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Family Health Clinic

Community Health Needs Assessment and Implementation Plan

July 2022



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Section 1: **Community Health Needs Assessment**



EXECUTIVE SUMMARY

Executive Summary

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

The CHNA Team, consisting of leadership from MCH and the FHC, met with staff from CHC Consulting on April 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, the FHC prioritized separately from MCH 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 FHC leadership are listed below:

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

Once this prioritization process was complete, FHC leadership discussed the results and decided to address all of the prioritized needs in various capacities through its implementation plan.

FHC leadership has developed the following implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the clinic’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 FHC Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on July 14, 2022.

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Ector County and the state. Ector County has higher mortality rates than Texas for 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...

Priority #1: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

...noted: "I have no other doctor and little money."

Priority #2: 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."

Priority #3: 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."

Priority #3: Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care (continued)

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.”

Priority #4: 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...”

Priority #4: Access to Mental and Behavioral Health Care Services and Providers (continued)

...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 #5: Access to Dental Care Services and Providers

Ector County has a lower rate of dentists per 100,000 population than the state.

Interviewees mentioned that though there is increased availability of dental services in the area, cost is the largest barrier to dental care in Ector County. Interviewees raised concern surrounding the lack of affordable services and care leading to poor dental health, particularly for those covered by Medicaid/Medicare, un/underinsured, transient or oil field workers and low income residents. It was mentioned that some of the Hispanic population might seek dental care in Mexico due to cost being a factor. One interviewee stated: "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."

Interviewees discussed that the number of providers in the area seems to be adequate for those who can afford services, but there is a lack of education on how to affordably access services as well as support regarding financial assistance. One interviewee stated: "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."

Lack of accessible and affordable dental services were of concern for those served by the Family Health Clinic. From the survey conducted for the Family Health Clinic, one respondent mentioned the "Need [for] more doctors and a dentist too."

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
 - 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

Process and Methodology

Background & Objectives

- This CHNA is designed in accordance with CHNA requirements identified in the 19 Key Health Center Program Requirements established by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) that Federally Qualified Health Center (FQHC) and Federally Qualified Health Center Look-Alike (FQHC Look-Alike) facilities designated under Section 330 of the Public Health Service Act must follow.
- The objectives of the CHNA are to:
 - Meet HRSA guidelines 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 community served by Family Health Clinic
 - Prioritize the needs of the community served by the clinics
 - Create an implementation plan that addresses the prioritized needs for Family Health Clinic

Process and Methodology

Methodology

- Family Health Clinic worked with CHC Consulting in the development of its CHNA. Family Health Clinic provided essential data and resources necessary to initiate and complete the process, including the definition of Family Health Clinic'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)

– Family Health Clinic Biography

- Background information about Family Health Clinic, mission, vision and services were provided by Family Health Clinic

– Study Area Definition

- The study area for Family Health Clinic is based on clinic visit data from January 1, 2020 - December 31, 2020 and discussions with clinic 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
- Family Health Clinic 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



CLINIC BIOGRAPHY

Clinic Biography

About the Family Health Clinic

Patient Education

Prevention and education play a key role in our clinic and are always discussed during patient visits. We also offer group and one-on-one educational classes on Diabetes, Nutrition, Asthma, Glucometer use, medication in-take, and weight management among other topics.

Affordable Healthcare

It is our goal to provide healthcare that is accessible and affordable to all patients. We use a sliding scale fee schedule and provide several types of financial assistance programs (described below).

- Family Assistance Plans: Offers discounted medical and prescription services based upon household income. Co-pays start at \$15.
- Family Planning Program: Program provides free or low cost family planning and reproductive healthcare to eligible patients.
- Prescription Assistance Program: Provide assistance for qualifying patients to receive free prescription drugs directly from the pharmaceutical companies.

Social and Financial Services

Social Services are available at FHC for established patients. We employ financial counselors who work through a network of local and regional agencies to find resources to assist patients with referrals to specialists, prescriptions, medical equipment, home health, and other necessary services.

Teaching Partnerships

The Family Health Clinic is a teaching facility that allows students to conduct clinical rotations in the areas of Nursing, Physician Assistant, Nurse Practitioner, X-ray Technician, LVN, and Medical Assistant.

Literacy and Prevention

The FHC is dedicated to promoting literacy and prevention through community outreach activities such as presentations and newsletters directed to ECISD schools, community organizations, and senior centers among others.

Community Involvement

The Family Health Clinic is dedicated to serving our community through various activities, such as our annual Community-Wide Flu Clinic and our Healthy Kids Fun Day. We're also actively involved with Volunteer Services, West Texas Food Bank, Senior Centers, Meals on Wheels and many more worthy causes.

Clinic Biography

Mission and Vision and Values

Mission

To provide affordable, quality health services to all residents of the Permian Basin.

Vision

To be the medical home of choice to residents of the Permian Basin for all of their health care needs.

Clinic Biography

Services Provided

The Family Health Clinic is a community-based medical home that provides healthcare services for every member of the family.

Services include:

- Pediatrics
 - Wellness checks and physicals
 - Pediatric emergency services
 - Removal of foreign bodies
 - Chronic conditions management
 - Immunizations and vaccines
 - Family education and support
 - And more
- Family/Internal Medicine
- Endocrinology
- OB/GYN



STUDY AREA

Medical Center Hospital Family Health Clinic

Study Area

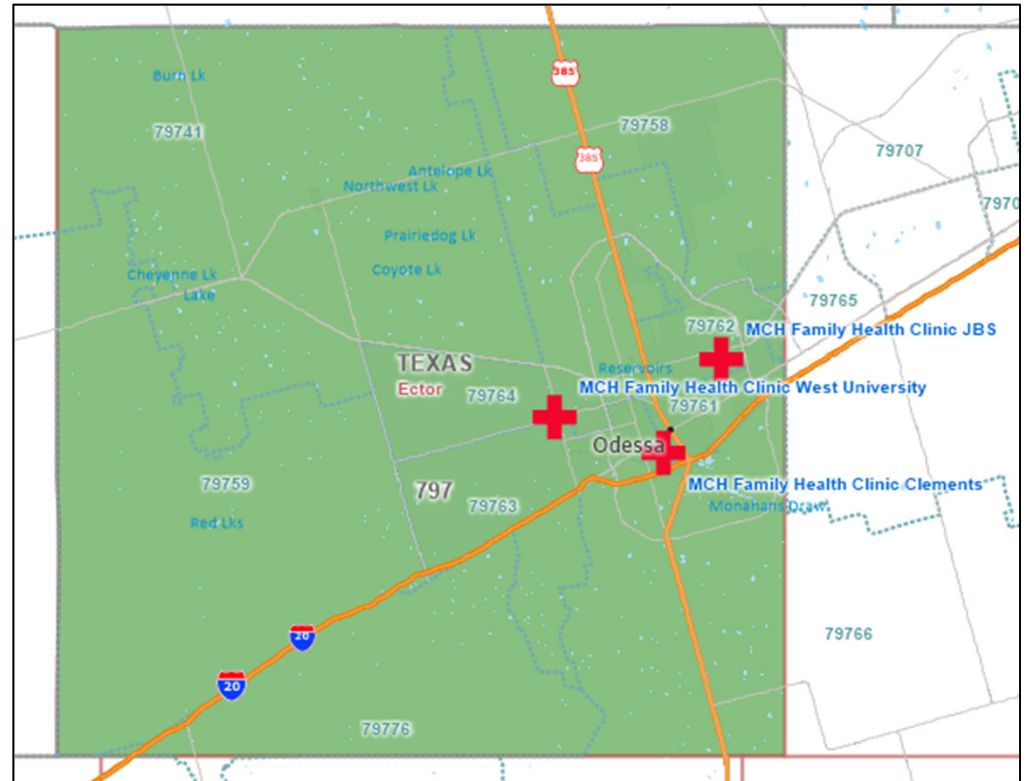
■ Ector County comprises 96.4% of FHC CY 2020 patient visits

+ Indicates the clinic locations

**Medical Center Hospital Family Health Clinic
Patient Origin by County
January 1, 2020 - December 31, 2020**

County	State	CY20 Patient Visits	% of Total	Cumulative % of Total
Ector County	TX	6,640	96.4%	96.4%
All Others		245	3.6%	100.0%
Total		6,885	100.0%	

Source: Health Resources & Services Administration, 2020 Texas Health Center Data filtered for Medical Center Hospital (INC); Clinic inpatient visit data based on date of service by county; January 1, 2020 - December 31, 2020.



Note: the 2019 MCH FHC CHNA and Implementation Plan report studied Ector County, Texas, which comprised 94.0% of CY 2017 (January 1, 2017 – December 31, 2017) patient visits.



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%

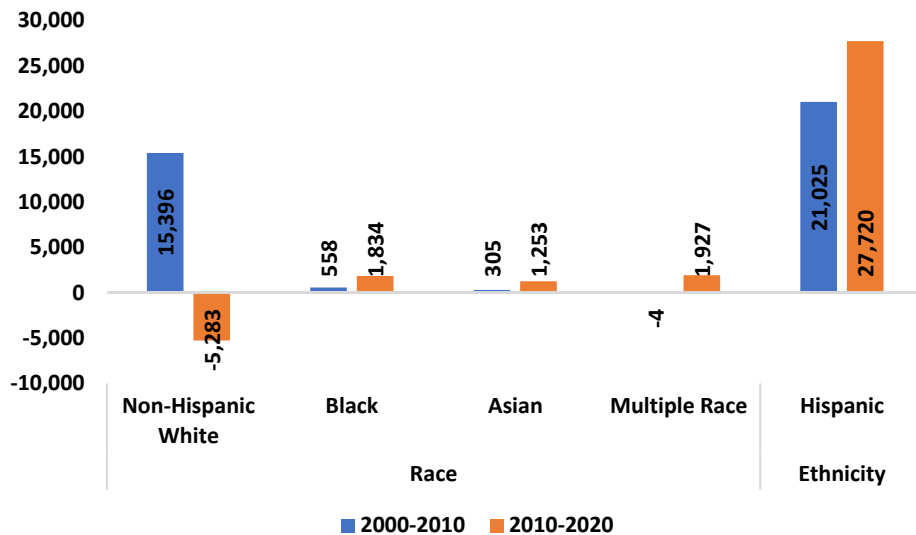
Source: Stratason, Canvas Demographic Report, 2021.

Population Health

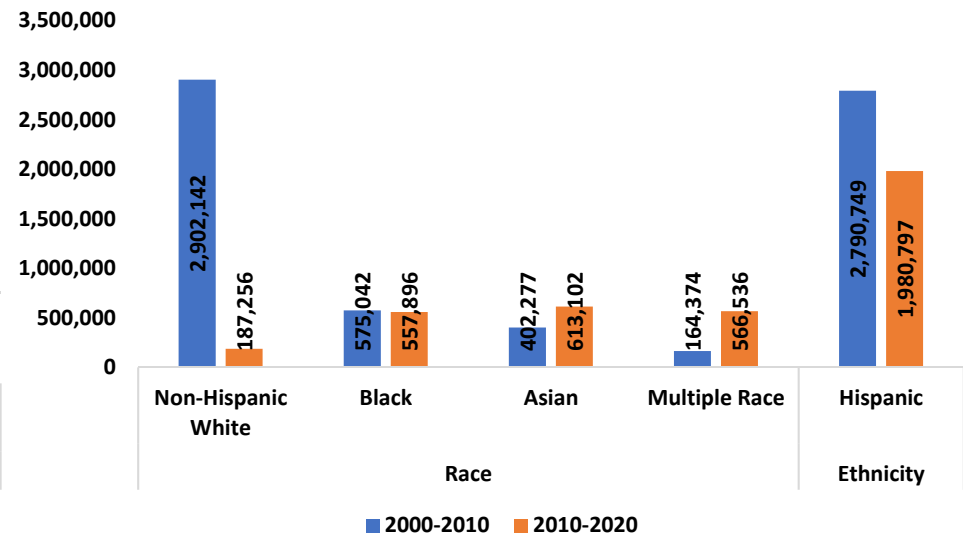
Population Growth (continued)

- 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



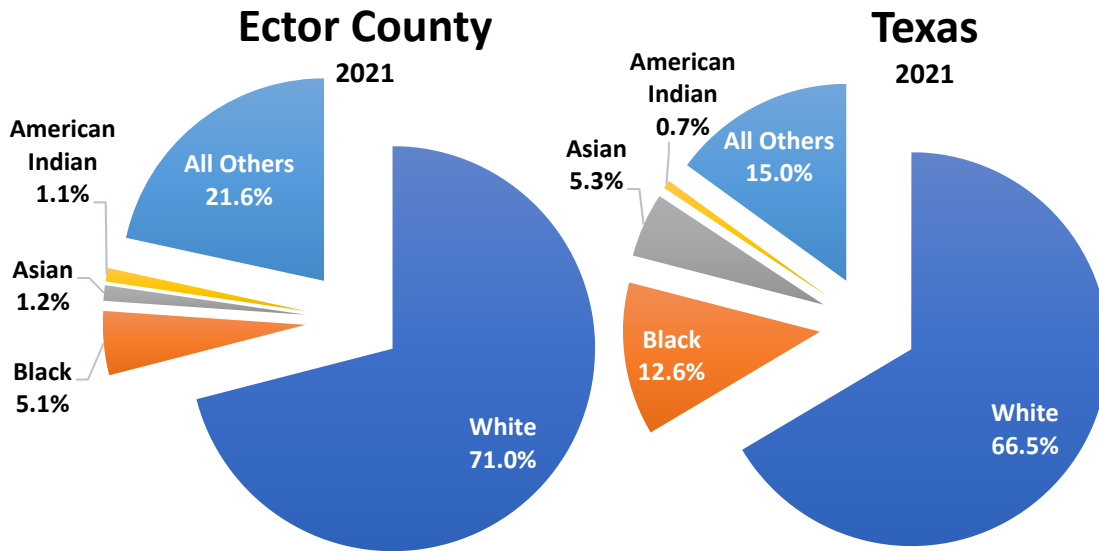
Population Change by Race/Ethnic Group, Texas, 2000-2020



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

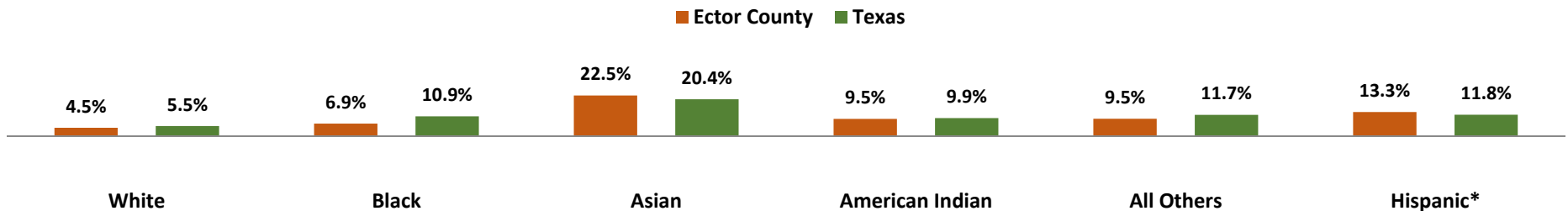
Population Composition by Race/Ethnicity



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: Stratasen, 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.

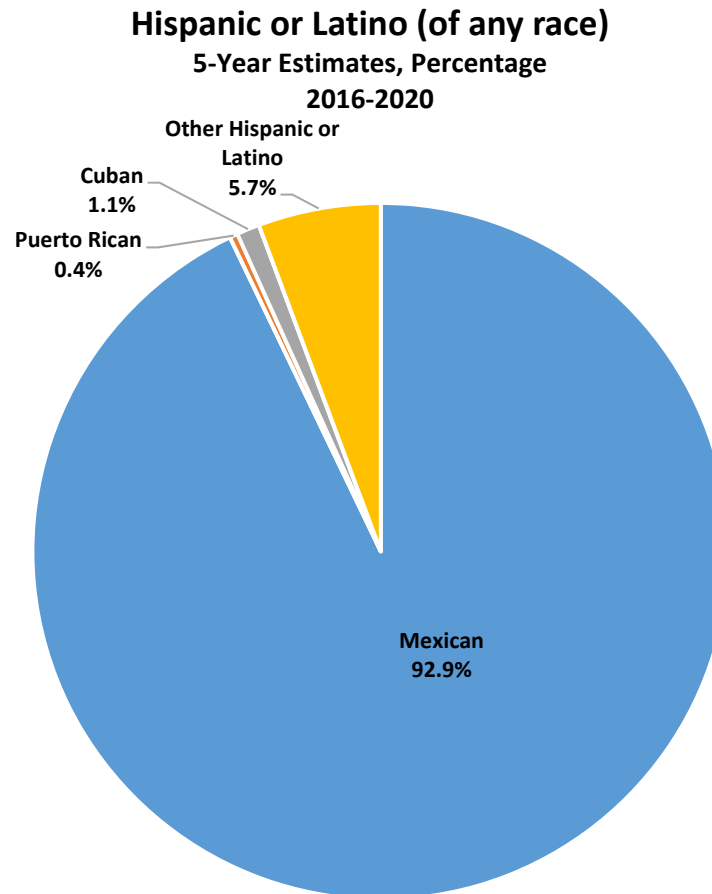
Note: "All Others" is a category for people who do not identify with 'White', 'Black', 'American Indian or Alaska Native', or 'Asian'.



Population Health

Population Composition by Race/Ethnicity - Hispanic

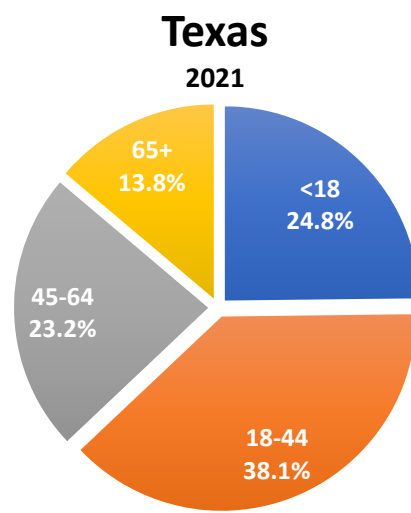
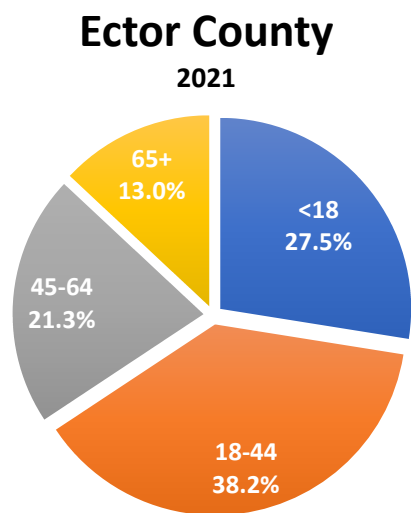
- In 2016-2020, the Ector County Hispanic or Latino population was composed of a majority Mexican population (92.9%), followed by Other Hispanic or Latino (5.7%) and Cuban (1.1%).



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

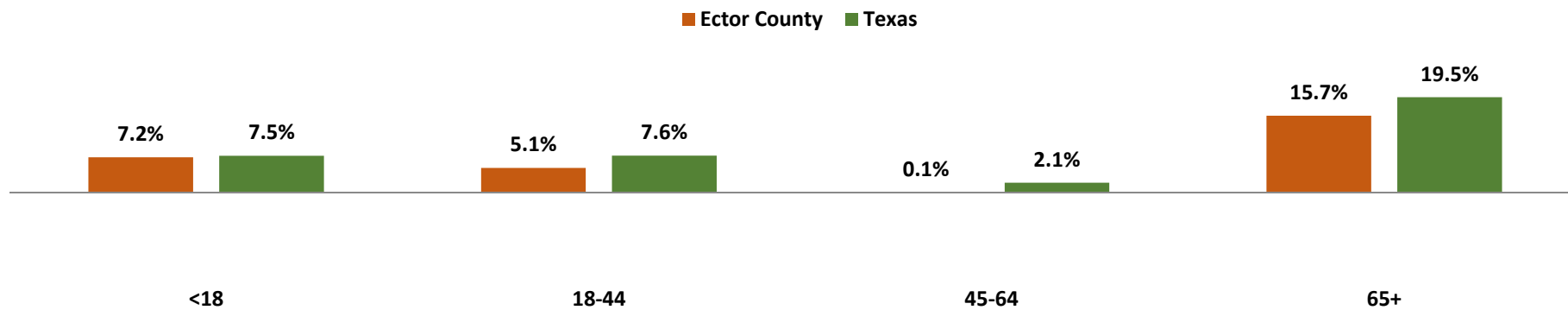
Population Composition by Age Group



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



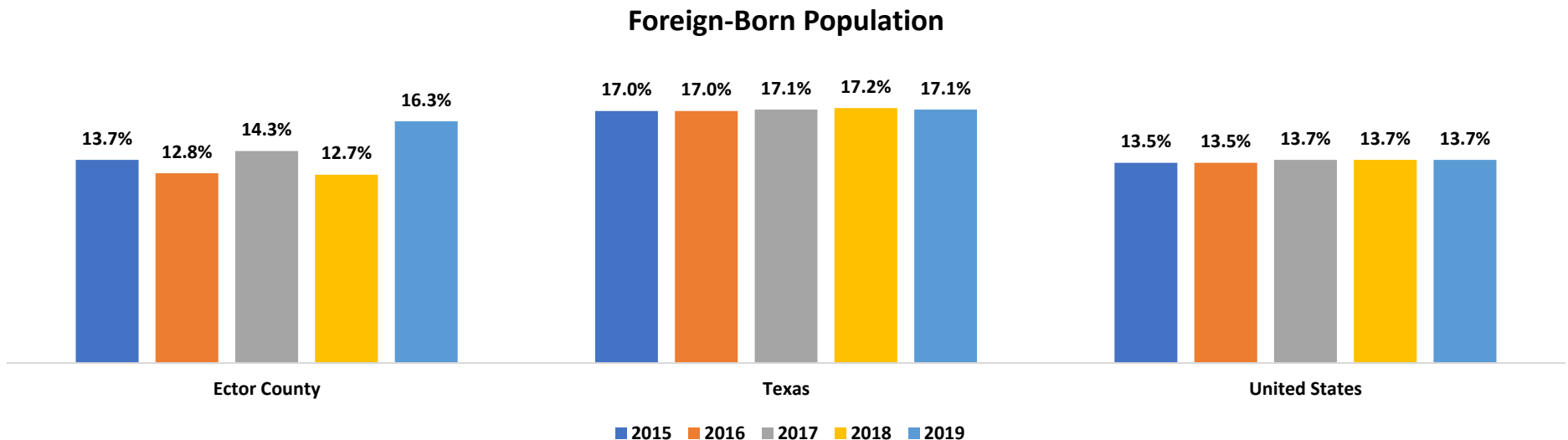
Source: Stratasan, Canvas Demographic Report, 2021.

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%).

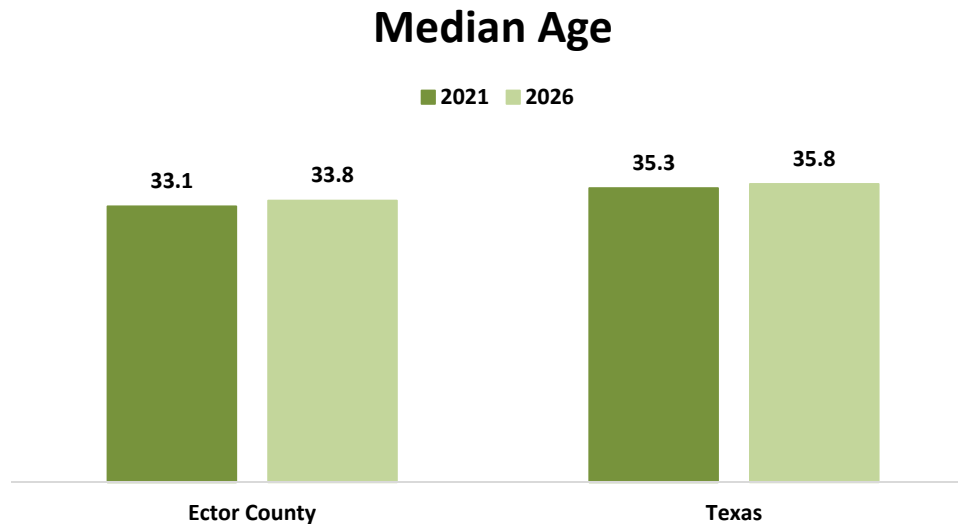


Source: United States Census Bureau, filtered for Ector County, TX, <https://data.census.gov/cedsci/table?q=foreign%20born&tid=ACSDP1Y2019.DP02>; data accessed November 18, 2021.
Note: Foreign-born means an individual who was born outside of the United States but lives in the United States currently.

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).

