVID-19 mortality rate than the state. Ector County also has a lower percentage of its population fully vaccinated compared to the state. Interviewees discussed appreciation for the hospital's proactive response as well as the quality of care provided throughout the pandemic. There was also concern surrounding various areas impacted by COVID-19, such as residents with preexisting conditions, disparate healthcare access and education and homelessness. Those with preexisting conditions or with long term effects from COVID-19 were of concern to interviewees. One interviewee stated: "There have been patients post COVID-19 who need long term pulmonology care, and with the vaccines and long term effects, I am worried it will be a problem in the future. There have been several rehab facilities that [took care of patients during the pandemic], and now they are [seeing the same patients again]."

Healthcare access and education along with unemployment and homelessness were also of great concern to interviewees as a result of COVID-19, particularly for those who seemed to be affected greatly such as the Hispanic and low income populations. Education regarding vaccinations and mask wearing were mentioned as two areas of opportunity. Fear of COVID-19 was seen as a potential barrier to care particularly for those who needed transportation assistance. One interviewee mentioned: "With our transportation system out here, it's pretty hard on the elderly. They can't afford a taxi and they don't feel comfortable riding on a bus with the COVID-19 going on."

Unemployment, homelessness and other social determinants have a significant effect on the health of residents. "Housing security and stability is a concern as far as homelessness and displaced families as a result of mass evictions due to the pandemic or loss of employment," one interviewee noted. Another mentioned, "The high level of unemployment that happened in conjunction with COVID-19 and the oil prices plummeting...people lost jobs and had trouble finding food. When someone has to choose between paying their power bill or paying for medicine, they pay their power bill so they have somewhere to stay and somewhere warm to live."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2023		FY 2024		FY 2025	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. MCH will continue to provide education on COVID-19 as opportunities arise.	Communications and Marketing team, Emergency Preparedness Director	<i>Current Examples include: FB posts, FB press conference, vaccine clinics (as opportunities arise)</i>					
4.B. MCH continues following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	Infection Prevention Team						
4.C. In partnership with the Ector County Health Department, MCH continues to report COVID-19 patient admissions to the state and other organizations in an ongoing effort to share timely information regarding the pandemic as appropriate.	Emergency Preparedness/Infection Prevention Officer						
4.D. MCH continues to provide a space in the hospital for organizations to set up a COVID-19 testing site for community members as COVID-19 surges need to be addressed.	Emergency Department Director						

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.
- Medical Center Hospital 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 Needs Assessment at the bottom of the webpage:

<https://www.mchodessa.com/community/community-health-needs-assessments/>



Thank you!

Community Hospital Consulting

7950 Legacy Drive, Suite 1000

Plano, TX 75024

972-943-6400

www.communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com

Valerie Hayes - vhayes@communityhospitalcorp.com

Alex Campbell - acampbell@communityhospitalcorp.com

Raegen Price - rprice@communityhospitalcorp.com

