

# MIDLAND MEMORIAL HOSPITAL

Community Health Needs Assessment  
and Implementation Plan

August 2019



MIDLAND HEALTH

# Table of Contents

<b>Section 1: Community Health Needs Assessment .....</b>	<b>2</b>
Executive Summary .....	3
Process and Methodology.....	9
Hospital Biography .....	15
Study Area .....	19
Demographic Overview.....	21
Health Data Overview .....	43
Phone Interview Findings.....	86
Local Studies: Permian Strategic Partnership .....	100
Input Regarding the Hospital’s Previous CHNA .....	104
Evaluation of Hospital’s Impact.....	106
Previous Prioritized Needs .....	120
2019 CHNA Preliminary Health Needs .....	122
Prioritization.....	124
Priorities That Will Not Be Addressed.....	129
Resources in the Community .....	131
Information Gaps .....	146
About Community Hospital Consulting.....	148
Appendix .....	150
Summary of Data Sources.....	151
Data Findings.....	154
MUA/P and HPSA Information.....	156
Interviewee Biographies .....	164
Priority Ballot .....	167
<b>Section 2: Implementation Plan .....</b>	<b>172</b>
<b>Section 3: Feedback, Comments and Paper Copies .....</b>	<b>182</b>
Input Regarding the Hospital’s Current CHNA .....	183

# **Section 1:**

## **Community Health Needs Assessment**

# EXECUTIVE SUMMARY



# Executive Summary

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Midland Memorial Hospital (MMH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Midland County, Texas.

The CHNA Team, consisting of leadership from MMH, met with staff from CHC Consulting on February 7, 2019 to review the research findings and prioritize the community health needs. Seven 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 ballot 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.

The most significant needs, as discussed during the February 7th prioritization meeting, are listed below:

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

Once this prioritization process was complete, MMH leadership discussed the results and decided to address five of the seven prioritized needs in various capacities through its implementation plan. This implementation plan addresses the top five of the seven needs. While MMH acknowledges that these are significant needs in the community, "Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning" and "Improved Availability of Safe, Affordable Housing" are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address those needs. MMH will continue to support local organizations and efforts to address these needs in the community.

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

The MMH 2019 CHNA and Implementation Plan report was reviewed and adopted by the MMH board on August 28 and August 29, 2019.



## **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 Midland County and the state. Midland County has higher mortality rates than Texas for diseases of heart, malignant neoplasms, chronic lower respiratory diseases, Alzheimer's disease, influenza and pneumonia, prostate cancer and lung and bronchus cancer.

Midland County has higher rates of communicable diseases such as chlamydia than the state. With regards to maternal and child health, specifically, Midland County has higher percentages of mothers who smoked during pregnancy and teen births than the state. Data also suggests that Midland County adults may not be seeking preventive care services in an appropriate manner, such as the influenza vaccine.

Several interviewees noted that there is a need for health education in the community regarding chronic conditions and unhealthy lifestyle behaviors. It was mentioned that Midland County residents are not prioritizing their health care needs over their work schedules, and that residents are resisting healthy behavior changes such as dietary choices, fitness and exercise, and proper stress management. Interviewees also discussed a perceived lack of awareness of healthy lifestyle resources for underserved residents, and one interviewee specifically stated: "We've seen more in the last year with the hospital doing so much, it's just the advertising. It's not getting out to the population it would benefit the most."

Interviewees discussed higher rates of diabetes and hypertension in low income and uninsured populations, as well as poor compliance with medications to manage chronic conditions in the low income population due to cost barriers. Seniors were also mentioned as struggling with medication compliance due to lack of affordable options, as well as food insecurity. One interviewee stated: "In a very wealthy community like Midland, people don't understand that there is food insecurity. We have a lot of seniors who only eat once a day or don't eat enough to have a healthy diet and that leads to a lot of other health concerns."

Interviewees mentioned higher rates of hypertension and high cholesterol in the Hispanic population, as well as risky behaviors in youth residents such as e-cigarette use, poor dietary choices and lack of sleep. One interviewee stated: "For youth, e-cigarettes have become popular. They lack the knowledge of healthy eating – food they eat, choices they make, lack of sleep, overall not being aware what is healthy. It's a risk for poor health, poor focus, poor performance."

## **Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations**

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system and other necessities within the community. The cost of living in Midland County for health and housing categories is higher than the state and the nation. Midland County has the highest market apartment rent as compared to all other markets in the immediate region, and the average meal cost in Midland County is higher than that of the state. Additionally, Midland County has several 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).



## Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

Interviewees mentioned the rapid population growth in the community as creating a larger gap between socioeconomic groups. It was noted that socioeconomic status is a determinant of health care access in Midland County, and the lack of affordable health care services leads to overuse of the Emergency Room and inability to afford prescription medications. One interviewee stated: “We have so many that are not insured, and so many that don’t have physicians so they end up in the ER with bills that are huge...some are hospitalized because they can’t manage their condition and don’t have a regular physician, so those are the ones with the biggest disparities. The cost of everything is so high - even if you were able to connect them with services, they wouldn’t be able to afford them.”

Interviewees discussed challenges in economic mobility in Midland, and a lack of opportunities for lower income residents to be able to afford the higher cost of living. It was also mentioned that more affordable services in the community, such as those sliding fee scale services, have long wait times for services. One interviewee mentioned: “We do have FQHCs, but the wait list is weeks long. People give up and end up going to the ER. There’s just too many people in Midland County for the FQHCs to handle...we do have that outlet for people who are uninsured but it’s not enough.”

Interviewees mentioned that the low income and working poor populations rely upon free and discounted community services in the county, and that there is a smaller number of businesses providing insurance coverage due to financial challenges. One interviewee specifically stated: “Companies can’t afford health insurance, and there are challenges in the last few years where smaller families couldn’t afford it.”

When asked which subpopulations may experience health disparities in Midland County, interviewees discussed the pediatric, veteran, teen/adolescent, low income/working poor, racial/ethnic, elderly and oil field employee populations.

With regards to the pediatric population, interviewees discussed limited day care options, high cost of day care and limited access to local specialty providers as challenges for this group. For veterans, interviewees mentioned limited access to local care options and mental and behavioral health ailments as disproportionately challenging veteran residents.

Interviewees mentioned substance use, suicide and bullying, overweight and obesity, COPD and asthma, and stress and depression as health disparities affecting the teen and adolescent population in Midland County. For the low income/working poor population, interviewees mentioned those residents are challenged by the high cost of living, expensive medications, low prioritization of health needs and diabetes and malnutrition.

With regards to racial/ethnic groups in Midland County, interviewees discussed a lack of bilingual providers; language barriers for non-English speaking residents; hypertension, high cholesterol and diabetes for Hispanic residents; hypertension for African American residents and schizophrenia for Burmese residents as specific challenges. For elderly residents, interviewees mentioned limited access to local primary and specialty care providers; delays in preventive diagnoses and results; the high cost of living; diabetes, hypertension and heart disease; isolation and depression and limited day treatment programs as challenges for senior residents.

Lastly, for oil field employees, interviewees discussed poor occupational health, substance abuse tendencies and economic stress and anxiety as challenges for such residents.



### **Priority #3: Increased Emphasis on Education and Awareness of Existing Health Care Resources**

It was mentioned that there is a need to plan for and collaborate towards appropriately addressing the rapid population growth in Midland and Odessa so that duplicative efforts are not made. One interviewee stated: “Planning for continued rapid growth is a need. What sort of facilities do we need? Let’s look at the breadth of services across Midland and Odessa. How do we avoid duplication between our two communities that are rapidly growing together?”

Interviewees acknowledged a lack of community education and awareness regarding existing resources, and difficulty understanding the availability of and scope of resources across the continuum of care, particularly for new residents. One interviewee stated: “We have so many new people and they’re not familiar with the community. We need to let people know what’s available and where to find it.”

It was mentioned that the growing population and shortage of providers leads to limited follow up and communication between providers and patients, resulting in a fragmented coordination of care. One interviewee stated: “There are many patients inundating hospitals and clinics and such a lack of doctors and nurses. They are unable to maintain constant contact with patients, so it seems like there’s a disconnect when the patient leaves the hospital.”

Interviewees discussed the use of the Emergency Room as a medical home by low income, un/underinsured and Hispanic residents, and difficulty navigating the health care landscape for senior residents. It was also mentioned that youth residents are unaware of accessible mental health resources in Midland County. One interviewee stated: “Youth need support for where to get help for things like depression. We’ve had more than our share of suicidal ideations in our adolescent population.”

### **Priority #4: Increased Emphasis on Physician Recruitment and Retention**

Midland County has a higher percentage of adults with no personal doctor than the state. Additionally, Midland County has a lower rate of primary care providers and dentists per 100,000 population than the state. Data suggests that Midland County is experiencing a deficit in primary care and non-primary care physicians as compared to national benchmarks.

Many interviewees mentioned a shortage of primary care physicians in the community, and difficulty recruiting physicians and nurses to Midland County. Pediatricians were specifically mentioned as more limited, and interviewees noted that pediatric patients tend to leave the community for care in Lubbock. It was noted that the lack of primary care access leads to difficulty in making appointments and long wait times for routine appointments, which frustrates residents and causes them to inappropriately use the Emergency Room or forego care. One interviewee stated: “If they have issues getting into a PCP, then they won’t waste time trying to get there. They’ll go straight to the ER or just go to work.”

It was noted that socioeconomic status and payer source determine whether or not residents can access primary care, and that there are limited options for un/underinsured, Medicaid and Medicare patients in Midland County. Interviewees also mentioned that there is an increasing number of physicians moving towards concierge medicine. One interviewee stated: “There are a lot of physicians who are not accepting Medicare, Medicaid, managed care plans. Many primary care providers have moved onto the concierge service.”

Interviewees discussed a limited awareness of bilingual providers in the community, as well as a growing need for providers offering immunization services. One interviewee specifically stated: “We need for more providers to do immunizations across the board.”



#### **Priority #4: Increased Emphasis on Physician Recruitment and Retention (continued)**

With regards to specialty care, interviewees believe it is difficult to recruit specialists to the community and that the current specialist population is aging, which increases the need for appropriate succession planning. Interviewees specifically mentioned limited depth in specialty areas such as Neurology, Rheumatology, Infectious Disease, Pulmonology, ENT, Ophthalmology, Spine and Thoracic Surgery. It was added that patients tend to leave the community for Psychiatry, Orthopedic, Cardiology, and Pediatric Subspecialty care in Lubbock and/or Dallas.

Interviewees mentioned that there are long wait times for local specialists affecting all payer types, and there are limited options for un/underinsured patients needing Cardiology and Podiatry services. It was also mentioned that elderly residents are disproportionately challenged by the delay for specialized care and testing services. One interviewee specifically stated: “The delay in specialty care, such as colonoscopies and special medical tests, can present an issue with the immediacy of needs for seniors.”

#### **Priority #5: Access to Mental and Behavioral Health Care Services and Providers**

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

Many interviewees mentioned an increasing need for mental health services due to the rapid population growth in Midland County. It was noted that there is a shortage of provider accepting Medicaid and Medicare patients, and the limited number of providers in the community accepting all payer types results in long wait times for appointments. One interviewee stated: “...many providers in the area don’t take insurance. Those that accept Medicaid/Medicare have long lines and that can be an issue for families.”

Interviewees discussed economic stressors may be leading to increasing mental ailments, and raised concern surrounding the youth population and the oil field employees. For youth residents, interviewees mentioned stress, depression and suicide; lack of parental supervision; and substance use as concerns. For oil field employees, interviewees mentioned substance use as a means of stress management and family injury and violence as specific concerns. One interviewee stated: “People are working in a lot of jobs that involve the oil field. They blow off steam in unhealthy ways...drugs, alcohol, etc. That’s not good for the individual, or the family. That’s happening a lot, which means more injuries and concerns with family violence. It’s keeping our police offices and the hospital busy.”

It was mentioned that the county jail is perceived as a treatment facility for mental and behavioral health patients, and that there is a stigma associated with seeking treatment for families. Certain racial/ethnic groups, such as Hispanic and African American residents, were mentioned as being disproportionately challenged in seeking care for mental and behavioral health services. One interviewee stated: “Caucasian people are more likely to seek treatment for substance abuse than Hispanic or African American populations. Substance abuse doesn’t care what race you are, but the stigma makes it so that some groups are less likely to access care.”

Lastly, Burmese residents were mentioned as having higher rates of schizophrenia, with one interviewee stating: “In the Burmese culture, there’s a lot of schizophrenia. It’s very important to have a qualified interpreter in those settings.”



# PROCESS & METHODOLOGY



# Process & Methodology

## *Background and Objectives*

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



# Process & 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 MMH
  - 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 (EX: City of Midland, Volunteer)
  - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
  - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
  - Documentation and rationalization of priorities not addressed by the implementation plan
  - A description of additional health services and resources available in the community
  - A list of information gaps that impact the hospital's ability to assess the health needs of the community served



# Process & Methodology

## *Methodology*

- MMH worked with CHC Consulting in the development of its CHNA. MMH provided essential data and resources necessary to initiate and complete the process, including the definition of the hospital's study area and the identification of key community stakeholders to be interviewed.
- CHC conducted the following research:
  - A demographic analysis of the study area, utilizing demographic data from IBM Watson Health
  - A study of the most recent health data available
  - Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
  - Facilitated the prioritization process during the CHNA Team meeting on February 7, 2019.
  - 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 & Methodology

## *Methodology (continued)*

### – MMH Biography

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

### – Study Area Definition

- The study area for MMH is based on hospital inpatient discharge data from January 1, 2017 – December 31, 2017 and discussions with hospital staff

### – Demographics of the Study Area

- Population demographics include population change by race, ethnicity, age, median income analysis, unemployment and economic statistics in the study area
- Demographic data sources include, but are not limited to, IBM Watson's Truven Health Analytics Market Expert Tool, the U.S. Census Bureau and the United States Bureau of Labor Statistics

### – Health Data Collection Process

- A variety of sources (also listed in the reference section) were utilized in the health data collection process
- Health data sources include but are not limited to: the Robert Wood Johnson Foundation, Texas Department of Health and Human Services, Community Commons, and the Centers for Disease Control and Prevention

### – Interview Methodology

- MMH provided CHC with a list of persons with special knowledge of public health in Midland County, including public health representatives and other individuals who focus specifically on underrepresented groups
- From that list, twenty-seven 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 & Methodology

## *Methodology (continued)*

### – Evaluation of Hospital's Impact

- A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
- A report of community benefit activity progress since the previous CHNA report is currently pending

### – Prioritization Strategy

- Seven significant needs were determined by assessing the prevalence of the issues identified in the health data findings, combined with the frequency and severity of mentions in the interviews
- Three factors were used to rank those needs during the CHNA Team February 7, 2019
- See the prioritization section for a more detailed description of the prioritization methodology



# HOSPITAL BIOGRAPHY



# About Midland Memorial Hospital

## About Us

Midland Memorial Hospital is your home for healthcare, providing the high quality healthcare and services you and your family need. Since 1950, we have exemplified excellence in patient care, medical education and community service. We also offer financial assistance programs, so everyone can access quality health care they can trust. As a not-for-profit entity, we show our commitment to improving our community by reinvesting volunteered time and finances into the health of west Texas.

## History

In 1950, Midland Memorial Hospital, the only not-for-profit hospital in Midland County, Texas was established by prominent community leaders with one mission: "To make quality healthcare available to all residents of Midland County." Funds to build the hospital were donated by individuals, corporations and foundations as a nonprofit, community-based hospital, offering medical care to the west Texas community, regardless of their ability to pay.

The hospital opened its doors on July 11, 1950, as a community owned, 75-bed hospital, serving the nearly 22,000 people who resided in Midland County. The hospital was staffed with 78 employees and 26 physicians. The 58,694 square foot, state-of-the-art medical facility cost \$1,372,000.

Over succeeding decades, Midland Memorial Hospital has changed dramatically to meet the needs of a dynamic community. In May 2009, Midland County residents approved a \$115 million bond to build a new patient tower, which was combined with another \$62.6 million in private donations and grants. It was the first \$100 million bond issue approved by Midland voters.

On December 19, 2012, the hospital opened the new, nine-story, Dorothy and Clarence Scharbauer Jr Patient Tower, staying under the \$177.6 million project budget.

The new tower consolidated several West Campus operations, such as the OB/GYN unit, into the main campus. The tower also features a number of new amenities for inpatients such as an interactive television system and a motorized patient lift in every room. The hospital is licensed for 474 beds and offers several innovative programs, including the Heart Institute, Total Joint Center, women's and children's health care services and various rehabilitation programs.

In August 1977, the Hospital District was formed and a modest tax levied to support only the care of indigent patients. Now, the Board of Directors of the Midland County Hospital District, elected by the voters, add their counsel and insight to the direction of the volunteer Boards of Trustees and Governors, in guiding the further development of Midland Memorial Hospital.

For over 60 years, we have maintained our pledge to deliver quality health care to the residents of Midland County and the surrounding region. Our staff, volunteers, facilities, and services reflect this commitment today. We are committed to providing the best possible care and service you and your family need.

Source: Midland Memorial Hospital, "About Us," <http://www.midland-memorial.com/about-us/default.aspx>; accessed April 3, 2019.



# Mission, Vision and Values

## Our Mission

Leading healthcare for greater Midland.

## Our Vision

Midland will be the healthiest community in Texas.

## Our Core Values

### *Pioneer Spirit*

We tell the truth and honor commitments.

We innovate and embrace change.

We are careful stewards of our resources.

We overcome problems without complaining.

We exceed expectations through teamwork and partnerships.

### *Caring Heart*

We are West Texas friendly... treating all people with kindness and respect.

We care for the hearts and souls of our patients and visitors.

We see the human being first, then the medical condition.

We slow down and listen; true healing begins with empathy.

We honor diversity and promote the dignity of each individual.

### *Healing Mission*

We do our best to improve the health and well-being of our community.

We are continuous learners.

We create an environment that supports the healing process.

We care for ourselves so we are able to care for others.

We find joy in our work and have fun together.

Source: Midland Memorial Hospital, "About Us," <http://www.midland-memorial.com/about-us/default.aspx>; accessed April 3, 2019.



# Services Provided

- Acute Care of the Elderly (ACE) Unit
- Bariatric Weight Loss
- Breast Care
- Cancer Care
- Cardiac Care
- Cardiopulmonary
- Critical Care
- Dermatology
- Diagnostic Imaging Associates
- Diagnostic Sleep Center of Midland
- Direct Access Testing
- Emergency Services
- Female Pelvic Medicine & Reconstructive Surgery
- Heart Institute
- Heart & Lung Care
- Hope Chest
- Hospitalists
- Infection Prevention
- Inpatient Orthopedics
- Internal Medicine
- Lifestyle Medicine
- Neurology and Neurosurgery
- Occupational, Physical and Speech Therapy
- Orthopedic Surgery
- Outpatient Treatment Center
- Palliative Care
- Pediatrics
- Physical Medicine and Rehabilitation
- Plant-Based Nutrition
- Primary Care
- Radiology
- Rehabilitation
- Rheumatology
- Robotic Surgery
- Safe Drug Disposal
- Spiritual Care
- Stroke Care
- Surgical Services
- Testing Center
- Total Joint Center
- West Texas Therapy
- Women's and Children's
- Wound Care

Source: Midland Memorial Hospital, "Services," <http://www.midland-memorial.com/services/default.aspx>; accessed April 3, 2019.



# STUDY AREA



# Midland Memorial Hospital

## Study Area

Midland County comprises 76.6% of June 2018 – May 2019 Inpatient Discharges

 Indicates the hospital



### Midland Memorial Hospital

Patient Origin by Timeframe: June 1, 2018 - May 31, 2019

County	State	Jun18-May19 Discharges	% of Total	Cumulative % of Total
Midland County	TX	8,279	76.6%	76.6%
All Others		2,534	23.4%	100.0%
<b>Total</b>		<b>10,813</b>	<b>100%</b>	

Source: Hospital inpatient discharge data provided by Midland Memorial Hospital by DRG; June 1, 2018 - May 31, 2019; Normal Newborns excluded (DRG-795).

Note: the 2016 MMH CHNA and Implementation Plan report studied Midland County, Texas, which comprised 76.8% of CY 2015 (January 1, 2015 – December 31, 2015) inpatient discharges.



# DEMOGRAPHIC OVERVIEW



# Population Health

## *Introduction*

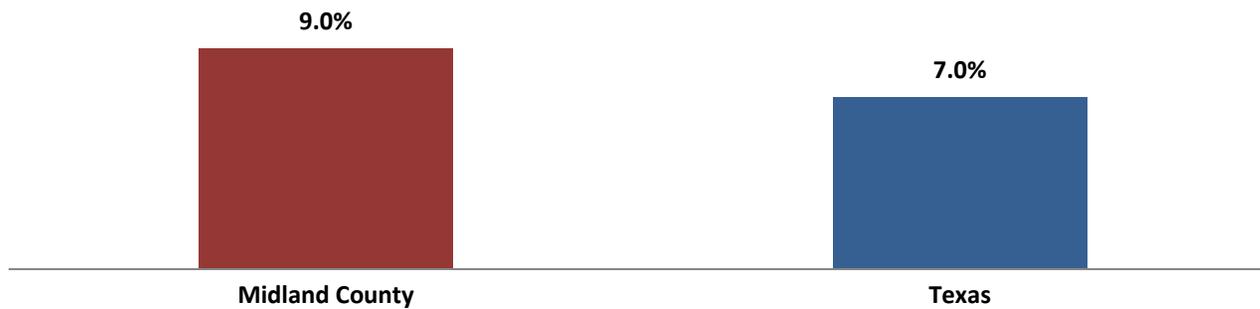
- Information included within this section is pulled from a variety of sources, including the census. Because census data is collected every ten years, periodic updates are provided by data vendors based on a variety of population health factors.
- Due to the rapid population growth and significant transient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



# Population Health

## Population Growth

### Projected 5-Year Population Growth 2019-2024



Overall Population Growth					
Geographic Location	2010	2019	2024	2019-2024 Change	2019-2024 % Change
Midland County	136,872	171,748	187,224	15,476	9.0%
Texas	25,145,561	28,959,501	30,972,397	2,012,896	7.0%

Source: IBM Watson Health; data accessed May 5, 2019.



# Population Health

## *Population Growth (continued)*

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

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

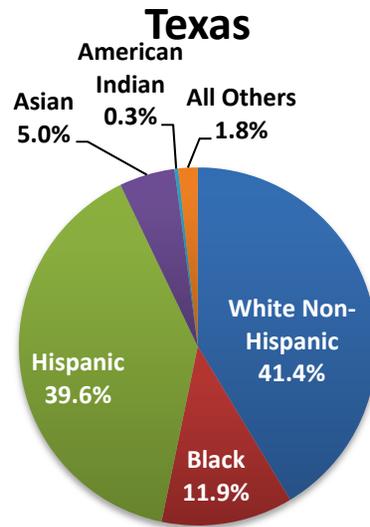
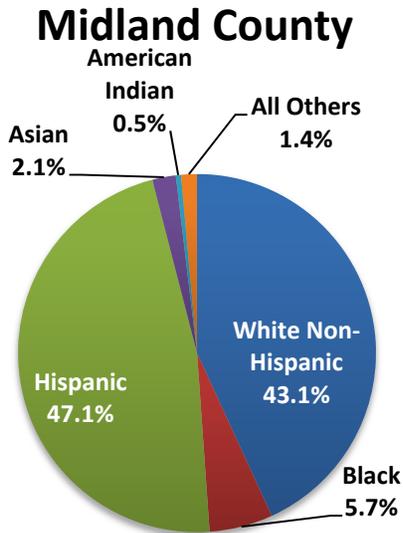
Households	2000	2010	2018	2023	2010-2018 Change	2010-2018 % Change	2018-2023 Change	2018-2023 % Change
Midland-Odessa CSA	88,216	101,182	122,570	133,765	21,388	21.0%	11,195	9.0%

Source: Community Development Strategies, Odessa Affordable Workforce Housing Study, information received April 9, 2019.