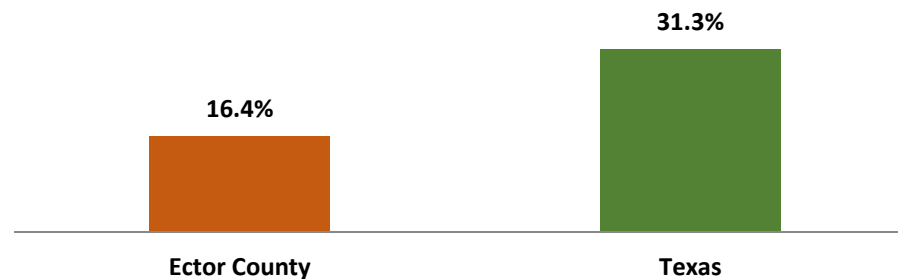


Population Health

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**

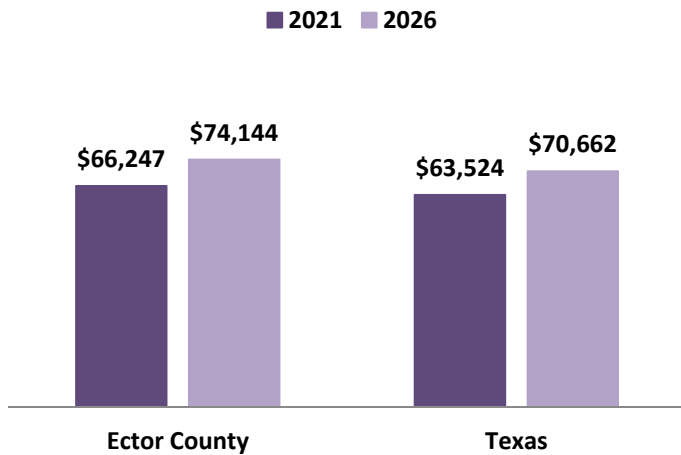


Population Health

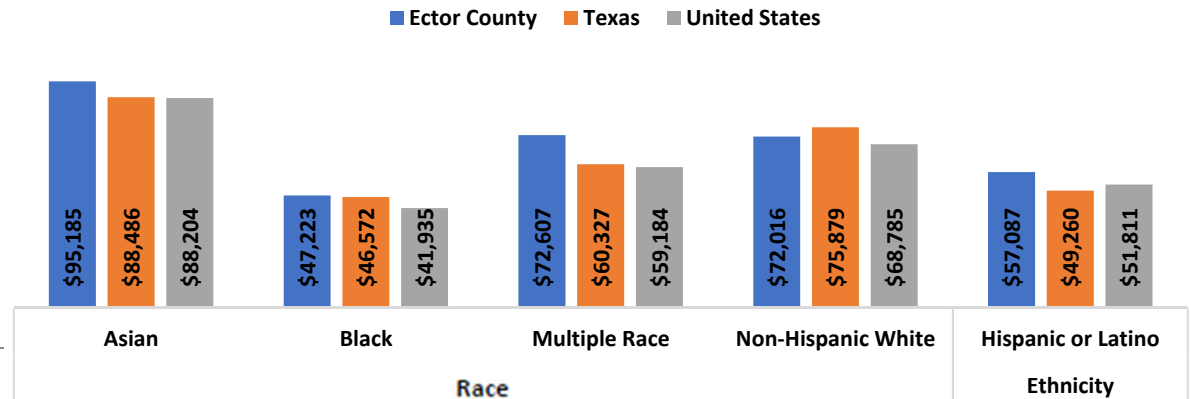
Median Household Income

- 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.

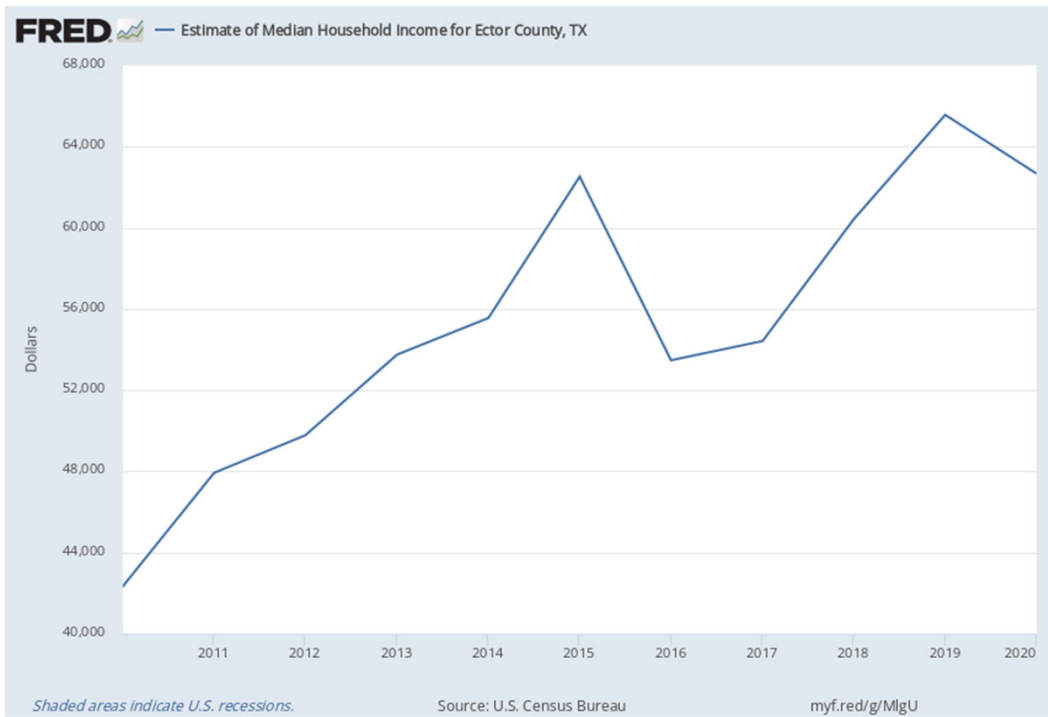
Definition: This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not.

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%

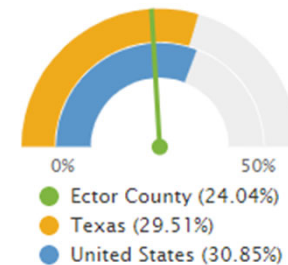
Source: FRED Economic Data, filtered for Ector County, TX, <https://fred.stlouisfed.org/series/MHITX48135A052NCEN>; data accessed February 22, 2022. Note: Data has been updated as of December 16, 2021.

Population Health

Housing

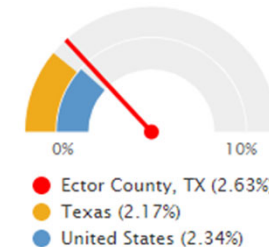
- Ector County (24.0%) has the lowest percentage of households where housing costs exceed 30% of total household income as compared to the state (29.5%) and the nation (30.9%) (2015-2019).
- The percent of homes that received an eviction judgment in which renters were ordered to leave in Ector County (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.

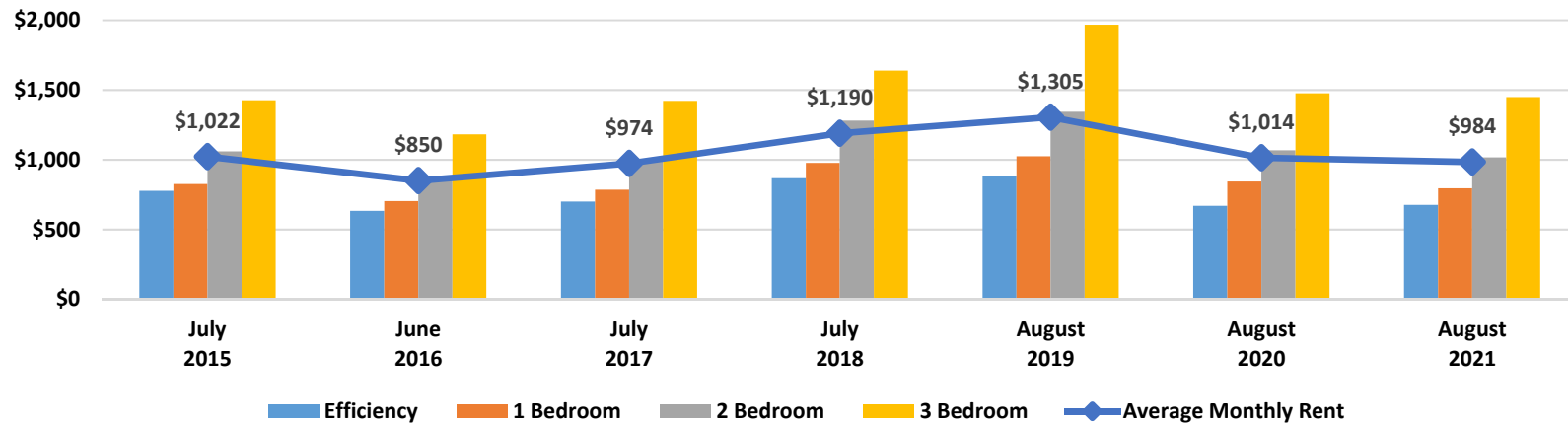
Definition: Eviction rate is the subset of those homes that received an eviction judgment in which renters were ordered to leave. Eviction rate data includes occupied renting households in the area.

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.

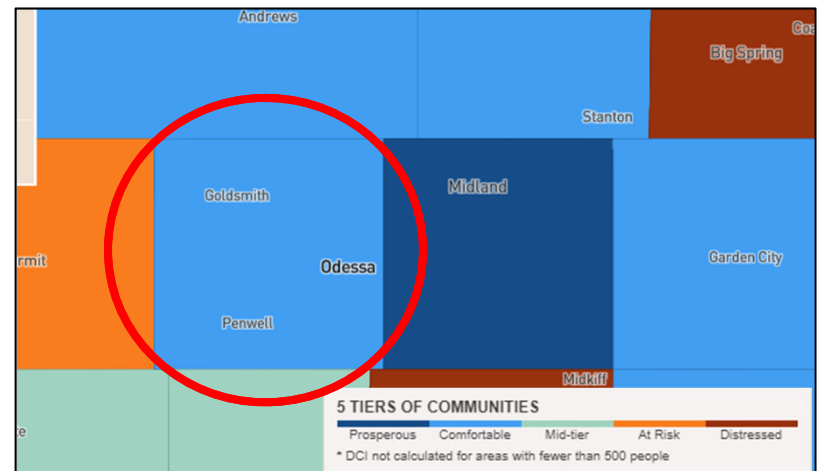
Note: Cost of living indices are based on a US average of 100. An amount below 100 means that Odessa is cheaper than the US average. A cost of living index above 100 means Odessa is more expensive than the US average.

Population Health

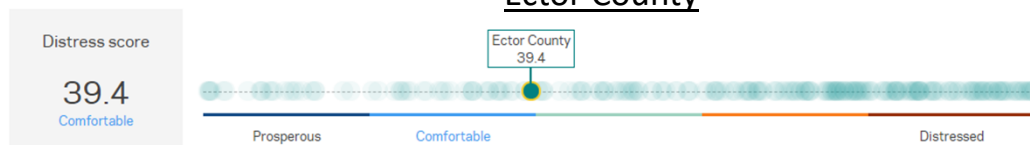
Distressed Communities Index

- 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.

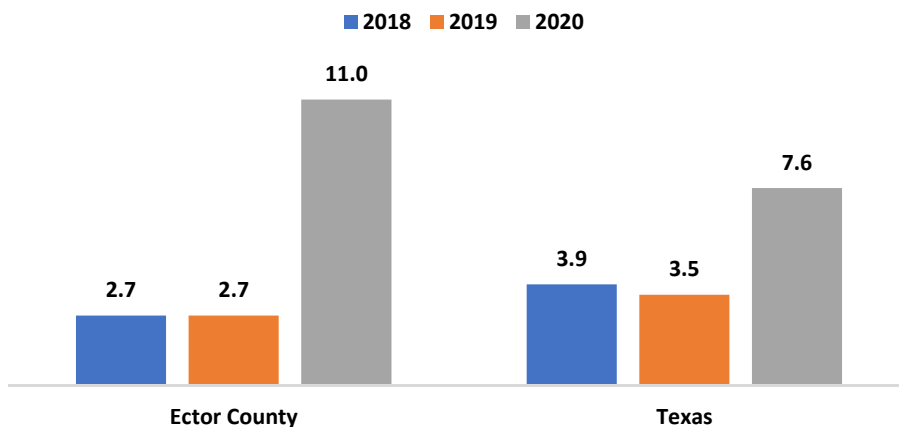
Note: Distressed Communities Index (DCI) combines seven complementary economic indicators: no high school diploma, housing vacancy rate, adults not working, poverty rate, median income ratio, change in employment and change in establishments. Full definition for each economic indicator can be found in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

Population Health

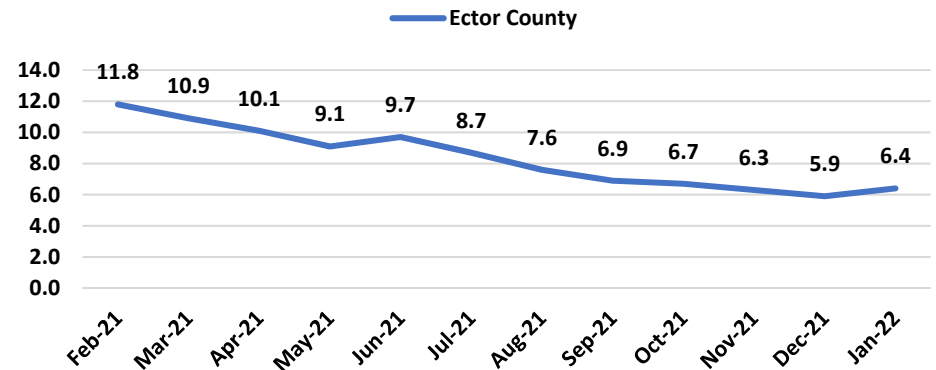
Unemployment

- 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:

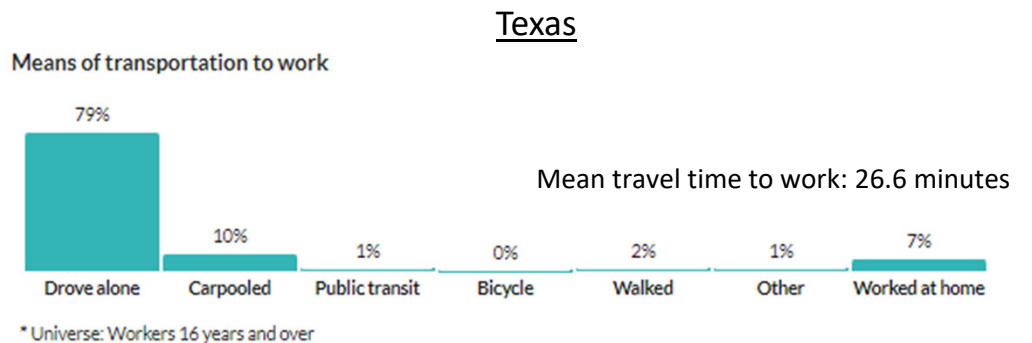
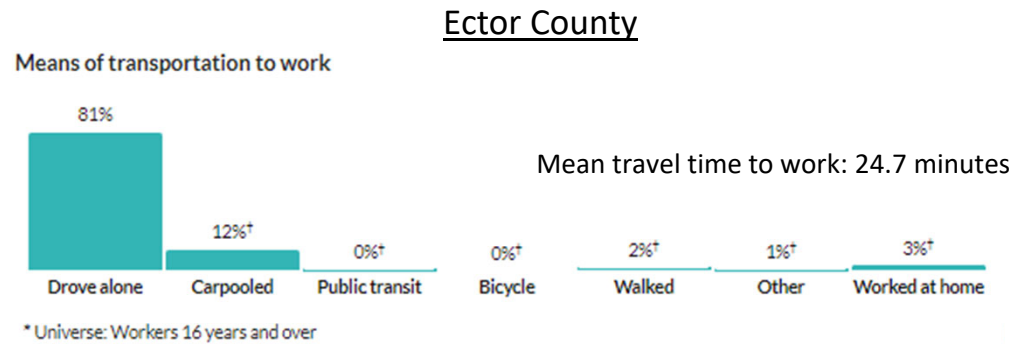
Ector County

- 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.

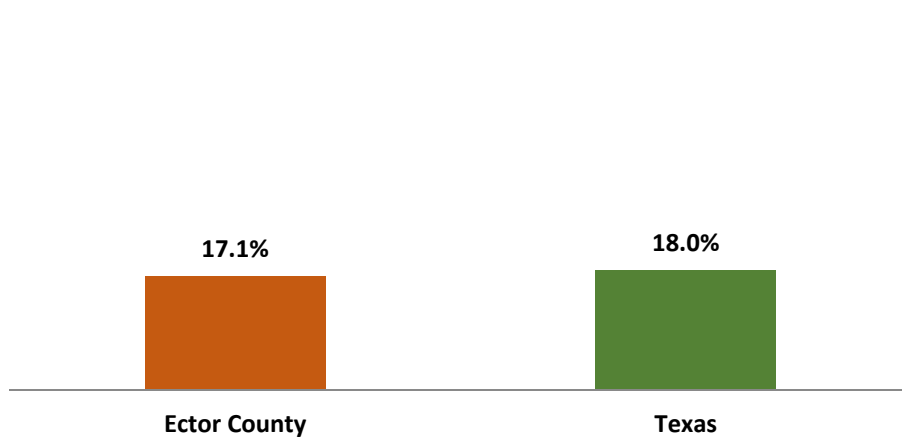
*+ indicates a margin of error is at least 10 percent of the total value. Interpret with caution.

Population Health

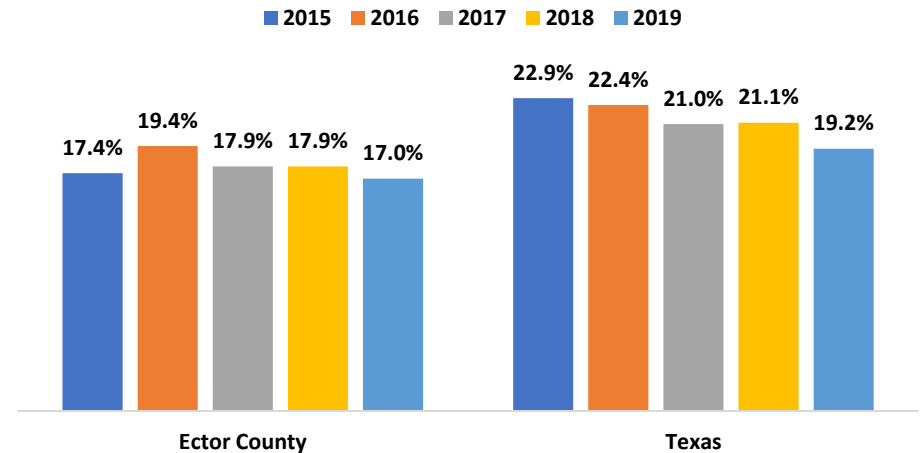
Poverty

- 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.

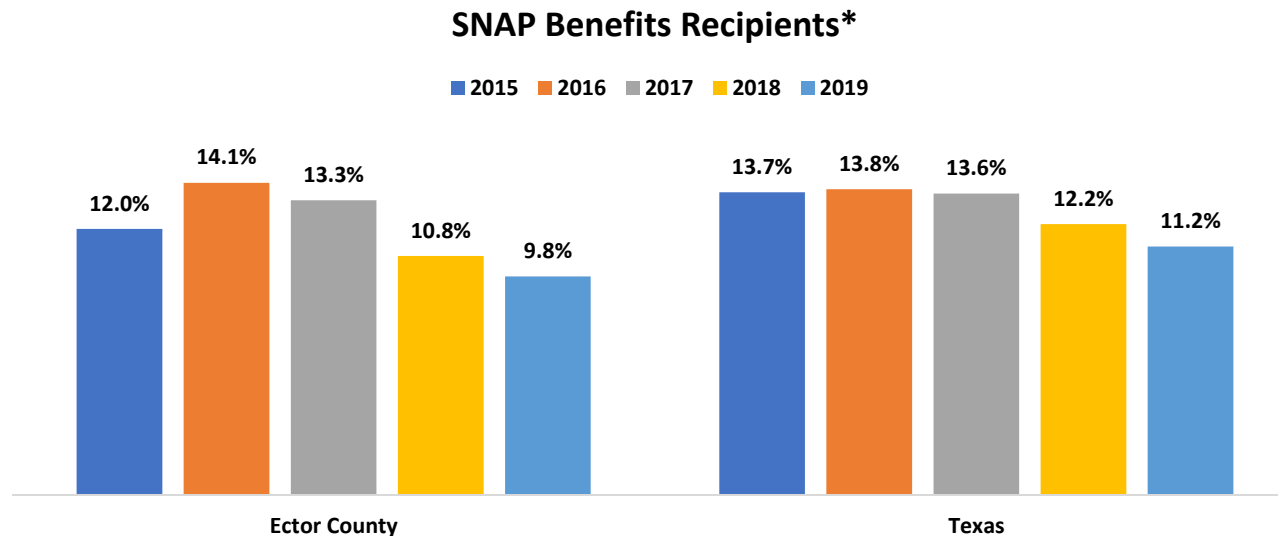
Average Meal Cost Definition: The average weekly dollar amount food-secure individuals report spending on food, as estimated in the Current Population Survey, divided by 21 (assuming three meals a day, seven days a week).



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.

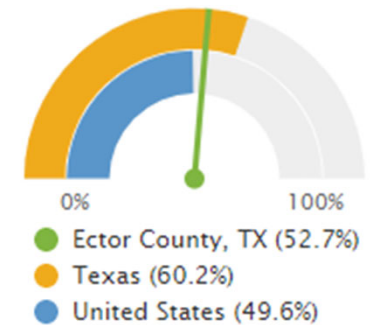
*Percentage manually calculated based on estimated population numbers by county and state between 2014 and 2018 as provided by the United States Census Bureau.

Population Health

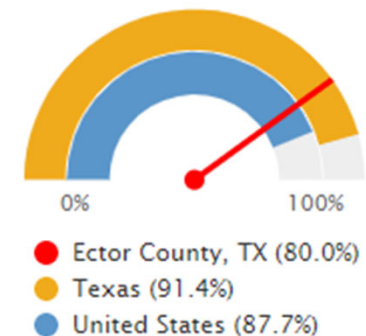
Children in the Study Area

- 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)

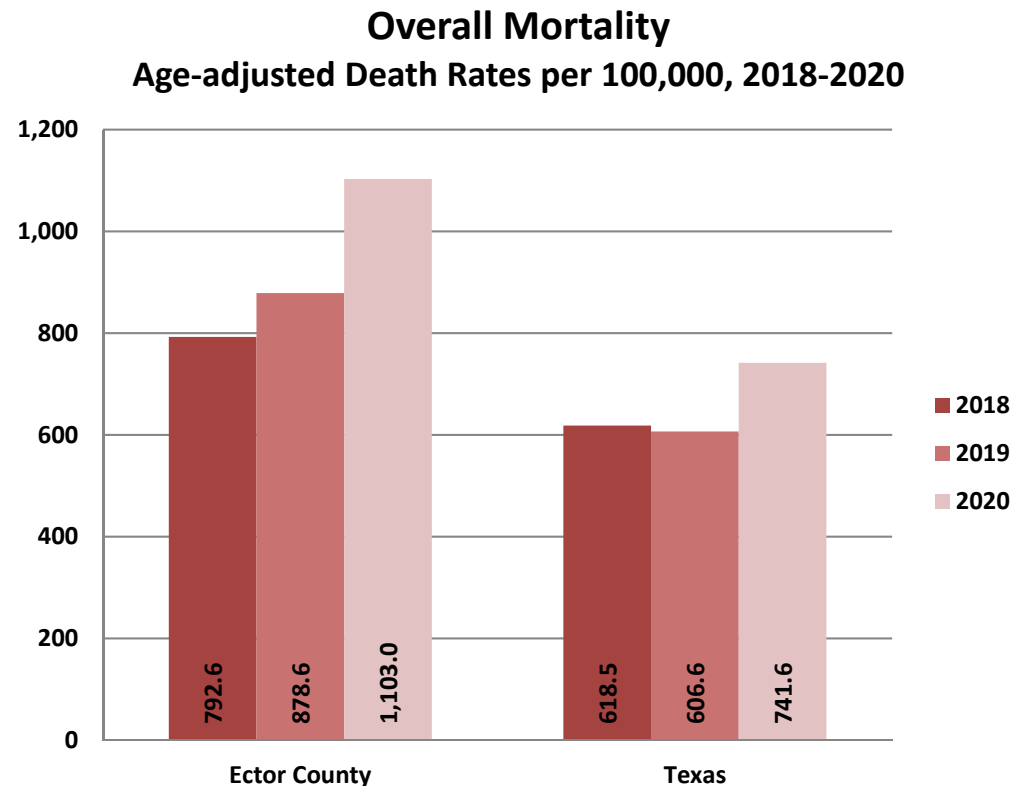
Disease	Ector County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	● 218.5	169.1
Malignant neoplasms (C00-C97)	● 171.0	141.4
Chronic lower respiratory diseases (J40-J47)	● 75.3	38.1
Alzheimer disease (G30)	● 71.7	40.6
COVID-19 (U07.1)	● 69.8	36.0
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	● 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

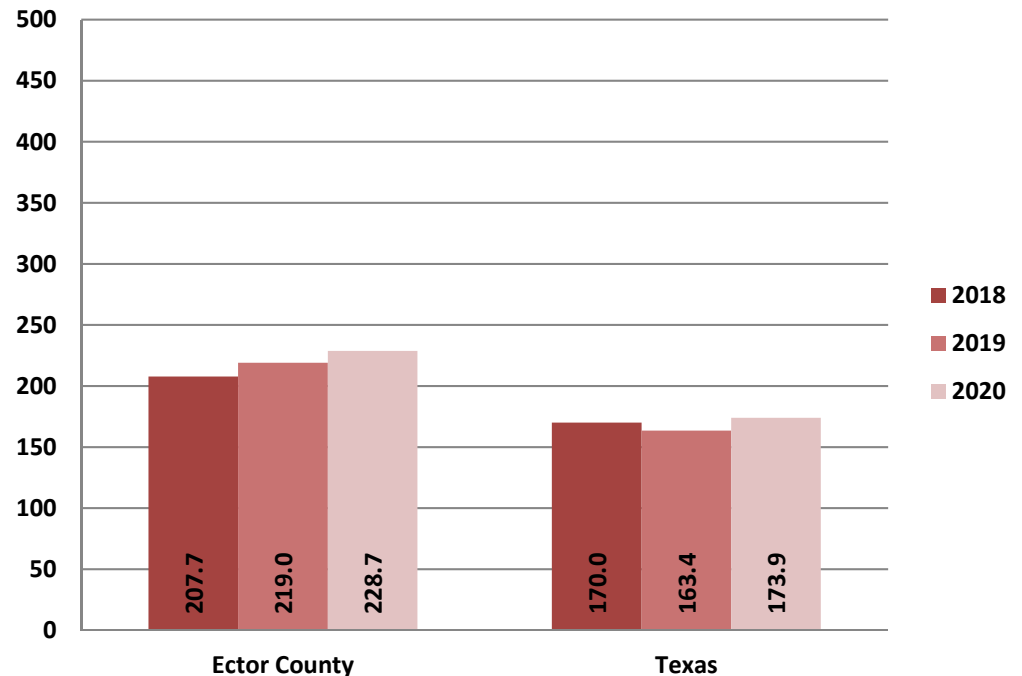
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

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

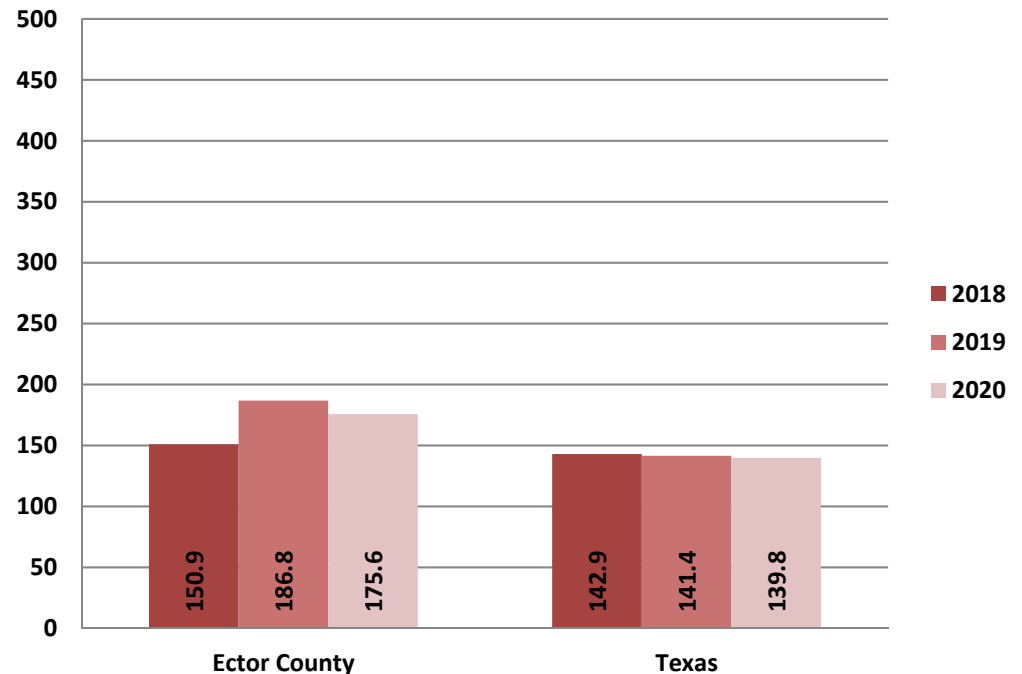
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

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

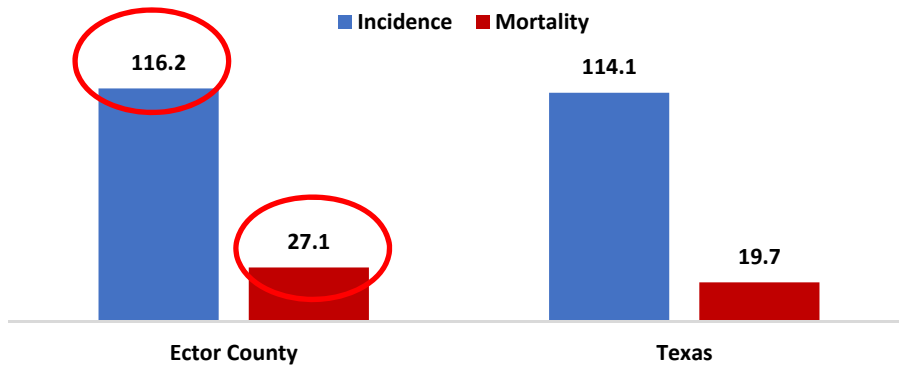
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Cancer Incidence & Mortality by Type

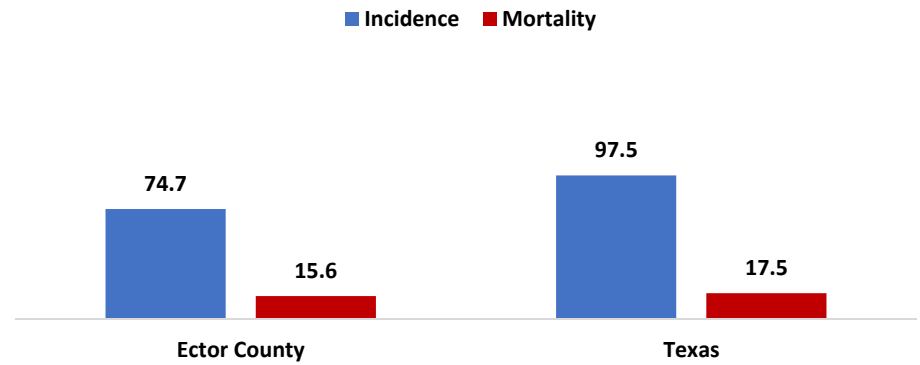
Breast Cancer (Female)

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



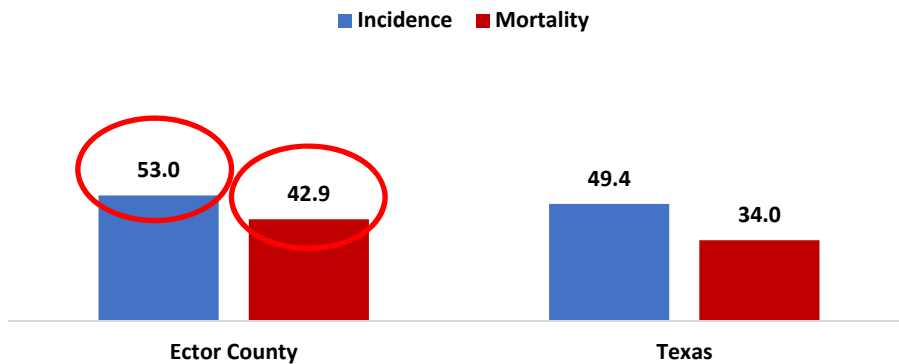
Prostate Cancer

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



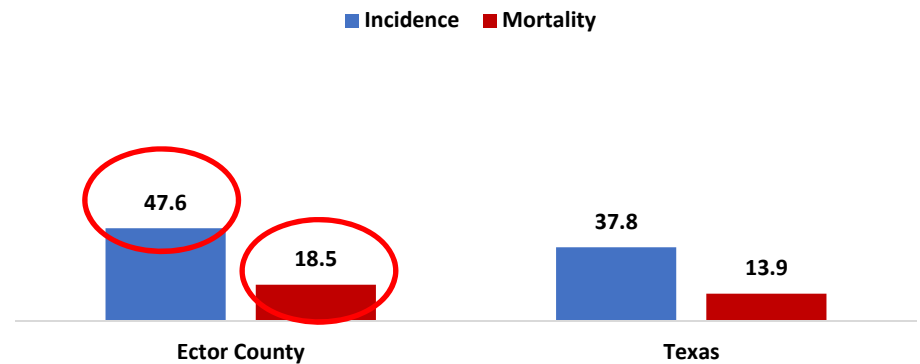
Lung & Bronchus Cancer

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.

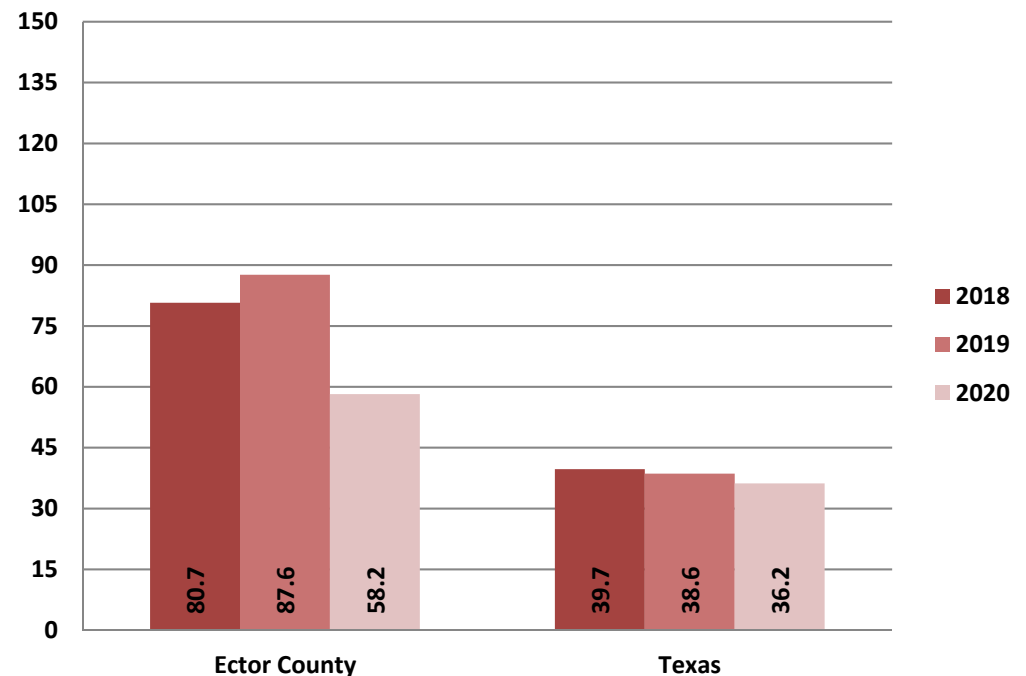
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population. *Counts/rates are suppressed if fewer than 16 cases were reported in the specified category; Counts < 16 are too few to calculate a stable age-adjusted rate.

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

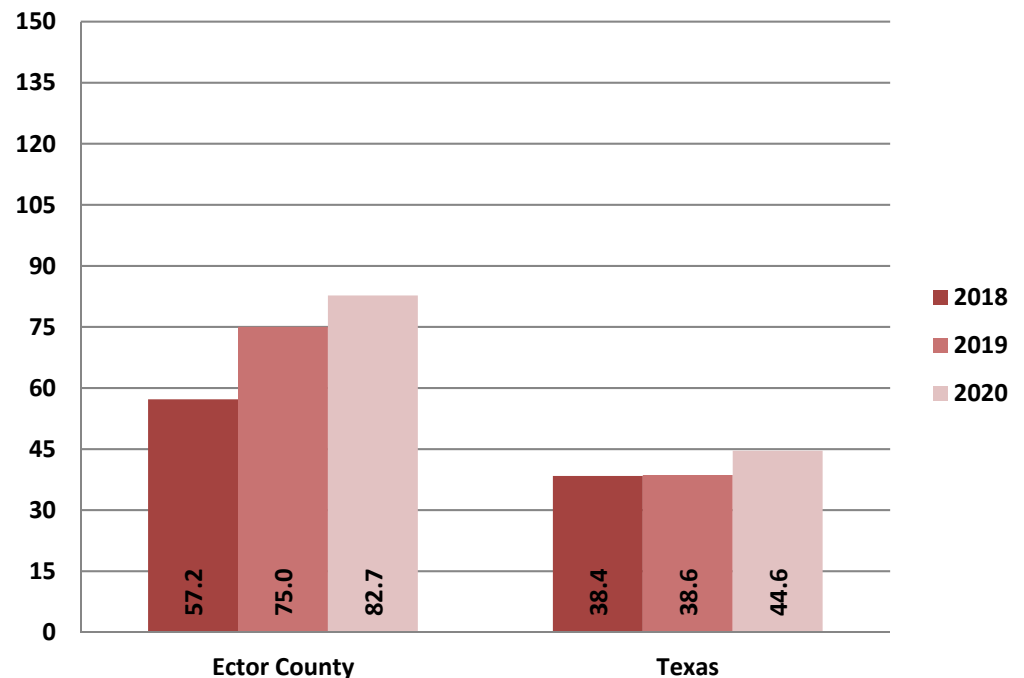
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

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



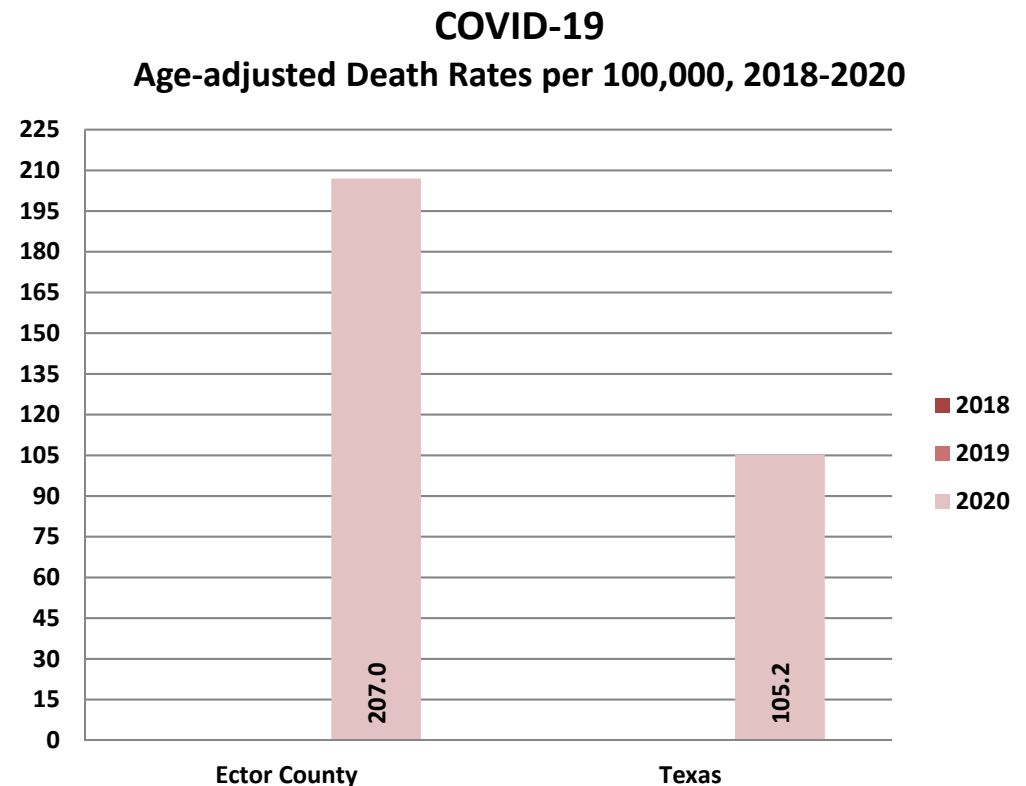
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	66	57.2	84	75.0	95	82.7	245	71.7
Texas	9,763	38.4	10,101	38.6	11,918	44.6	31,782	40.6

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.

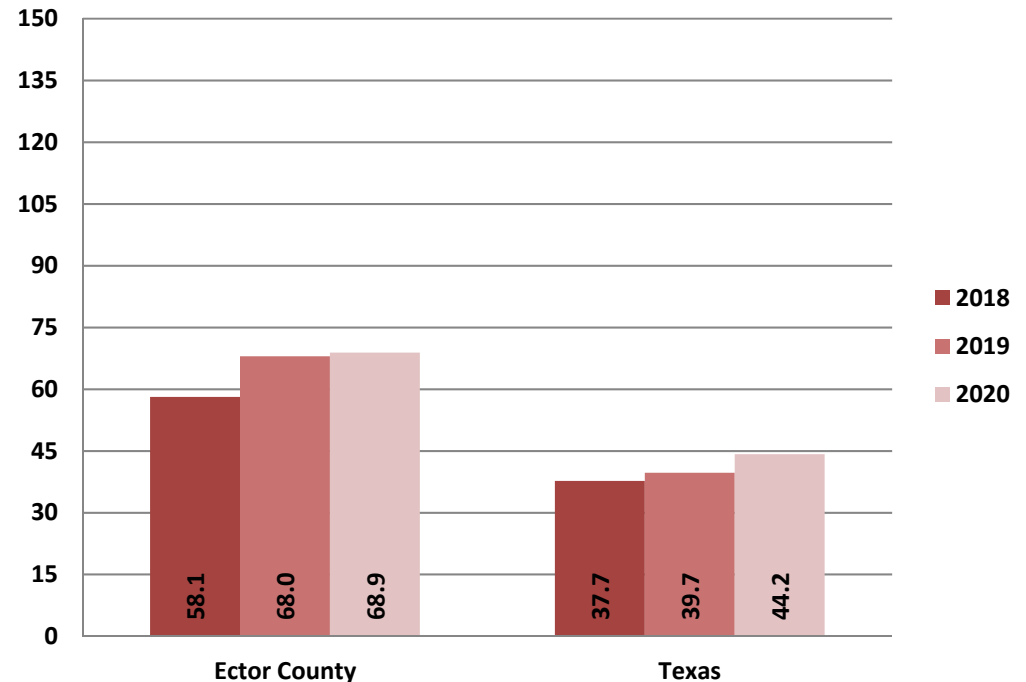


Health Status

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.

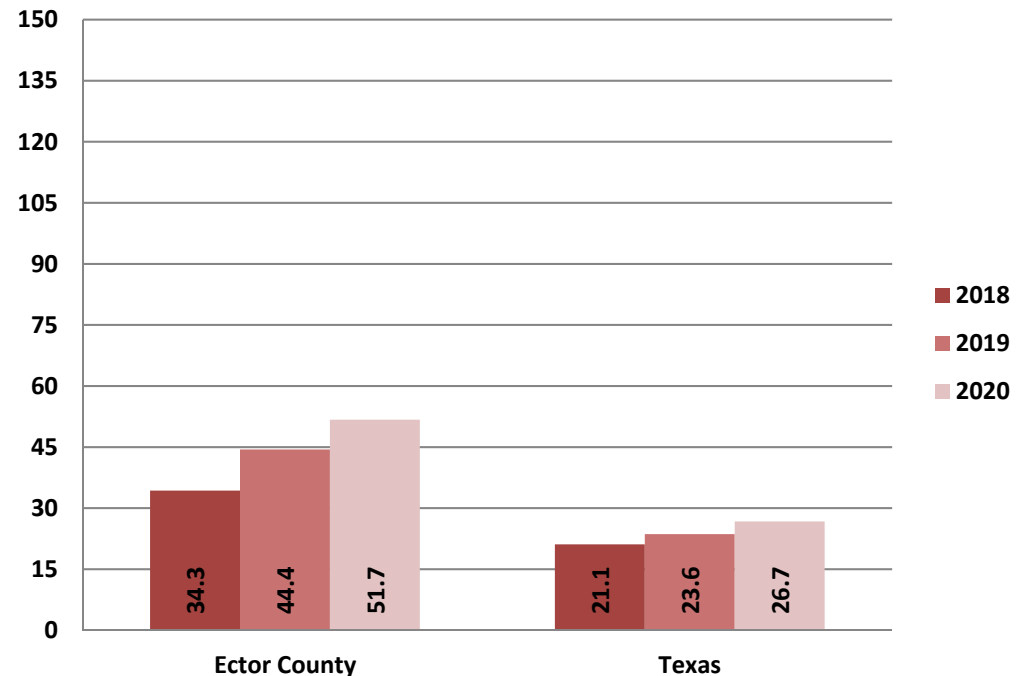
Accident mortality rates include: motor vehicle crashes, other land transport accidents, water transport accidents, air and space transport accidents, falls, accidental shootings, drownings, fire and smoke exposures, poisonings, suffocations, and all other unintentional injuries.

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

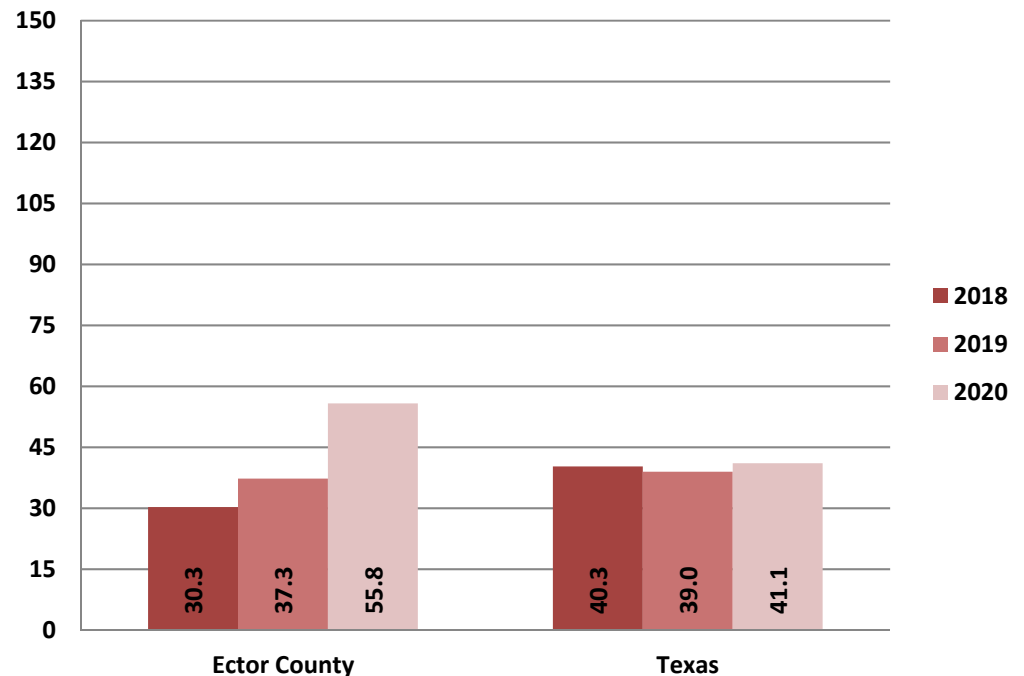
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

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

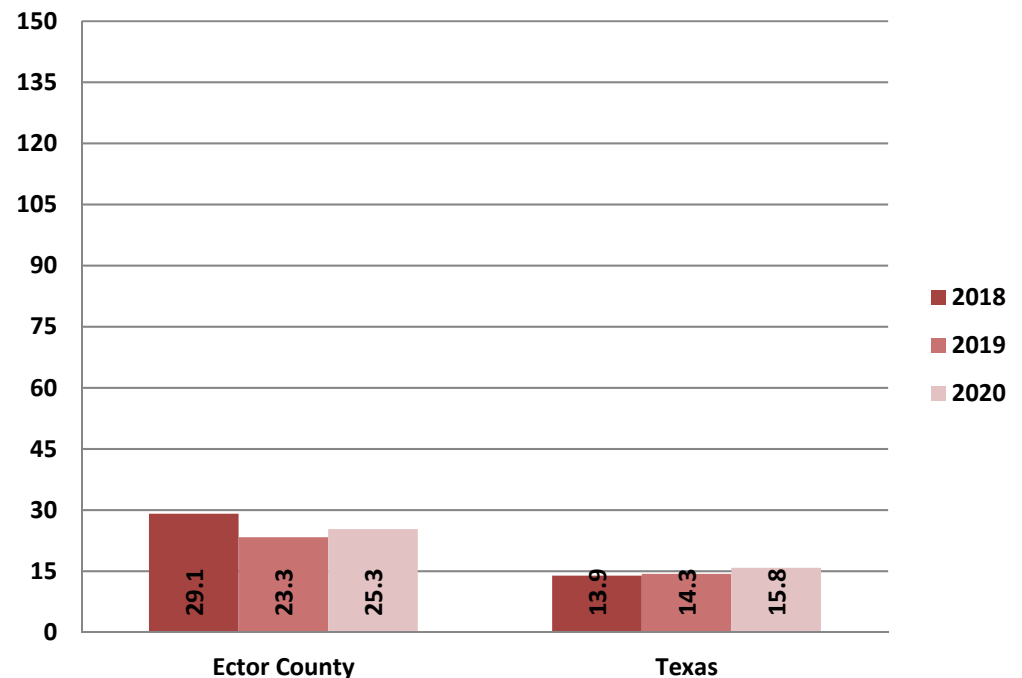
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

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



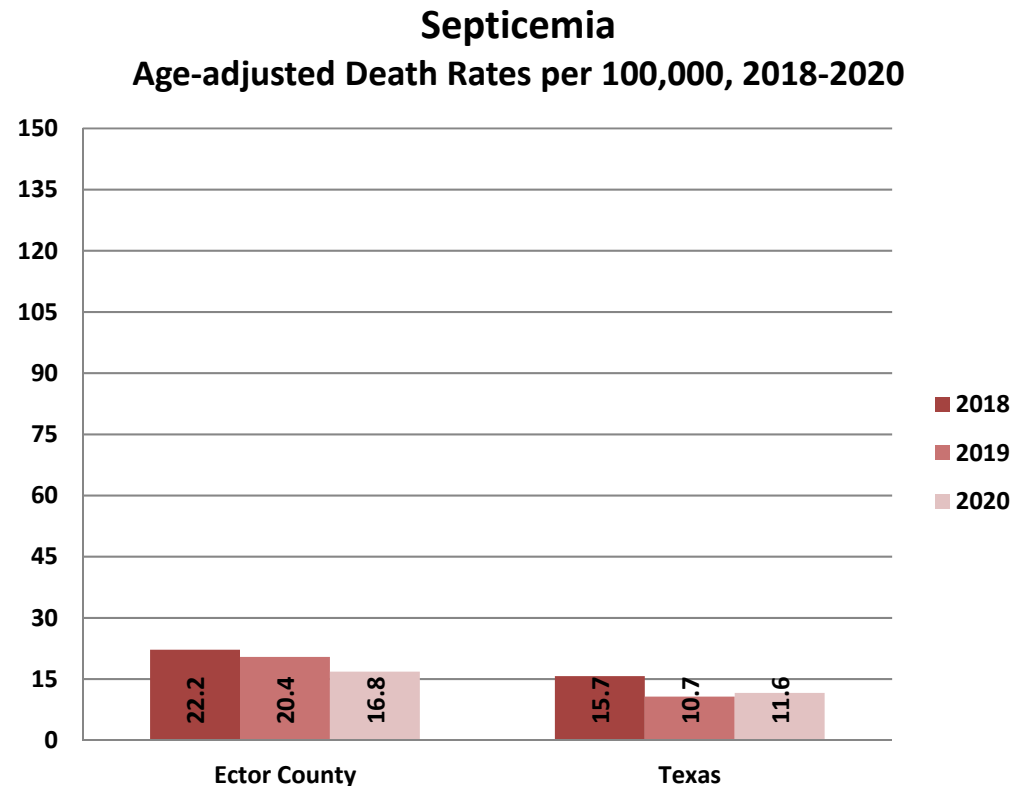
LOCATION	2018		2019		2020		2018-2020	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	41	29.1	34	23.3	38	25.3	113	25.9
Texas	4,154	13.9	4,359	14.3	4,930	15.8	13,443	14.7