# Population Health

## Population Composition by Race/Ethnicity

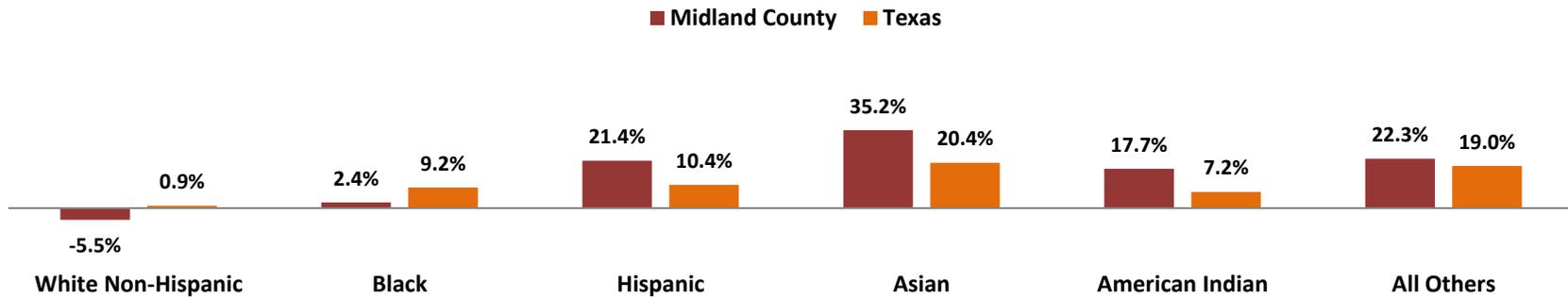


Midland County					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	72,822	74,100	70,014	-4,086	-5.5%
Black	8,675	9,844	10,083	239	2.4%
Hispanic	51,600	80,895	98,243	17,348	21.4%
Asian	1,681	3,642	4,925	1,283	35.2%
American Indian	552	806	949	143	17.7%
All Others	1,542	2,461	3,010	549	22.3%
<b>Total</b>	<b>136,872</b>	<b>171,748</b>	<b>187,224</b>	<b>15,476</b>	<b>9.0%</b>

Texas					
Race/Ethnicity	2010	2019	2024	2019-2024 Change	2019-2024 % Change
White Non-Hispanic	11,397,345	11,980,162	12,082,565	102,403	0.9%
Black	2,886,825	3,443,123	3,758,773	315,650	9.2%
Hispanic	9,460,921	11,475,851	12,669,044	1,193,193	10.4%
Asian	966,346	1,455,557	1,753,171	297,614	20.4%
American Indian	80,586	93,470	100,207	6,737	7.2%
All Others	353,538	511,338	608,637	97,299	19.0%
<b>Total</b>	<b>25,145,561</b>	<b>28,959,501</b>	<b>30,972,397</b>	<b>2,012,896</b>	<b>7.0%</b>

### Race/Ethnicity Projected 5-Year Growth 2019-2024



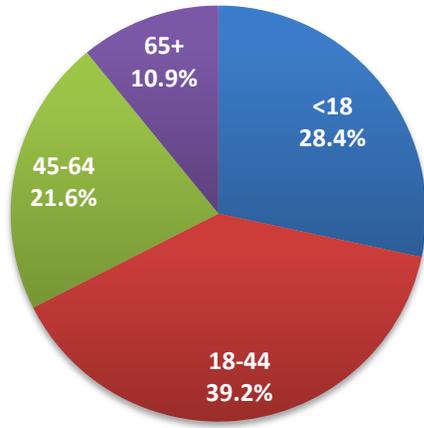
Source: IBM Watson Health; data accessed May 5, 2019.



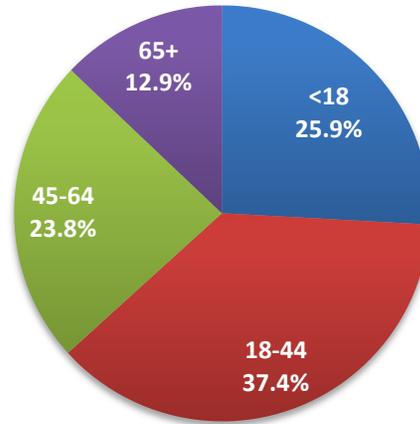
# Population Health

## Population Composition by Age Group

Midland County



Texas

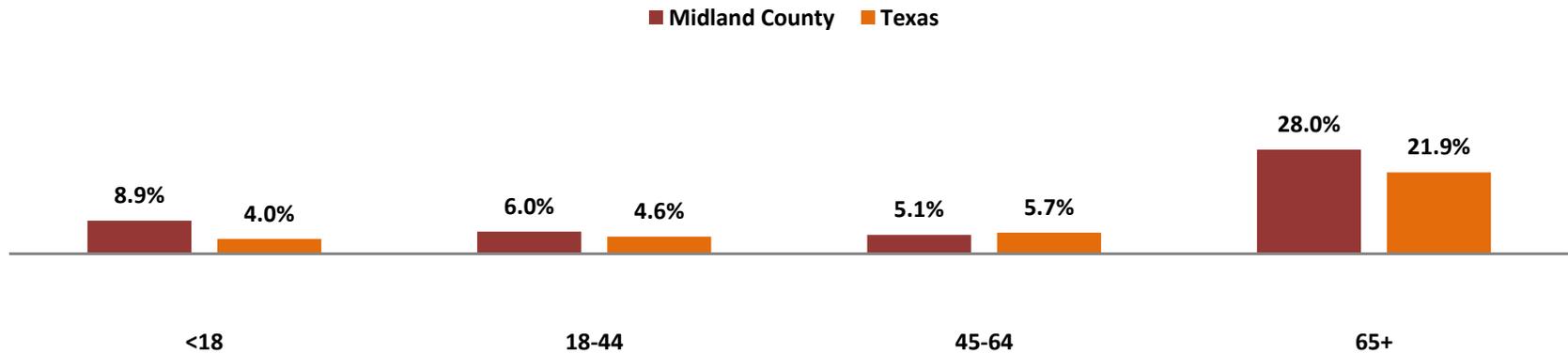


Midland County				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	48,693	53,013	4,320	8.9%
18-44	67,286	71,325	4,039	6.0%
45-64	37,048	38,926	1,878	5.1%
65+	18,721	23,960	5,239	28.0%
<b>Total</b>	<b>171,748</b>	<b>187,224</b>	<b>15,476</b>	<b>9.0%</b>

Texas				
Age Cohort	2019	2024	2019-2024 Change	2019-2024 % Change
<18	7,488,976	7,787,439	298,463	4.0%
18-44	10,839,623	11,339,129	499,506	4.6%
45-64	6,888,772	7,282,794	394,022	5.7%
65+	3,742,130	4,563,035	820,905	21.9%
<b>Total</b>	<b>28,959,501</b>	<b>30,972,397</b>	<b>2,012,896</b>	<b>7.0%</b>

### Age Projected 5-Year Growth 2019-2024



Source: IBM Watson Health; data accessed May 5, 2019.



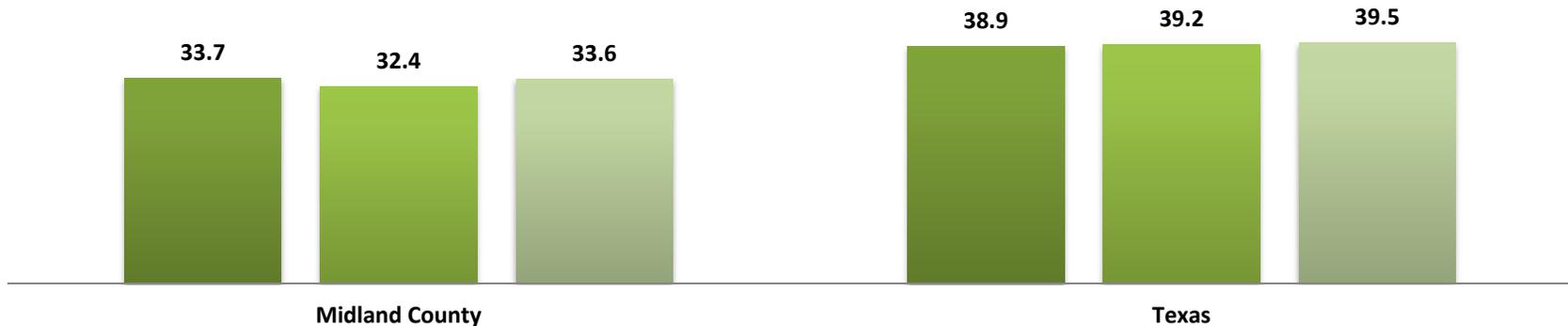
# Population Health

## Median Age

- As of 2019, Midland County (32.4 years) has a lower median age than Texas (39.2 years).
- The median ages in Midland County and Texas are projected to increase between 2019 and 2024.

### Median Age

■ 2010 ■ 2019 ■ 2024



Source: IBM Watson Health; data accessed May 5, 2019.

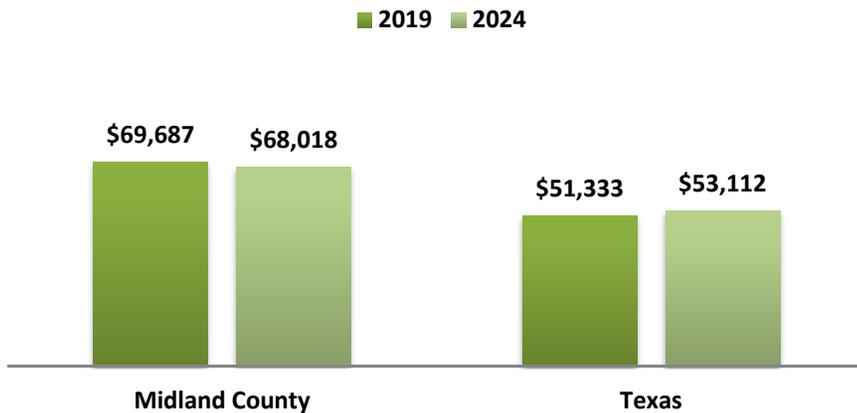


# Population Health

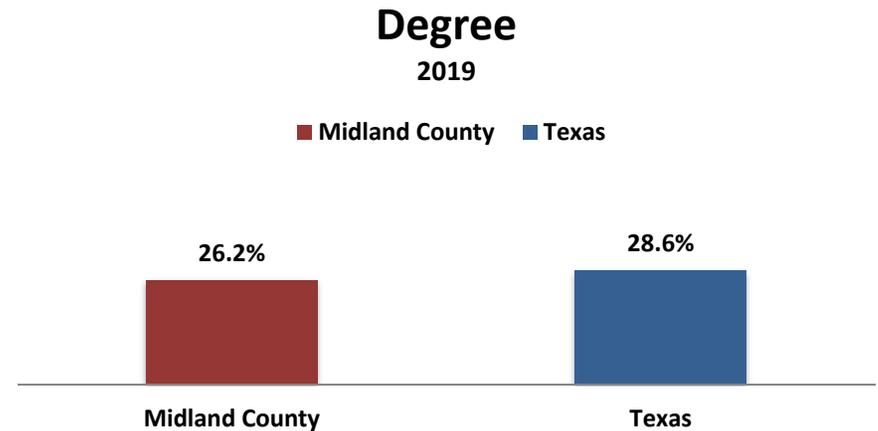
## *Median Household Income and Educational Attainment*

- The median household income in Midland County (\$69,687) is higher than that of the state (\$51,333).
- Between 2019 and 2024, the median household income in Midland County is expected to decrease, while the median household income in the state is expected to increase.
- Midland County (26.32%) has a slightly lower percentage of residents with a bachelor or advanced degree than the state (28.6%).

### Median Household Income



### Education Bachelor / Advanced Degree



Source: IBM Watson Health; data accessed May 5, 2019.



# Population Health

## Median Household Income (continued)

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

### 2023 Estimates

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

### Household Income Change (2010-2018)

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

Source: Community Development Strategies, Odessa Affordable Workforce Housing Study, information received April 9, 2019.



# Population Health

## *Housing*

- As of December 2018, the market apartment rent in Midland (\$1,557) is higher than all other markets in the defined region, and experienced a 16.6% annual change.

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

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

Source: Community Development Strategies, Odessa Affordable Workforce Housing Study, information received April 9, 2019.



# Population Health

## Cost of Living

- Cost of living data indicates that Midland has higher health (103.6) and housing (114.4) costs than both Texas (95.3 and 98.9, respectively) and the United States (100 and 100, respectively).

### Cost of Living Index Comparison

Category	Midland	Texas	USA
Grocery	87.5	96.6	100
Health	103.6	95.3	100
Housing	114.4	98.9	100
Median Home Cost	\$213,900	\$184,900	\$216,200
Utilities	99.3	99.2	100
Transportation	84.4	119	100
Miscellaneous	98.7	96.4	100
Overall	100.1	101.8	100

**100 = National Average**

Source: Midland Development Corporation, Demographics And Workforce: Consumer Expenditures, <https://www.midlandtxedc.com/site-selectors/demographics-and-workforce>; information accessed April 9, 2019.

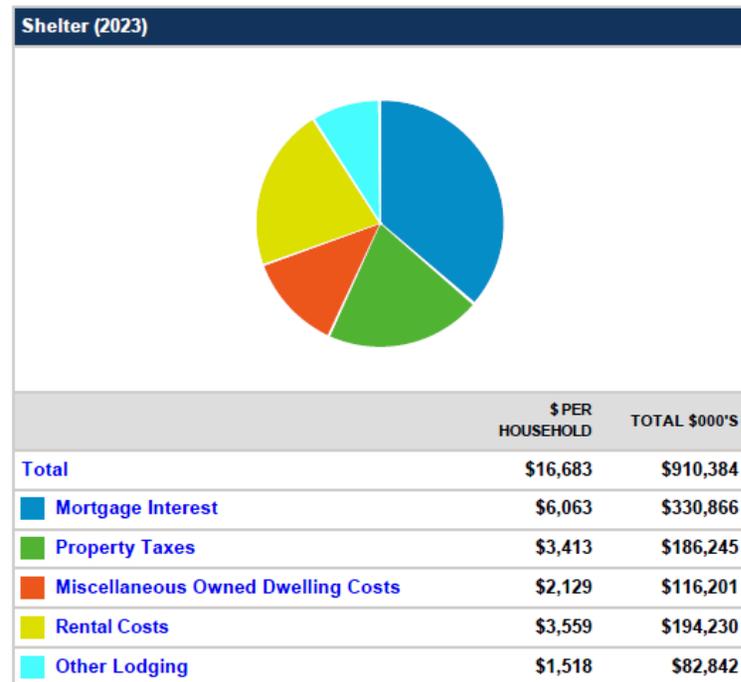
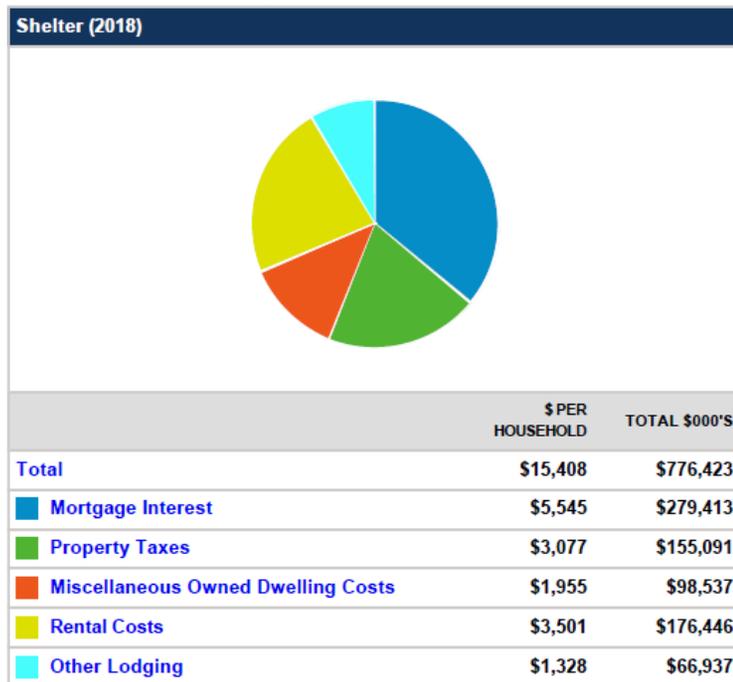
Note: Cost of living indices are based on a US average of 100. An amount below 100 means that Midland is cheaper than the US average. A cost of living index above 100 means Midland is more expensive than the US average.



# Population Health

## Consumer Expenditures - Shelter

- As of 2018, the average household in Midland, TX spends an estimated total of \$10,577 on owned housing expenses, \$3,501 on rental costs, and \$1,328 on other lodging. Total shelter expenses per household are expected to increase in all categories by 2023.
- The majority of shelter expenditures per owned dwelling are attributed to mortgage interest (\$5,545), followed by property taxes (\$3,077) and miscellaneous costs (\$1,955).
- As of 2018, the average rented dwelling in Midland, TX spends \$3,501 on rental costs, and is expected to increase to \$3,559 by 2023.



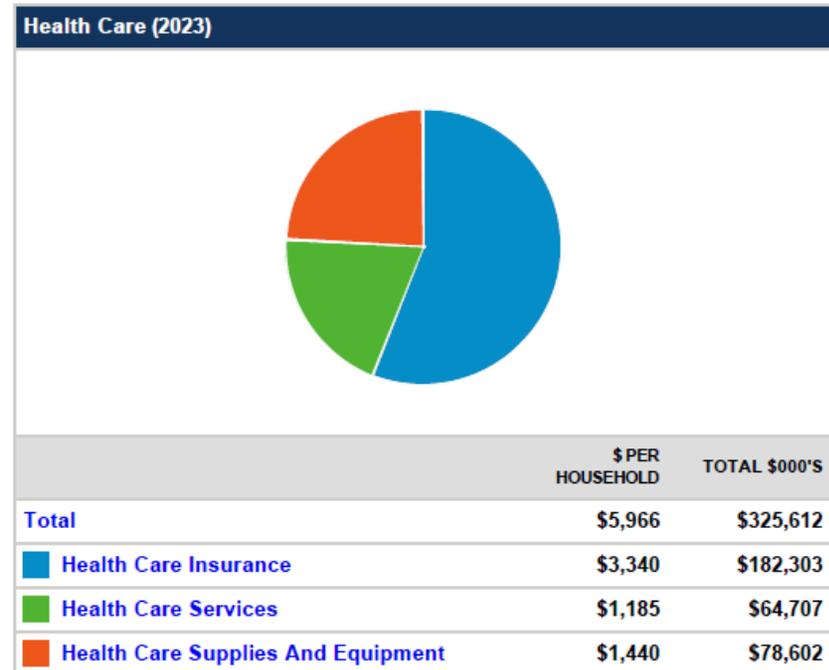
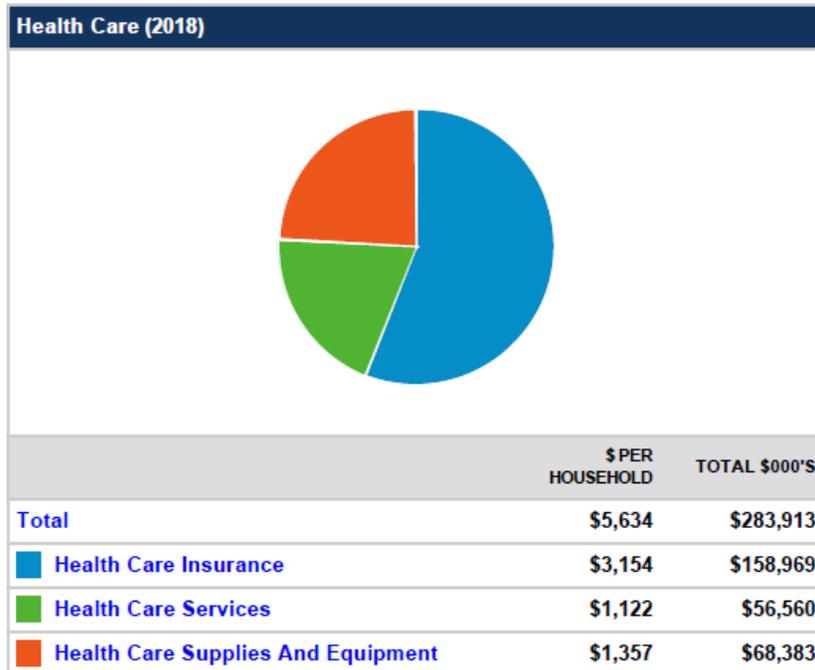
Source: Midland Development Corporation, Demographics And Workforce: Consumer Expenditures, <https://www.midlandtxedc.com/site-selectors/demographics-and-workforce/>; information accessed April 9, 2019.



# Population Health

## Consumer Expenditures – Health Care

- As of 2018, the average household in Midland, TX spends an estimated total of \$5,634 on health care insurance, services, supplies and equipment. By 2023, that amount is expected to increase to \$5,966 per household.
- The majority of health care expenditures per household are attributed to insurance costs (\$3,154), followed by health care supplies and equipment (\$1,357) and health care services (\$1,122).



Source: Midland Development Corporation, Demographics And Workforce: Consumer Expenditures, <https://www.midlandtxedc.com/site-selectors/demographics-and-workforce; information> accessed April 9, 2019.

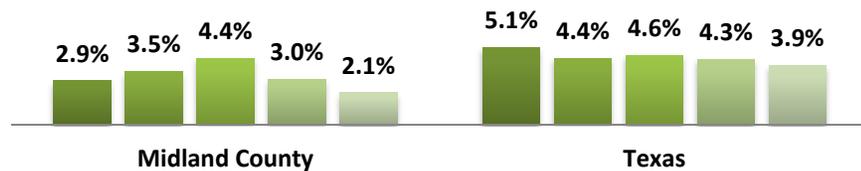


# Population Health

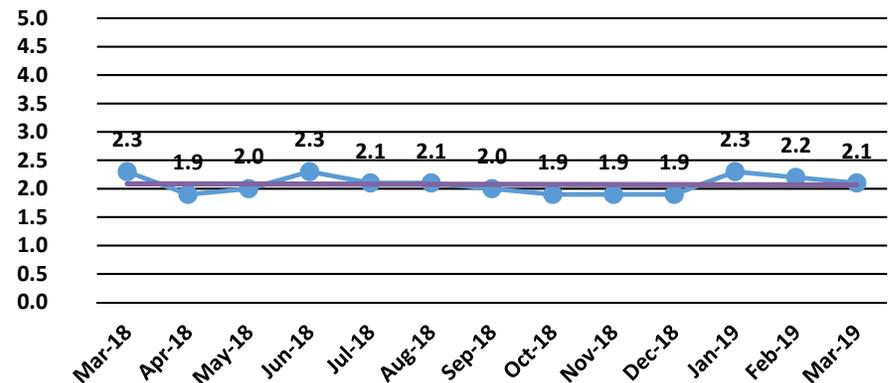
## Unemployment

- The unemployment rates in Midland County overall decreased between 2015 and 2017, while rates in the state remained relatively steady.
- As of 2017, the unemployment rate in Midland County (3.0%) is lower than state (4.3%).
- In 2018, monthly unemployment rates in Midland County overall decreased. October 2018 had the lowest unemployment rate (2.0) as compared to February 2018 with the highest rate (2.5).

**Unemployment**  
Rates by Year  
2014-2018



**Unemployment**  
Rates by Month  
2018



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, [www.bls.gov/lau/#tables](http://www.bls.gov/lau/#tables); data accessed May 6 2019.



# Population Health

## *Workforce Demand*

- According to the Permian Strategic Partnership (PSP), the Permian Basin has become the world's most strategically important oil producing region
  - Total oil production is expected to more than double by 2025, representing an estimated 6% of the world's oil production and 40% of U.S. oil production
- Growth due to increasing oil production is projected to result in the creation of tens of thousands of jobs
  - By 2022, demand for oil field workforce will have increased by 96% from 2016
  - As of 2017, there are an estimated 15,000 unfilled job postings in the Permian Basin
  - Workforce growth models predict the need for 60,000 additional workers in 2030 (including the current workforce shortage)
- Lack of affordable housing options and high cost of living are cited as challenges in attracting and retaining workforce

Source: Permian Strategic Partnership, Study Summary; information received April 3, 2019.

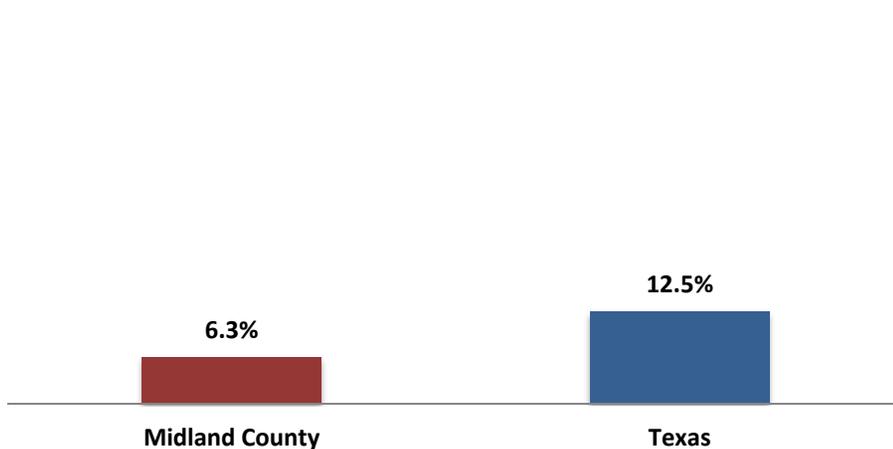


# Population Health

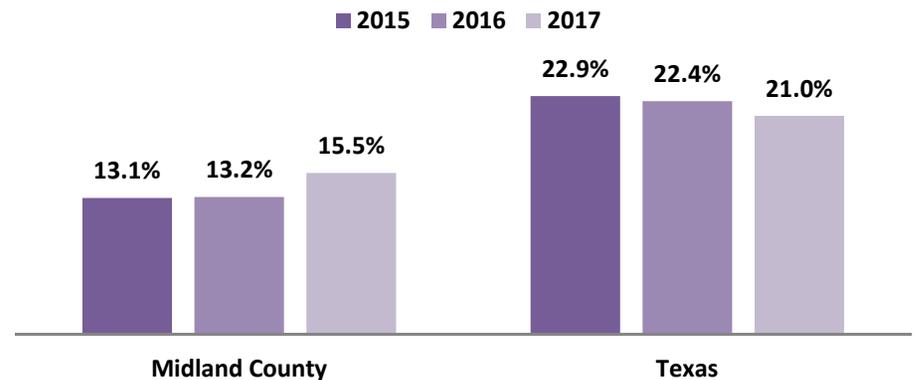
## Poverty

- Midland County (6.3%) has a lower percentage of families living below the poverty line as compared to the state (12.5%).
- Between 2015 and 2017 the percentage of children (<18 years) living below poverty in Midland County increased, while rates in the decreased.
- In 2017, Midland County (15.5%) had a lower percentage of children (<18 years) living below poverty than the state (21.0%).

**Families Below Poverty**  
2019



**Children in Poverty**  
Percent, Children (<18 years)  
2014-2016



Source: IBM Watson Health, data accessed May 5, 2019.

Source: The Annie E. Casey Foundation, Kids Count Data Center, filtered for Midland County, TX, [www.datacenter.kidscount.org](http://www.datacenter.kidscount.org); data accessed May 6, 2019.

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

Note: the 2016 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 \$24,300, and less than 200% of the federal poverty level if the household income is less than \$48,600. Please see the appendix for the full 2016 Federal Poverty Guidelines.



# Population Health

## *Food Insecurity*

- According to Feeding America, an estimated 10.3% of Midland County residents are food insecure as compared to 14.9% in Texas. Additionally, 17.8% of the youth population (under 18 years of age) in Midland County are food insecure as compared to 22.5% in Texas (2017).
- The average meal cost for a Midland County resident is \$3.02, compared to \$2.71 in Texas (2017).

Location	Overall Food Insecurity	Child Food Insecurity	Average Meal Cost
Midland County	10.3%	17.8%	\$3.02
Texas	14.9%	22.5%	\$2.71

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

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

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

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



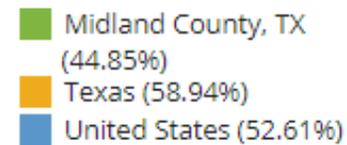
MIDLAND HEALTH

# Population Health

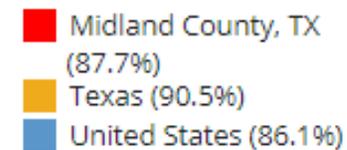
## Children in the Study Area

- In 2015-2016, Midland County (44.9%) had a lower percentage of public school students eligible for free or reduced price lunch than the state (58.9%) and the nation (52.6%).
- Midland County (87.7%) has a slightly lower high school graduation rate than the state (90.5%) and a slightly higher rate than the nation (86.1%) (2015-2016).

Percent Students Eligible for Free or Reduced Price Lunch



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: Community Commons, Health Indicator Report filtered for Midland County, Texas, [www.communitycommons.org](http://www.communitycommons.org); data accessed December 13, 2018.  
Cohort Graduation Rate Definition: Students receiving a high school diploma within four years.



# Population Health

## *Children in the Study Area – Total Academic Enrollment*

- Total enrollment across all Midland County independent school districts increased at a rate of 7.7% between the 2014-2015 and 2018-2019 academic years.
- Between the 2014-2015 and 2018-2019 academic years, Greenwood ISD enrollment increased by 21.7%; however, the majority of youth residents enrolled in a Midland County independent school district are enrolled within Midland ISD.
- Academic enrollment numbers for Midland Academy Charter School decreased between 2014-2015 and 2018-2019 (-8.1%).

ACADEMIC ENROLLMENT BY DISTRICT						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Midland ISD	24,380	24,574	24,713	25,732	26,070	6.5%
Greenwood ISD	2,186	2,360	2,558	2,732	2,792	21.7%
Midland Academy Charter School	456	442	446	439	422	-8.1%
<b>Grand Total</b>	<b>27,022</b>	<b>27,376</b>	<b>27,717</b>	<b>28,903</b>	<b>29,284</b>	<b>7.7%</b>

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



# Population Health

## *Children in the Study Area – Academic Enrollment by Grade*

- Total early education and elementary school enrollment across all Midland County independent school districts increased between the 2014-2015 and 2018-2019 academic years (11.7% and 7.9%, respectively).
- Between the 2014-2015 and 2018-2019 academic years, pre-kindergarten grades in all Midland districts experienced the largest percentage increase (15.9%), followed by 5<sup>th</sup> grade (13.3%) and 4<sup>th</sup> grade (11.3%) students.
- Percentages of early education students decreased between 2014-2015 and 2018-2019 (-22.9%).

EARLY EDUCATION						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Early Education	129	113	110	104	105	-22.9%
Pre-kindergarten	736	885	911	931	875	15.9%
<b>Grand Total</b>	<b>865</b>	<b>998</b>	<b>1,021</b>	<b>1,035</b>	<b>980</b>	<b>11.7%</b>

ELEMENTARY SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Kindergarten	2,275	2,283	2,277	2,421	2,502	9.1%
Grade 1	2,339	2,279	2,276	2,404	2,464	5.1%
Grade 2	2,342	2,297	2,271	2,327	2,368	1.1%
Grade 3	2,135	2,253	2,290	2,355	2,312	7.7%
Grade 4	2,087	2,106	2,230	2,373	2,353	11.3%
Grade 5	2,058	2,092	2,056	2,325	2,375	13.3%
<b>Grand Total</b>	<b>13,236</b>	<b>13,310</b>	<b>13,400</b>	<b>14,205</b>	<b>14,374</b>	<b>7.9%</b>

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



# Population Health

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

- Total middle school and high school enrollment across all Midland Independent School Districts increased between the 2014-2015 and 2018-2019 academic years (8.1% and 6.5%, respectively).
- Between the 2014-2015 and 2018-2019 academic years, 6<sup>th</sup> grade classes in all Midland districts experienced the largest percentage increase (13.3%), followed by 10<sup>th</sup> grade (11.9%) and 11<sup>th</sup> grade (9.6%) students.
- Percentages of 9<sup>th</sup> grade students remained steady between 2014-2015 and 2018-2019 (0.7%).

MIDDLE SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Grade 6	1,991	2,006	2,086	2,072	2,297	13.3%
Grade 7	1,936	1,997	2,001	2,137	2,079	6.9%
Grade 8	2,039	1,915	1,978	2,012	2,116	3.6%
<b>Grand Total</b>	<b>5,966</b>	<b>5,918</b>	<b>6,065</b>	<b>6,221</b>	<b>6,492</b>	<b>8.1%</b>

HIGH SCHOOL						
Grade Level Name	2014-2015 Academic Year	2015-2016 Academic Year	2016-2017 Academic Year	2017-2018 Academic Year	2018-2019 Academic Year	2014-2015 to 2018-2019 % Change
Grade 9	2,091	2,303	2,149	2,252	2,105	0.7%
Grade 10	1,856	1,807	1,960	1,931	2,106	11.9%
Grade 11	1,615	1,670	1,636	1,787	1,786	9.6%
Grade 12	1,393	1,370	1,486	1,472	1,441	3.3%
<b>Grand Total</b>	<b>6,955</b>	<b>7,150</b>	<b>7,231</b>	<b>7,442</b>	<b>7,438</b>	<b>6.5%</b>

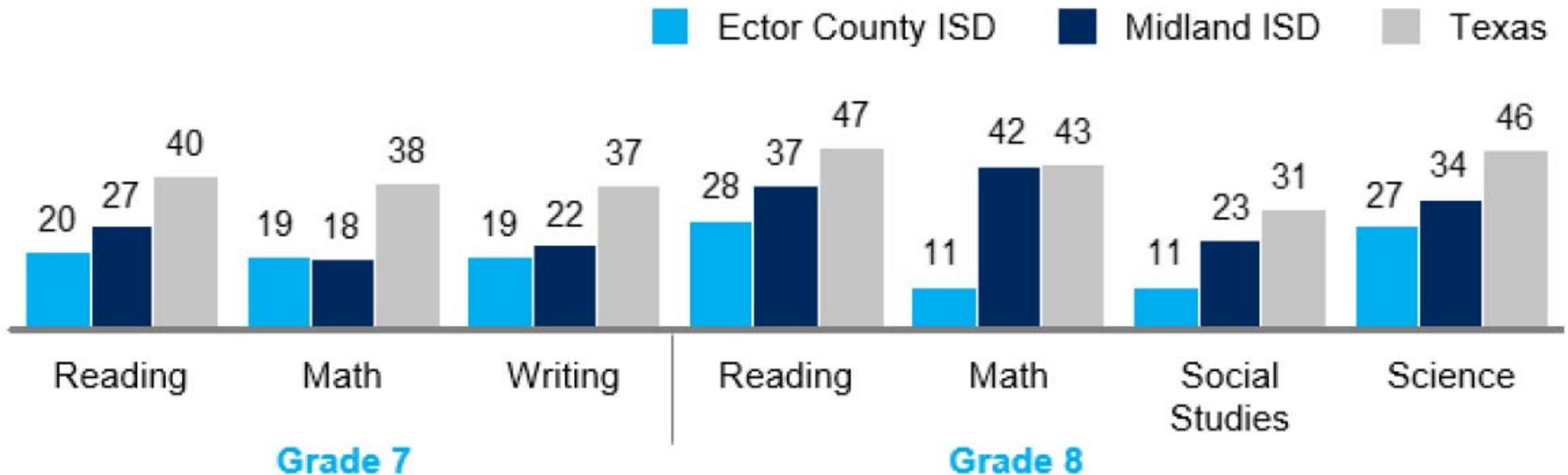
Source: Texas Education Agency, PEIMS Student Enrollment Data by Academic Year, <https://rptsvr1.tea.texas.gov/adhocrpt/adste.html>; data accessed April 8, 2019.  
 Note: Independent school districts in Midland County include Greenwood Independent School District (ISD), Midland Academy Charter School,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



# Population Health

## Children in the Study Area – Academic Grade Level Performance

- According to the PSP, oil industry professionals with children rate public education as the single greatest factor in evaluating a location change
- In 2016-2017, the percentages of 7<sup>th</sup> and 8<sup>th</sup> grade Midland County ISD students meeting grade level performance standards in Reading, Math, Writing and Social Studies categories were lower than state averages across all Texas districts
- Due to poor public school performance, Midland County is at a disadvantage in recruiting a quality oil industry workforce



Source: Permian Strategic Partnership, Study Summary; information received April 3, 2019.  
 Source: Texas Education Agency (TEA), <https://tea.texas.gov/>.



# HEALTH DATA OVERVIEW



# Health Status

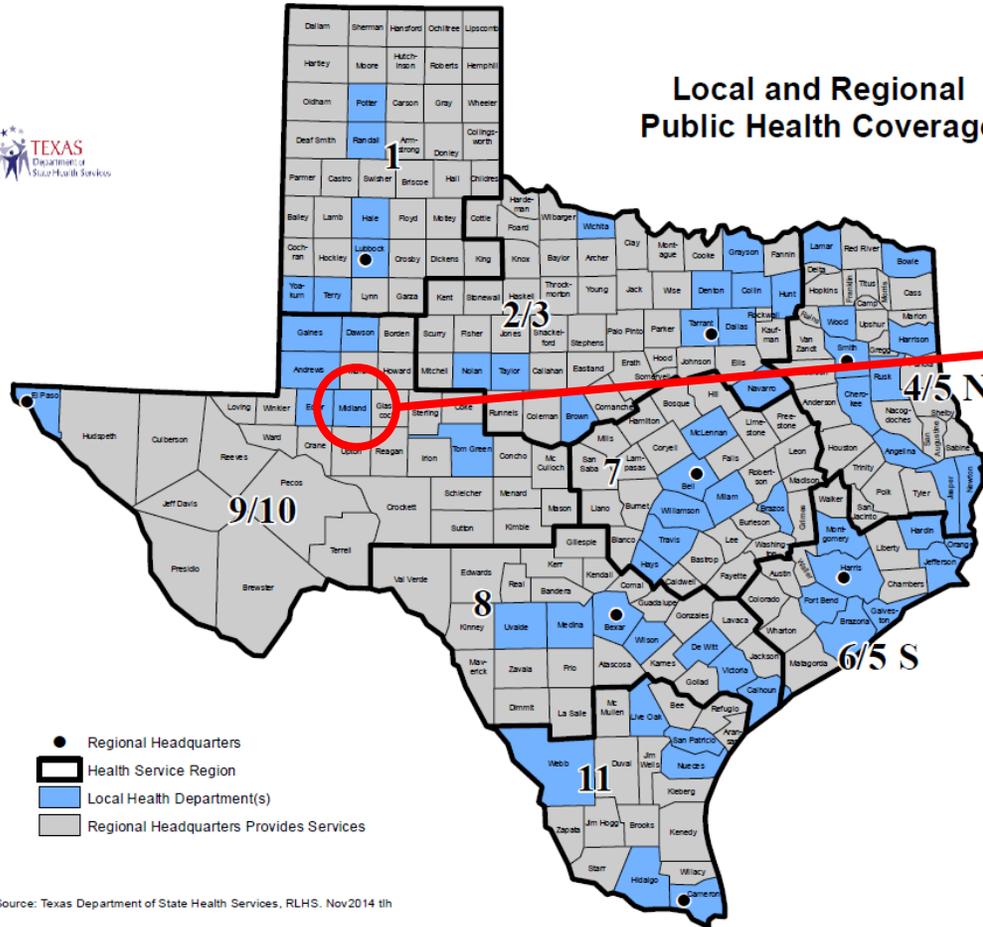
## *Data Methodology*

- **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)
  - Community Commons
  - The Behavioral Risk Factor Surveillance System (BRFSS)
    - The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, information is collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.
    - It is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors.
    - States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts.
  - The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute
  - United States Census Bureau
- **Data Levels: Nationwide, state, health service region, and county level data**



# Health Status

## County and Health Service Region Map – 36 County Region



County Name	Health Service Region
Midland	9/10

- Regional Headquarters
- ▭ Health Service Region
- Local Health Department(s)
- Regional Headquarters Provides Services

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

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



# Health Status

## County Health Rankings & Roadmaps – Midland 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:
  - Health Behaviors:
    - Adult smoking
    - Adult obesity
    - Physical inactivity
    - Sexually transmitted infections
  - Physical Environment:
    - Air pollution – particulate matter
    - Drinking water violations
    - Severe housing problems
    - Driving alone to work

2019 County Health Rankings	Midland County
<b>Health Outcomes</b>	<b>29</b>
LENGTH OF LIFE	43
QUALITY OF LIFE	42
<b>Health Factors</b>	<b>48</b>
HEALTH BEHAVIORS	134
CLINICAL CARE	39
SOCIAL & ECONOMIC FACTORS	45
PHYSICAL ENVIRONMENT	140

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed March 19, 2019.  
 Note: Please see the appendix for full methodology.  
 Note: County Health Rankings ranks 244 of the 254 counties in Texas.



# Health Status

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

Rank	Midland County	Texas
1	Diseases of heart (I00-I09,I11,I13,I20-I51)	Diseases of heart (I00-I09,I11,I13,I20-I51)
2	Malignant neoplasms (C00-C97)	Malignant neoplasms (C00-C97)
3	Chronic lower respiratory diseases (J40-J47)	Cerebrovascular diseases (I60-I69)
4	Alzheimer's disease (G30)	Accidents (unintentional injuries) (V01-X59,Y85-Y86)
5	Accidents (unintentional injuries) (V01-X59,Y85-Y86)	Chronic lower respiratory diseases (J40-J47)
6	Cerebrovascular diseases (I60-I69)	Alzheimer's disease (G30)
7	Influenza and pneumonia (J09-J18)	Diabetes mellitus (E10-E14)
8	Septicemia (A40-A41)	Septicemia (A40-A41)
9	Chronic liver disease and cirrhosis (K70,K73-K74)	Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)
10	Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	Chronic liver disease and cirrhosis (K70,K73-K74)

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.



# Health Status

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

Disease	Midland County	Texas
Diseases of heart (I00-I09,I11,I13,I20-I51)	 179.6	169.5
Malignant neoplasms (C00-C97)	 153.7	148.0
Chronic lower respiratory diseases (J40-J47)	 56.1	40.4
Alzheimer's disease (G30)	 46.8	38.2
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	 37.5	38.3
Cerebrovascular diseases (I60-I69)	 35.5	42.0
Influenza and pneumonia (J09-J18)	 25.6	11.8
Septicemia (A40-A41)	 16.1	16.4
Chronic liver disease and cirrhosis (K70,K73-K74)	 13.8	13.8
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	 11.3	12.8

-  Green indicates that the county's rate is lower than the state's rate for that disease category.
-  Red indicates that the county's rate is higher than the state's rate for that disease category.
-  Yellow indicates that the county's rate is consistent with the state's rate for that disease category.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
 Note: Age Adjustment Uses 2000 Standard Population. Rates calculated with small numbers are unreliable and should be used cautiously.

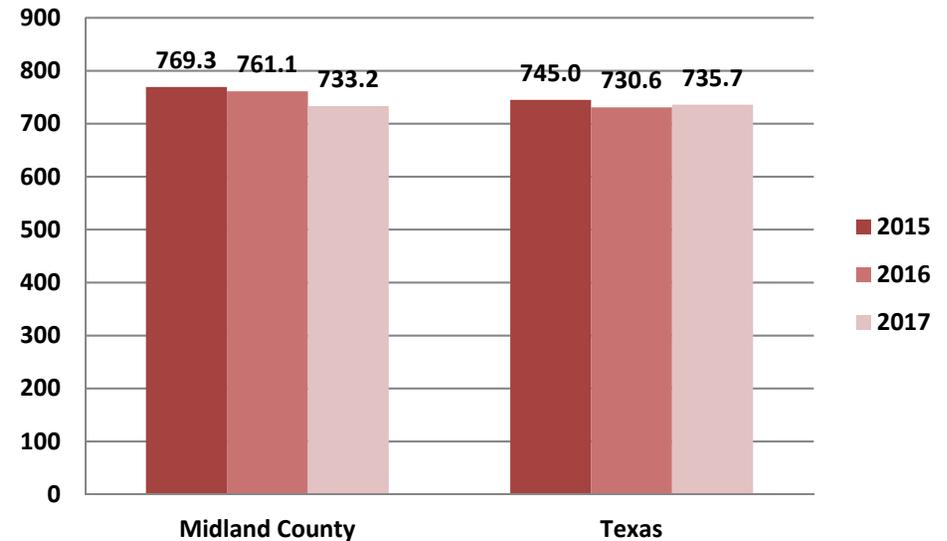


# Health Status

## Mortality – Overall

- Overall mortality rates in Midland County remained higher than the state in 2015 and 2016, and was consistent with the state in 2017.
- Overall mortality rates in Midland County and the state decreased between 2015 and 2017.
- In 2017, the overall mortality rate in Midland County (733.2 per 100,000) was consistent with the state (735.7 per 100,000).

**Overall Mortality**  
Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	1,099	769.3	1,096	761.1	1,086	733.2	3,281	754.2
Texas	189,654	745.0	191,966	730.6	198,106	735.7	579,726	737.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

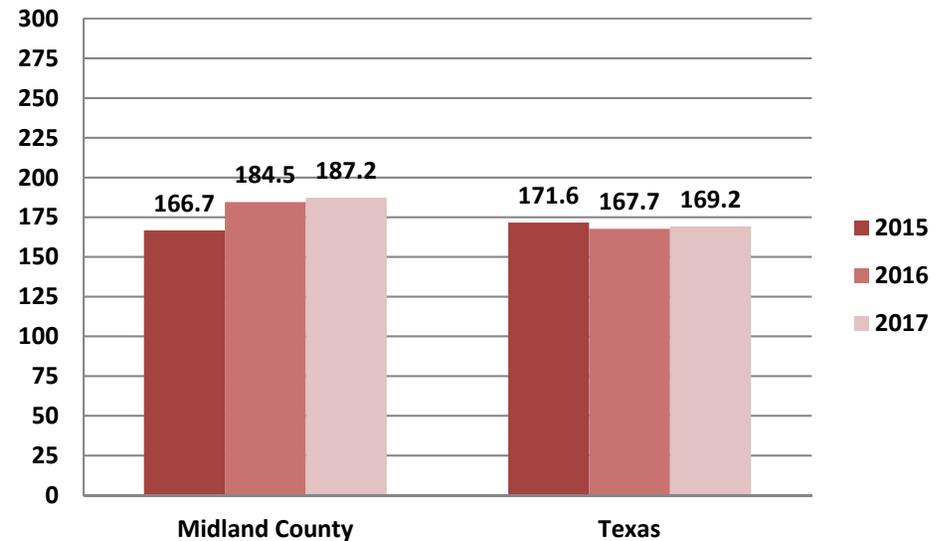


# Health Status

## Mortality – Diseases of the Heart

- Heart disease is the leading cause of death in both Midland County and the state (2015-2017).
- Between 2015 and 2017, heart disease mortality rates overall increased in Midland County, and remained steady in the state.
- In 2017, the heart disease mortality rate in Midland County (187.2 per 100,000) was higher than the state rate (169.2 per 100,000).

**Diseases of Heart**  
Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	236	166.7	263	184.5	279	187.2	778	179.6
Texas	43,298	171.6	43,772	167.7	45,346	169.2	132,416	169.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

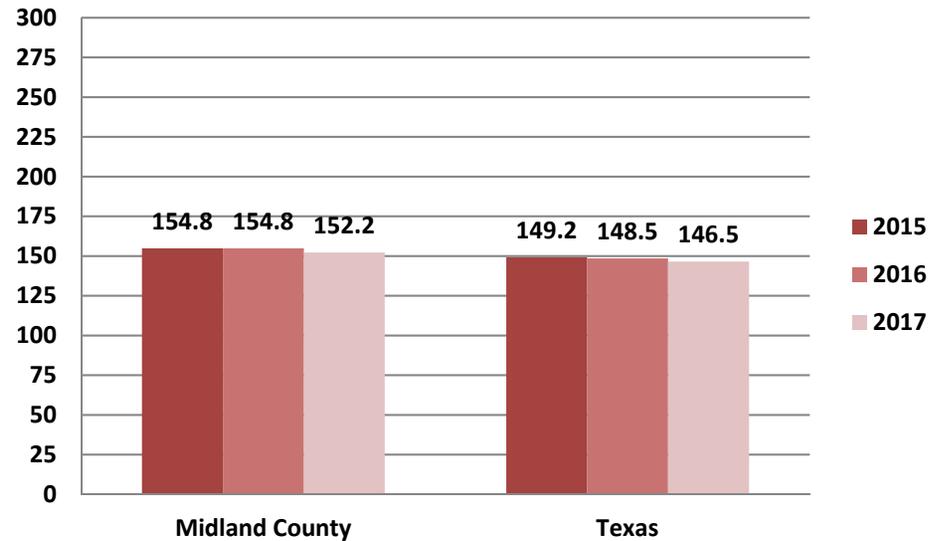


# Health Status

## Mortality – Malignant Neoplasms

- Cancer is the second leading cause of death in both Midland County and the state (2015-2017).
- Between 2015 and 2017, cancer mortality rates decreased in Midland County and the state.
- In 2017, the cancer mortality rate in Midland County (152.2 per 100,000) was slightly higher than the state rate (146.5 per 100,000).