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

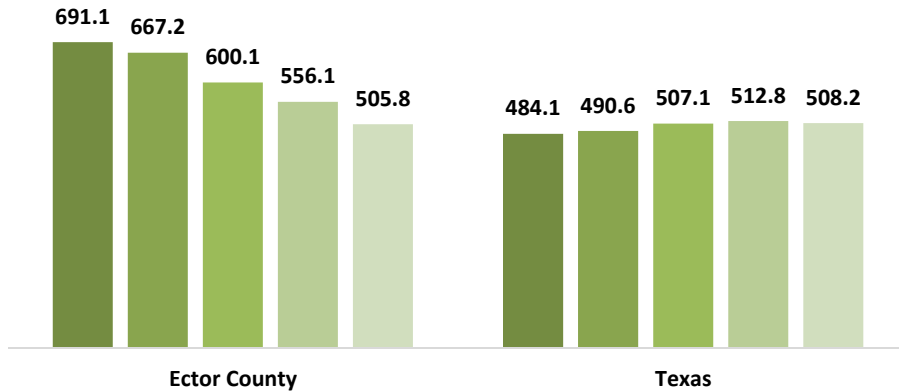
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 31, 2021.
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

Health Status

Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

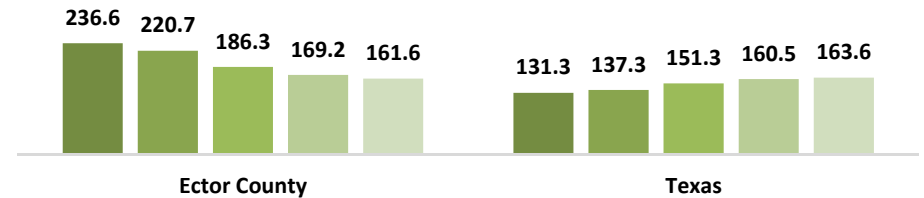
Chlamydia, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



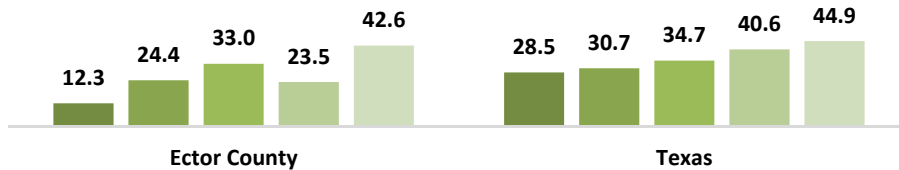
Gonorrhea, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



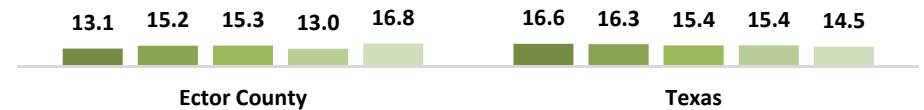
Syphilis, Rate Per 100,000, 2014-2018

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



HIV, Rate Per 100,000, 2015-2019

■ 2015 ■ 2016 ■ 2017 ■ 2018 ■ 2019



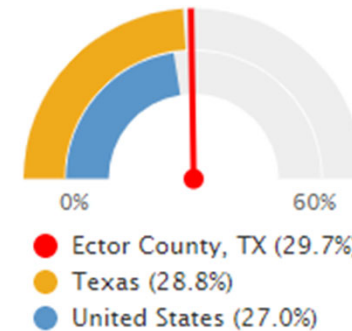
Source: Texas Department of State Health Services, HIV/STD Program: Reports, <https://dshs.texas.gov/hivstd/reports/>; data accessed on February 14, 2022.

Health Status

Chronic Conditions – Diabetes

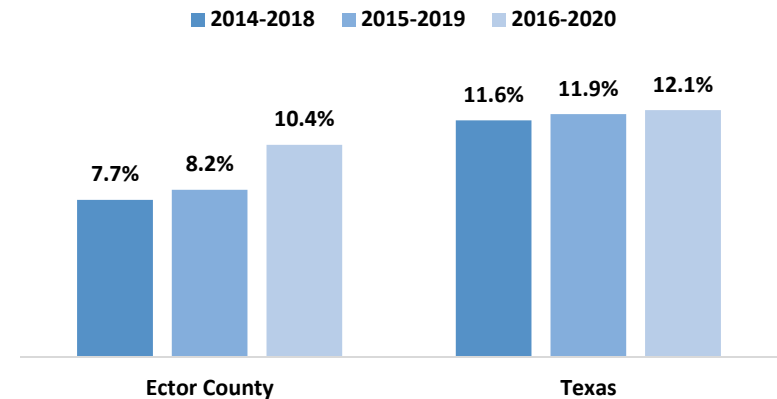
- In 2018, the percentage of Medicare Beneficiaries with diabetes in Ector County (29.7%) was higher than the state rate (28.8%) and the national rate (27.0%).
- Between 2014 and 2020, diabetes prevalence rates in adults (age 18+) in Ector County and the state increased.
- In 2016-2020, Ector County (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



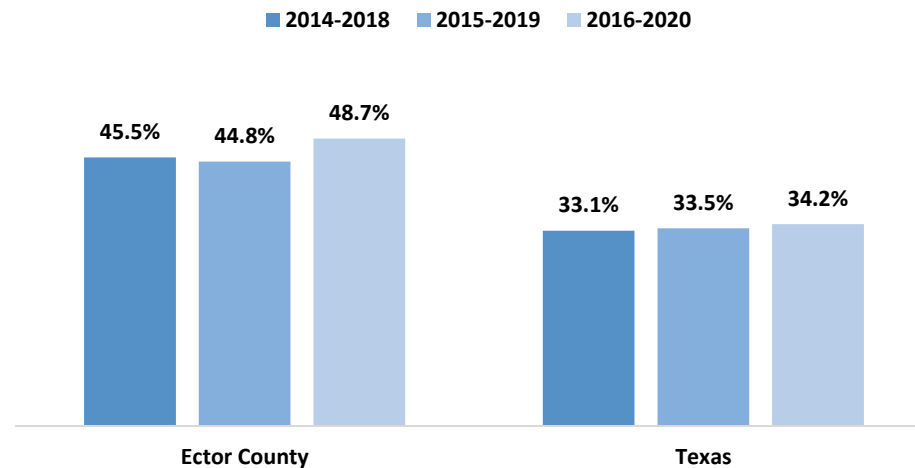
Source: SparkMap, Health Indicator Report: logged in and filtered for Ector County, TX, <https://sparkmap.org/report/>; data accessed December 17, 2021.
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on 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

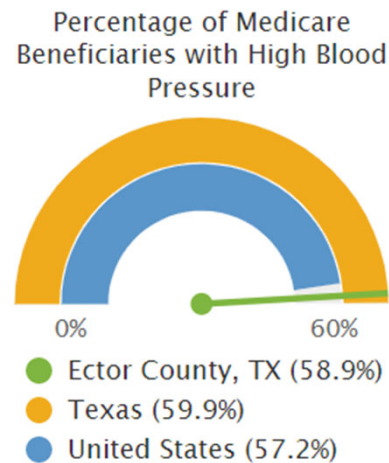


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 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).



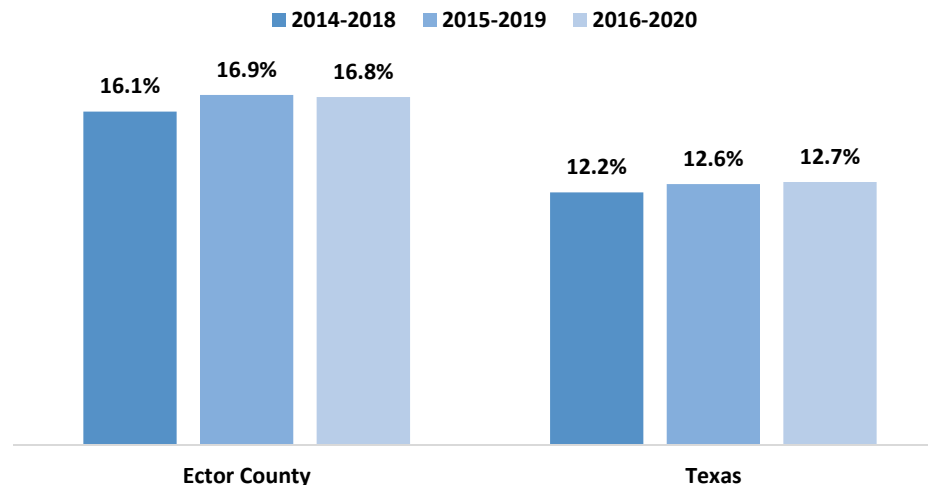
Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

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



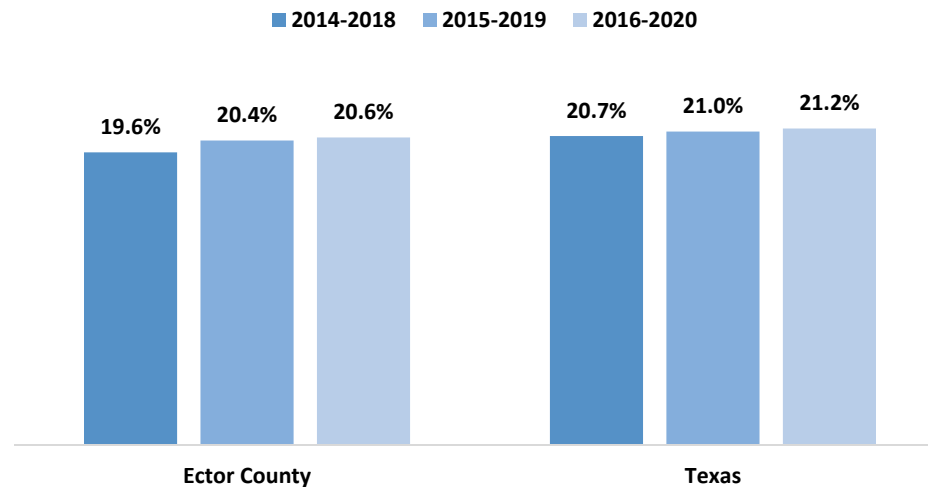
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?
Note: Data has been pulled in 5-year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



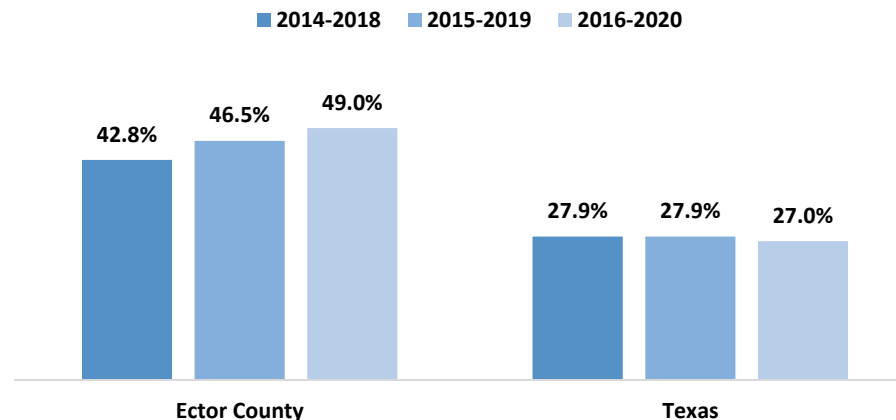
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, 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



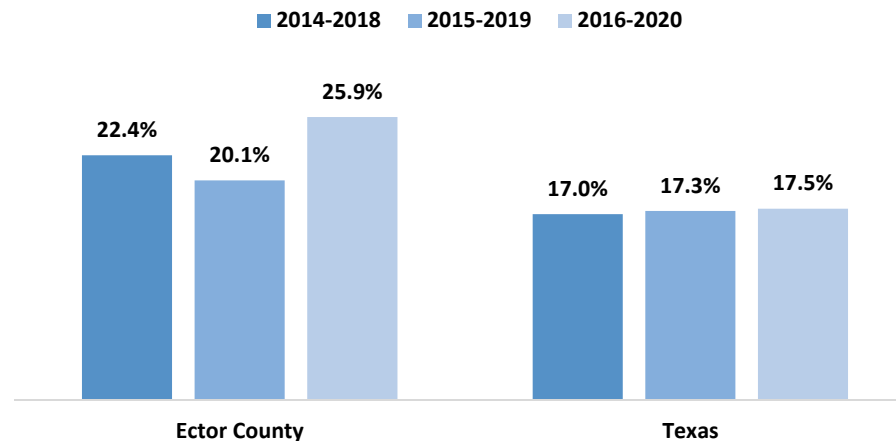
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, 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



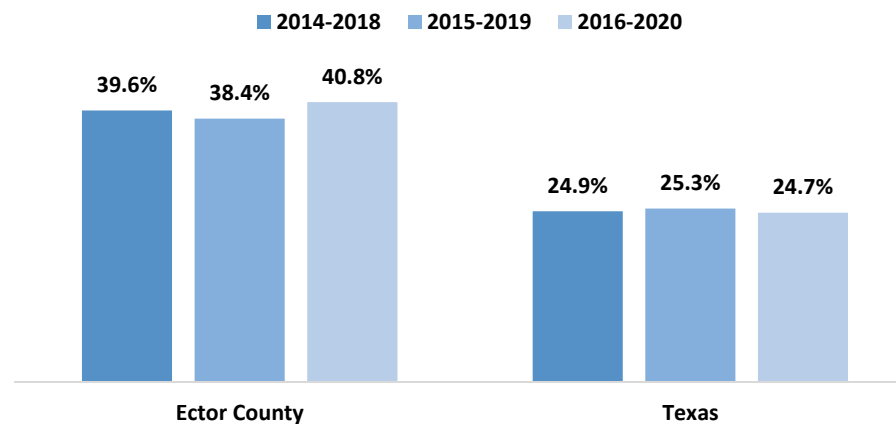
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or 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.

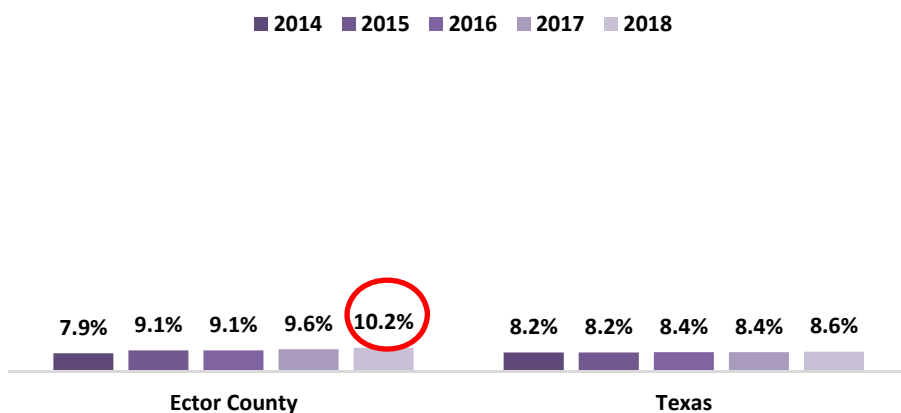
Note: smoking refers to cigarettes, and does not include electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), marijuana, chewing tobacco, snuff, or snus.

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

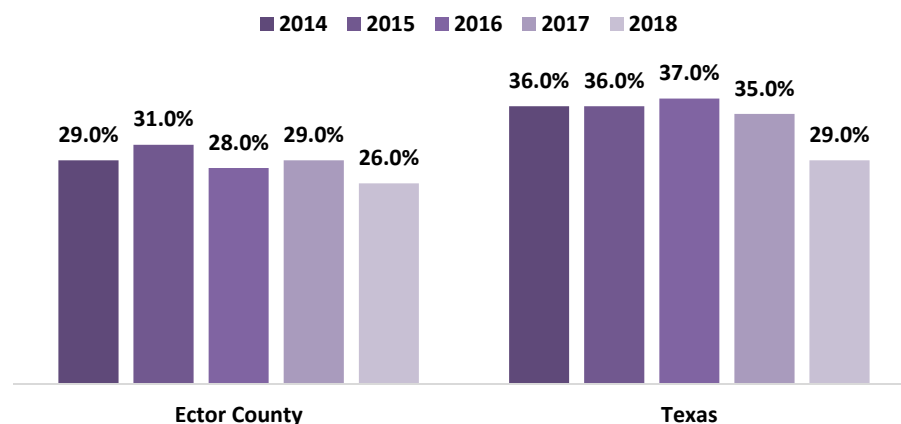
Health Status

Maternal & Child Health Indicators

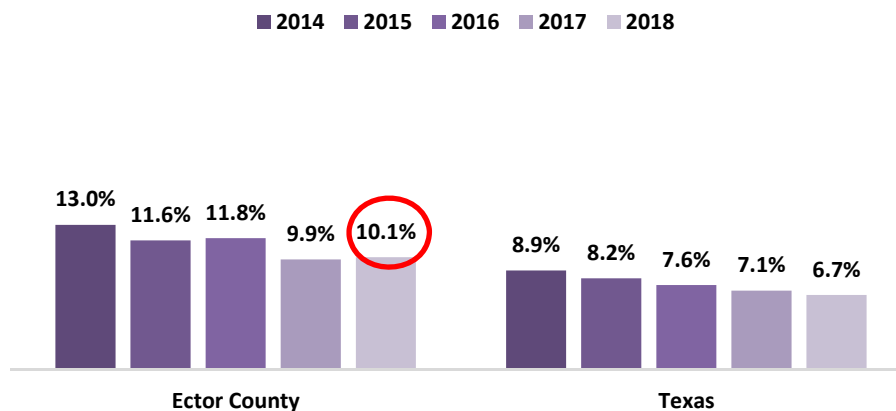
Low Birth Weight (<2,500g), Percent of All Births, 2014-2018



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

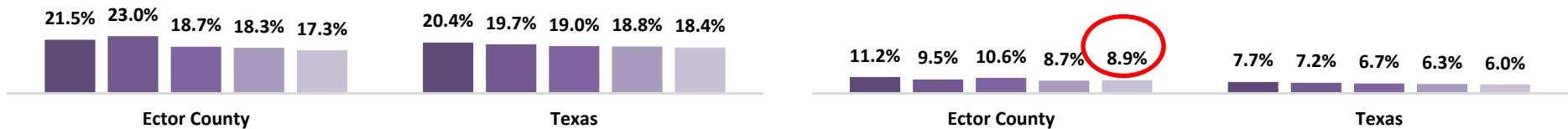
Maternal & Child Health – Teen Births

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

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018

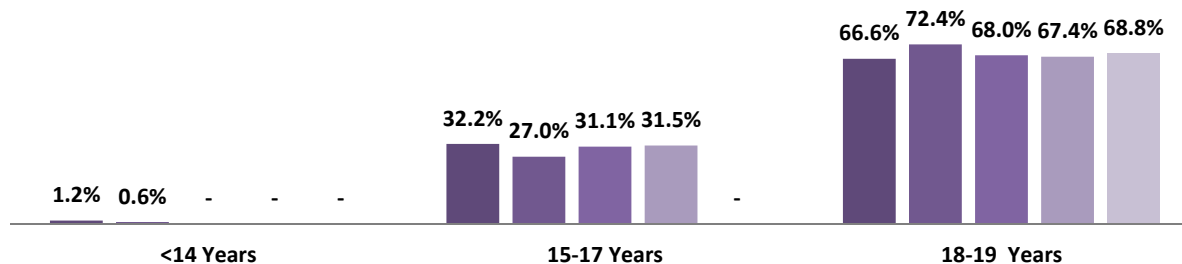
Births to Single Teens, Percent of All Unmarried Teen Births (Age 19 and Younger), 2014-2018

■ 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.

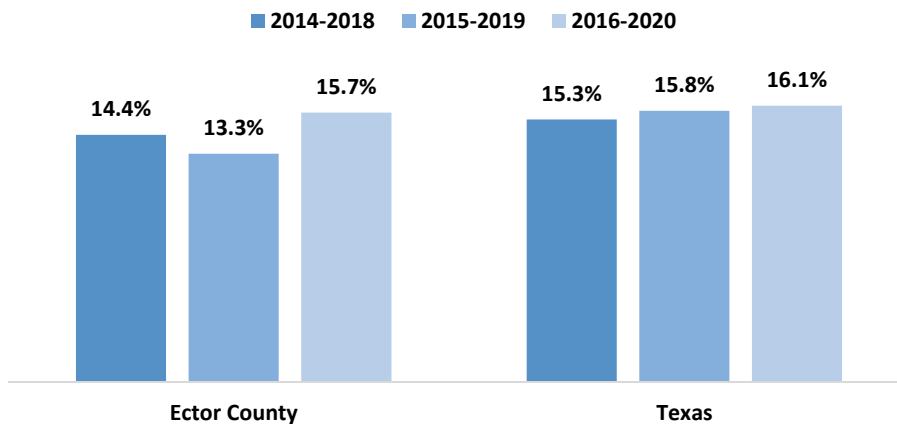


Health Status

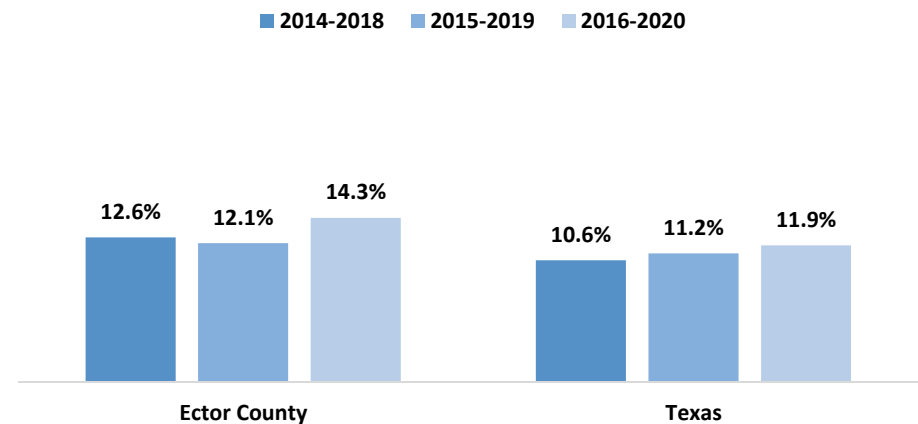
Mental Health – Depressive Disorders

- 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

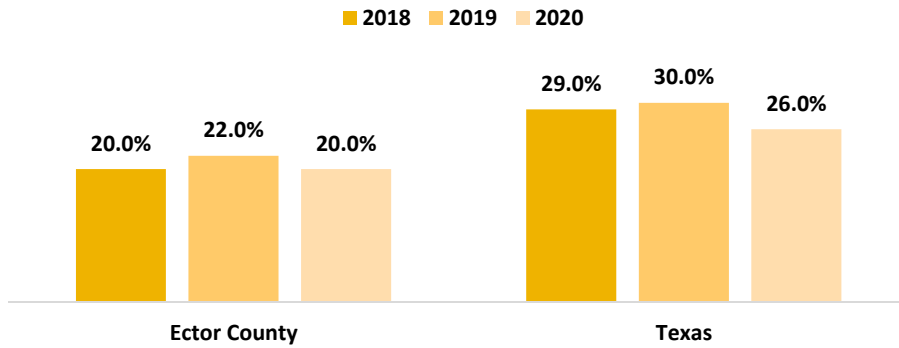


Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, 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.

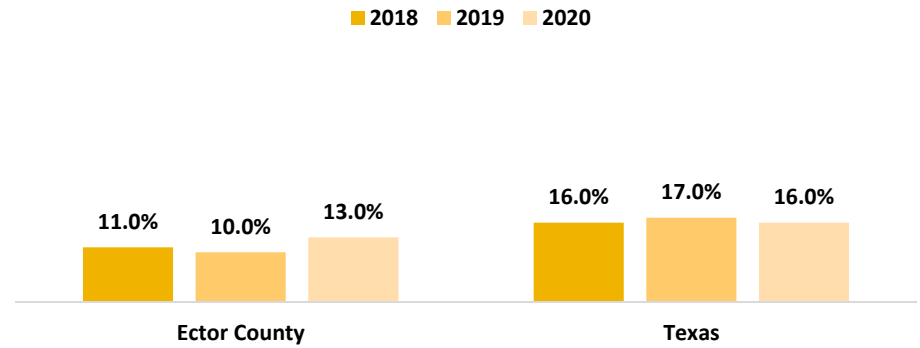
Health Status

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

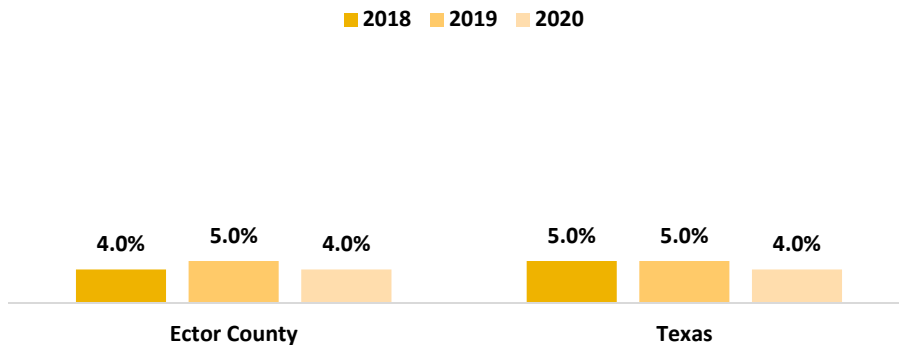
Received Mammography Screening, Percentage, Females (65+), 2018-2020



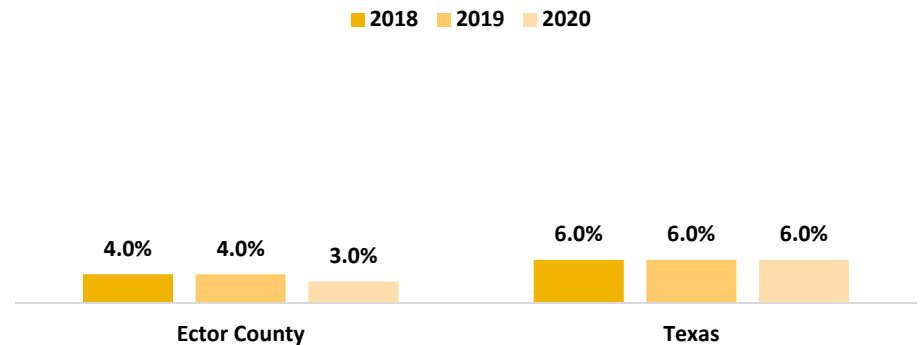
Received Prostate Cancer Screening, Percentage, Males (65+), 2018-2020



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.