**Malignant Neoplasms**  
Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	220	154.8	225	154.8	220	152.2	665	153.7
Texas	39,121	149.2	40,195	148.5	40,668	146.5	119,984	148.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



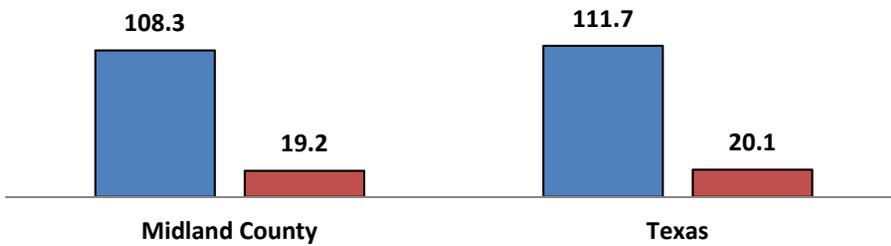
# Health Status

## Cancer Incidence & Mortality by Type

### Female Breast

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015

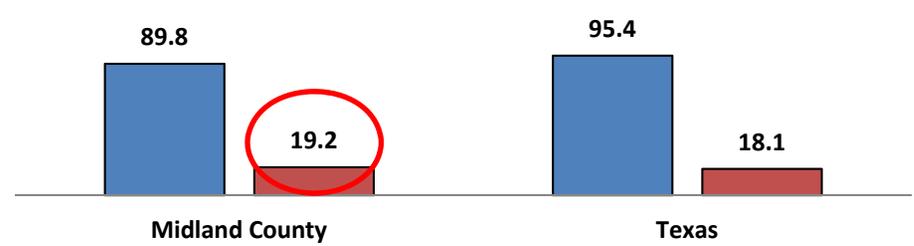
■ Incidence ■ Mortality



### Prostate

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015

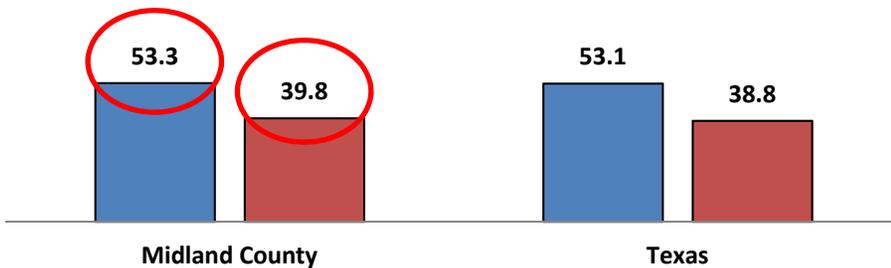
■ Incidence ■ Mortality



### Lung and Bronchus

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015

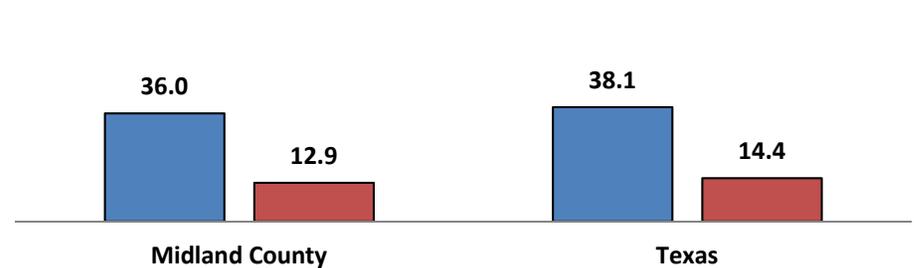
■ Incidence ■ Mortality



### Colon and Rectum

Age-adjusted Incidence and Mortality Rates per 100,000  
2011-2015

■ Incidence ■ Mortality



Source: Texas Cancer Registry, Cancer Incidence and Mortality by Site and County, <http://www.cancer-rates.info/TX/index.php>; data accessed December 10, 2018.  
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.



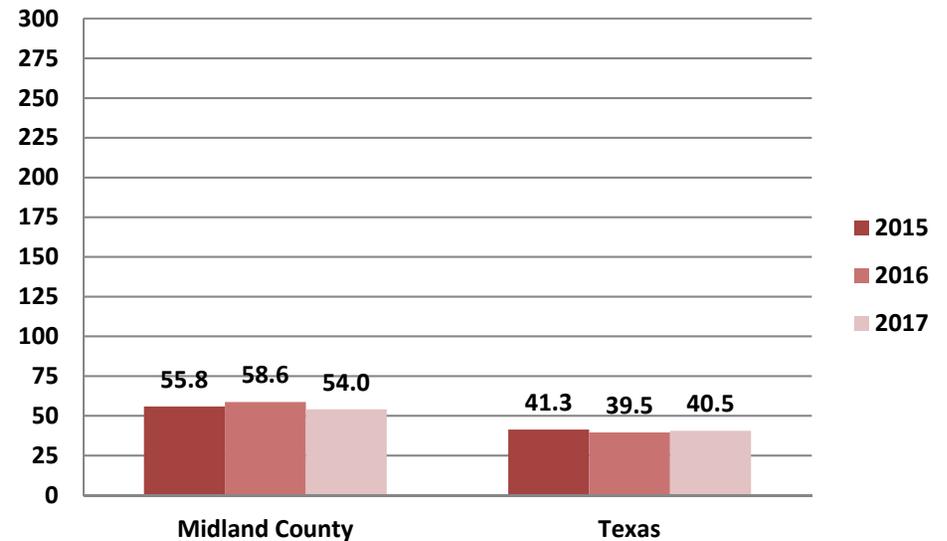
# Health Status

## Mortality – Chronic Lower Respiratory Disease

- Chronic lower respiratory disease (CLRD) is the third leading cause of death in Midland County, and the fifth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, CLRD mortality rates fluctuated in Midland County, and decreased in the state.
- In 2017, the CLRD mortality rate in Midland County (54.0 per 100,000) was higher than the state rate (40.5 per 100,000).

### Chronic Lower Respiratory Diseases

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	74	55.8	81	58.6	78	54.0	233	56.1
Texas	10,231	41.3	10,107	39.5	10,650	40.5	30,988	40.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.

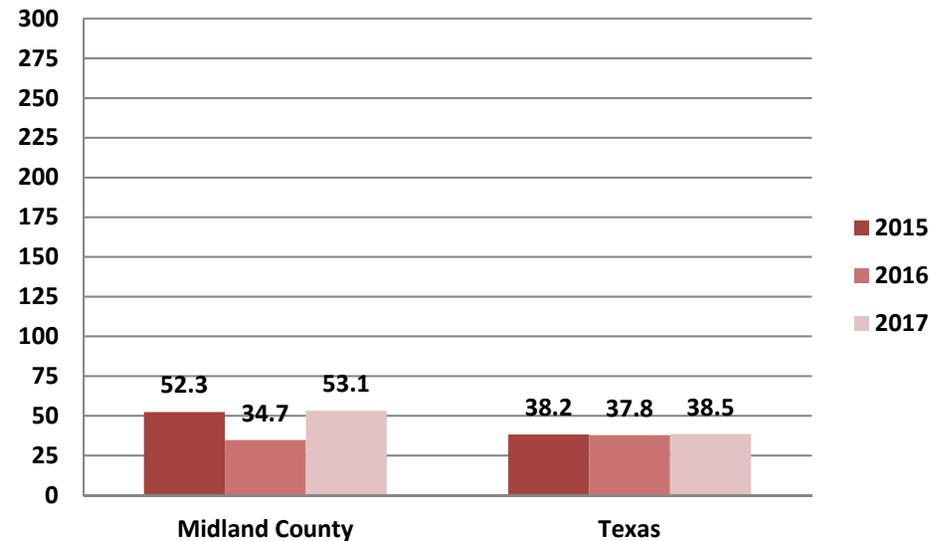


# Health Status

## Mortality – Alzheimer’s Disease

- Alzheimer’s disease is the fourth leading cause of death in Midland County, and the sixth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, Alzheimer’s disease mortality rates fluctuated in Midland County and remained relatively stable in the state.
- In 2017, the Alzheimer’s disease mortality rate in Midland County (53.1 per 100,000) was higher than the rate in the state (38.5 per 100,000).

**Alzheimer's Disease**  
Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	71	52.3	49	34.7	78	53.1	198	46.8
Texas	8,903	38.2	9,135	37.8	9,545	38.5	27,583	38.2

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



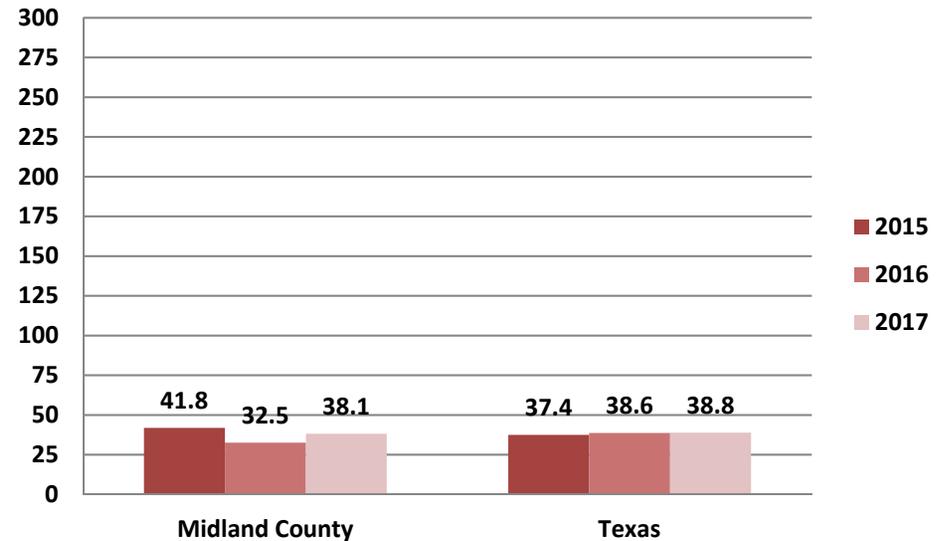
# Health Status

## Mortality – Accidents

- Fatal accidents are the fifth leading cause of death in Midland County, the fourth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, accident mortality rates slightly decreased in Midland County, but slightly increased in the state.
- In 2017, the accident mortality rate in Midland County (38.1 per 100,000) was consistent with the state rate (38.8 per 100,000).
- The leading cause of fatal accidents in Midland County is due to motor vehicle accidents (2017).

### Accidents

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	68	41.8	50	32.5	60	38.1	178	37.5
Texas	9,976	37.4	10,536	38.6	10,763	38.8	31,275	38.3

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
 Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. 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.

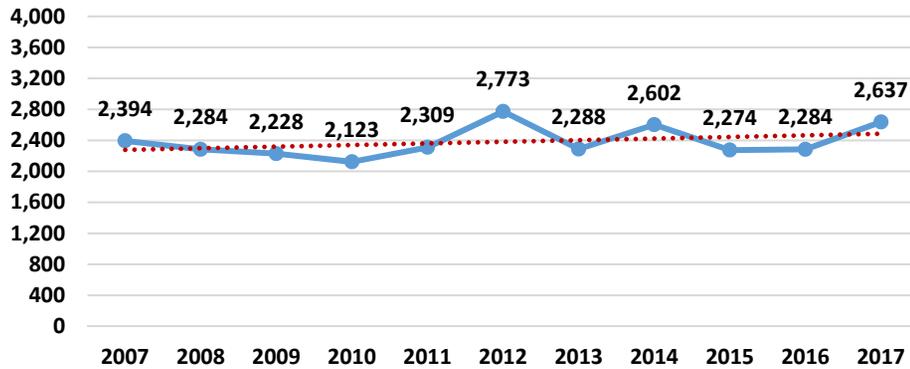


# Health Status

## Mortality – Accidents by Type

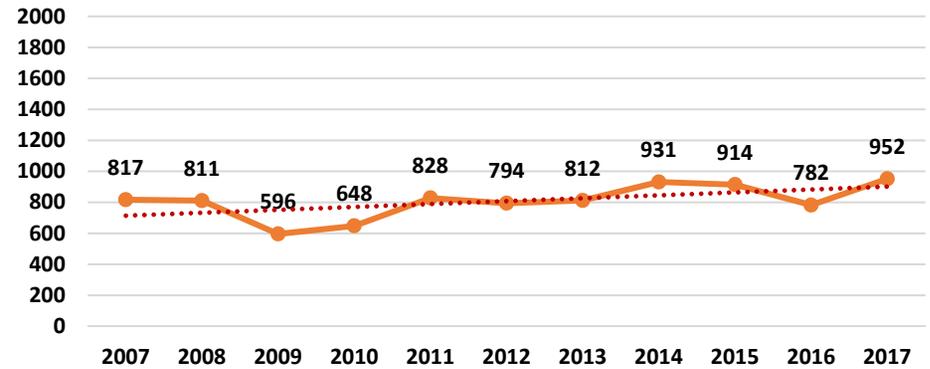
### Non-injury Crashes

Number of Crashes by Year  
2007-2017



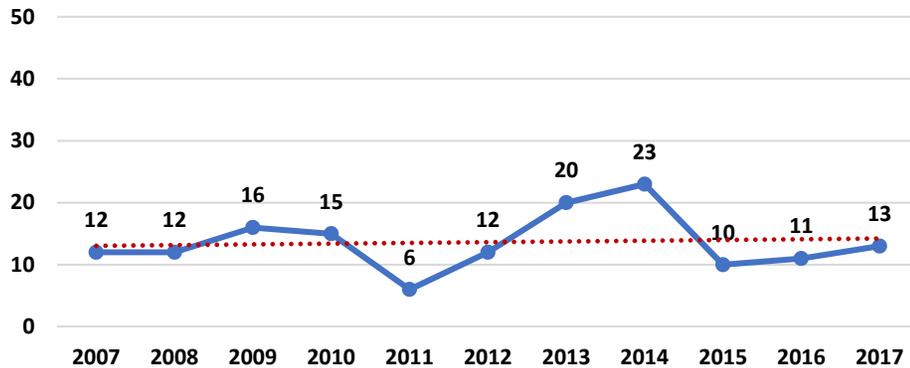
### Injury Crashes

Number of Crashes by Year  
2007-2017



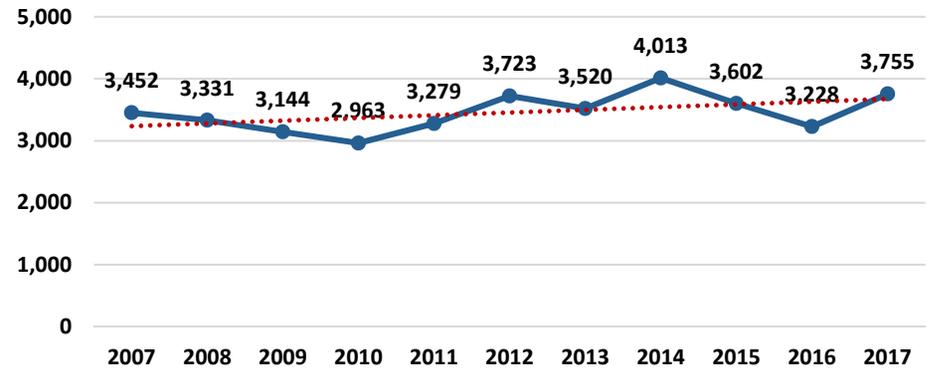
### Fatal Crashes

Number of Crashes by Year  
2007-2017



### Total Crashes

Number of Crashes by Year  
2007-2017



Source: City of Midland, Annual Traffic Crash Report: 2017 Traffic Crash Report, <https://www.midlandtexas.gov/crashreports>; information accessed February 3, 2019.



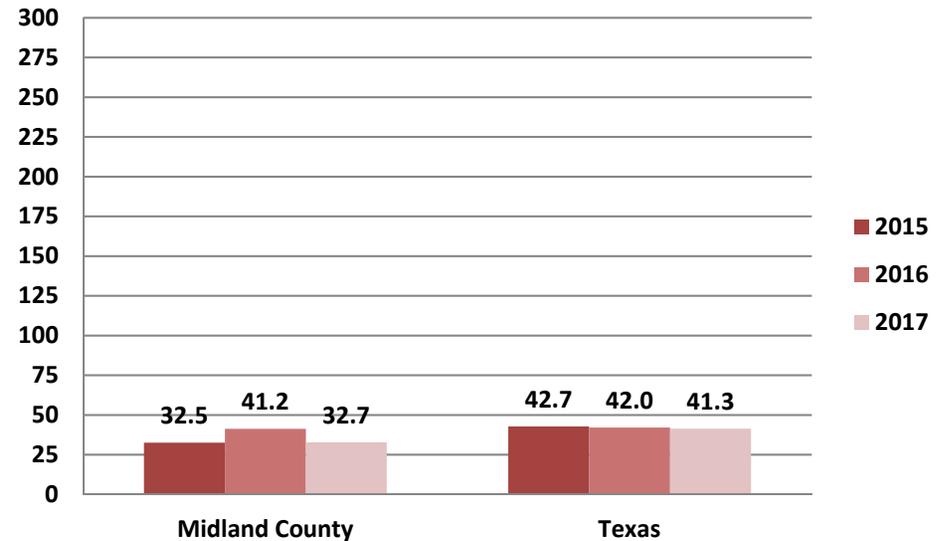
# Health Status

## Mortality – Cerebrovascular Disease

- Cerebrovascular disease is the sixth leading cause of death in Midland County, and the third leading cause of death in the state (2015-2017).
- Between 2015 and 2017, cerebrovascular disease mortality rates fluctuated in Midland County, and decreased in the state.
- In 2017, the cerebrovascular disease mortality rate in Midland County (32.7 per 100,000) was lower than the state rate (41.3 per 100,000).

### Cerebrovascular Diseases

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	45	32.5	55	41.2	48	32.7	148	35.5
Texas	10,485	42.7	10,673	42.0	10,790	41.3	31,948	42.0

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



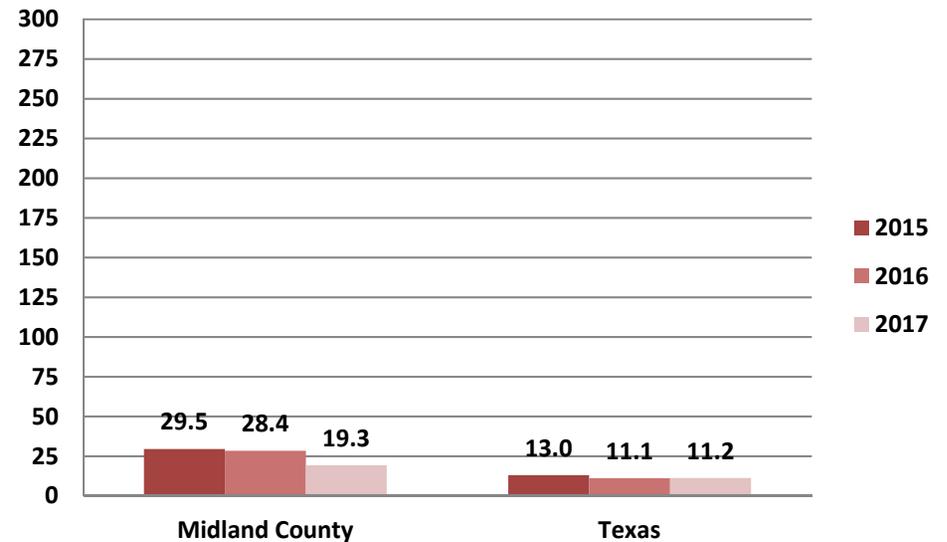
# Health Status

## Mortality – Influenza & Pneumonia

- Influenza and pneumonia is the seventh leading cause of death in Midland County, and is not one of the leading causes for the state (2015-2017).
- Between 2015 and 2017, influenza and pneumonia mortality rates decreased in Midland County and the state.
- In 2017, the influenza and pneumonia mortality rate in Midland County (19.3 per 100,000) was higher than the rate in the state (11.2 per 100,000).

### Influenza and Pneumonia

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	42	29.5	39	28.4	29	19.3	110	25.6
Texas	3,214	13.0	2,860	11.1	2,954	11.2	9,028	11.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



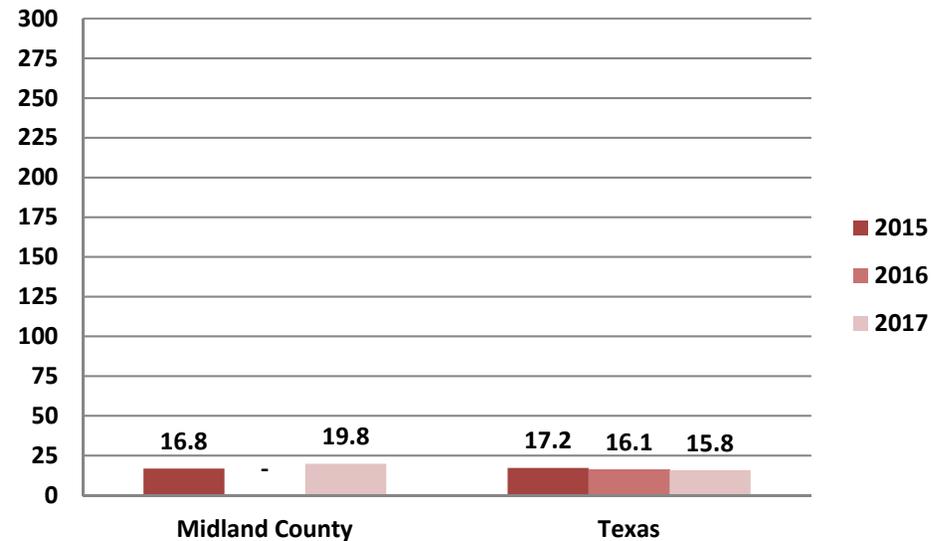
# Health Status

## Mortality – Septicemia

- Septicemia is the eighth leading cause of death in Midland County and the state (2015-2017).
- Between 2015 and 2017, septicemia mortality rates decreased in the state.
- In 2017, the septicemia mortality rate in Midland County (19.8 per 100,000) was higher than the state (15.8 per 100,000).