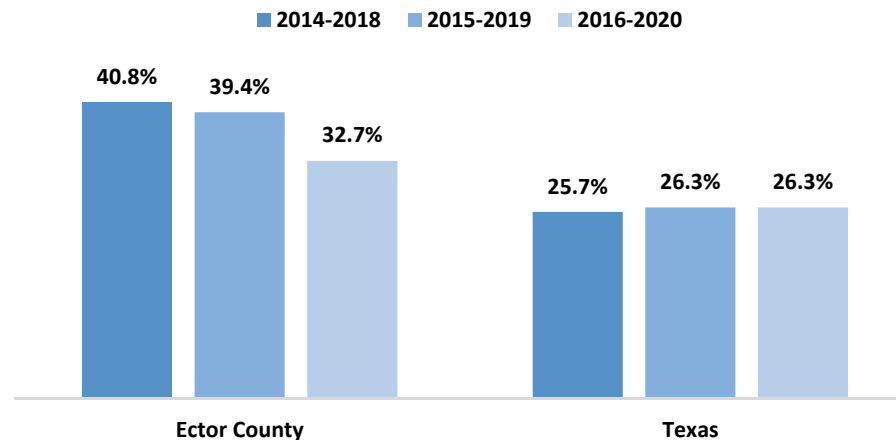


Health Status

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



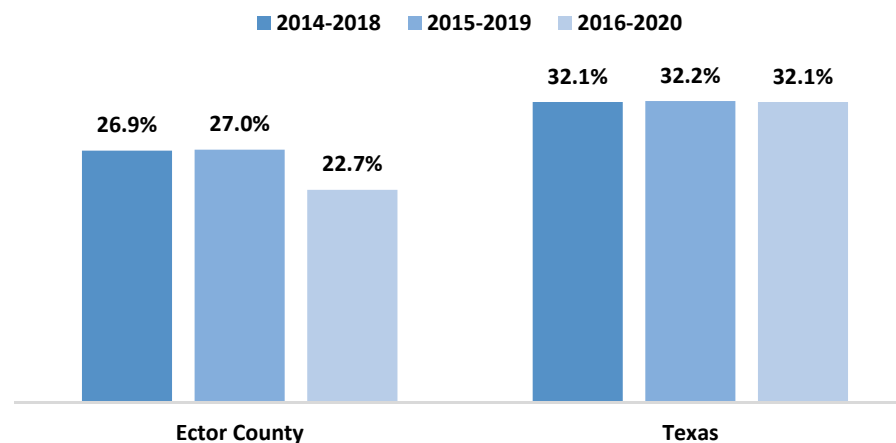
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: The percentage of people that self-reported that they had a disability
Note: Data has been pulled in 5-year sets of moving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



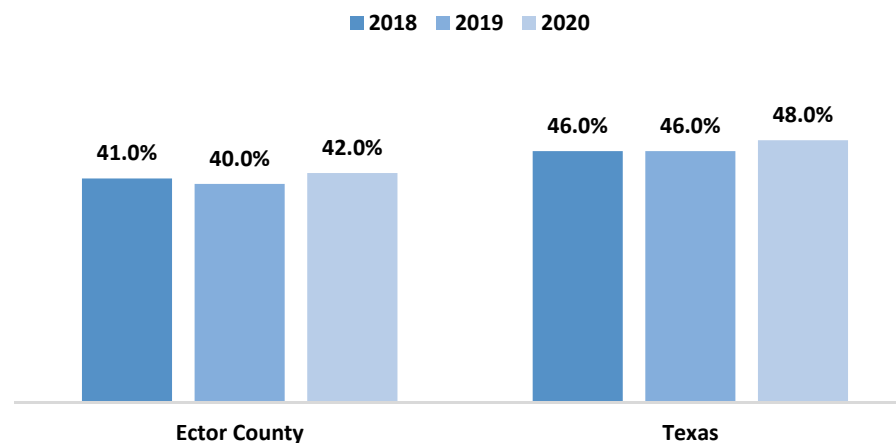
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
Definition: During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose? *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



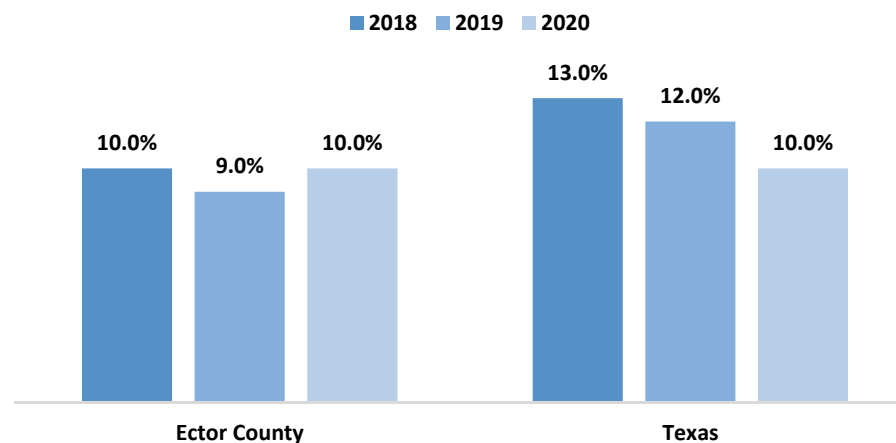
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed October 16, 2021.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the influenza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



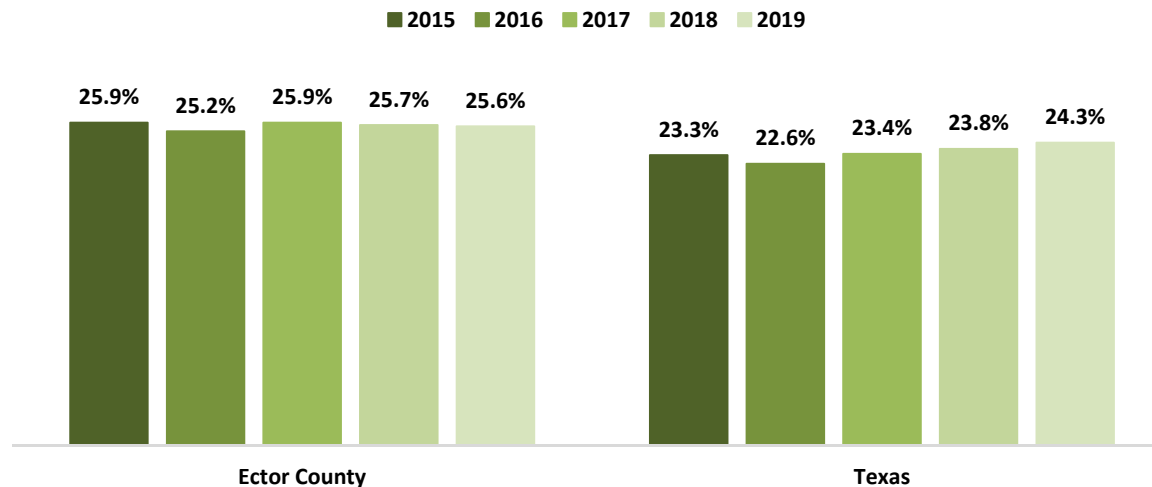
Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed October 16, 2021.
Definition: Percentage of beneficiaries that received at least one flu shot, also known as the influenza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



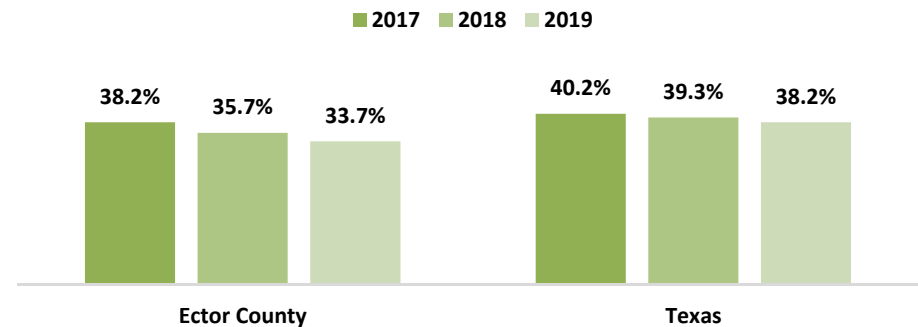
Source: United States Census Bureau, Small Area Health Insurance Estimates, filtered for Ector County, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed January 24, 2022.

Health Status

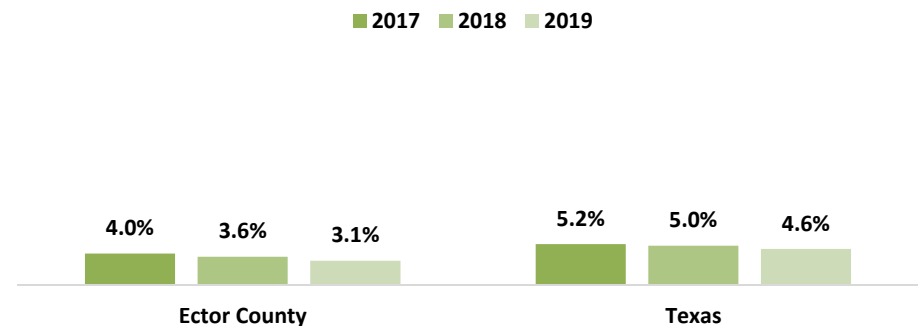
Health Care Access – Medicaid & CHIP

- 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).

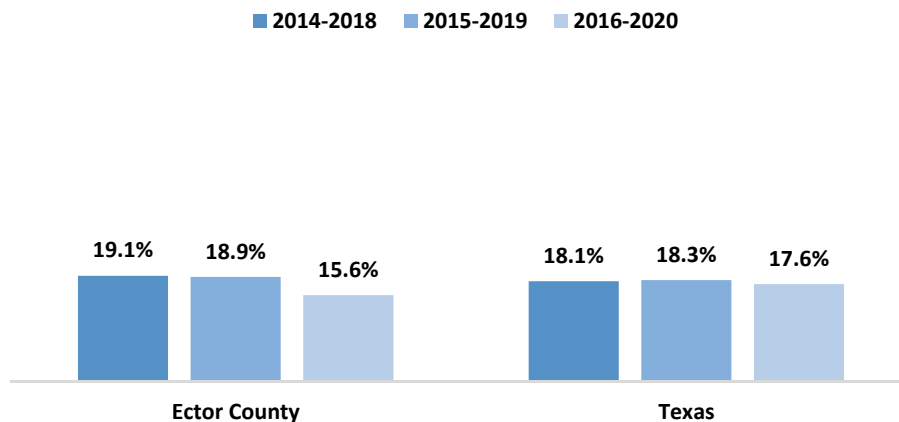
Note: This is point-in-time data from August of each fiscal year and is generally accepted as being representative of monthly enrollment.

Health Status

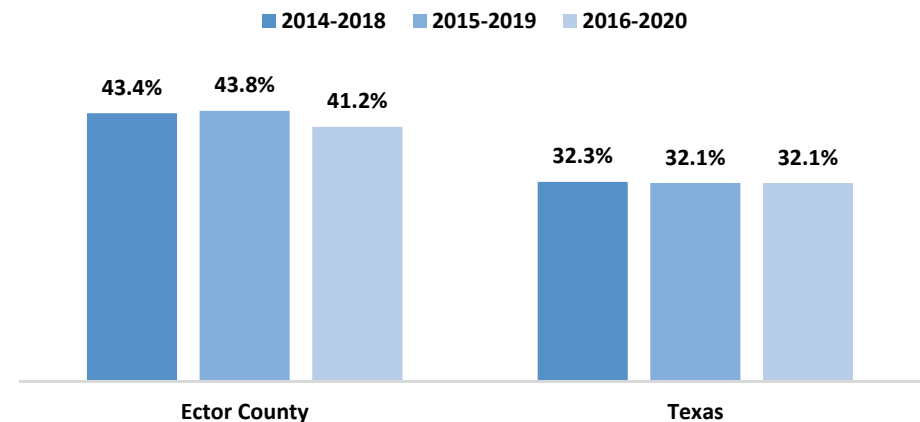
Health Care Access – Medical Cost Barrier & No Personal Doctor

- 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



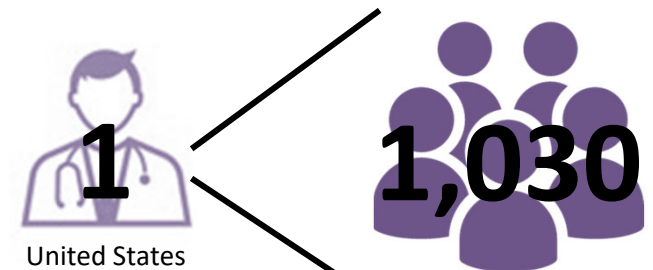
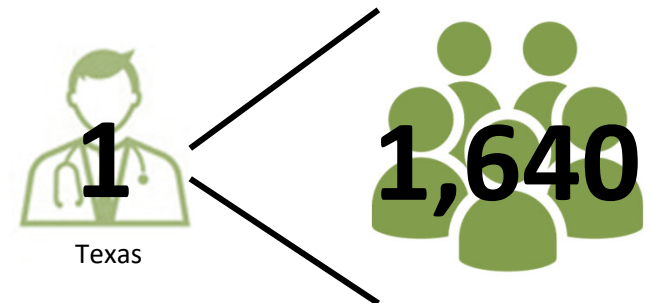
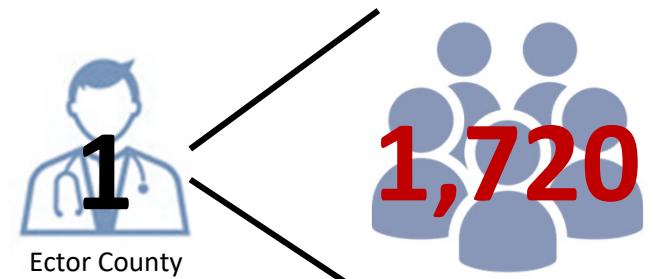
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed on February 11, 2022.
 Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?
 Definition: Do 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).



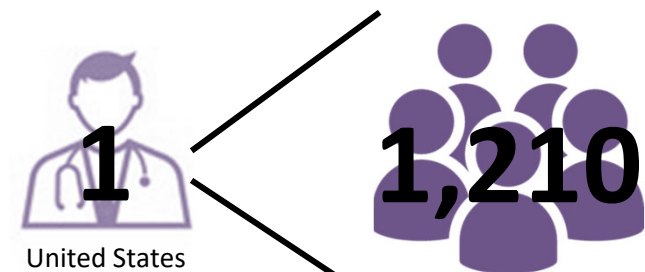
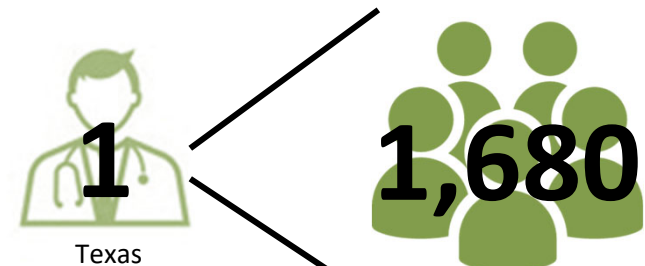
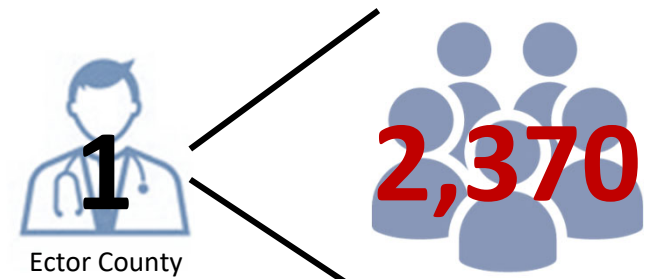
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Ector County, TX, <https://www.countyhealthrankings.org/>; data accessed November 19, 2021.

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).



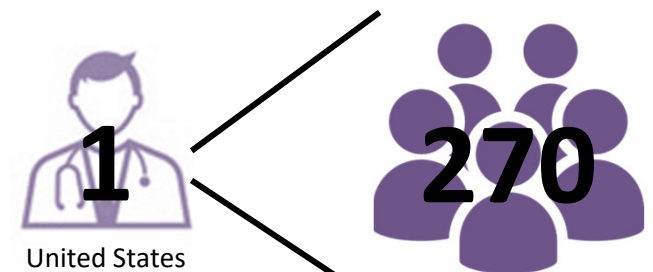
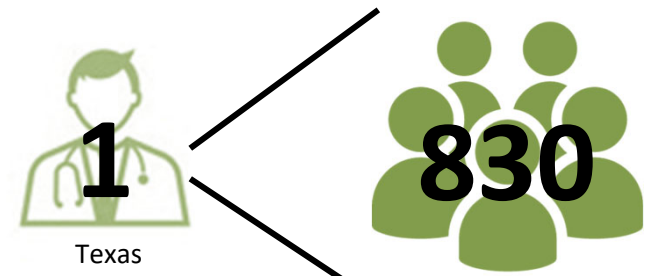
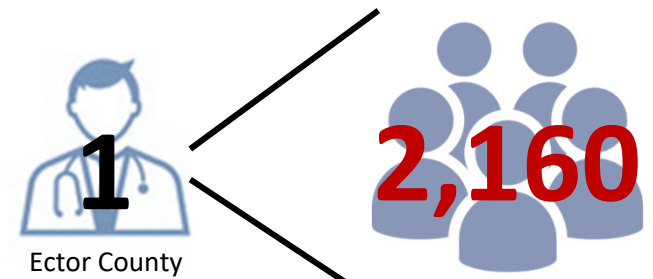
Source: County Health Rankings & Roadmaps, Health Indicator Report: filtered for Ector County, TX, <https://www.countyhealthrankings.org/>; data accessed November 19, 2021. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all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

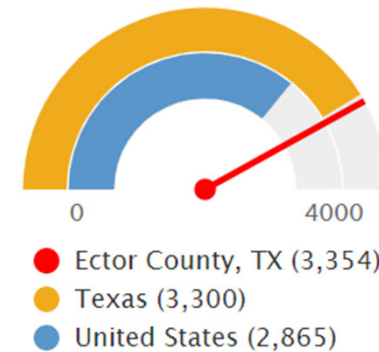
Definition: The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. Psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Health Status

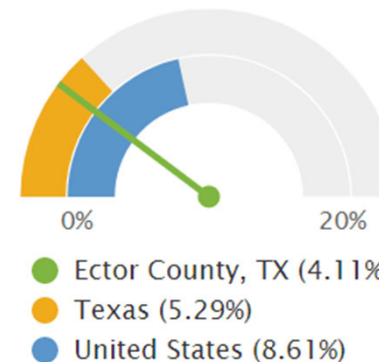
Health Care Access – Common Barriers to Care

- **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**

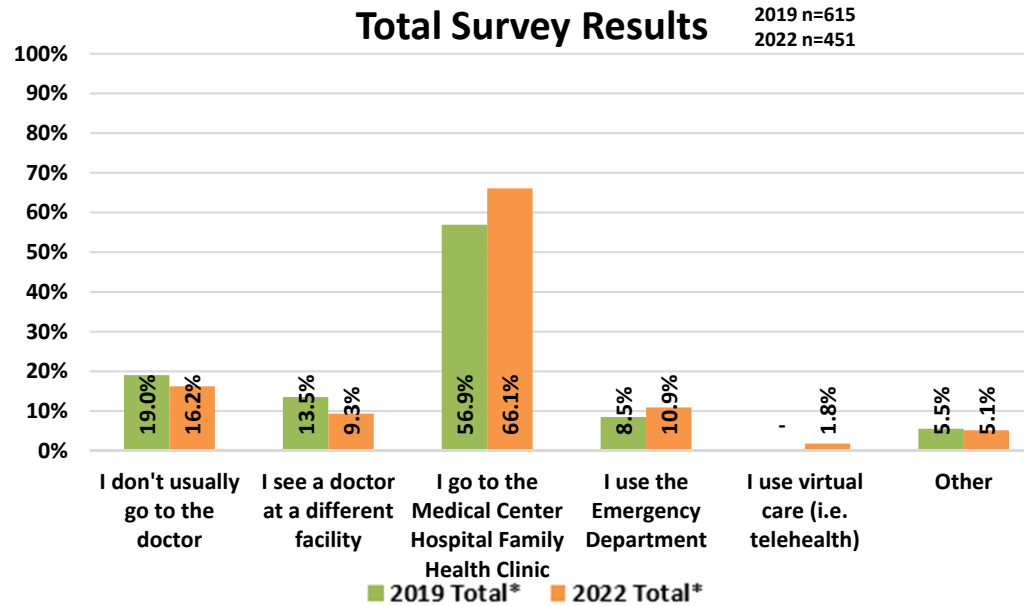
- In both 2019 and 2022, the majority of **English** respondents go to the Family Health Clinic when they are sick or need to see a doctor
- **English** patients who responded that they go to the Family Health Clinic for care increased between 2019 and 2022
- **English** patients who indicated they go 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

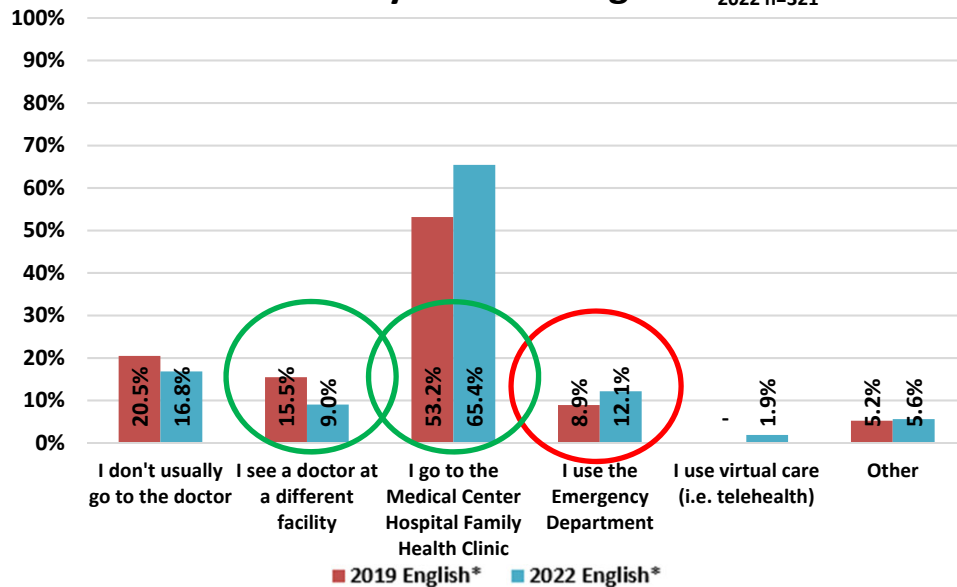
Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; November 29, 2021 – December 24, 2021.

LOCATION OF CARE Total Survey Results



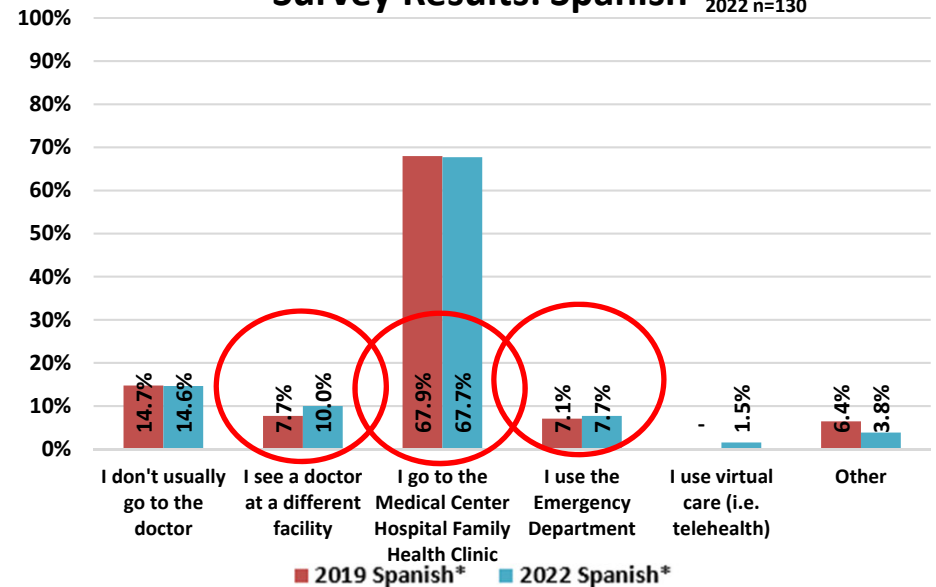
Survey Results: English

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

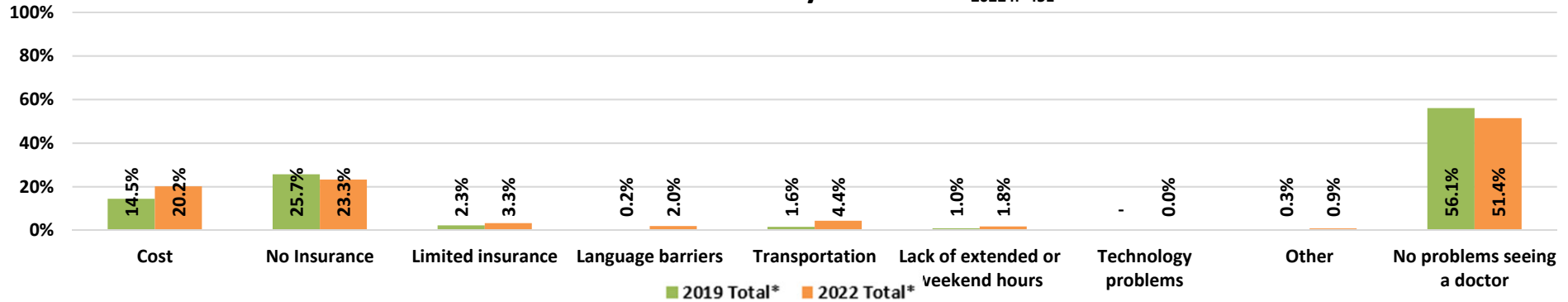
- **Spanish**

- 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

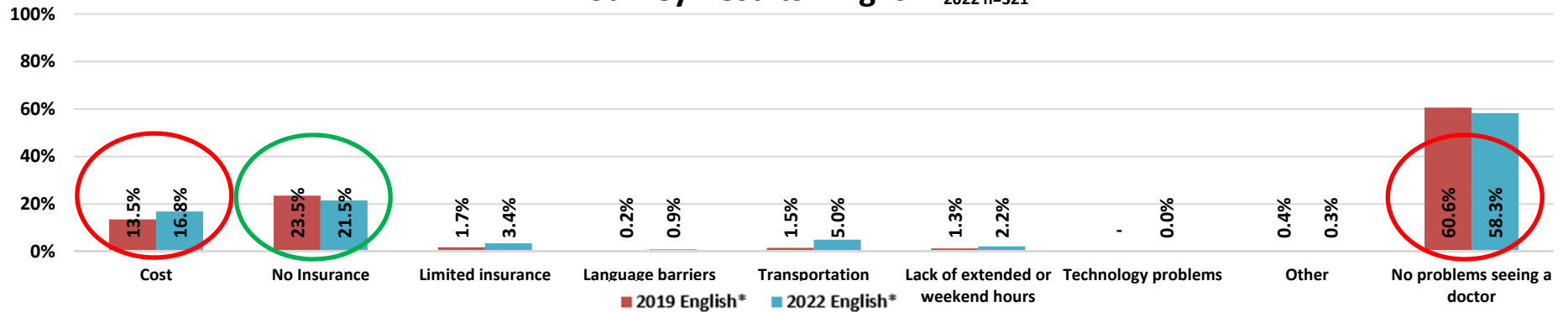
Total Survey Results

2019 n=615
2022 n=451



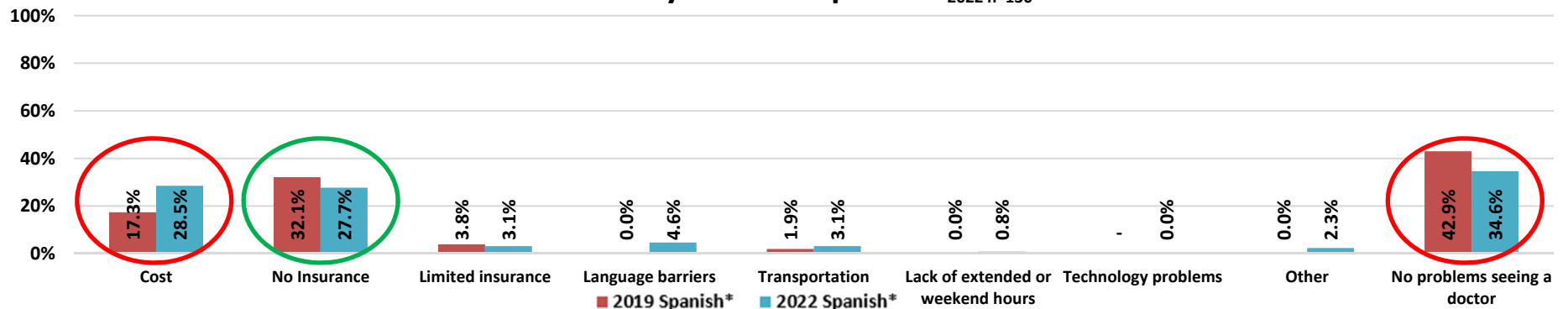
Survey Results: English

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

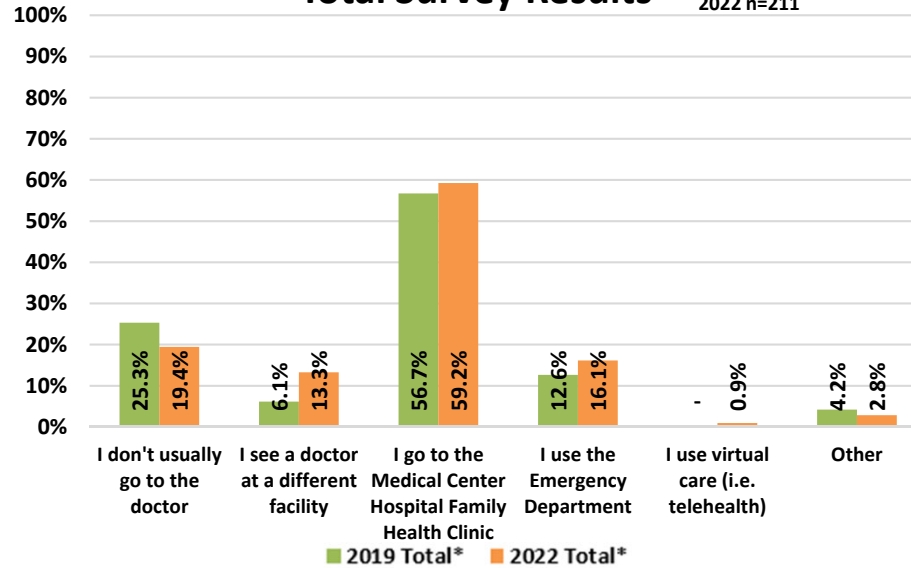
Location of care for respondents citing cost and insurance barriers

- **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

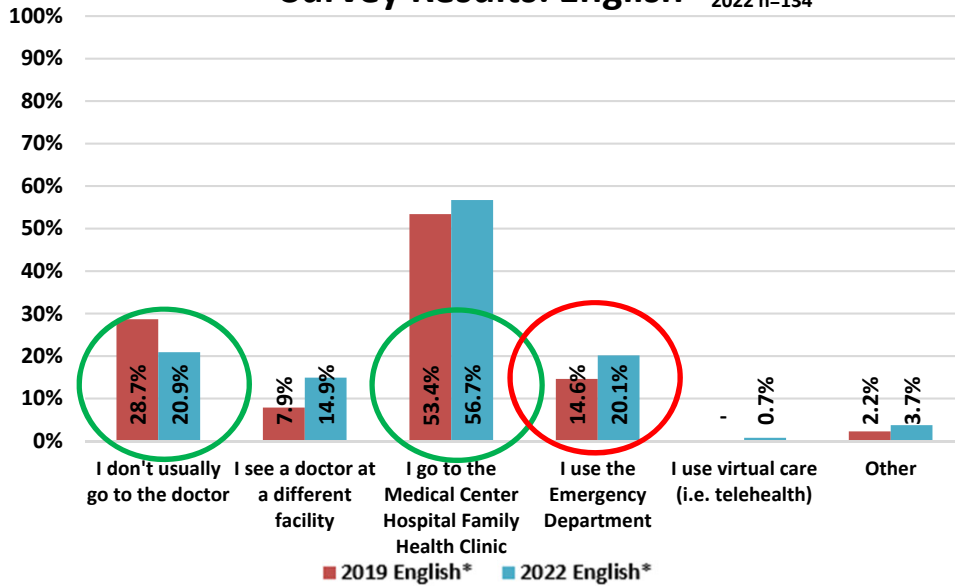
Total Survey Results

2019 n=261
2022 n=211



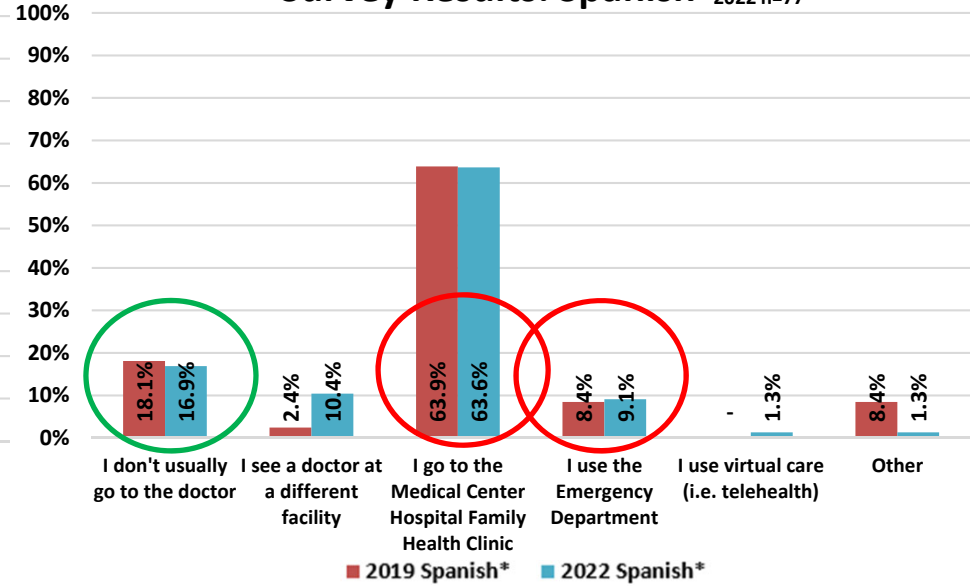
Survey Results: English

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.

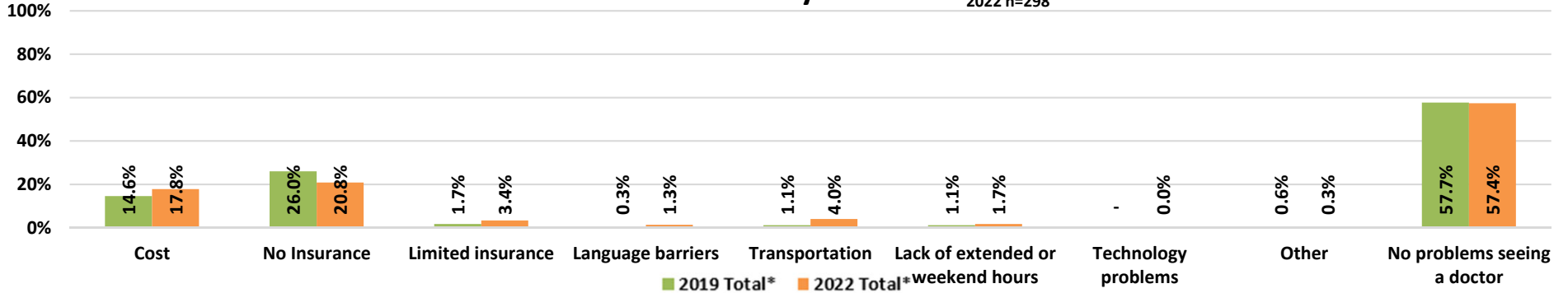
Family Health Clinic Survey

Barriers to care for Family Health Clinic patients

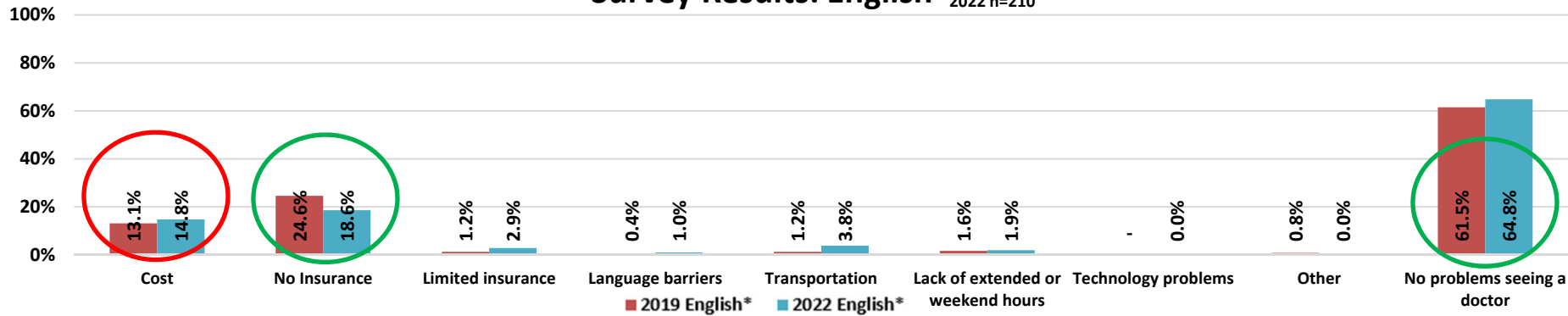
- **Total**
 - In both 2019 and 2022, cost and no insurance/limited insurance are cited as the biggest barriers to seeing a doctor for FHC patients
 - FHC patients citing cost as a barrier to care increased between 2019 and 2022
 - FHC patients citing no insurance as a barrier to care decreased between 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

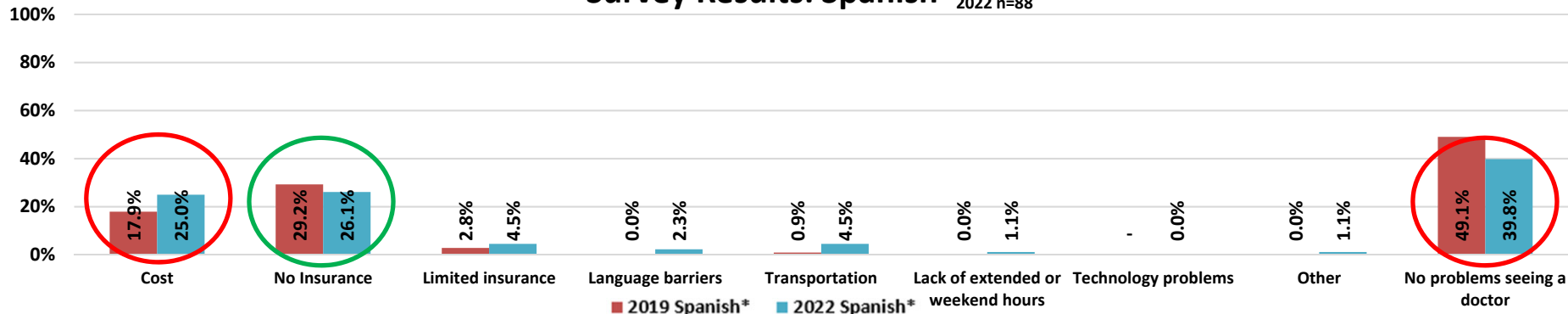
Total Survey Results



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.

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**

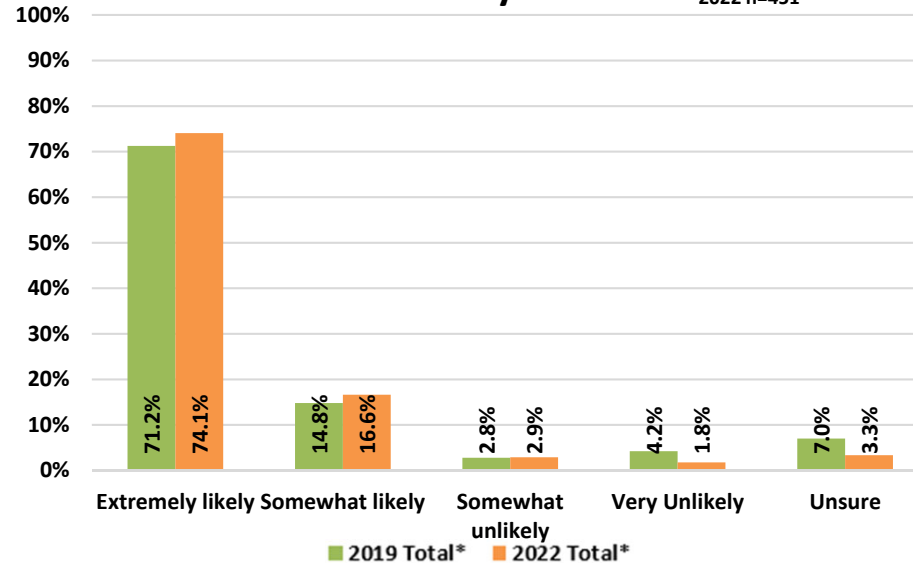
- In both 2019 and 2022, the majority of **English** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **English** survey respondents who indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care increased between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

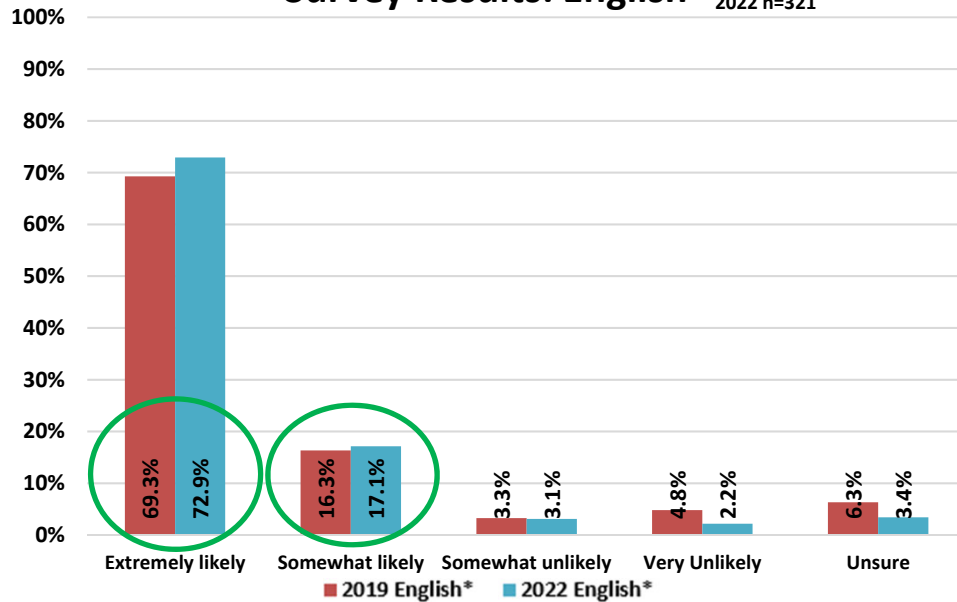
- In both 2019 and 2022, the majority of **Spanish** survey respondents indicated they are 'Extremely likely' or 'Somewhat likely' to return to the FHC for care
- **Spanish** survey respondents who indicated they are 'Extremely likely' to return to the FHC for care remained steady while survey respondents 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

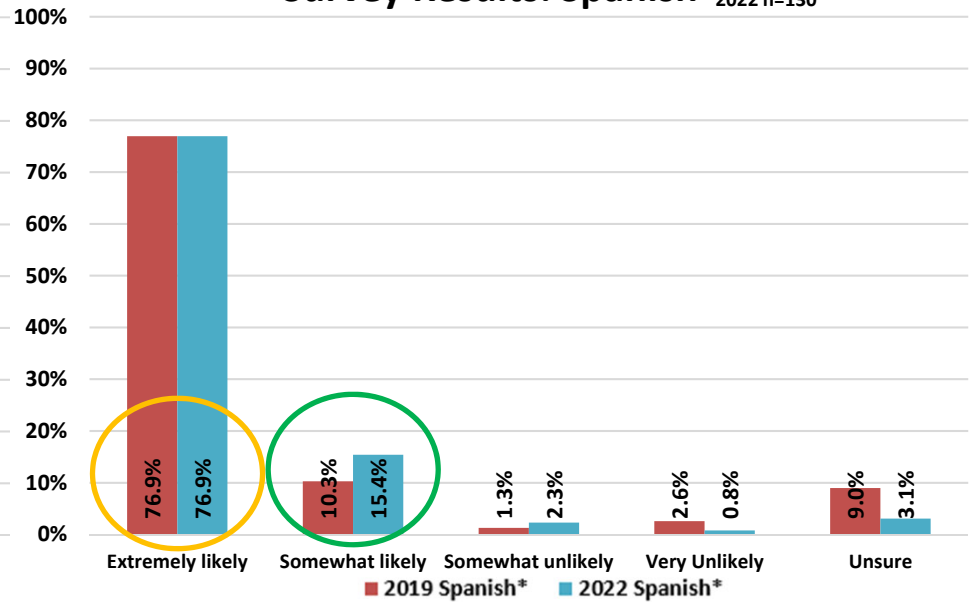
Total Survey Results



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**

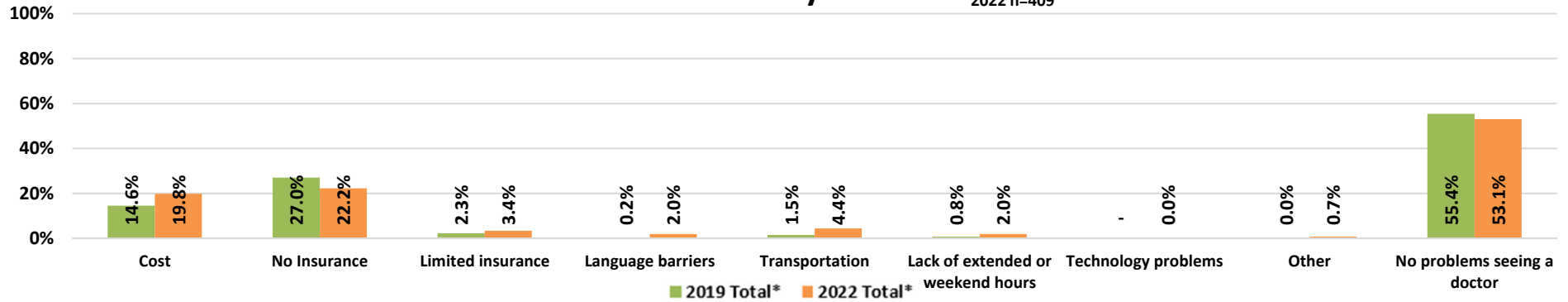
- In both 2019 and 2022, the majority of **Spanish** survey respondents who are likely to return to the FHC for care cited cost and no insurance/limited insurance as barriers to seeing a doctor
- **Spanish** survey respondents who are likely to return to the FHC for care and cited cost as a barrier to 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

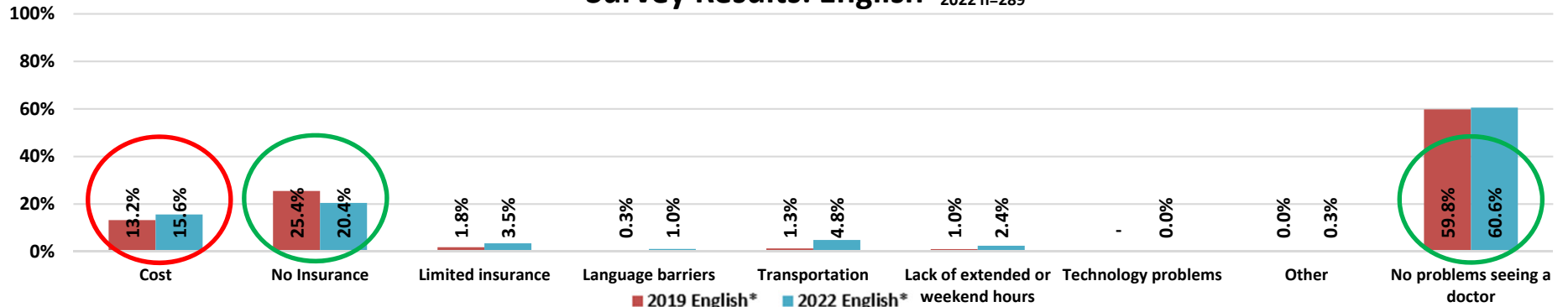
Total Survey Results

2019 n=529
2022 n=409



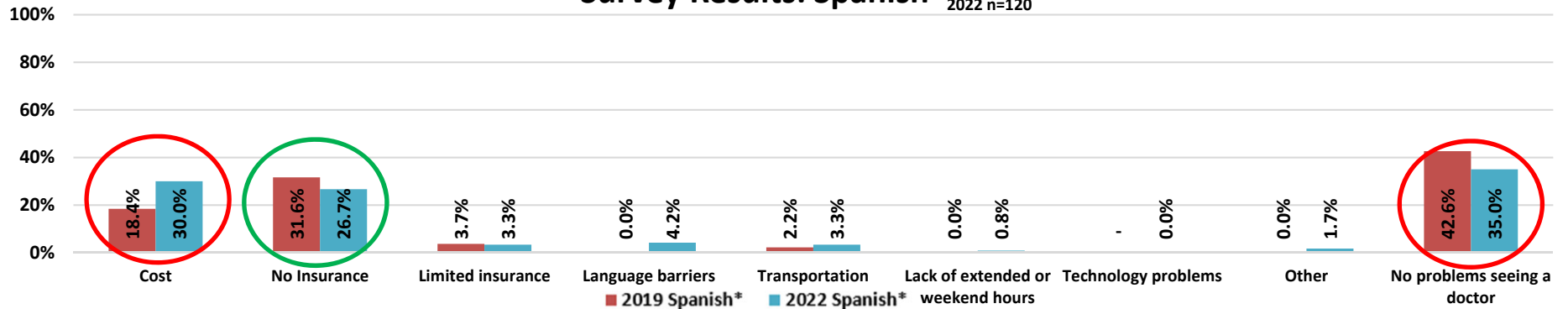
Survey Results: English

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 CLINIC'S PREVIOUS CHNA

Consideration of Previous Input

- The clinic made every effort to solicit feedback from the community by providing a feedback mechanism on the clinic's website. However, at the time of this publication, written feedback has not been received on the clinic'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 clinic online at the site of this download.