### Septicemia

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	23	16.8	17	-	27	19.8	67	16.1
Texas	4,381	17.2	4,230	16.1	4,268	15.8	12,879	16.4

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



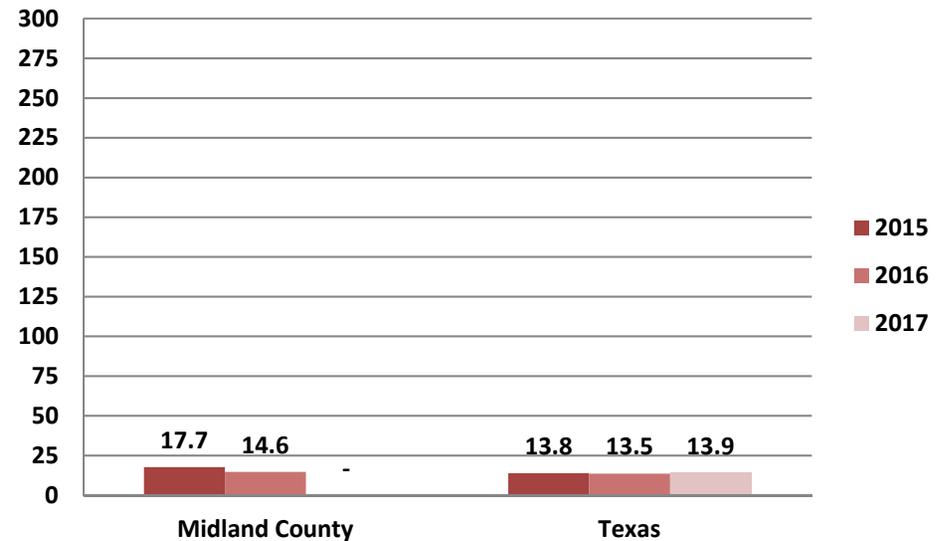
# Health Status

## Mortality – Chronic Liver Disease and Cirrhosis

- Chronic liver disease and cirrhosis is the ninth leading cause of death in Midland County and the tenth leading cause of death in the state (2015-2017).
- Between 2015 and 2017, chronic liver disease and cirrhosis mortality rates remained steady in the state.
- In 2016, the chronic liver disease and cirrhosis mortality rate in Midland County (14.6 per 100,000) was slightly higher than the state (13.5 per 100,000).

### Chronic Liver Disease and Cirrhosis

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	26	17.7	21	14.6	15	-	62	13.8
Texas	3,844	13.8	3,880	13.5	4,107	13.9	11,831	13.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



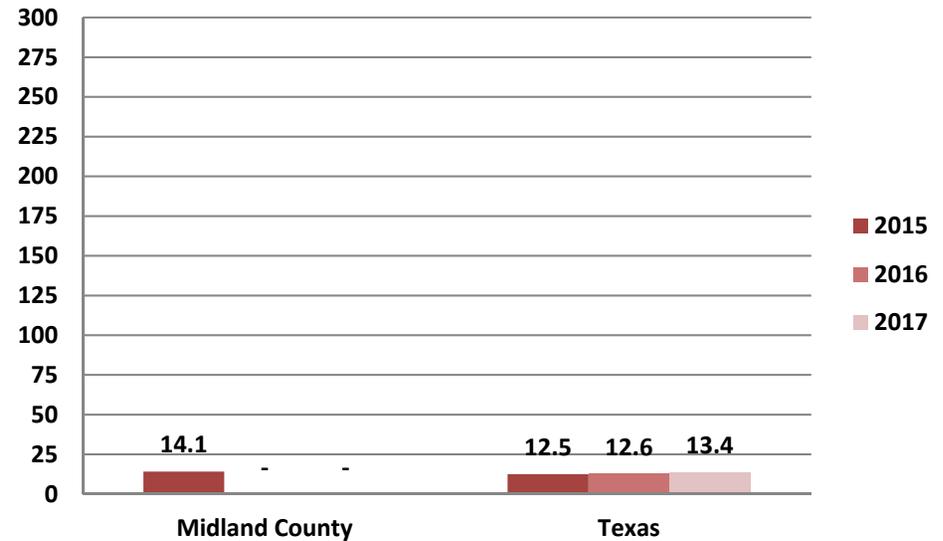
# Health Status

## Mortality – Intentional Self-Harm (Suicide)

- Intentional self-harm (suicide) is the tenth leading cause of death in Midland County, and is not a leading cause of death in the state (2015-2017).
- Between 2015 and 2017, intentional self-harm mortality rates increased in the state.
- In 2015, the intentional self-harm mortality rate in Midland County (14.1 per 100,000) was slightly higher than the state (12.5 per 100,000).

### Intentional Self-Harm (Suicide)

Age-adjusted Death Rates per 100,000  
2015-2017



LOCATION	2015		2016		2017		2015-2017	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Midland County	23	14.1	16	-	14	-	53	11.3
Texas	3,403	12.5	3,488	12.6	3,778	13.4	10,669	12.8

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://wonder.cdc.gov/ucd-icd10.html>; data accessed December 10, 2018.  
Note: Age Adjustment Uses 2000 Standard Population. "-" indicates that the numerator is too small for rate calculation. Rates calculated with small numbers are unreliable and should be used cautiously.



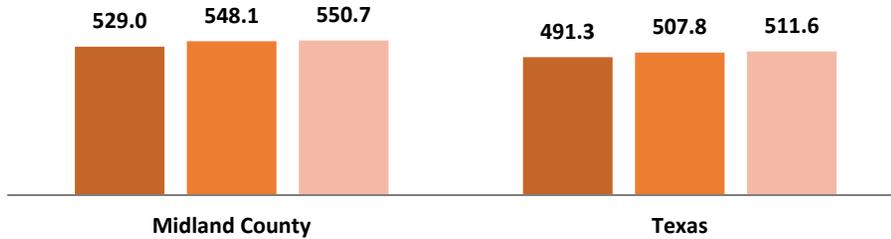
# Health Status

## Communicable Diseases – Chlamydia, Gonorrhea, Syphilis, HIV

### Chlamydia

Rate per 100,000  
2015-2017

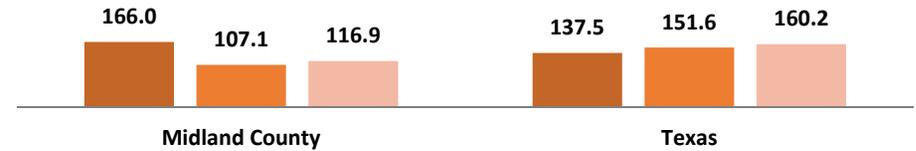
■ 2015 ■ 2016 ■ 2017



### Gonorrhea

Rate per 100,000  
2015-2017

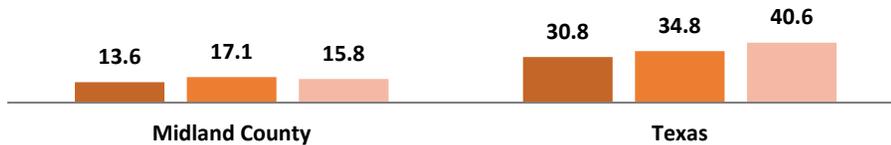
■ 2015 ■ 2016 ■ 2017



### Syphilis

Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017



### HIV Diagnoses

Rate per 100,000  
2015-2017

■ 2015 ■ 2016 ■ 2017



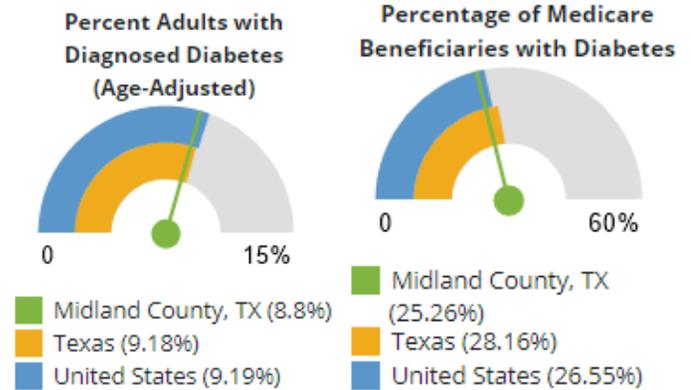
Source: Texas Department of State Health Services, HIV/STD Program: Reports. <https://dshs.texas.gov/hivstd/reports/>; information accessed January 25, 2019.



# Health Status

## Chronic Conditions - Diabetes

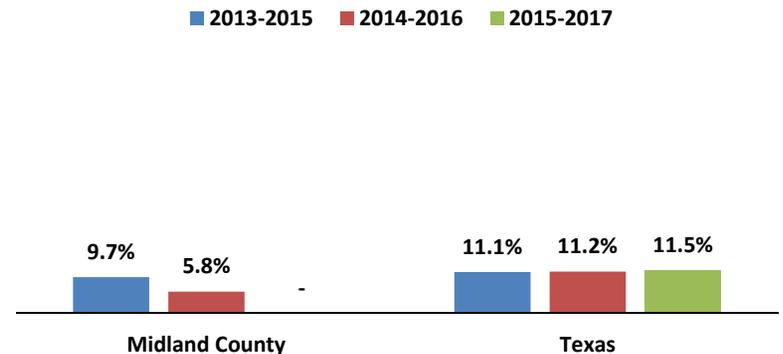
- In 2013, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Midland County (8.8%) was consistent with the state (9.2%) and national (9.2%) rates.
- In 2015, the percentage of Medicare Beneficiaries with diabetes in Midland County (25.3%) was lower than the state rate (28.2%) and the national rate (26.6%).
- Between 2013 and 2017, diabetes prevalence rates in adults (age 18+) in Texas slightly increased.
- In 2014-2016, the Midland County (5.8%) had a lower percent of adults (age 18+) who had ever been diagnosed with diabetes than the state (11.2%).



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

### Diabetes

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



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

Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.  
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
 Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?  
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

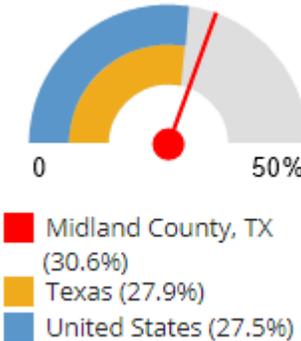


# Health Status

## Chronic Conditions – Obesity

- In 2013, Midland County (30.6%) had a higher percentage of adults (age 20+) who reported having a Body Mass Index (BMI) greater than 30.0 (obese) than the state (27.9%) and the nation (27.5%).
- Between 2013 and 2017, obesity prevalence rates in adults (age 18+) in Midland County decreased, while rates in the state slightly increased.
- In 2015-2017, Midland County (31.5%) had a slightly lower percentage of obese adults (age 18+) than the state (33.0%).

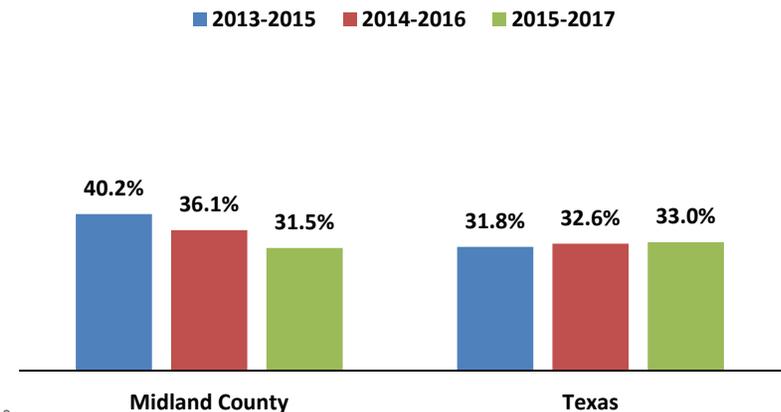
Percentage of Adults Obese



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

### Obesity

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



Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.  
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
 Definition: BMI is (weight in lbs. divided by (height in inches squared)) times 703. Recommended BMI is 18.5 to 24.9 Overweight is 25.0 to 29.9 Obese is => 30.0.  
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

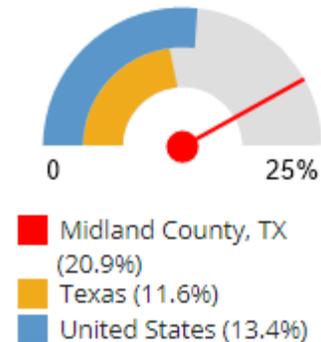


# Health Status

## Chronic Conditions – Asthma

- In 2011-2012, the percent of adults (age 18+) in Midland County (20.9%) that had ever been told by a health professional that they had asthma was higher than the state rate (11.6%) and national rate (13.4%).
- Between 2013 and 2017, asthma prevalence rates in adults (age 18+) in Midland County decreased, while rates in the state slightly increased.
- In 2015-2017, Midland County (7.5%) had a lower percentage of adults (age 18+) ever diagnosed with asthma than the state (12.1%).

Percent Adults with Asthma

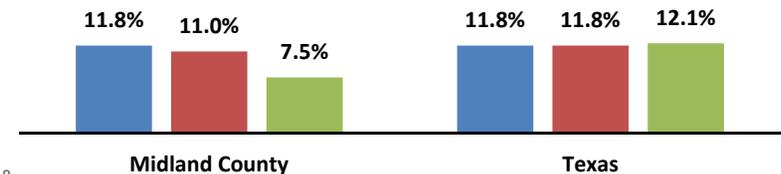


Note: a green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

### Asthma

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

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, [www.communitycommons.org](http://www.communitycommons.org); data accessed December 13, 2018.  
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
 Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?  
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

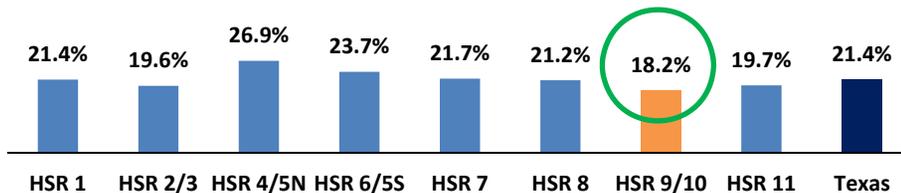


# Health Status

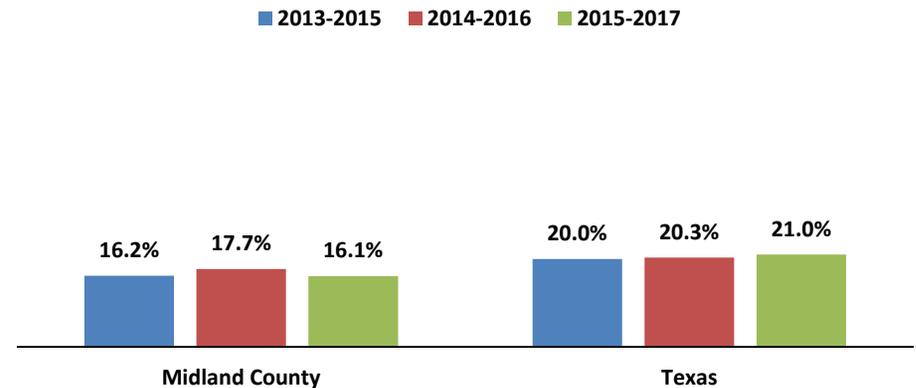
## Chronic Conditions – Arthritis

- In 2017, the percentage of adults (age 18+) ever diagnosed with arthritis in HSR 9/10 (18.2%) was the lowest as compared to all other health service regions and the state (21.4%).
- Between 2013 and 2017, arthritis prevalence rates in adults (age 18+) in Midland County remained relatively steady, while rates in the state slightly increased.
- In 2015-2017, Midland County (16.1%) had a lower percentage of adults (age 18+) ever diagnosed with arthritis than the state (21.0%).

**Arthritis**  
Percentage, Adults (age 18+)  
2017



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



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

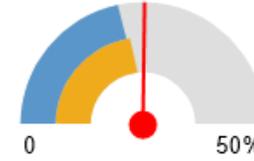


# Health Status

## Health Behaviors – Physical Inactivity

- In 2013, the percent of the adult population (age 20+) in Midland County (25.3%) that self-reported no leisure time for physical activity was higher than the state rate (22.9%) and the national rate (21.8%).
- In 2016, the number per 100,000 population of recreation and fitness facilities in Midland County (11.0) was higher than the state rate (9.3) and consistent with the national rate (11.0).
- The percent of adults (age 18+) that did not participate in leisure time physical activity in Midland County overall decreased between 2013 and 2017, while rates in the state remained steady.
- In 2015-2017, the percentage of adults (age 18+) that did not participate in physical activity in Midland County (27.2%) was slightly lower than the state (28.8%).

Percent Population with no Leisure Time Physical Activity



■ Midland County, TX (25.3%)  
 ■ Texas (22.9%)  
 ■ United States (21.8%)

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



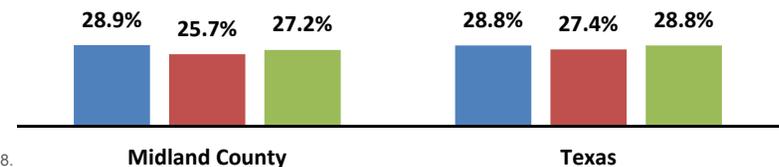
■ Midland County, TX (10.96)  
 ■ Texas (9.33)  
 ■ United States (11.01)

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

### No Leisure Time Physical Activity

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

■ 2013-2015 ■ 2014-2016 ■ 2015-2017



Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.

Recreation and Fitness Facility Definition: Establishments primarily engaged in operating fitness and recreational sports facilities featuring exercise and other active physical fitness conditioning or recreational sports activities, such as swimming, skating, or racquet sports

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

Physical Activity Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?

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

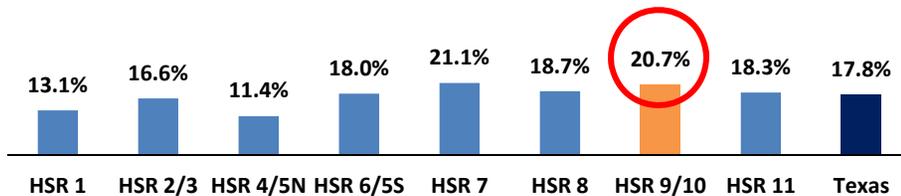


# Health Status

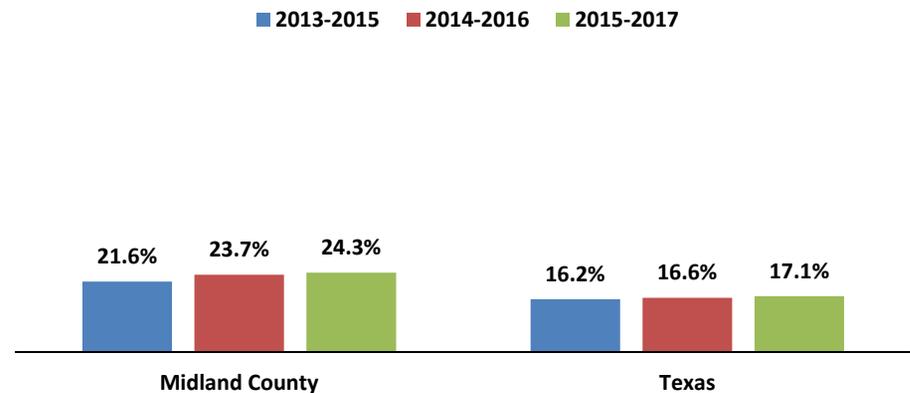
## Health Behaviors – Binge Drinking

- In 2017, the percentage of adults (age 18+) at risk of binge drinking in HSR 9/10 (20.7%) was the second highest as compared to all other health service regions and the state (17.8%).
- Between 2013 and 2017, the percentage of adults (age 18+) at risk of binge drinking in Midland County and the state slightly increased.
- In 2015-2017, Midland County (24.3%) had a higher percentage of adults (age 18+) at risk of binge drinking than the state (17.1%).

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



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



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
 Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Respondents are classified as "at risk" for binge drinking if males reported consuming 5 or more and females reported consuming 4 or more alcoholic beverages at one time.  
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.



# Health Status

## Health Behaviors – Smoking

- The percent of the adult (age 18+) population in Midland County (19.3%) that self-reported **currently smoking cigarettes some days or every day** was higher than the state rate (16.5%) and national rate (18.1%) (2006-2012).
- Between 2013 and 2017, the percent of adults (age 18+) that self-reported smoking every day in Midland County steadily decreased, while rates in the state slightly decreased.
- In 2015-2017, the prevalence of current, every day smokers in Midland County (24.3%) was slightly lower than the state (25.0%).

Percentage of Adults Smoking Cigarettes



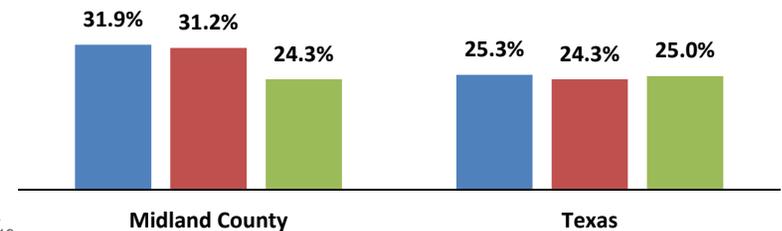
■ Midland County, TX (19.3%)  
■ Texas (16.5%)  
■ United States (18.1%)

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

### Smoking Status - Every Day

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

■ 2013-2015    ■ 2014-2016    ■ 2015-2017



Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.

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

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

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

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



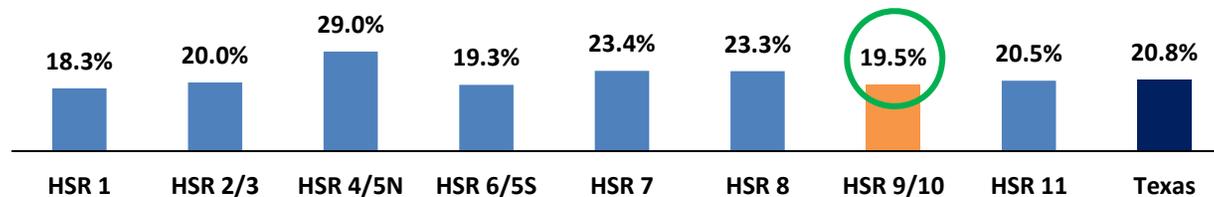
MIDLAND HEALTH

# Health Status

## Health Behaviors – E-Cigarette Use

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

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



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

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

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



# Health Status

## Maternal & Child Health Indicators

**No Prenatal Care**  
Percent of All Births, 2015



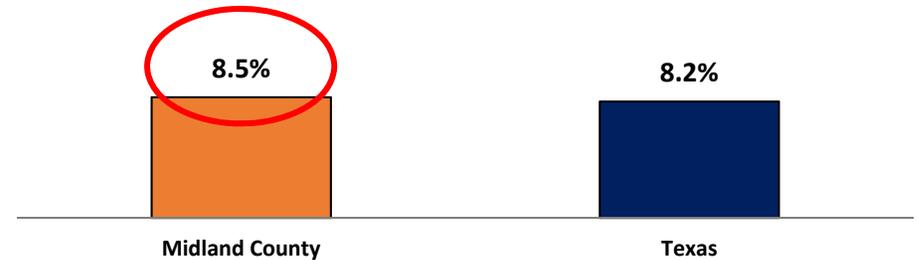
**Smoking During Pregnancy**  
Percent of All Births, 2015



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



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



Source: Texas Department of State Health Services, Texas Health Data, Birth Outcomes report filtered for Midland County, TX; <http://healthdata.dshs.Texas.gov/VitalStatistics/Birth>; data accessed December 10, 2018.

Note: percentages are crude rates based on number of specific indicator-related cases divided by total births. Rates are not calculated if number of cases are too low for statistical reliability.