EVALUATION OF CLINIC'S IMPACT

Evaluation of Clinic's Impact

- The FQHC Look-Alike has conducted an evaluation of the impact of any actions that were taken, since the facility finished conducting its immediately preceding CHNA, to address the significant health needs identified in the prior CHNA.
- This section includes activities completed based on the 2020 to 2022 Implementation Plan.

Medical Center Health System

Family Health Clinic

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, FHC leadership discussed the results and decided to address seven of the eight prioritized needs in various capacities through its implementation plan. While FHC acknowledges that this is a significant need in the community, "Improved Availability of Safe, Affordable Housing" is not addressed largely due to the fact that it is not a core business function of the facility and the limited capacity of the clinic to address this need. FHC will continue to support local organizations and efforts to address this need in the community.

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

The FHC Board reviewed and adopted the 2019 Community Health Needs Assessment and Implementation Plan on August 8, 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 retention 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. As changes in physician staffing levels occur, FHC will evaluate the need for additional primary care physician recruitment.	Procure Admin, FHC Executive Director	ONGOING	FHC continues to monitor provider staffing panels biannually to ensure demand is being met.	ONGOING	FHC continues to monitor provider staffing panels biannually to ensure demand is being met.	ONGOING	FHC continues to monitor provider staffing panels biannually to ensure demand is being met.
1.B. FHC will continue to promote its available primary care physicians or services through local media outlets, such as billboards, print media, radio spots on various health topics in both Spanish and English (i.e., optometry), and television interviews on varying topics for the uninsured.	MCHS Marketing, FHC Executive Director, Providers, and Staff	ONGOING	FHC continues to promote its services and providers via print and social media.	ONGOING	FHC continues to promote its services and providers via print and social media.	ONGOING	FHC continues to promote its services and providers via print and social media.
1.C. FHC partners with local colleges and universities to support area residents pursuing education and future careers in providing health care services. For example, clinical nursing students from Odessa College and UTPB, Nurse Practitioner students from various schools, and pediatric and psych (for primary care hours) students from Texas Tech rotate through FHC.	FHC Executive Director, Providers, and Nursing Manager	ONGOING	FHC continues to provide an environment that supports local educational institutions and their clinical needs. Nursing students continue to perform their clinical rounds at our locations.	ONGOING	FHC continues to provide an environment that supports local educational institutions and their clinical needs. Nursing students continue to perform their clinical rounds at our locations.	ONGOING	FHC continues to provide an environment that supports local educational institutions and their clinical needs. Nursing students continue to perform their clinical rounds at our locations. Residents from Texas Tech School of Psychiatry and Family Medicine continue to complete clinical rounds at our health centers.
1.D. FHC partners with the local health department to provide free vaccinations through the Texas Vaccines for Children Program for both children and adults.	FHC Executive Director, Providers, and Nursing Manager	ONGOING	FHC continues to work with the Ector County Health Dept in developing community vaccine outreach.	ONGOING (as COVID-19 permits)	Since the start of the COVID 19 pandemic, public walk-in vaccine clinics have been put on hold.	ONGOING (as COVID-19 permits)	Since the start of the COVID 19 pandemic, public walk-in vaccine clinics have been put on hold.
1.E. FHC collaborates with MCH to establish a primary care visit for hospital patients upon discharge that do not have a primary care physician and who are uninsured.	FHC Scheduling Coordinators and MCH Care Coordinators	ONGOING	FHC continues to provide patients with primary care access post hospital discharge.	ONGOING	FHC continues to provide patients with primary care access post hospital discharge.	ONGOING	FHC continues to provide patients with primary care access post hospital discharge. Hospital discharge coordinators can now schedule patients directly.

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.F. FHC will continue to provide patients' other physicians with a copy of their visit summaries upon request and to guide patients through the continuum of care, making sure that they are prepared for any upcoming appointments.	FHC Providers, Clinical Management and Nursing staff	ONGOING	FHC provides patients with visit summaries at every visit.	ONGOING	FHC provides patients with visit summaries at every visit.	ONGOING	FHC provides patients with visit summaries at every visit.
1.G. FHC will continue to operate a MCH lab to provide access to lab services for patients within the clinic. Additionally, critical lab results are reported to the hospital outside of normal hours in order to quickly communicate with patients and instruct them on next steps throughout the continuum of care whenever necessary.	MCH Lab, FHC Executive Director, FHC Providers and Clinical Management	ONGOING	FHC continues to provide onsite lab services to its patients via the MCH Regional Lab.	ONGOING	FHC continues to provide onsite lab services to its patients via the MCH Regional Lab.	ONGOING	FHC continues to provide onsite lab services to its patients via the MCH Regional Lab.

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. FHC provides full OB/GYN provider coverage 3 days per week.	FHC Executive Director, OB/GYN Providers, Clinical Staff	ONGOING	FHC provides OB/GYN services three days a week.	ONGOING	FHC provides OB/GYN services three days a week.	ONGOING	FHC provides OB/GYN services three days a week.
2.B. FHC establishes necessary follow up specialty care visits for clinic patients upon discharge.	FHC Providers, Clinical/Referral Staff	ONGOING	FHC continues to provide referrals for specialty care services for patients discharged from the hospital.	ONGOING	FHC continues to provide referrals for specialty care services for patients discharged from the hospital.	ONGOING	FHC continues to provide referrals for specialty care services for patients discharged from the hospital.
2.C. FHC offers Endocrinology services for clinic patients seeking such care. Additionally, occasional Saturday appointments are available with the clinic's Endocrinologist.	FHC Executive Director, Clinical Staff	ONGOING	FHC continues to provide Endocrinology services at its Clements location. Services are provided by a board certified Endocrinologist.	ONGOING	FHC continues to provide Endocrinology services at its Clements location. Services are provided by a board certified Endocrinologist.	ONGOING	FHC continues to provide Endocrinology services at its Clements location. Services are provided by a board certified Endocrinologist.
2.D. FHC offers outpatient follow up care through its diabetic Advanced Practice Nurses (APN). Diabetic APNs provide outpatient diabetic follow up care to both FHC patients and diabetic patients who are discharged from the hospital without insurance and/or who need financial assistance. Providing this care via the FHC allows the patients to qualify for discounted/low cost copays.	FHC Management, Diabetes Center staff	ONGOING	FHC patients are provided diabetic follow up care by FHC providers, including our Endocrinologist.	ONGOING	FHC patients are provided diabetic follow up care by FHC providers, including our Endocrinologist.	ONGOING	FHC patients are provided diabetic follow up care by FHC providers, including our Endocrinologist.

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)
Note: the Family Health Clinic does not provide on-site mental and behavioral health care services. However, related activities that the clinic participates in are included below. The FHC is connected to and maintains relationships with mental and behavioral health-related organizations and providers in the community to facilitate referrals.							
3.A. FHC provides depression screenings for applicable patients, and refers any patients needing additional services to appropriate care.	FHC Management, Providers and Clinical Staff	ONGOING	FHC continues to provide depression screening during patient visits and refers for additional services accordingly.	ONGOING	FHC continues to provide depression screening during patient visits and refers for additional services accordingly.	ONGOING	FHC continues to provide depression screening during patient visits and refers for additional services accordingly.
3.B. FHC refers patients requiring mental and/or behavioral health care services to appropriate local resources, such as PermianCare.	FHC Management, Providers and Clinical Staff	ONGOING	FHC continues to utilize local mental/behavior health organizations when referring patients for additional services.	ONGOING	FHC continues to utilize local mental/behavior health organizations when referring patients for additional services.	ONGOING	FHC continues to utilize local mental/behavior health organizations when referring patients for additional services.

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. FHC 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, Odessa Links, and other community-based resources.	FHC Eligibility Coordinators, Providers, Clinical Management and Nursing Staff	ONGOING	FHC continues to help patients connect with local community resources.	ONGOING	FHC continues to help patients connect with local community resources.	ONGOING	FHC continues to help patients connect with local community resources.
4.B. FHC participates in the system-wide electronic medical record (EMR). FHC physicians can access the EMR as necessary to properly care for patients discharged from the hospital and needed follow up care at FHC. Patients are able to access the portal to access their health information as necessary.	FHC Providers, Clinical Management and Nursing staff	ONGOING	FHC uses an integrated EMR that allows for a better continuum of care for patients seen within our health system.	ONGOING	FHC uses an integrated EMR that allows for a better continuum of care for patients seen within our health system.	ONGOING	FHC uses an integrated EMR that allows for a better continuum of care for patients seen within our health system.
4.C. FHC will continue to participate in several community events and health fairs throughout the year held at various locations (EX: Healthy Kids Fun Day, the Permian Basin Health Fair). Blood pressure checks are provided free of charge, and are available to everyone. At certain events, low cost flu shots are provided (free for Medicare patients), free back to school vaccinations, and free vision screenings.	FHC Executive Director, FHC Management, FHC Employees and Providers	ONGOING (as COVID-19 permits)	FHC will continue to provide and support community events that promote health and wellness. Due to COVID 19, most of these events have been placed on hold.	ONGOING (as COVID-19 permits)	FHC will continue to provide and support community events that promote health and wellness. Due to COVID 19, most of these events have been placed on hold.	ONGOING (as COVID-19 permits)	FHC will continue to provide and support community events that promote health and wellness. Due to COVID 19, most of these events have been placed on hold.
4.D. FHC will continue to follow up with patients referred to the clinic by MCH upon discharge in order to prevent readmission within 30 days.	FHC Providers, Clinical Management and Nursing staff	ONGOING	FHC continues to follow up with patients discharged from the hospital to prevent any unnecessary readmissions.	ONGOING	FHC continues to follow up with patients discharged from the hospital to prevent any unnecessary readmissions.	ONGOING	FHC continues to follow up with patients discharged from the hospital to prevent any unnecessary readmissions.
4.E. FHC will continue to host free diabetic education classes six times per year at the Clements clinic location.	MCH Diabetes Center, FHC Executive Director	ONGOING	FHC continues to offer complimentary diabetic education throughout the year.	ONGOING (as COVID-19 permits)	FHC continues to offer complimentary diabetic education throughout the year. Due to COVID 19, education is provided on an individual basis.	ONGOING (as COVID-19 permits)	FHC continues to offer complimentary diabetic education throughout the year. Due to COVID 19, education is provided on an individual basis.

Implementation Activity	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.F. FHC is available to speak at any community events, provide information, or participate in other educational opportunities upon request.	FHC Executive Director	ONGOING (as COVID-19 permits)	FHC is available to participate in community events, due to COVID 19 events has been placed on hold temporarily.	ONGOING (as COVID-19 permits)	FHC is available to participate in community events, due to COVID 19 events has been placed on hold temporarily.	ONGOING (as COVID-19 permits)	FHC is available to participate in community events, due to COVID 19 events has been placed on hold temporarily.
4.G. FHC is a tobacco free facility.	MCHS, FHC Executive Director	ONGOING	FHC remains a tobacco free facility.	ONGOING	FHC remains a tobacco free facility.	ONGOING	FHC remains a tobacco free facility.

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. As a Federally Qualified Health Center Look-Alike, the FHC offers a sliding fee scale program that is income based and allows for underserved residents to have greater access to affordable care.	FHC Executive Director	ONGOING	FHC continues to offer its income based sliding fee scale.	ONGOING	FHC continues to offer its income based sliding fee scale.	ONGOING	FHC continues to offer its income based sliding fee scale.
5.B. FHC provides a substantial discount to sliding fee scale program patients for lab services.	FHC Executive Director, MCHS Lab Director	ONGOING	FHC continues to offer discounts to sliding scale patients for lab services.	ONGOING	FHC continues to offer discounts to sliding scale patients for lab services.	ONGOING	FHC continues to offer discounts to sliding scale patients for lab services.
5.C. FHC offers low cost sports physicals for local students.	FHC Executive Director, Nursing Manager	ONGOING	FHC continues to provide low cost sports physicals for local students.	ONGOING	FHC continues to provide low cost sports physicals for local students.	ONGOING	FHC continues to provide low cost sports physicals for local students.
5.D. FHC will continue to partner with the Ector County Hospital Assistance Program to connect patients to affordable care in the community.	FHC Eligibility, ECHDA program	ONGOING	FHC continues to work with the ECHDA program.	ONGOING	FHC continues to work with the ECHDA program.	ONGOING	FHC continues to work with the ECHDA program.
5.E. FHC will continue to offer transportation assistance (i.e., bus or taxi vouchers) on an as needed basis.	FHC Executive Director, Eligibility Staff	ONGOING	FHC continues to offer transportation assistance to its patients.	ONGOING	FHC continues to offer transportation assistance to its patients.	ONGOING	FHC continues to offer transportation assistance to its patients.
5.F. FHC will continue to host onsite financial counselors that offer payment plan education and/or financial education for patients who require assistance, as well as education for those that are eligible for CHIP or Medicaid.	FHC Eligibility Staff	ONGOING	FHC continues to offer onsite financial counselors that assist patients with financial matters and program education.	ONGOING	FHC continues to offer onsite financial counselors that assist patients with financial matters and program education.	ONGOING	FHC continues to offer onsite financial counselors that assist patients with financial matters and program education.
5.G. FHC works in conjunction with Texas Tech University to assist with the underserved populations, such as the uninsured and elderly. For example, FHC works with Texas Tech regarding their women's health funding programs for uninsured patients when they are not able to afford services.	FHC Providers, Nurse Manager and Clinical Staff	ONGOING	FHC continues to partner with TTHSC to assist the underserved population of the community with their healthcare needs.	ONGOING	FHC continues to partner with TTHSC to assist the underserved population of the community with their healthcare needs.	ONGOING	FHC continues to partner with TTHSC to assist the underserved population of the community with their healthcare needs.

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. FHC provides education regarding medication management services for elderly patients, and refers patients to home health as needed.	FHC Providers, Clinical Staff	ONGOING	FHC continues to provide medication management services to all patients including the elderly.	ONGOING	FHC continues to provide medication management services to all patients including the elderly.	ONGOING	FHC continues to provide medication management services to all patients including the elderly.
5.I. FHC continues to expand to 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.	FHC Executive Director, Nurse Manager	ONGOING	FHC continues to utilize a web based video translation service.	ONGOING	FHC continues to utilize a web based video translation service.	ONGOING	FHC continues to utilize a web based video translation service.
5.J. In conjunction with pharmaceutical vendors, FHC provides a prescription assistance program for eligible patients at no charge to assist with the cost of prescriptions.	FHC Prescription Assistance Coordinator, FHC Providers	ONGOING	FHC continues to provide prescription assistance services to our patients at no cost.	ONGOING	FHC continues to provide prescription assistance services to our patients at no cost.	ONGOING	FHC continues to provide prescription assistance services to our patients at no cost.
5.K. In conjunction with Ector County Health Department, FHC will continue to report and assist patients with special conditions (i.e., tuberculosis) to the county in order for the health department to follow up with those patients and manage their required medications as necessary.	FHC Providers, Nurse Manager and Clinical Staff	ONGOING	FHC continues to work with the Ector Health Dept when reporting and managing infectious diseases.	ONGOING	FHC continues to work with the Ector Health Dept when reporting and managing infectious diseases.	ONGOING	FHC continues to work with the Ector Health Dept when reporting and managing infectious diseases.
5.L. In conjunction with Medical Center Hospital for the Pink the Basin program, FHC offers vouchers to assist uninsured patients that are unable to afford a mammogram or breast imaging services.	FHC Eligibility Staff	ONGOING	FHC continues to provide Pink the Basin assistance to its patients that allows free mammogram services.	ONGOING	FHC continues to provide Pink the Basin assistance to its patients that allows free mammogram services.	ONGOING	FHC continues to provide Pink the Basin assistance to its patients that allows free mammogram services.
5.M. FHC participates in donation drives to support underserved populations and reduce health disparities in the community. Examples include, but are not limited to, free school supplies provided at the Healthy Kids Fun Day event, adoption of and donations towards a family in need during the holidays, coat drives at FHC to donate to those in need, and employee pay check deductions towards the United Way of Odessa.	FHC Providers and Staff	ONGOING	FHC staff continues to participate in donating to local organizations and community needs.	ONGOING	FHC staff continues to participate in donating to local organizations and community needs.	ONGOING	FHC staff continues to participate in donating to local organizations and community needs.

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. FHC will continue to participate in community-wide events that focus on the maternal population to provide education and support to women of all ages with children and expectant mothers (EX: Sweet Expectations). Participation by FHC surrounds the opportunity to promote services, promote providers, promote the fact that FHC accepts Medicaid and the sliding fee scale program for uninsured.	FHC Executive Director, FHC Management, FHC Employees and Providers	ONGOING (as COVID-19 permits)	FHC will continue to participate in these community events, due to COVID 19 many of these events have been put on hold.	ONGOING (as COVID-19 permits)	FHC will continue to participate in these community events, due to COVID 19 many of these events have been put on hold.	ONGOING (as COVID-19 permits)	FHC will continue to participate in these community events, due to COVID 19 many of these events have been put on hold.
6.B. FHC will continue to participate in Texas Health Steps and Texas Vaccines for Children to provide care for children from birth through adolescence.	FHC Pediatric Providers, Nursing Manager and Clinical Staff	ONGOING	FHC continues to be a THS provider.	ONGOING	FHC continues to be a THS provider.	ONGOING	FHC continues to be a THS provider.
6.C. FHC employees will continue to participate in conferences focused around their patient population's needs, such as the Texas Health Steps conference and Texas Vaccine for Children training/conference, thus allowing FHC to continue involvement and participation in these programs.	FHC Providers, Nursing Manager and Clinical Staff	ONGOING	FHC continues its participation in these trainings to remain compliant with program requirements.	ONGOING	FHC continues its participation in these trainings to remain compliant with program requirements.	ONGOING	FHC continues its participation in these trainings to remain compliant with program requirements.
6.D. FHC will continue to provide free pregnancy tests.	FHC Providers, Clinical Management and Nursing staff	ONGOING	FHC has discontinued offering free pregnancy tests to non patients. Pregnancy tests are available to patients of the clinic.	ONGOING	FHC has discontinued offering free pregnancy tests to non patients. Pregnancy tests are available to patients of the clinic.	ONGOING	FHC has discontinued offering free pregnancy tests to non patients. Pregnancy tests are available to patients of the clinic.
6.E. FHC participates in the Texas Family Planning Program and the Texas Healthy Women's Program that provides eligible patients with more affordable women's health services, such as mammograms, contraceptives, and family planning.	FHC Providers, Clinical Management and Nursing staff	ONGOING	FHC continues to be an active TFPP and THW provider.	ONGOING	FHC continues to be an active TFPP and THW provider.	ONGOING	FHC continues to be an active TFPP and THW provider.

Priority #7: Access to Dental Care Services and Providers

Rationale:

Ector County has a lower rate of dentists per 100,000 population than the state. Interviewees mentioned that there is a shortage of dentists and dental hygienists in the community, which leads to long wait times for all residents. It was also mentioned that new residents have difficulty in finding dental care services. Interviewees raised concern surrounding the lack of affordable services and care leading to poor dental health, particularly for youth residents, as well as the few providers who accept Medicare, un/underinsured and low income residents. One interviewee stated: "We do have a problem with some people not accepting all insurance types. La Familia is the only one that might take underfunded patients."

Interviewees discussed the limited availability of dental providers that leads to residents not seeking routine care, as well as the outmigration of patients for dental care services to Mexico. One interviewee stated: "Most dentists don't work on Friday afternoons, so you have to try to get your appointment between Monday and Friday before noon. People choose not to go to the dentist for maintenance so they don't ever go to them until they have a problem with cracked teeth. I'm seeing a lot of people that go to Mexico for dental care to get taken care of."

Objective:

Provide a point of access for dental 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)
Note: the Family Health Clinic does not provide on-site dental care services. However, related activities that the clinic participates in are included below. The FHC is connected to and maintains relationships with dental health-related organizations and providers in the community to facilitate referrals.							
7.A. FHC maintains a contract with a local dentist to provide preventive services and checkups to clinic patients.	FHC Executive Director, FHC Management	ONGOING	FHC continues its arrangement with a local dentist to provide preventative dental services to our patients.	ONGOING	FHC continues its arrangement with a local dentist to provide preventative dental services to our patients.	ONGOING	FHC continues its arrangement with a local dentist to provide preventative dental services to our patients.
7.B. FHC will assist patients within the Texas Health Steps program who do not have a dentist after the 6 month exam in finding a local provider.	FHC Providers, Clinical Team	ONGOING	FHC assists THS patients find local dental providers.	ONGOING	FHC assists THS patients find local dental providers.	ONGOING	FHC assists THS patients find local dental providers.

COVID-19 Related Activities

Please use the space below to describe any COVID-19 related activities that have been implemented and are not described in the previous priorities. Though COVID-19 has resulted in the cancellation of several community benefit activities (i.e., health education events, health fairs, etc.), there may be opportunities to include other activities as community benefit. Examples may include, but are not limited to, costs associated with educating health professionals related to training/responding to coronavirus (when education meets criteria for required degree/certificate/training), research conducted on COVID-19 (including screening, treatment and impact on the health and welfare of communities) which will be shared across professional disciplines and organizations, and cash or in-kind contributions provided to community groups within and outside the local community that are restricted in response to the pandemic. For further information on what could be included as community benefit, please visit <https://www.chausa.org/communitybenefit/what-counts>. Also please reference the "COVID-19 Comm. Ben. Examples" tab for applicable situations.

Objective:

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

Action Steps	Responsible Leader(s)	FY 2020		FY 2021		FY 2022	
		Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
A.A. Implemented telehealth services as a result of COVID 19	FHC Providers, Clinical Team	ONGOING	Implemented telehealth visits as an alternative for in-person visits.	ONGOING	Continue to utilize telehealth visits as an alternative to in-person visits.	ONGOING	Continue to utilize telehealth visits as an alternative to in-person visits.
A.B. Educate patients on COVID 19 and COVID 19 vaccinations	FHC Providers, Clinical Team	ONGOING	Provide education to patients regarding the COVID 19 vaccination options and benefits.	ONGOING	Provide education to patients regarding the COVID 19 vaccination options and benefits.	ONGOING	Continue to provide education to patients regarding the COVID 19 vaccination options and benefits.
A.C. Provide patient navigation for COVID 19 testing and vaccinations	FHC Providers, Clinical Team	ONGOING	Assist patients with getting COVID 19 tests and vaccines via our health system's dedicated COVID testing and vaccine sites.	ONGOING	Assist patients with getting COVID 19 tests and vaccines via our health system's dedicated COVID testing and vaccine sites.	ONGOING	Assist patients with getting COVID 19 tests and vaccines via our health system's dedicated COVID testing and vaccine sites.
A.D. Provide medical treatment and hospital follow up care for patients suffering from COVID 19	FHC Providers, Clinical Team	ONGOING	Provide medical treatment for patients suffering from COVID 19, including follow up care for patients discharged from the hospital due to COVID.	ONGOING	Provide medical treatment for patients suffering from COVID 19, including follow up care for patients discharged from the hospital due to COVID.	ONGOING	Provide medical treatment for patients suffering from COVID 19, including follow up care for patients discharged from the hospital due to COVID.