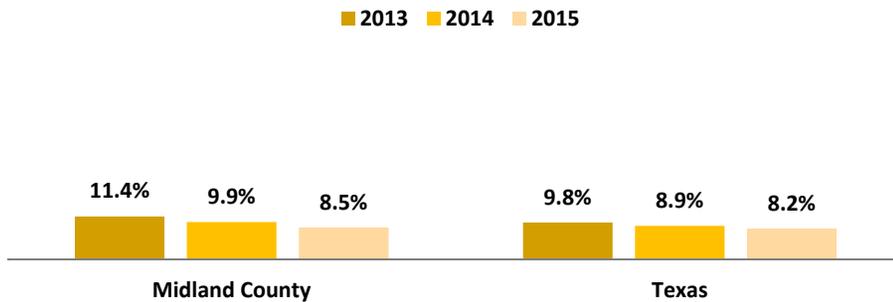


# Health Status

## Maternal & Child Health – Teen Births

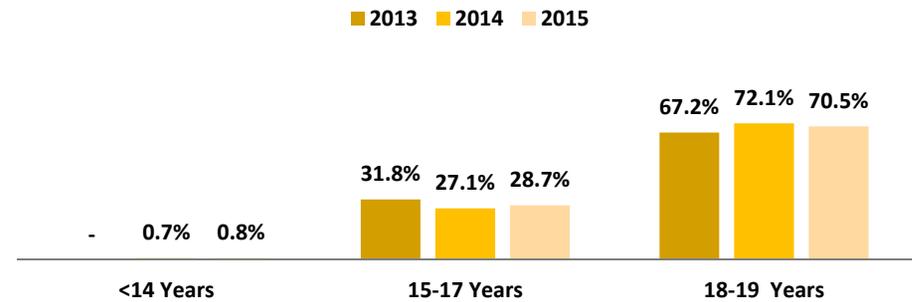
### Teen Births

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



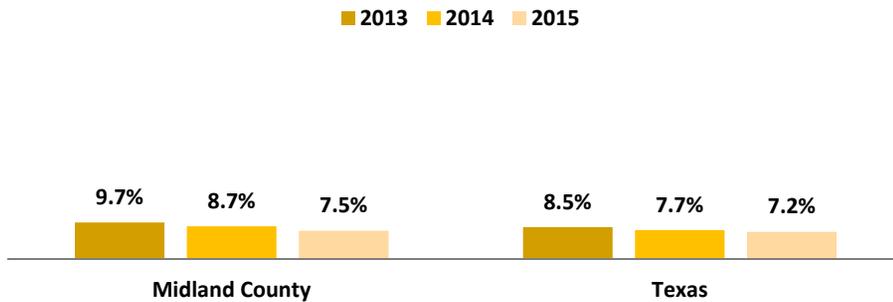
### Teen Births by Age Group

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



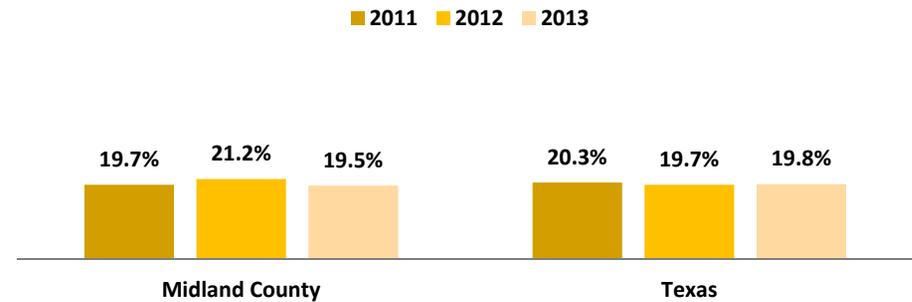
### Births to Single Teens

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



### Repeat Births to Teens

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



Source: KIDS COUNT Data Center, Texas KIDS COUNT at the Center for Public Policy Priorities, data filtered for Midland County, TX, <https://datacenter.kidscount.org/>; information accessed February 1, 2019.

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



# Health Status

## Mental Health – Depressive Disorders

- In 2015, the percentage of Medicare Beneficiaries in Midland County (15.3%) with depression was slightly lower than the state rate (17.0%) and national rate (16.7%).
- Between 2013 and 2017, the rate of adults (age 18+) ever diagnosed with a depressive disorder in Midland County decreased, while rates in the state remained steady.
- In 2015-2017, Midland County (6.3%) had a lower percentage of adults (age 18+) ever diagnosed with a depressive disorder than the state (15.2%).

Percentage of Medicare Beneficiaries with Depression



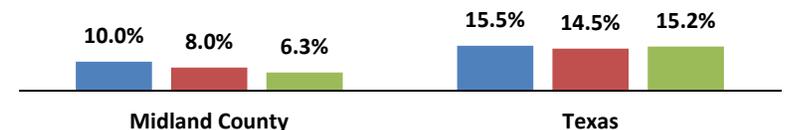
- Midland County, TX (15.3%)
- Texas (17%)
- United States (16.7%)

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

### Depressive Disorders

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

- 2013-2015
- 2014-2016
- 2015-2017



Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, [www.communitycommons.org](http://www.communitycommons.org); data accessed December 13, 2018.

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

Definition: Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder including depression, major depression, dysthymia, or minor depression?

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



MIDLAND HEALTH

# Health Status

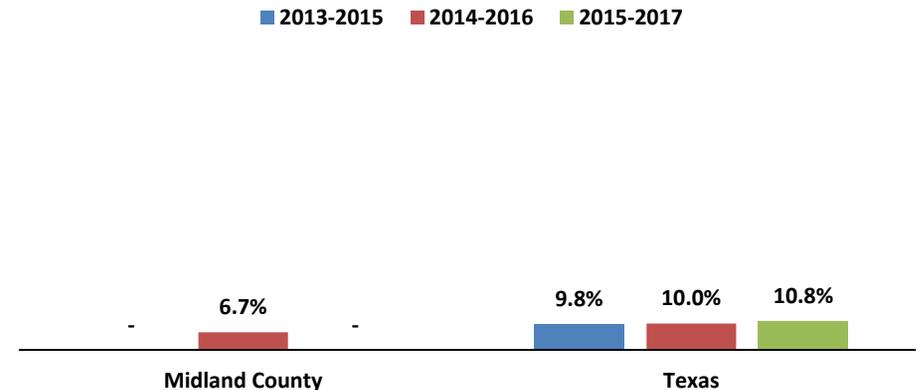
## Mental Health – 14+ Days of Poor Mental Health

- In 2017, HSR 9/10 (11.5%) had the third lowest rate of adults (age 18+) that reported experiencing 14 or more days of poor mental health as compared to all other health service regions and the state (11.8%).
- Between 2013 and 2017, the percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health in the state overall increased.
- In 2014-2016, Midland County (6.7%) had a lower percent of adults (age 18+) that reported experiencing 14 or more days of poor mental health than the state (10.0%).

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



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



Note: the percentage of adults (age 18+) with 14 or more days of poor mental health in Midland County could not be calculated in 2015 or 2017 due to a sample size less than 50 and/or a relative standard error greater than 30.0%.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
Definition: Days mental health not good - 14 days  
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

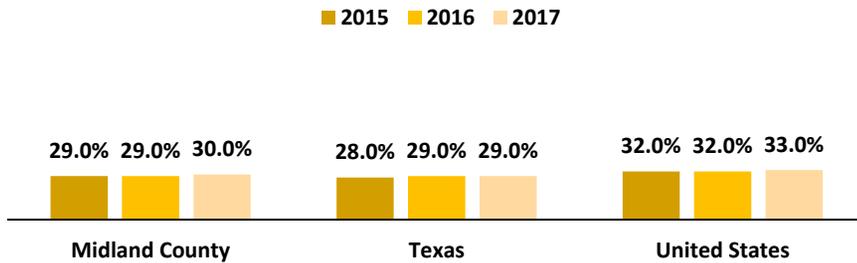


# Health Status

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

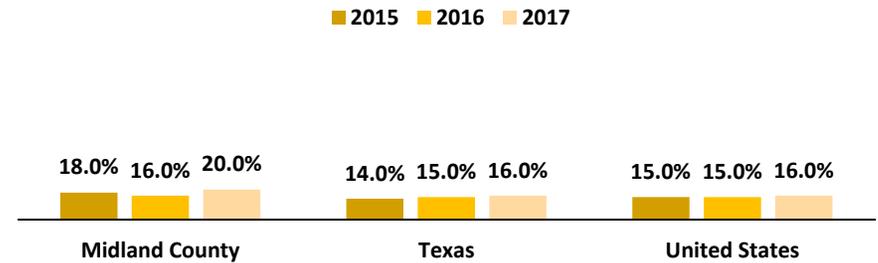
### Received Mammography Screening

Percent, Females (age 35+)  
2015-2017



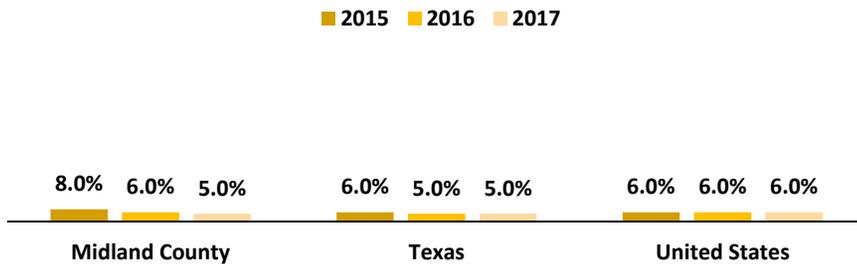
### Received Prostate Cancer Screening

Percent, Males (age 50+)  
2014-2016



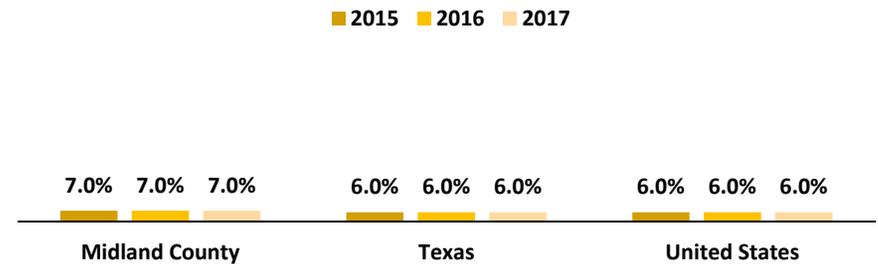
### Received Pap Test Screening

Percent, Females (all ages)  
2014-2016



### Received Colorectal Cancer Screening

Percent, Adults (age 50+)  
2014-2016



Source: Centers for Medicare & Medicaid Services, Office of Minority Health: Mapping Medicare Disparities, <https://data.cms.gov/mapping-medicare-disparities>; information accessed February 28, 2019.

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

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

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

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

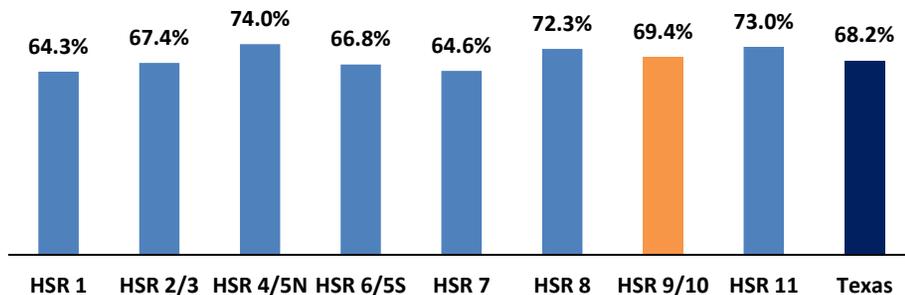


# Health Status

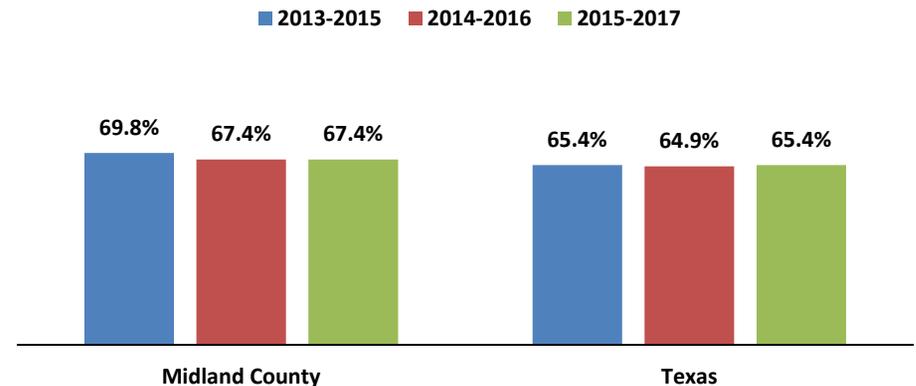
## Preventive Care – Influenza Vaccine (18-64 Years)

- In 2017, the percent of adults (age 18-64) in HSR 9/10 (69.4%) that did not receive a flu shot in the past year was consistent with all other health service regions and the state (68.2%).
- Between 2013 and 2017, the percent of adults (age 18-64) that did not receive a flu shot in Midland County decreased, while the state remained steady.
- In 2015-2017, Midland County (67.4%) had a slightly higher percentage of adults (age 18-64) that did not receive a flu shot than the state (65.4%).

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



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



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

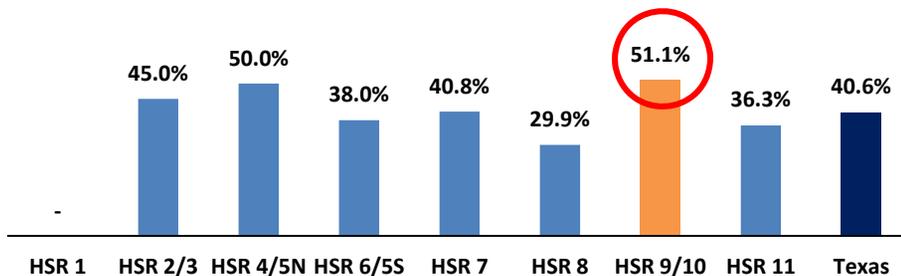


# Health Status

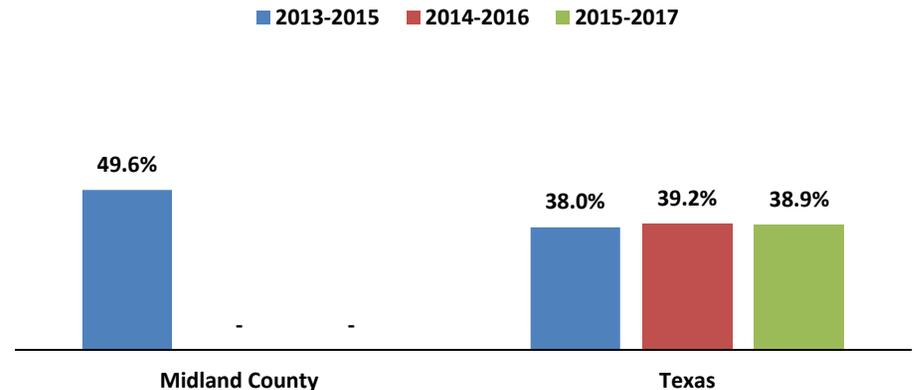
## Preventive Care – Influenza Vaccine (65+ Years)

- In 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in HSR 9/10 (51.1%) was higher than all other health service regions and the state (40.6%).
- Between 2013 and 2017, the percent of adults (age 65+) that did not receive a flu shot in the past year in the state overall increased.
- In 2013-2015, the percent of adults (age 65+) that did not receive a flu shot in the past year in Midland County (49.6%) was higher than the state (38.0%).

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



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



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

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

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

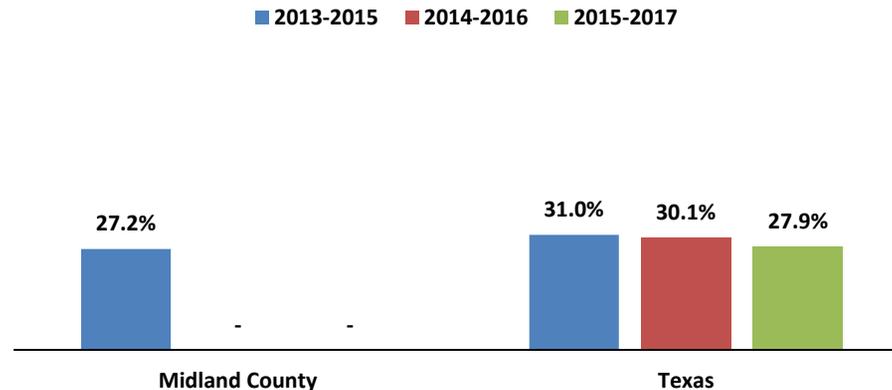


# Health Status

## Preventive Care – Pneumococcal Vaccine (65+ Years)

- Between 2013 and 2017, the percent of adults (age 65+) that had never received a pneumonia shot in the state decreased.
- In 2013-2015, the percent of adults (age 65+) that had never received a pneumonia shot in Midland County (27.2%) was lower than the state rate (31.0%).

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



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

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

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

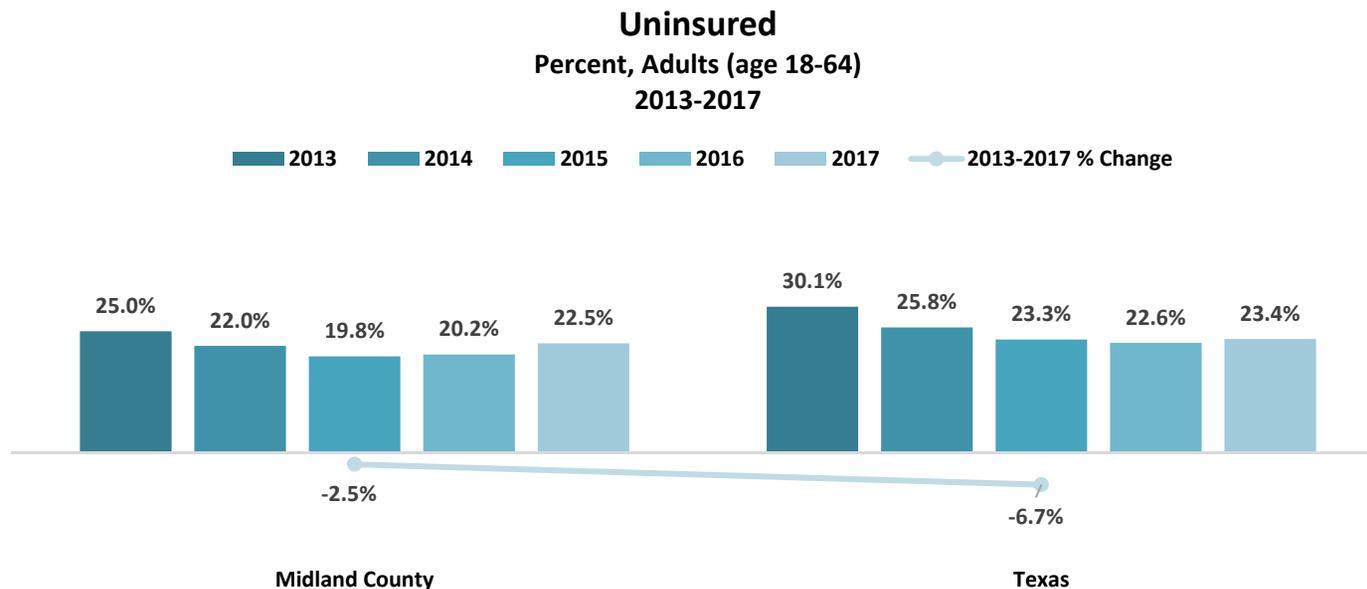
Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.



# Health Status

## Health Care Access – Uninsured

- As of 2017, Midland County (22.5%) has a slightly lower rate of uninsured adults (age 18-64) as compared to the state (23.4%).
- Midland County experienced a 2.5% decline in the percentage of uninsured adults (age 18-64) between 2013 and 2017, while the state experienced a 6.7% decline.



Source: United States Census Bureau, Small Area Health Insurance Estimates filtered for Midland County, TX, <https://www.census.gov/data-tools/demo/sahie/#/>; data accessed April 9, 2019.



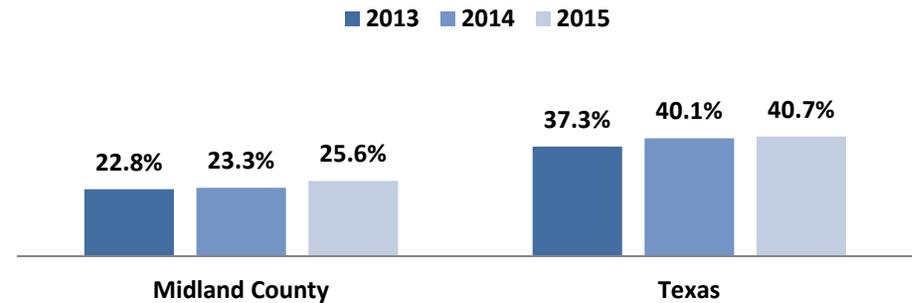
# Health Status

## Health Care Access – Medicaid & CHIP

- Between 2013 and 2015, the percent of children (ages 0-18) in Midland County that were enrolled in the Texas Medicaid Program remained lower than the state but steadily increased.
- In 2015, the percent of children (ages 0-18) in Midland County (25.6%) that were enrolled in the Texas Medicaid Program was lower than the state (40.7%).
- Between 2013 and 2015, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Midland County remained lower than the state and steadily decreased.
- In 2015, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Midland County (2.6%) was lower than the state (4.5%).

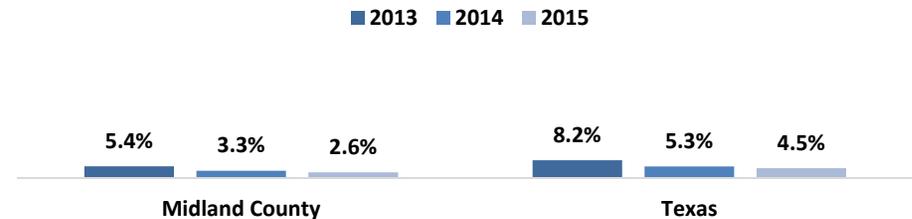
### Children Enrolled in the Texas Medicaid Program

Percent, Children (age <18)  
2013-2015



### Children Enrolled in the Texas CHIP Program

Percent, Children (age <18)  
2013-2015



Source: Kids Count Data Center, data from the Texas Health and Human Services Commission: Medicaid and CHIP Enrollment (0-18), www.kidscount.org; data accessed April 19, 2019.  
 Medicaid Definition: Number and percent of children ages 0-18 enrolled in the Texas Medicaid program.  
 Note: Prior to 2012, data on children enrolled in Medicaid was based on the number of children certified as eligible for Medicaid at a point-in-time in August. Due to data system and Texas Medicaid methodology changes, enrollment numbers beginning in 2012 also include an adjustment to simulate the additional children who will be retroactively covered by Medicaid.  
 Medicaid can retroactively cover medical bills for children 3 months prior to certification.  
 CHIP Definition: Number and percent of children ages 0-18 enrolled in the Texas Children's Health Insurance Program (CHIP).  
 Note: This is point-in-time data from August of each fiscal year and is generally accepted as being representative of monthly enrollment

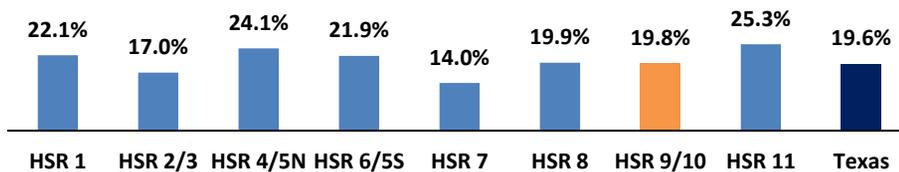


# Health Status

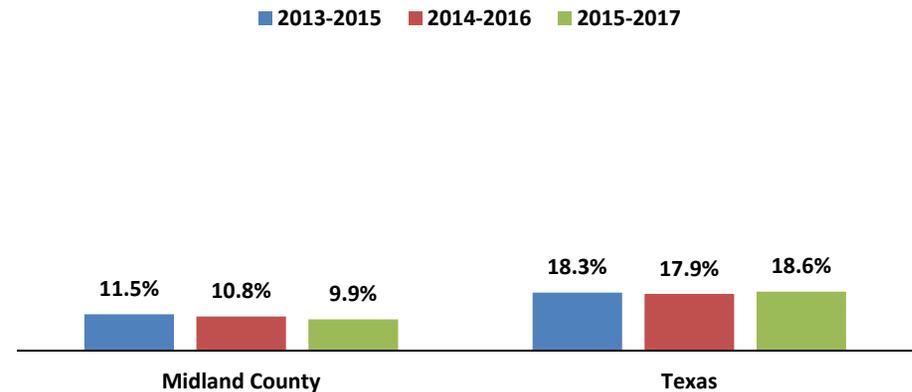
## Health Care Access – Medical Cost Barrier

- In 2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in HSR 9/10 (19.8%) was consistent with the majority of other health service regions and the state (19.6%).
- Between 2013 and 2017, the percent of adults (age 18+) that needed medical care but could not receive it due to cost decreased in Midland County, while rates in the state remained steady.
- In 2015-2017, the percent of adults (age 18+) that reported experiencing a medical cost barrier in the past 12 months in Midland County (9.9%) was lower than the state (18.6%).

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



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



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

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

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

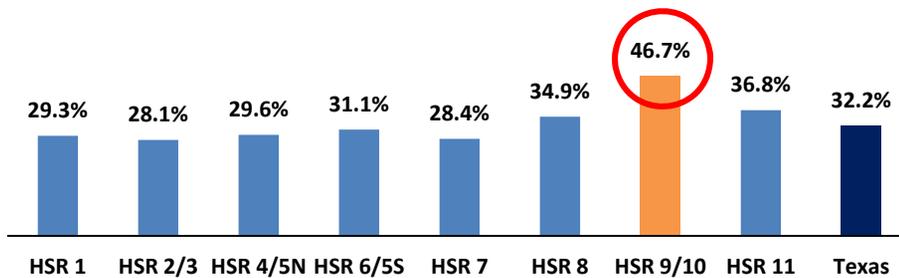


# Health Status

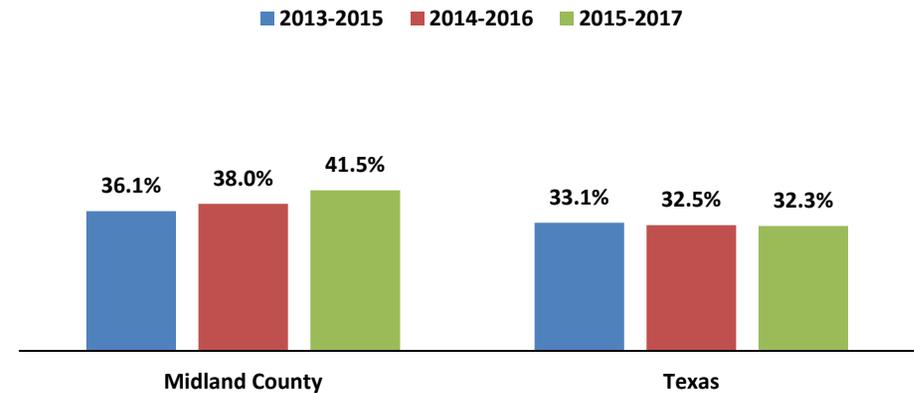
## Health Care Access – Personal Doctor

- In 2017, HSR 9/10 (46.7%) had the highest percent of adults (age 18+) that had no personal doctor as compared to all other health service regions and the state (32.2%).
- Between 2013 and 2017, the percent of adults (age 18+) in Midland County that reported having no personal doctor increased, while rates in the state slightly decreased.
- In 2015-2017, Midland County (41.5%) had a higher percent of adults (age 18+) that had no personal doctor than the state (32.3%).

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



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



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data received April 3, 2019.  
 Definition: Do you have one person you think of as your personal doctor or health care provider?  
 Note: "-" indicates a rate could not be calculated. Rates for sample sizes less than 50 or that yield a relative standard error greater than 30.0% are unreliable and will not be provided.

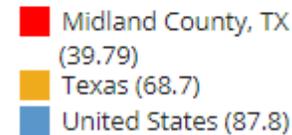
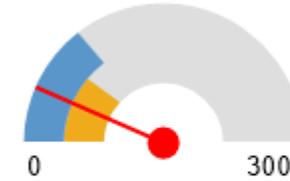


# Health Status

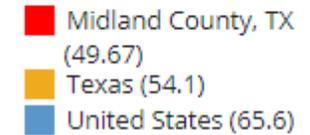
## Health Care Access – Providers

- In 2014, the rate of primary care physicians per 100,000 population in Midland County (39.8 per 100,000) was lower than the state rate (68.7 per 100,000) and national rate (87.8 per 100,000).
- In 2015, the rate of dental care providers per 100,000 population in Midland County (49.7 per 100,000) was lower than the state rate (54.1 per 100,000) and national rate (65.6 per 100,000).
- In 2018, the rate of mental health care providers per 100,000 population in Midland County (81.5 per 100,000) was lower than the state rate (102.3 per 100,000) and the national rate (202.8 per 100,000).

Primary Care Physicians,  
Rate per 100,000 Pop.



Dentists, Rate per 100,000  
Pop.



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



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

Source: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.

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

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

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



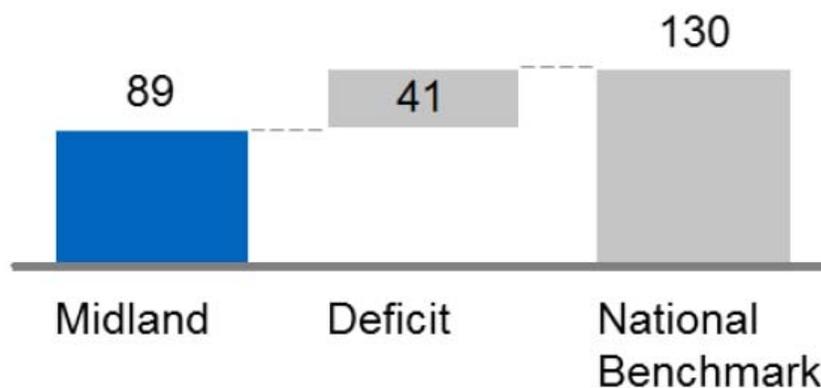
MIDLAND HEALTH

# Health Status

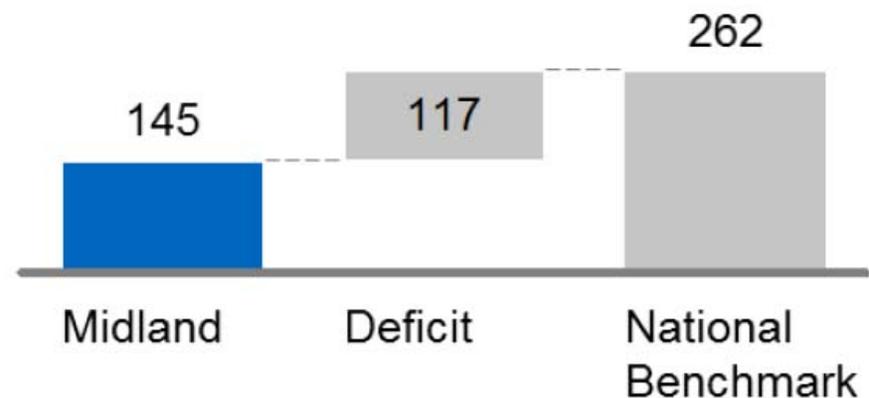
## Providers (continued)

- Midland County is currently experiencing a deficit in primary care and non-primary care physicians as compared to national benchmarks
- Physician shortage gaps may result in residents facing wait times or traveling outside of the community for care
  - An estimated additional 160 physicians are needed in Midland County to reach patient/physician ratio national averages

### Primary care physicians



### Non-primary care physicians



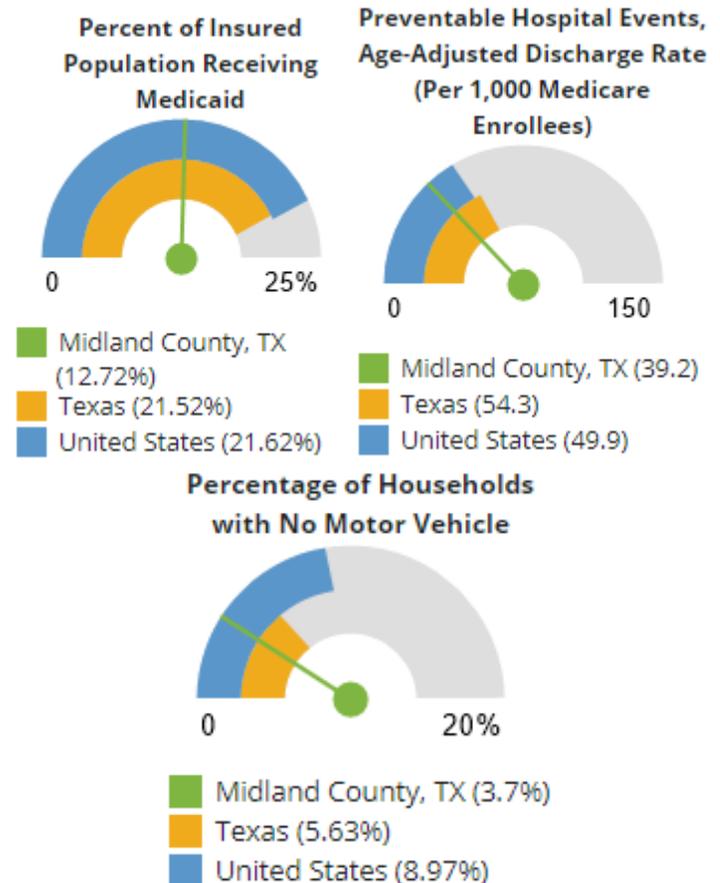
Source: Permian Strategic Partnership, Study Summary; information received April 3, 2019.  
Source: Texas Medical Board, <http://www.tmb.state.tx.us/>.  
Source: American Medical Association, <https://www.ama-assn.org/>.



# Health Status

## Health Care Access – Common Barriers to Care

- **Cost of health care may delay or inhibit patients from seeking preventive care.**
  - Between 2012 and 2016, 12.7% of the insured population in Midland County reported receiving Medicaid, which is below the state rate (21.5%) and national rate (21.6%).
- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
  - In 2014, the rate of preventable hospital events in Midland County (39.2 per 1,000 Medicare Enrollees) was lower than the state rate (54.3 per 1,000) and the national rate (49.9 per 1,000).
- **Lack of transportation is frequently noted as a potential barrier to accessing and receiving care.**
  - Between 2012 and 2016, 3.7% of households in Midland County had no motor vehicle, as compared to 5.6% in Texas and 9.0% in the nation.



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: Community Commons, Health Indicator Report filtered for Midland County, Texas, www.communitycommons.org; data accessed December 13, 2018.

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



# PHONE INTERVIEW FINDINGS



# Overview

- Conducted 27 interviews with the two groups outlined in the IRS final regulations
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

# Interviewee Information

- **Michael Austin:** Chief Executive Officer, Midland Community Health Services
- **Dr. Elaine Bedell:** Executive Director, Midland Behavioral Health Leadership Team
- **Grant Billingsley:** Director, Scharbauer Foundation
- **Karmen Bryant:** Community Volunteer, Midland County
- **Bobby Burns:** President & Chief Executive Officer, Midland Chamber of Commerce
- **Richard Coats:** Vice President, OGX Resources, LLC
- **Barbara Cobos:** Director of Case Management, Midland Memorial Hospital
- **Whitney Craig:** Health & Senior Services Manager, Midland County Health Department
- **Carmen Edwards:** Director of Health Sciences, Midland College
- **Michelle Evans:** Director of Community Impact, United Way of Midland
- **Kathleen Kirwan-Haynie:** Executive Director, Senior Link
- **Renee Meiner:** Executive Director, Community Children's Clinic
- **Russell Meyers:** President & Chief Executive Officer, Midland Memorial Hospital
- **Jerry Morales:** Mayor, City of Midland
- **Ron Moss:** Director of Guidance and Counseling, Midland Independent School District
- **Steve Olive:** Executive Director, Premier Physicians
- **Mark Palmer:** Executive Director, Abell Hanger Foundation
- **Dr. Padmaja Patel:** Physician, Lifestyle Medicine Center
- **Elsa Reed:** Cultural Diversity Coordinator, Midland Memorial Hospital
- **Laura Roman:** Partner, Weaver Accounting
- **Judy Rouse:** Executive Director, Life Center
- **Stephanie Schoen-Orr:** Executive Director, Springboard Center
- **Becky Smith:** Nursing Supervisor, Midland County Health Department
- **Ramona Thomas:** Chief Executive Officer, PermiaCare
- **Autumn Vest:** Executive Director, Shared Spaces
- **Dr. Larry Wilson:** Vice President of Medical Affairs & Chief Medical Officer, Midland Memorial Hospital
- **Wendy Wood-Collins:** Associate Director of Health Sciences, Midland College

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Interviewee Information

- 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

7.4%

- 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

77.8%

- Community leaders (EX: City of Midland, Volunteer)

14.8%

*Note: Interviewees may provide information for several required groups.*

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



MIDLAND HEALTH

# Community Needs Summary

- Interviewees discussed the following as the most significant health issues:
  - Insurance Coverage & Affordability of Care
  - Effects of Rapid Population Growth
    - Shortage of Providers – Primary
    - Shortage of Providers – Specialty
    - Economic Barriers
  - Access to Mental and Behavioral Health Care
  - Community Education & Preventive Care
    - Health & Wellness
    - Sex Education, Communicable Disease Prevention & Family Planning
    - Community Collaboration & Awareness of Existing Resources

# Insurance Coverage & Affordability of Care

- **Issues:**

- Population influx leading to larger gaps in socioeconomic groups
- Lack of affordable health care services
- Socioeconomic status as determinant of health care access
- Cost barriers to care leading to:
  - Overuse of the Emergency Room
  - Inability to afford prescription medications
- Challenges in economic mobility
- Long wait times for sliding fee scale services
- Low income, working poor populations reliant upon free/discounted community services
- Smaller number of businesses providing insurance coverage

- **Needs:**

- Greater access to affordable health care services, medications for un/underinsured
- Education concerning use of the Emergency Room vs. a Primary Care provider
- Efforts to promote financial assistance, support programs, discounted services in the community
- Improved access to sliding fee scale services
- Local assistance for employers in provision of health care coverage for staff

**“Because of this boom, there’s a bigger divide between the affluent and the poor.”**

**“The cost of health care is the other big problem. It’s just so expensive. Even if you have insurance it’s still expensive.”**

**“We have so many that are not insured, and so many that don’t have physicians so they end up in the ER with bills that are huge...some are hospitalized because they can’t manage their condition and don’t have a regular physician, so those are the ones with the biggest disparities. The cost of everything is so high - even if you were able to connect them with services, they wouldn’t be able to afford them.”**

**“When a person is able to access medical care, there’s an exorbitant copay. Then they can’t get to a place to get their prescriptions and can’t afford their prescriptions. That’s only going to get worse.”**

**“They try to get into a doc, but they can’t afford it so they go to the hospital. We don’t have a lot of upward mobility for people to get out of poverty and be able to afford this high cost of living in Midland.”**

**“We do have FQHCs, but the wait list is weeks long. People give up and end up going to the ER. There’s just too many people in Midland County for the FQHCs to handle...we do have that outlet for people who are uninsured but it’s not enough.”**

**“The low income/working poor are the most challenged in our community. They are to a great extent relying on free services. They’re relying on community centers, any free services available through nonprofits, fairs, free blood tests, mammograms, all of those things.”**

**“Companies can’t afford health insurance, and there are challenges in the last few years where smaller families couldn’t afford it.”**

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Effects of Rapid Population Growth

## Shortage of Providers - Primary Care

- **Issues:**

- Increasing need for additional primary care providers
- Difficulty recruiting physicians, nurses to the community
- Outmigration of pediatric patients to Lubbock
- Provider shortage leading to:
  - Difficulty in making appointments
  - Long wait times for routine appointments
- Frustration with wait time for acute care leading to:
  - Inappropriate use of the Emergency Room
  - Foregoing care
- Socioeconomic status, payer source as determinants of health care access
- Limited primary care options for un/underinsured, Medicaid, Medicare patients
- Increasing number of physicians moving towards concierge medicine
- Limited awareness of bilingual providers
- Growing need for providers offering immunizations

- **Needs:**

- Continued efforts to recruit physicians, nurses
- Improved access to local providers for pediatric patients
- Education regarding the importance in preventive care, establishing relationship with a primary care provider
- Emphasis on the primary care needs of un/underinsured, Medicaid, Medicare residents
- Targeted promotion of bilingual providers for non-English speaking communities
- Increased access to physician office immunizations

“In general, there is a shortage of primary care physicians. With the population increase, these docs are overwhelmed.”

“It’s hard to recruit. Everybody is doing everything they can to take care of more patients...we need more physicians, dentists, veterinarians; you can’t even get your dog in. Over the next few years, we’ll be in trouble.”

“There is difficulty in recruiting doctors to this area. Where we’re located is generally a turnoff to a lot of physicians and nurses. We are really experiencing a nursing shortage statewide and locally, which really hits our community hard.”

“For children’s health care, they’re sending them to Lubbock because there’s not enough pediatric care in our hospital.”

“We’re approaching 3-5 weeks for new patients to get into a doctor for well visits or establishing care with a doctor.”

“If they have issues getting into a PCP, then they won’t waste time trying to get there. They’ll go straight to the ER or just go to work.”

“Access depends on your income level and the source of payment. If you’re uninsured or a Medicaid patient, there is not good primary care access for you.”

“There are a lot of physicians who are not accepting Medicare, Medicaid, managed care plans. Many primary care providers have moved onto the concierge service.”

“We receive numerous calls asking for references to Hispanic primary care physicians because they want to go to someone who understands their language.”

“We need for more providers to do immunizations across the board.”

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



MIDLAND HEALTH

# Effects of Rapid Population Growth

## Shortage of Providers - Specialty Care

- **Issues:**

- Difficulty recruiting specialty physicians to the community
- Aging physician population and increasing need for appropriate succession planning
- Limited depth in specialty areas, including:
  - Neurology
  - Rheumatology
  - Infectious Disease
  - Pulmonology
  - ENT
  - Ophthalmology
  - Spine
  - Thoracic surgeons
- Outmigration of Psychiatry, Orthopedics, Cardiology, Pediatric Subspecialty patients to Lubbock, Dallas
- Long wait times for local specialists for all payer types
- Limited availability of specialty care for un/underinsured patients, particularly in Cardiology and Podiatry
- Delay in specialized care/testing disproportionately challenges elderly

- **Needs:**

- Continued recruitment efforts for specialty care providers
- Appropriate succession planning
- Emphasis on the specialty care needs of un/underinsured patients, particularly in Cardiology and Podiatry
- Greater number of local specialty care options for all payer types
- Efforts to increase timeliness of provision of medical results, particularly for elderly

**“We are extremely challenged in recruiting medical professionals, especially specialists.”**

**“We’re short on many different specialties...several docs are about to retire. Before too long, there will be specialties that are totally empty in this area. Specialists are the main weakness today and that will grow in foreseeable years.”**

**“We have almost every specialty represented, the challenge is there’s not enough of them. Rheumatology, infectious disease, ophthalmology, spine, ENT...Neurology is an issue...the stroke population is growing.”**

**“Pulmonology is very needed. It is a big thing out here because of dust and chemicals in the air, so COPD is a high diagnosis. We need Thoracic surgeons, too.”**

**“For psychiatry, orthopedics, cardiology...people typically leave. There is a shortage here, and there’s an assumption that quality of care is better in big hospitals in metropolitan areas.”**

**“Pediatric specialties, depending on what the condition is, goes to Lubbock. There’s a lack of child psychiatrists. But depending on level of care, a lot of people go to the Dallas area.”**

**“There are some docs where it’s months before you get in, even if you have great insurance.”**

**“There aren’t specialists for un/underinsured patients in Midland. If you need a referral for a cardiologist or podiatrist, you’re in trouble.”**

**“The delay in specialty care, such as colonoscopies and special medical tests, can present an issue with the immediacy of needs for seniors.”**

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Effects of Rapid Population Growth

## *Economic Barriers*

- **Issues:**

- Oil boom increasing cost of living for all residents
- Increased cost of living disproportionately affecting low-, moderate-income residents, particularly in:
  - Housing
  - Food
  - Health care
  - Child care
- Housing costs inhibiting adequate staffing of police force, school staff, health care facilities
- Rent payments consuming entire paychecks
- Rapid population growth leading to increase in economic stressors resulting in anxiety, depression
- Household budget necessitates low prioritization of health related needs
- High cost of living forcing seniors to sacrifice medication compliance, doctors appointments
- Increasing homelessness rate

- **Needs:**

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

**“Not everyone in Midland works in the oil field, but we all have to pay the higher costs. The economic stressors are affecting people’s wellbeing.”**

**“We have a need to address those who are just above the income level. They still have to pay for ridiculously expensive housing, food, health care, childcare, etc.”**

**“Our ability to recruit and employ in any field goes downhill because we don’t have any cost of living advantage.”**

**“We have many situations where men who work in the oil field are living in man tents. Families are bringing a fifth wheel or a travel trailer and setting up on someone’s property. Criminal activity is up, traffic and accidents are sky rocketing, safety is an issue...we are very short handed in the police department, schools, hospitals. People are more comfortable engaging in risky behaviors.”**

**“...if you don’t own a home, then rent takes up everybody’s paycheck.”**

**“Housing issues cause more depression and anxiety, cost of living is really high here, so that really contributes to anxiety and depression.”**

**“Housing adds a lot of stress to folks. If they don’t have decent housing, or it’s so expensive that they can’t afford their medications and they have to choose between, that’s our evolving issue. The lack of housing and the expense of housing is making people choose between health care or housing needs.”**

**“Our cost of living forces [seniors] to make choices whether or not to stay on medications, how often to take medications and paying for doctors visits.”**

**“Rent is back up again, there are no houses on the market. Homelessness is growing for people coming in because the cost of living is so high.”**

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Access to Mental & Behavioral Health Care

- **Issues:**

- Increasing mental health needs due to population influx
- Shortage of providers accepting Medicaid, Medicare
- Limited number of local providers accepting all payer types resulting in long wait times for appointments
- Economic stressors leading to increasing mental ailments
- Concerns surrounding youth residents include:
  - Stress, depression and suicide
  - Lack of parental supervision
  - Substance use
- Concerns surrounding oil field employees include:
  - Substance use as a means of stress management
  - Family violence, injury
- Perception of county jail as treatment facility
- Stigma associated with seeking treatment for families
- Disproportionate challenges in seeking care for Hispanic, African American populations
- Higher rates of schizophrenia in Burmese population

- **Needs:**

- Continued efforts to improve access to services for all payer types
- Focus on youth mental and behavioral health support programs
- Education on proper stress management, healthy lifestyles
- Reduction of stigma associated with seeking care, particularly for Hispanic and African American residents
- Promotion of appropriate, language-qualified services for schizophrenic Burmese residents

**“We don’t have enough staff to cover mental health needs across the age gamete.”**

**“...many providers in the area don’t take insurance. Those that accept Medicaid/Medicare have long lines and that can be an issue for families.”**

**“The stress and the economic challenges we have in the Permian Basin are extraordinary. We’re starting to see stress and depression in our youth, and unfortunately some suicide.”**

**“You have so many parents in the oil field working 2-3 jobs to make rent, they don’t have time to focus on kids, so the kids get into drugs/alcohol because they’re not well supervised since the parents don’t have the ability to be around.”**

**“People are working in a lot of jobs that involve the oil field. They blow off steam in unhealthy ways...drugs, alcohol, etc. That’s not good for the individual, or the family. That’s happening a lot, which means more injuries and concerns with family violence. It’s keeping our police offices and the hospital busy.”**

**“Right now, the largest treatment facility we have is the county jail. A lot of people that end up there truly need mental health care or substance abuse treatment.”**

**“There’s a stigma attached to mental health and often times we have parents who are reluctant to seek help for their child.”**

**“Caucasian people are more likely to seek treatment for substance abuse than Hispanic or African American populations. Substance abuse doesn’t care what race you are, but the stigma makes it so that some groups are less likely to access care.”**

**“In the Burmese culture, there’s a lot of schizophrenia. It’s very important to have a qualified interpreter in those settings.”**

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Community Education & Preventive Care

## Health & Wellness

- **Issues:**

- Work schedule necessitates low prioritization of health care needs
- Resistance towards healthy behavior changes, such as:
  - Dietary choices
  - Fitness and exercise
  - Stress management
- Perceived lack of awareness of healthy lifestyle resources for underserved residents
- Higher rates of diabetes, hypertension in low income, uninsured populations
- Poor compliance with medications, management of chronic conditions in low income population due to cost barriers
- Seniors challenged by food insecurity, medication compliance
- High rates of hypertension, high cholesterol in Hispanic population
- Risky lifestyle behaviors in youth, including:
  - E-cigarettes
  - Poor diets
  - Lack of sleep

- **Needs:**

- Education regarding work life balance, prioritization of health
- Targeted healthy lifestyle education towards underserved populations (low income, un/underinsured, Hispanic)
- Dietary and medication support programs for elderly residents
- Efforts to reduce risky lifestyle behaviors and improve healthy habits in youth

**“The way the community is now, everybody is working so fast that people are not putting their health as a priority. They aren’t taking off work to go to the doctor.”**