PREVIOUS CHNA PRIORITIZED HEALTH NEEDS

Previous Prioritized Needs

Medical Center Hospital Family Health Clinic (2016 & 2019)

2016 Prioritized Needs

1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
2. Access to Mental and Behavioral Health Care
3. Access to Primary Care Services
4. Education and Services to Address Maternal, Fetal and Early Development Needs
5. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

2019 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



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. Family Health Clinic Capacity
a. Are people at the Family Health Clinic 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

- Clinic leadership participated in a prioritized ballot process to rank the health needs in order of importance, resulting in the following order:
 1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 2. Continued Focus on COVID-19 Prevention & Response
 3. Continued Emphasis on Recruitment and Retention of Healthcare Workforce to Increase Access to Primary and Specialty Care
 4. Access to Mental and Behavioral Health Care Services and Providers
 5. Access to Dental Care Services and Providers

Final Priorities

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



RESOURCES IN THE COMMUNITY



Additional Resources in the Community

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

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Midessa Transportation	Odessa/Midland	432-235-1951	www.midessatransportation.com	Provides taxi transportation for patients with no transportation.
Agape Counseling Services of West Texas	Odessa/Midland	432-550-LOVE (5683) or 432-818-1275	www.agapewesttexas.com	The mission of Agape is to empower individuals, families, churches and communities by promoting wellness through counseling, education, consultation, and mediation from a Christian perspective.
Agape Dream Center FreedomHouse	Odessa	432-337-1745	http://www.agapedreamcenter.com	Freedom House Discipleship is an intense Twelve-Month program that is designed to help individuals who are just being released from prison/jail and those struggling with drug addiction who have attempted to make it on the streets with no success.
Alternative Solutions Counseling	Odessa	432-582-2444	www.alternativelivesolutionscounseling.com	Alternative Life Solutions Counseling seeks to help individuals find an alternative solution and new directions in life's daily struggles.
Basin Detox	West Texas	800-317-7818	www.basindetox.com	Provide a comfortable and safe medical detoxification to alleviate the withdrawal symptoms and the anxieties while having to go through detox.
Catholic Charities	Ector County	432-332-1387	http://www.catholiccharitiesodessatx.org/	Catholic Charities provides a continuum of services to those in need. Our goal is to meet the immediate needs, such as food, medicine and utilities, and to prepare clients for a life of self-sufficiency through training in money management, literacy, GED preparedness, and workforce training. All educational programs are provided free-of-charge.
Centers for Children and Families (Centers)	West Texas	432-570-1084	http://www.centerswesttexas.org/	Centers for Children and Families exists to improve quality of life and strengthen the communities we serve through counseling, educational and supportive services. Services include general counseling, military support, post-adoption support, parent education classes and supervised visitations.
The Crisis Center	Serving Andrews, Crane, Ector, Gaines, Loving, Reese, Ward and Winkler Counties	432-333-2527	www.odessacrisiscenter.org	Established 32 years ago, The Crisis Center currently assists nearly anyone impacted by a violent crime. Client services and program areas include The Crisis Center's Family Violence Shelter in Odessa, a Crisis Response Team, a 24-hour Crisis Hotline, Counseling Services and Support Groups, Community Awareness Programs and Primary Prevention Initiatives.
Beth Desilets, LPC-S, RPT	Odessa	432-333-3667	bethdesilets.com	Counseling services for adults, adolescents, and children. Registered play therapist.
Door of Hope Mission	Odessa	432-337-8294	http://www.doorofhopemission.com/home.html	The Door of Hope Mission has been blessed since 1966 in providing help and hope to countless numbers of those whose lives seem to have been turned upside down. The Mission provides for immediate physical needs -- including food, clothing and shelter -- however, our programs are designed to lead the homeless to permanent independence built upon a personal relationship with Christ.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Daniel Dorethy, LPC-S	Odessa	432-333-3667		Counseling Services for adults and adolescents. Also specializes in drug and alcohol counseling.
Ector County Health Department	Ector County	432-498-4141	http://www.co.ector.tx.us/default.aspx?Ector_County/Health_Department	The Ector County Health Department offers immunizations, nursing services including STD testing and treatment and other health education.
Ector County Physical Activity Coalition	Ector County	432-640-2680	www.getfitector.com	The Ector County Physical Activity Coalition was formed in 2015 to influence physical activity and healthy lifestyle behaviors in our county. Please visit the website to view the calendar of free classes available to the public.
ECISD Community Outreach Center	Odessa	432-456-8569		Social workers on staff to assist with clothing, food, utilities, shelter and other basic needs for ECISD students and their families.
Epilepsy Foundation Texas	Texas	806-785-1171	http://eftx.org/	The Epilepsy Foundation leads the fight to stop seizures, find a cure and overcome the challenges created by epilepsy. They help patients with anything from information to medical clinics and camps for kids.
EZ Rider	Odessa	432-561-9990	http://www.ez-rider.org/	Local bus services with 6 routes throughout Odessa. Paratransit services also available with approved application.
Family Promise of Odessa	Odessa	432-339-7100 or 432-934-6693		Family Promise of Odessa, Inc. exists to enable homeless families with children to achieve lasting self-sufficiency by providing temporary shelter, meals access to existing community social services.
Harmony Home Children's Advocacy Center	Ector County	432-333-5233	www.ohhcac.org/	Harmony Home CAC serves children from Ector County and 14 surrounding counties who are between the ages of 3 and 17. All of their services are offered free of charge to the victim and his/her non-offending caregivers. Primary services include: forensic interviews, victim services, therapy and community education and outreach.
The Life Center: Sexual Integrity for Life	Midland and Odessa	432-617-8378	http://www.midlandlifecenter.org/	The Life Center promotes sexual integrity, and their vision is to inspire and equip individuals to make positive decisions for life and relationships. They offer three departments: Prevention, Intervention and Restoration, and an expansion of services through satellite offices in Andrews and Odessa. Assist with diapers and formula when available.
Lions Club	Permian Basin	432-335-0294	http://www.odessadtions.org/	Children's and Adult Eye Conservation is chaired by Les Williams To get help, adults are screened by The Salvation Army at 810 E. 11th St. in Odessa. The appropriate paperwork may be submitted at that location and the applicant will be contacted for a scheduled eye exam after their application is approved.
MCH Children's Miracle Network	Permian Basin	432-640-1247	http://mchodessa.com/childrens-miracle-network/	CMN hospitals provide life-saving research and state-of-the-art care for seriously ill children 24 hours a day, 365 days a year.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Meals on Wheels of Odessa	Odessa	432-333-6451	www.mowodessa.com	Our service provides meals to adults 60 years of age or older and disabled adults 18 years or older who are home bound and unable by reason of disability to prepare their own meals.
Medical Transportation Program (MTP)		877-633-8747	http://www.dshs.state.tx.us/cshcn/mtp.shtm	Many CSHCN Services Program clients can use the Medical Transportation Program (MTP) to get to their doctor's office, drugstore, or any place that they get medical services. If you have no way to get to these places, MTP can help you.
Midland/Odessa Area AIDS Support (MAAS)	Midland and Odessa	432-218-2002	http://www.ribbonsoflight.org/	The organization offers support groups for people with HIV/AIDS and separate groups for their families in Midland and Odessa; a program to teach AIDS awareness in the secondary schools; CARE Teams that provide spiritual and emotional support to people with AIDS in their homes; and grief recovery groups.
Mission Messiah	Odessa	432-580-5222	http://www.missionmessiah.org/	Transitional Housing for women and children dealing with debilitating problems such as drug dependency, eating disorders, suicidal tendencies, etc. Consists of a 12-month program that includes ministry, counseling, work assignments, educational and career counseling.
Oceans Behavioral Hospital Permian Basin	Permian Basin	432-561-5915	http://oceanspermianbasin.com	At Oceans Behavioral Hospital Permian Basin, your loved one's healing is our only focus. We are passionate about helping young adults, older adults and seniors attain the best possible quality of life and manage daily challenges.
Odessa Links	Odessa	432-582-0099	www.odessalinks.org	Odessa Links connects community members in need of assistance to valuable resources, organizations and initiatives.
Odessa WIC Clinic	Odessa	866-907-0080	http://www.dshs.state.tx.us/wichd/	The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.
Palmer Drug Abuse Program (PDAP)	Odessa/Midland	432-685-3009	www.pdapmidland.org	PDAP is a fellowship of young people and parents who share their experiences, love and understanding that they may solve their common problems and help others to recover from the effects of mind-changing chemicals. PDAP provides people with tools to successfully prevent substance abuse, delay its onset or reduce substance abuse-related behaviors.
Permian Basin Community Centers for MHMR	Ector, Midland, Culberson, Pecos, Presidio, Jeff Davis, Hudspeth and Brewster Counties	432-333-3265 (Crisis Hotline)	www.pbmhmr.com	Permian Basin Community Centers is a public agency that provides a comprehensive array of services to persons experiencing major mental illnesses, mental retardation and chemical dependency.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Permian Basin Mission Center	Permian Basin	432-337-0554	http://www.pbmission.org/	The Permian Basin Mission Center is a non-profit, inter-denominational benevolent agency seeking to provide relief to families and individuals experiencing difficulties in life. The Center provides food, clothing, and furniture, as well as life-skill work-shops.
Permian Basin Rehab Center	Permian Basin	432-332-8244	http://pbrehab.com/	The mission of PBRC is to make life better for our patients, their families, and our community by providing compassionate, dignified, and high quality therapeutic services to children and adults with any kind of disability, regardless of their ability to pay.
Permian Basin Regional Council on Alcohol & Drug Abuse (PBRCADEA)	Permian Basin	432-580-5100	www.pbrcada.org	Provides resources to support the local and statewide alcohol, tobacco and other drug prevention. Programs provide individuals and families with access to caring counselors who provide needed resources, referrals, assessments, crisis intervention and/or motivational interviewing needed to successfully address substance use disorders.
Pink the Basin	Permian Basin	432-940-7465	http://pinkthebasin.com/	Pink the Basin provides grants, which allow women in the Permian Basin who cannot afford a mammogram due to a lack of or inadequate insurance, to get the mammography services they need.
Procure Specialty Provider Network	Odessa		www.procureodessa.com	Procure is the ambulatory and physician group of Medical Center Health System. Procure provides specialty care in Cardiology, ENT, Ortho, Gastro, Pain Management, Wound Care/Skin Disorders, and Ob/gyn. The Family Health Clinic utilizes this specialty network in providing referrals to patients that need specialty care.
Prevention Resource Center Region 9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward and Winkler	432-580-5100	http://reg9prc.org/	Department State Health Services has established 11 Prevention Resource Centers across the state of Texas. Region 9 PRC has been given the resources to maximize prevention efforts by performing a coordinative role between DSHS and other entities that are involved in alcohol, tobacco, and other drugs. The overall goal of Region 9 PRC is to increase the effectiveness and visibility of prevention of alcohol, tobacco and other drug use and abuse within the region through information dissemination, community education, identification of community resources and identifying best practices in prevention.
Rays of Hope	Odessa/Midland	432-684-5437	www.raysofhopemidland.org	Rays of Hope Children's Grief Centre is a community outreach of HospiceMidland. We work with children 4 years to 18 years who have experienced a loss due to death, divorce or other painful transition.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Rivercrest	Permian Basin	1-800-777-5722	http://www.rivercresthospital.com	River Crest Hospital is a modern 80-bed hospital, specializing in the treatment of mental health and substance abuse that can afflict persons of all ages, from children and adolescents to adults and the elderly.
The Salvation Army	Odessa	432-332-0738	www.salvationarmyusa.org/	Multifaceted religious and social service organization actively engaged in addressing the needs of the homeless and hungry, persons in financial crisis, and at risk children and youth.
Samaritan Counseling Center of West Texas	Permian Basin	432-563-4144	http://www.samaritanccwtx.org/	Clients may contact the center to schedule an appointment. The Center has a standard fee, but many insurance policies cover services. Some churches and employers have contracted to underwrite a portion of treatments, and assistance is provided for those clients with no insurance and low income. The Center provides counseling in a number of areas, provides services free to active military, veterans and their families, and offers workshops for families going through divorce.
"SHARE" - Sharing Hands Respite Service	West Texas	432-818-1253	http://www.sharewesttexas.org/	SHARE partners with all members of families where there are children with special needs, supporting their efforts to establish and maintain strong and successful families. SHARE provides respite services as well as programs for siblings, parents, grandparents, and extended families.
Springboard Center	Permian Basin	432-620-0255	https://www.springboardcenter.com	The mission of the Springboard Center is to restore health and dignity to individuals and families by providing quality treatment and counseling for alcoholism and drug addiction to the residents of the Permian Basin and beyond and to raise the level of community awareness concerning substance abuse. The Springboard Center treatment programs and services are based on proven 12-step principles and best practice for addiction treatment. The Springboard Center treats the whole person believing that diet, nutrition, exercise, emotional, mental and spiritual development help ensure long-term recovery.
Stay Together Program	Midland and Odessa	432-699-1466 1-800-922-7829	http://highsky.org/programs_stay_together.html	The Stay Together Program delivers services to families with children/youth 0-17 years of age, who are experiencing runaway, truant, or delinquent behaviors. Youth and families experiencing family conflict are also eligible for these services. The Stay Together Program is preventative in nature and engages the youth and their families early on to help ensure that the family remains intact, and to prevent the involvement of more restrictive state agencies such as Juvenile Probation and Child Protective Services.
Texas Department of Health and Human Services - Odessa	Odessa	432-333-5141; 1-800-252-9330	www.HHSC.state.tx.us	Provides/Offers food stamp programs, TANF (Temporary Assistance for Needy Families) and Medicaid for children, pregnant women and parents of deprived children.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
Texas Youth & Runaway Hotline		800-989-6884	http://www.dfps.state.tx.us/Youth_Hotline/default.asp	The Texas Youth and Runaway hotline is answered 24-hour, seven days a week and provides prevention services to youths, parents, siblings and other family members who are in need of a caring voice and listening ear.
Texas Runaway Hotline		888-580-HELP (4357)	www.texasrunaway.org	Texas Runaway Hotline is a confidential and free telephone hotline that offers referrals, safe runaway shelters, conference calling, message relay service (fostering communication between kids and parents) and education for kids and parents about runaway rights.
Texas Tech Health Science Center of the Permian Basin	Permian Basin	432-703-5254	www.texastechphysicians.com/Permian	Texas Tech Psychiatry program offers mental health services to the residents of the region and the Texas Tech Ob/Gyn department offers a BCCS program that provides special benefits for women who need screening and diagnostic for breast and/or cervical cancer.
Top Rank Youth Program Odessa - affiliated with Permian Basin Community Centers	Ector and Midland Counties	432-570-3390	www.pbmhmr.com	The Top Rank Youth program is a youth outpatient substance abuse treatment designed for adolescents who do not require the more structured environment of residential treatment to achieve and maintain abstinence. The program ensures access to a full continuum of treatment services and provides sufficient treatment intensity to achieve treatment plan goals for both the adolescent and their families.
Turning Point	Permian Basin	432-580-2654	www.pbmhmr.com	Turning Point is a treatment facility in Odessa, Texas which specializes in substance abuse services. They provide residential short-term treatment options for those who enroll. They also accommodate ASL or other assistance for hearing impaired and Spanish speakers.
United Way of Odessa	Odessa	432-332-0941	http://www.unitedwayodessa.org/	United Way of Odessa and its program providers impact the lives of 1 in every 3 Odessans. The work of United Way staff, volunteers and donors provides people with the resources necessary to build a quality life.
UTPB Center for Behavioral Analysis	Odessa	432-552-2365	http://www.utpb.edu/bac/council.htm	Counseling and testing center.
UTPB First 5 Nurse-Family Partnership	Ector County	432-552-2163	http://www.nursefamilypartnership.org/locations/texas/star-care-nurse-family-partnership	Nurse-Family Partnership (NFP) is a voluntary prevention program that provides nurse home visitation services to low-income, first-time mothers. Nurses begin home visits early in the mother's pregnancy and continue visitation until the child's second birthday. Nurses provide support, education and counseling on health, behavioral and self-sufficiency issues. This program is funded by a federal grant awarded to the Texas Health and Human Services Commission from the U.S. Department of Health and Human Services. This program is also part of HHSC's Home Visiting Program, which also includes the Parents as Teachers and the Home Instruction for Parents of Preschool Youngsters (HIPPI) programs. These evidence-based programs help parents prepare their children from birth through age-five, for success in school and beyond.

Community Resources -MCH Family Health Clinic

Organization Name	Area Primarily Served	Phone	Website	Services Provided
West Texas Area Counseling Center	Odessa	432-550-3838		Counseling for clients age 3 and older.
West Texas Cancer Center	Permian Basin	432-335-8276	http://www.texasoncology.com/	Texas Oncology-Odessa West Texas Cancer Center allows you to be close to care, close to home. We believe you shouldn't have to choose between high-quality care and proximity to the critical support of your family and friends.
West Texas Food Bank	Permian Basin	432-580-6333	https://www.wtxfoodbank.org	The West Texas Food Bank (WTFB) is the largest collaborative non-profit, non-governmental hunger relief agency serving the Permian Basin. In 2014, we supplied 4.1 million meals to hungry West Texans. As a proud member of Feeding America, we support the nutritional needs of children, families, and seniors through strategic partnerships with civic groups, corporate groups, and private donors. We distribute donated and purchased food to a network of over 80 Partner Agencies in 19 counties across 34,000 square miles in West Texas.
West Texas Opportunities	West Texas	432-333-9027	http://www.gowto.org/	West Texas Opportunities, Inc. was created for the purpose of administering the provisions of the Economic Opportunity Act of 1964 and its subsequent amendments. It is dedicated to the proposition that the United States can achieve full economic and social potential as a nation only if every individual, regardless of race, creed or sex, has the opportunity to develop to the full extent of his or her capabilities.
Workforce Solutions	Permian Basin	432-367-3332	www.workforcepb.org	Workforce Solutions Permian Basin is your one-stop for employers, job seekers, and youth to find needed tools for workforce-related issues. Our mission is to "invest in the future through jobs and training" here in the Permian Basin.

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://rptsvr1.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/saibe/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 Inc.	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 Family Health Clinic Community Health Needs Assessment (CHNA), we have identified the following needs for the Family Health Clinic CHNA Team to prioritize *in order of importance*.

Please review the following criteria (Size and Prevalence of the Issue, Effectiveness of Interventions and Family Health Clinic Capacity) that we would like for you to use when identifying the top community health priorities for Family Health Clinic, 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 Family Health Clinic will make a difference?**
- b. How likely is it that actions taken by Family Health Clinic 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. Family Health Clinic Capacity

In thinking about the Capacity of Family Health Clinic 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 Family Health Clinic 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"/>
Family Health Clinic 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"/>
Family Health Clinic 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"/>
Family Health Clinic 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"/>
Family Health Clinic 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"/>
Family Health Clinic 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 Family Health Clinic 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 Health System Family Health Clinic 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, the FHC prioritized separately from MCH 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 FHC leadership are listed below:

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

Once this prioritization process was complete, FHC leadership discussed the results and decided to address all of the prioritized needs in various capacities through its implementation plan.

FHC leadership has developed the following implementation plan to identify specific activities and services which directly address the identified priorities. The objectives were identified by studying the prioritized health needs, within the context of the clinic’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 FHC Board reviewed and adopted the 2022 Community Health Needs Assessment and Implementation Plan on July 14, 2022.

Priority #1: 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)
1.A. FHC will continue to connect patients to existing community resources in order to promote health and wellness in the community.	FHC Eligibility Coordinators, Providers, Clinical Management and Nursing Staff		<i>Current Examples include: Adult Protective Services, Catholic Charities, Odessa Links, and other community-based resources, partner with the Ector County Hospital Assistance Program</i>				
1.B. FHC participates in the system-wide electronic medical record (EMR). FHC physicians can access the EMR as necessary to properly care for patients discharged from the hospital and needed follow up care at FHC. Patients are able to access the portal to access their health information as necessary.	FHC Providers, Clinical Management and Nursing staff						
1.C. FHC will continue to participate in several community events and health fairs throughout the year held at various locations, and provide education and information as opportunities arise. Blood pressure checks are provided free of charge, and are available to everyone as opportunities arise. At certain events, low cost flu shots are provided (free for Medicare patients), and free back to school vaccinations.	FHC Executive Director, FHC Management, FHC Employees and Providers		<i>Current Examples include: Healthy Kids Fun Day and various drives events</i>				
1.D. FHC will continue to follow up with patients referred to the clinic by MCH upon discharge in order to prevent readmission within 30 days.	FHC Providers, Clinical Management and Nursing staff						
1.E. FHC will continue to participate in community-wide events that focus on the maternal population to provide education and support to women of all ages with children and expectant mothers as opportunities arise. Participation by FHC surrounds the opportunity to promote services, promote providers, promote the fact that FHC accepts Medicaid and the sliding fee scale program for uninsured.	FHC Executive Director, FHC Management, FHC Employees and Providers						

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.F. FHC will continue to participate in Texas Health Steps and Texas Vaccines for Children to provide care for children from birth through adolescence. Additionally, FHC employees will continue to participate in conferences focused around their patient population's needs, such as the Texas Health Steps conference and Texas Vaccine for Children training/conference.	FHC Pediatric Providers, Nursing Manager and Clinical Staff						
1.G. FHC participates in the Texas Family Planning Program and the Texas Healthy Women's Program that provides eligible patients with more affordable women's health services, such as mammograms, contraceptives, and family planning. Additionally, FHC participates in the Texas Primary Health Care grant that provides low income eligible patients with low copays to access medical services.	FHC Providers, Clinical Management and Nursing staff						
1.H. FHC will continue to participate in the "Pink the Basin" grant that provides mammograms and breast imaging services to the uninsured and underserved..	FHC Providers, Clinical Management and Nursing staff						
1.I. As a Federally Qualified Health Center Look-Alike, the FHC offers a sliding fee scale program that is income based and allows for underserved residents to have greater access to affordable care. Additionally, FHC provides a substantial discount to sliding fee scale program patients for lab services and offers low cost sports physicals for local students.	FHC Executive Director, MCHS Lab Director, Nursing Manager						
1.J. FHC continues to expand to 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.	FHC Executive Director, Nurse Manager						
1.K. In conjunction with pharmaceutical vendors, FHC provides a prescription assistance program for eligible patients at no charge to assist with the cost of prescriptions. Additionally, in conjunction with Ector County Health Department, FHC will continue to report and assist patients with special conditions (i.e., tuberculosis) to the county in order for the health department to follow up with those patients and manage their required medications as necessary.	FHC Prescription Assistance Coordinator, FHC Providers, Nurse Manager and Clinical Staff						
1.L. FHC participates in donation drives to support underserved populations and reduce health disparities in the community.	FHC Providers and Staff		<i>Current Examples include: free school supplies provided at the Healthy Kids Fun Day event, adoption of and donations towards a family in need during the holidays, coat drives at FHC to donate to those in need, and employee pay check deductions towards local organizations</i>				
1.M. FHC partners with the local health department to provide free vaccinations through the Texas Vaccines for Children Program for both children and adults.	FHC Executive Director, Providers, and Nursing Manager						
1.N. FHC offers outpatient diabetic follow up care to both FHC patients and diabetic patients who are discharged from the hospital without insurance and/or who need financial assistance. Providing this care via the FHC allows the patients to qualify for discounted/low cost copays.	FHC Management, Diabetes Center staff						

Priority #2: 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)
2.A. FHC will continue to implement telehealth services as a result of COVID-19 to patients as opportunities arise.	FHC Providers, Clinical Team						
2.B. FHC will continue to support larger efforts to educate patients on COVID-19 and treatments as opportunities arise.	FHC Providers, Clinical Team						

Priority #3: 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)
3.A. As changes in physician staffing levels occur, FHC will evaluate the need for additional primary care providers and increased specialty care services (EX: OB/GYN, endocrinology, pediatric nephrology).	Procure Admin, FHC Executive Director						
3.B. FHC will continue to promote its available primary care physicians or services through local media outlets, such as billboards, print media, radio spots on various health topics in both Spanish and English, and television interviews on varying topics for the uninsured.	MCHS Marketing, FHC Executive Director, Providers, and Staff	<i>Current Example includes: ASK A DOC, Ask Questions to a Doctor at the Parks Legado Christmas Tree Market</i>					
3.C. FHC partners with local colleges and universities to support area residents pursuing education and future careers in providing health care services. For example, clinical nursing students from Odessa College and UTPB, Nurse Practitioner students from various schools, and pediatric and psych (for primary care hours) students from Texas Tech rotate through FHC.	FHC Executive Director, Providers, and Nursing Manager						
3.D. FHC collaborates with MCH to establish a primary care visit for hospital patients upon discharge that do not have a primary care physician and who are uninsured, as well as those who are insured but do not have an established primary care provider.	FHC Scheduling Coordinators and MCH Care Coordinators						
3.E. FHC will continue to provide patients' other physicians with a copy of their visit summaries upon request and to guide patients through the continuum of care, making sure that they are prepared for any upcoming appointments.	FHC Providers, Clinical Management and Nursing staff						
3.F. FHC will continue to utilize the MCHS lab to provide access to lab services for patients within the clinic. Additionally, critical lab results are reported to the hospital outside of normal hours in order to quickly communicate with patients and instruct them on next steps throughout the continuum of care whenever necessary.	MCH Lab, FHC Executive Director, FHC Providers and Clinical Management						

Priority #4: 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)
Note: the Family Health Clinic does not provide on-site mental and behavioral health care services. However, related activities that the clinic participates in are included below. The FHC is connected to and maintains relationships with mental and behavioral health-related organizations and providers in the community to facilitate referrals.							
4.A. FHC connects patients to appropriate local resources for mental and behavioral health care and refers patients to appropriate local resources, such as PermianCare.	FHC Management, Providers and Clinical Staff						

Priority #5: Access to Dental Care Services and Providers

Rationale:

Ector County has a lower rate of dentists per 100,000 population than the state. Interviewees mentioned that though there is increased availability of dental services in the area, cost is the largest barrier to dental care in Ector County. Interviewees raised concern surrounding the lack of affordable services and care leading to poor dental health, particularly for those covered by Medicaid/Medicare, un/underinsured, transient or oil field workers and low income residents. It was mentioned that some of the Hispanic population might seek dental care in Mexico due to cost being a factor. One interviewee stated: "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." Interviewees discussed that the number of providers in the area seems to be adequate for those who can afford services, but there is a lack of education on how to affordably access services as well as support regarding financial assistance. One interviewee stated: "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." Lack of accessible and affordable dental services were of concern for those served by the Family Health Clinic. From the survey conducted for the Family Health Clinic, one respondent mentioned the "Need [for] more doctors and a dentist too."

Objective:

Provide a point of access for dental 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)
Note: the Family Health Clinic does not provide on-site dental care services. However, related activities that the clinic participates in are included below. The FHC is connected to and maintains relationships with dental health-related organizations and providers in the community to facilitate referrals.							
5.A. FHC maintains a contract with a local dentist to provide preventive services and checkups to clinic patients.	FHC Executive Director, FHC Management						
5.B. FHC will assist patients within the Texas Health Steps program who do not have a dentist after the 6 month exam in finding a local provider. As part of the Texas Health Steps program, FHC also provides fluoride treatment for pediatric patients.	FHC Providers, Clinical Team						

Section 3:

Feedback, Comments and Paper Copies



INPUT REGARDING THE CLINIC'S CURRENT CHNA



CHNA Feedback Invitation

- The FQHC Look-Alike facility will consider written comments received on the most recently conducted CHNA and most recently adopted Implementation Strategy in the CHNA process.
- Family Health Clinic 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 clinic 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:

David Garcia, FHC Executive Director and Director of Governmental Affairs

6030 West University

Odessa, Texas 79764

Email: dgarcia@echd.org

Phone: (432) 640-4868

Please find the most up to date contact information on the Family Health Clinic page of the Medical Center Health System website:

<https://www.mchodessa.com/services/mch-family-health-clinics/>





Thank you!

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