**“Sometimes it’s difficult for people to accept the changes that need to be made - eating right, exercising, removing stress from their lifestyle and work place.”**

**“We’ve seen more in the last year with the hospital doing so much, it’s just the advertising. It’s not getting out to the population it would benefit the most.”**

**“There’s been a lot of movement [for community health] for Midland and Odessa, but it only works if people have a payer source. We have a very high prevalence of diabetes and hypertension, especially in the low income and uninsured.”**

**“Low income/working poor need help with management of medications for chronic illnesses. COPD out here is a little rough, inhalers, insulin syringes, orals become very expensive. You buy food instead of medications.”**

**“In a very wealthy community like Midland, people don’t understand that there is food insecurity. We have a lot of seniors who only eat once a day or don’t eat enough to have a healthy diet and that leads to a lot of other health concerns.”**

**“Seniors are not taking medications for illnesses that could be handled if they did take their medications, but instead they become very ill.”**

**“We have a high Hispanic population who are very likely to have high blood pressure and high cholesterol.”**

**“For youth, e-cigarettes have become popular. They lack the knowledge of healthy eating – food they eat, choices they make, lack of sleep, overall not being aware what is healthy. It’s a risk for poor health, poor focus, poor performance.”**

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# Community Education & Preventive Care

## *Sex Education, Communicable Disease Prevention & Family Planning*

- **Issues:**

- High rates of sexually transmitted infections (STI), HIV
- Limited number of providers offering STI, HIV testing
- Perceived artificial decline in teen pregnancy rates and concern surrounding significant rates in uninsured, low income teens
- Lack of family planning, prenatal care funding disproportionately challenging low income, uninsured leading to:
  - Increased unplanned pregnancies
  - Lack of access to family planning, prenatal care
  - Financial assistance for services
  - Discounted fees for contraception methods (i.e., birth control)
- Increased marijuana use in pregnant women

- **Needs:**

- Education regarding safe sexual behaviors, STI prevention
- Promotion of STI, HIV testing services
- Focus on reducing unplanned pregnancy rates in uninsured, low income teens
- Increased access to family planning, prenatal care for low income, un/underinsured women
- Efforts and targeted education to reduce use of marijuana during pregnancy

**“Midland has a high sexually transmitted illness rate, and teen pregnancy rate.”**

**“We need for providers to do more of the STD and HIV testing. Anytime you have the oil boom and the rise in population, you see an increase in HIV and STDs.”**

**“For teen pregnancy, the percentage is weighed against the population, and if the population increases like it does in the boom, it tends to drive the statistic down artificially. But the teen pregnancy rates in the uninsured/low income, it’s still pretty constant. We just have more people to float the averages lower.”**

**“Reduced family planning and prenatal care has really impacted low income uninsured folks. All the planned parenthoods have shut down in the region.”**

**“It all comes back down to the funding. Texas eliminated family planning funding, so now we're seeing an increase in unplanned pregnancies.”**

**“We don’t have anybody that does family planning for people that don’t have insurance. Overall, unplanned pregnancies are an issue because there is nowhere for people to go for financial help to get prevention and family planning and birth control at a discounted rate.”**

**“Pregnant women are coming in and using marijuana. It is a terrible health risk, especially for mental development and the capacity to learn and make decisions.”**

# Community Education & Preventive Care

## Community Collaboration & Awareness of Existing Resources

- **Issues:**

- Need to plan for and collaborate towards appropriately addressing rapid growth in Midland and Odessa
- Lack of health literacy and understanding of access points across the continuum of care
- Limited awareness of available resources, particularly for new residents
- Use of Emergency Room as medical home, particularly by:
  - Low income
  - Un/underinsured
  - Hispanic
- Limited follow up, communication between providers and patients leading to fragmented coordination of care
- Difficulty navigating health care landscape, particularly for seniors
- Youth unaware of accessible mental health resources

- **Needs:**

- Collaboration with neighboring communities to appropriately plan for rapid population growth
- Improved health literacy and education to share access points along the continuum of care, particularly for new residents
- Education regarding the need to establish a relationship with a primary care provider instead of the Emergency Room (low income, un/underinsured, Hispanic)
- Increased communication across the continuum of care
- Assistance for seniors navigating the health care system
- Support programs for youth seeking mental health treatment

“Planning for continued rapid growth is a need. What sort of facilities do we need? Let’s look at the breadth of services across Midland and Odessa. How do we avoid duplication between our two communities that are rapidly growing together?”

“There’s a huge lack of health literacy in the community. Where do you go for services? How do you find a doctor? How does your insurance work? And people don’t figure it out until the morning they wake up and they’re sick.”

“We have so many new people and they’re not familiar with the community. We need to let people know what’s available and where to find it.”

“There are several people that would go to the ER as their medical home, especially if they do not have insurance. It boils down to the low income families not having the resources or knowing what their resources are.”

“We have a large Hispanic population that tends to be uninsured or underinsured, so the hospital is their primary care provider via the emergency room.”

“There are many patients inundating hospitals and clinics and such a lack of doctors and nurses. They are unable to maintain constant contact with patients, so it seems like there’s a disconnect when the patient leaves the hospital.”

“We need better communication between inpatient and outpatient providers. That would help with better coordination and a follow up plan.”

“So many [seniors] do not know where to go and they can’t get help because they don’t have the funding or the family member to get them into care.”

“Youth need support for where to get help for things like depression. We’ve had more than our share of suicidal ideations in our adolescent population.”

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



MIDLAND HEALTH

# Populations Most at Risk

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

- Pediatric
  - Limited day care options
  - High cost of day care
  - Limited access to local specialty providers
- Veterans
  - Limited access to local care options
  - Mental and behavioral health ailments
- Teens/Adolescents
  - Substance use
  - Suicide, bullying
  - Overweight/obesity
  - COPD, asthma
  - Stress, depression
- Low Income/Working Poor
  - High cost of living
  - Expensive medications
  - Low prioritization of health needs
  - Diabetes, malnutrition
- Racial/Ethnic
  - Lack of bilingual providers
  - Language barriers (non-English speaking)
  - Hypertension, high cholesterol, diabetes (Hispanic)
  - Hypertension (African American)
  - Schizophrenia (Burmese)
- Elderly
  - Limited access to local primary, specialty providers
  - Delay in preventive diagnoses, results
  - High cost of living
  - Diabetes, hypertension, heart disease
  - Isolation, depression
  - Limited day treatment programs
- Oil Field Employees
  - Poor occupational health
  - Substance abuse tendencies
  - Economic stress, anxiety

Source: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.



# LOCAL STUDIES: PERMIAN STRATEGIC PARTNERSHIP



# Permian Strategic Partnership

## *Background*

- The Permian Strategic Partnership (PSP), formed by twenty of the largest regional energy companies, seeks to build a shared understanding of the challenges and opportunities of the Permian Basin's extraordinary economic expansion.
- Since the beginning of the year (2018), the PSP has:
  - Forecasted the future scale of energy industry investment, production, and employment in addition to the impacts on traffic, population growth and the quality of life
  - Interviewed more than 40 regional leaders, stakeholders and experts across education, road infrastructure, healthcare, philanthropy and workforce development to better understand current and emerging challenges and opportunities
  - Surveyed more than 3,000 energy industry employees to understand what matters most to them in terms of quality of life in the region
- Information from the PSP report is included in both the demographic and health status sections of this CHNA to emphasize the rapid population growth and effects of such growth on Midland County

Source: Permian Strategic Partnership, Resilient Growth: Unlocking the Permian Basin's trillion-dollar opportunity; information received April 3, 2019.



# Permian Strategic Partnership

## *Background (continued)*

- The Permian Basin of West Texas and Southeast New Mexico is the world's most strategically important oil-producing region
- Increased oil production in the Permian Basin will support the creation of tens of thousands of jobs across the region through 2030
  - Currently, job growth is provided by people who commute into the region to staff drilling and completion crews and drive trucks
  - The oil industry in the Permian Basin has the opportunity to recruit more of such workers and their families to live as neighbors in the communities
- To attract and retain a quality oil industry workforce, the PSP suggests there is a need for improvement across the following categories:
  - Roads
  - Schools
  - Health care
  - Housing

Source: Permian Strategic Partnership, Resilient Growth: Unlocking the Permian Basin's trillion-dollar opportunity; information received April 3, 2019.



# Permian Strategic Partnership

## *Strategic Priorities*

- Based on the findings presented in the PSP report, the PSP has established three strategic priorities:
  - Share our perspective on industry growth to help elected leaders, administrators, local entrepreneurs and other stakeholders prepare for changes
  - Collaborate with stakeholders across the region to improve our understanding of the current state and what we can do together to improve it
  - Serve as an advocate, partner or leader in initiatives that will improve the quality of life and the long-term economic potential of communities in the Permian Basin

Source: Permian Strategic Partnership, Resilient Growth: Unlocking the Permian Basin's trillion-dollar opportunity; information received April 3, 2019.



# INPUT REGARDING THE HOSPITAL'S PREVIOUS CHNA



# Consideration of Previous Input

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



# EVALUATION OF HOSPITAL'S IMPACT



# Evaluation of Hospital's Impact

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



# Midland Memorial Hospital

## FY 2017 - FY 2019 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Midland Memorial Hospital (MMH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Midland County, Texas.

The CHNA Team, consisting of leadership from MMH, met with staff from CHC Consulting on September 12, 2016 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. Once this prioritization process was complete, MMH leadership discussed the results and decided to address all of the prioritized needs in various capacities through its implementation plan.

The five most significant needs, as discussed during the September 12th prioritization meeting, are listed below:

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Increased Emphasis on Coordination and Communication Across the Continuum of Care
3. Access to Mental and Behavioral Health Care
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5. Need for Increased Emphasis on Physician Recruitment and Retention

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

The MMH Board reviewed and adopted the 2016 Community Health Needs Assessment on September 22, 2016, and the 2017 - 2019 Implementation Plan on January 26, 2017.

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

## Rationale:

- Midland County has higher mortality rates than the state in the areas of Accidents (unintentional injury), Alzheimer's disease, Cerebrovascular diseases, Influenza and Pneumonia, and Intentional Self-Harm (suicide) (2013).
- Heart disease is the leading cause of death in both Midland County and the state (2013). In 2013, the heart disease mortality rate in Midland County (169.1 per 100,000) was consistent with the state rate (170.7 per 100,000).
- In comparison to peer counties, Midland County (130.6 per 100,000) ranked in the least favorable quartile for coronary heart disease deaths, and also ranked above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000) (2005-2011).
- The lung and bronchus cancer mortality rate in Midland County (41.8 per 100,000) is consistent with the state rate (41.8 per 100,000), while male prostate cancer mortality rates in the county (23.9 per 100,000) are higher than the state rate (19.1 per 100,000) (2009-2013).
- The female breast cancer incidence rate in Midland County (60.2 per 100,000) is consistent with the state rate (60.1 per 100,000) (2009-2013).
- In comparison to peer counties, Midland County ranked within the two middle quartiles for colon and rectum (43.5 per 100,000) and lung and bronchus (59.4 per 100,000) cancer incidence rates (2006-2010).
- Fatal accidents are the 3rd leading cause of death in Midland County, and the 5th leading cause of death in the state (2013). Accident mortality rates in Midland County steadily increased in between 2011 and 2013, and slightly decreased in the state. Midland County (45.3 per 100,000) accident mortality rates remain higher than the state (36.8 per 100,000) (2013). In 2013, the leading cause of fatal accidents in Midland County was motor vehicle accidents (38 deaths; 25.8 per 100,000).
- In comparison to peer counties, Midland County (42.3 per 100,000) ranked within the upper end of the two middle quartiles for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) but below the U.S. median (50.8 per 100,000).
- Alzheimer's Disease is the 4th leading cause of death in Midland County, and the 6th leading cause of death in the state (2013). In 2013, Midland County's Alzheimer's Disease mortality rate (41.2 per 100,000) was higher than the state's rate (24.4 per 100,000).
- In comparison to peer counties, Midland County (39.7 per 100,000) ranked within the least favorable quartile for Alzheimer's Disease deaths, and also ranked above the U.S. median (27.3 per 100,000) (2005-2011).
- Cerebrovascular disease is the 5th leading cause of death in Midland County, and the 4th leading cause of death in the state (2013). Cerebrovascular disease mortality rates overall decreased in Midland County and the state between 2011 and 2013. In 2013, Midland County's cerebrovascular disease mortality rate (40.8 per 100,000) was consistent with the state's rate (40.1 per 100,000).
- In comparison to peer counties, Midland County (45.4 per 100,000) ranked in the least favorable quartile for stroke deaths, and also ranked above the Healthy People 2020 Target (34.8 per 100,000) but just below the U.S. median (46.0 per 100,000) (2005-2011).
- In comparison to peer counties, Midland County (54.5 per 100,000) ranked in the least favorable quartile for chronic lower respiratory disease rates, and also ranked above the U.S. median (49.6 per 100,000) (2005-2011).
- Between 2005 and 2014, the chlamydia infection rate in Midland County overall increased and remained above the state and national rates. In 2014, Midland County (610.7 per 100,000) had a significantly higher chlamydia incidence rate than the state (495.6 per 100,000) and the nation (456.1 per 100,000).
- Between 2005 and 2014, the gonorrhea infection rate in Midland County overall increased, and remained above the state rate for the majority of the trended timeframe. In 2014, Midland County (210.6 per 100,000) had a much higher gonorrhea infection rate than the state (133.6 per 100,000) and the nation (110.7 per 100,000).
- In 2014, Health Service Region (HSR) 9/10 (13.5%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- In comparison to peer counties, Midland County (10.3%) ranked within the least favorable quartile for the percent of adults (age 20+) living with diagnosed diabetes, and ranked above the U.S. median (8.1%) (2005-2011).
- In 2013, Midland County (30.6%) had a higher percentage of adults (age 20+) that reported that they have a Body Mass Index (BMI) greater than 30.0 (obese) as compared to the state (27.9%) and the nation (27.5%).
- In 2014, HSR 9/10 (39.9%) had a higher prevalence rate of obesity than the state (31.9%) and the majority of other regions. Obesity prevalence rates in adults (age 18+) in HSR 9/10 have recently increased in 2014, while rates in the state appear to be steadily increasing (2012-2014).
- In comparison to peer counties, Midland County (33.2%) ranked within the least favorable quartile for the percent of obese adults, and also ranked above the U.S. median (30.4%) (2006-2012).
- In 2011-2012, the percent of adults (age 18+) in Midland County (20.9%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).
- In 2014, HSR 9/10 had one of the highest rates of adult arthritis (22.3%) compared to all other regions and the state (19.4%).
- In 2013, the percent of the adult population (age 20+) in Midland County (25.3%) that self-reported no leisure time for physical activity was higher than the state (22.9%) and national rate (21.8%).
- In 2014, the prevalence of adults that do not participate in leisure time physical activity HSR 9/10 (31.5%) was higher than the state (27.6%). The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 9/10 increased between 2012 and 2014, while state rates remained steady.
- In comparison to peer counties, Midland County (26.3%) ranked in the least favorable quartile for the percent of adults who reported no leisure time physical activity, and ranked below the Healthy People 2020 Target (32.6%) but slightly above the U.S. median (25.9%) (2006-2012).
- In 2014, HSR 9/10 (19.4%) had the highest percent of adults at risk of binge drinking, as compared to all other regions and the state (16.3%).
- In comparison to peer counties, Midland County (16.7%) ranked within the two middle quartiles for the percent of adults (age 18+) that reported binge drinking, and also ranked just above the U.S. median (16.3%) (2006-2012).
- The percent of the adult population (age 18+) in Midland County (19.3%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012).
- In comparison to peer counties, Midland County (19.3%) ranked within the least favorable quartile for the percent of adults (age 18+) smoking cigarettes some days or every day between 2006 and 2012, and also ranked above the Healthy People 2020 Target (12.0%) but below the U.S. median (21.7%).
- The teen (age 15-19) birth rate in Midland County (70.2 per 1,000) is much higher than the state (55.0 per 1,000) and national rates (36.6 per 1,000) (2006-2012).
- In comparison to peer counties, Midland County (70.2 per 1,000) ranked at the very top of the least favorable quartile for the rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).
- In 2014, the percent of female adults (age 40+) in HSR 9/10 (36.7%) that did not receive a mammogram in the past 2 years was higher than the state (29.0%), as well as the majority of other regions.
- In 2014, the percent of adults (age 50-75) in HSR 9/10 (58.1%) that did not have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as all other regions.

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

### Rationale:

- In 2014, the percent of adults in HSR 9/10 (72.1%) that did not receive a flu shot in the past year was higher than the state (66.2%) and many other regions.
- The majority of interviewees stated that if they were in charge of the health of Midland County residents, they would place an increased emphasis on healthy lifestyle education.
- Many interviewees recommended increased emphasis on preventive care to address unhealthy lifestyles, such as physical inactivity and poor diet, to improve health in the community. One interviewee stated, "We are a pretty unhealthy community as far as activity level and just overall weight management."
- A few interviewees noted that preventive education efforts should be targeted towards specific populations, such as the transient populations associated with oil booms and busts.

### Objective:

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

Implementation Activity	Progress	Key Results (As Appropriate)
1.A. Midland Health will continue to collaborate with various city and county departments to increase community engagement in personal health and wellness and improving health literacy through neighborhood health fairs with free health screenings (blood pressure, blood cholesterol, A1C, etc.) throughout the year, regular community health education provided through publication and distribution of a quarterly health magazine, and a variety of specific free educational offerings throughout the year.	Ongoing	County Health Rankings has improved as a result of community engagement and wellness education.
1.B. Midland Health will continue to provide back to school physicals for the local school district at no cost for both students and faculty.	Ongoing	
1.C. The Midland Memorial Heart Institute will continue to provide education regarding prevention of heart disease through a more comprehensive post discharge planning program and also increasing community outreach efforts, including the continuation of a fundraising walk/run.		We are no longer tracking this measure.
1.D. Midland Health will continue to provide inpatient and outpatient support for those currently suffering from, or at risk for diabetes, through the Diabetes Nutrition and Learning Center - which is also involved in several community outreach efforts including hosting support groups at the west campus hospital facility and providing free screenings and education at the local health department.	Ongoing. While Midland Health is still providing this support, the DNLC has now been absorbed by the Lifestyle Medicine Center.	
1.E. Midland Health will continue to offer all employees CPR certification education at no cost.	Ongoing	
1.F. Midland Health will continue to host an annual hospital-based food drive that benefits the local soup kitchen.	Ongoing. The 2019 Food Drive will take place in November.	The 2018 Food Drive collected over 3,000 pounds of food.
1.G. Midland Health will continue to partner with Helping Hands through an annual toy drive and the adoption of local families in need in order to help support the most at risk, underserved and disadvantaged families in the community.	Ongoing. The 2019 toy drive will take place in December.	The 2018 toy drive impacted over 100 children and clothed 12 families.
1.H. Midland Health will continue to provide continuing medical education (CME) on plant-based nutrition efforts for local providers.	Ongoing	
1.I. Midland Health will continue to develop its employee wellness program that incorporates a more innovative approach to wellness through the plant-based nutrition philosophy.	Ongoing	In 2018, the Better U Wellness Portal was launched for all Midland Health employees. The portal contains a variety of educational information and activities geared to the plant-based nutrition philosophy.
1.J. Midland Health will continue to support the Student Health Advisory Council through representation on the committee in order to help manage the health curriculum in the local school district.		We are no longer tracking this measure.

Implementation Activity	Progress	Key Results (As Appropriate)
1.K. Midland Health will continue to support and participate in many various initiatives in the community, including both local and national initiatives. Examples include, but are not limited to, the Better Breathing Club, diabetes support groups, Young and the Breastless breast cancer coalition, Our Weigh to Success bariatric surgery support group, SHARE of West Texas, Aphasia Center of West Texas, and the Alzheimer's Association.	Ongoing	
1.L. Midland Health will continue to offer healthy choices in the hospital cafeteria, including vegan, vegetarian, and whole food plant-based options as well as frozen meals from Plant Pure Nation. In addition, the hospital cafeteria has also eliminated fried foods, adjusted portion sizes to closer align with ADA sizes, reduced the size of soft drinks offered, eliminated free refills, and switched to whole wheat products when possible.	Ongoing	
1.M. Midland Health will continue to explore and expand its community garden project in order to allow more familiarity with fresh fruits and vegetables to those across the community in a controlled atmosphere.	Ongoing	The second expansion of the community garden project had its grand opening at the Midland YMCA in the summer of 2018.
1.N. Midland Health will continue to facilitate "Pink the Basin," an annual breast cancer fundraising and awareness event that serves to educate women about breast cancer and available cancer and rehabilitation services at the hospital, as well as raise money to pay for mammograms for underserved women in the community.	Ongoing	\$197,175.00 was raised to cover the cost of mammograms for local underserved women.
1.O. Midland Health will continue to manage the HOPE CHEST program in conjunction with March of Dimes, which encourages young mothers to participate in regular check-ups and take care of themselves while pregnant through a point system. As points are earned, those points may be used towards diapers, strollers, bedding etc.	Ongoing	Hope Chest currently has over 600 local women enrolled in the program.
1.P. Midland Health will continue to share educational flyers on teen pregnancy in local schools.	Ongoing	Flyers on the importance of Prenatal Care were distributed in the girls bathrooms on all MISD campuses in November 2018.
1.Q. Midland Health is available to present to the community on a wide variety of health topics by request.	Ongoing	In 2018, Midland Health began the production and dissemination of a rack card library on a variety of topics (Diabetes, Advance Care Planning, Sun Safety, etc.). The information for each topic was developed by Midland Health experts.
1.R. Midland Health will continue to promote the 68 Nurse line, which is a 24 hour nurse hotline service for community members to access.	Ongoing	
1.S. Midland Health personnel serve in leadership roles and as volunteers with many agencies and committees in the community. Examples include, but are not limited to, SeniorLink, March of Dimes, Community Health Advisory Board, and the HealthSouth Outpatient Rehabilitation Program.	Ongoing	Midland Behavioral Health Leadership Team; Midland Partnership; Texas Tech University Health Sciences Center Advisory Board

## Priority #2: Increased Emphasis on Coordination and Communication Across the Continuum of Care

### Rationale:

- Many interviewees raised concern over the lack of awareness and understanding of existing resources and services for residents to access.
- It was discussed that there are many resources and services in the community for residents to access; however, there is a lot of confusion surrounding what resources are available and how to access those services. One interviewee stated, "We do have [services] in place, but people that need them don't know how to access them."
- Interviewees mentioned that the lack of education and awareness of existing resources may cause residents to avoid or delay seeking care, and that a few specific subpopulations may be disproportionately challenged – such as the low income, non-English speaking, and the elderly. One interviewee specifically stated, "We need education and understanding of what's available. There's so much confusion that some people don't get treated, especially among the elderly."
- A few interviewees emphasized the need for greater coordination across the continuum of care. One interviewee stated, "We [need] to connect the dots or coordinate services from one level to the next."
- One interviewee raised concern over the fragmented continuum of care associated with transient populations that may increase the risk of adverse health events, stating: "We have such a transitional population that it's hard to maintain any type of continuity of care. With the oil boom and bust, we have fluctuations of population and kids especially. Right now we're seeing an influx of refugee populations, and we may get them started with some type of care, and then a week later – they move. The lack of continuity of care puts those families and kids at risk."

### Objective:

*Engage in efforts to improve the fragmented continuum of care*

Implementation Activity	Progress	Key Results (As Appropriate)
2.A. MMH will continue to promote the Midland Community Healthcare Services clinics and its partnership with the clinic staff to conduct more neighborhood-based education efforts, informing the high risk populations about the ease of access and affordability of these services as well as providing various health screenings and risk assessments.	Ongoing	In the pregnancy flyers distributed through MISD, MCHS services were listed and promoted. Representatives of the Midland Health Lifestyle Medicine Center also presented health and wellness topics to underserved teen girls through FACES, a Junior League of Midland program.
2.B. The Midland Memorial Heart Institute will continue to host the Heart Walk event in conjunction with the community-wide health day and all proceeds go to support an endowment fund created in memory of a former cardiothoracic surgeon. The fund is used to support public education efforts and buy equipment for cardiac rehab patients to better monitor their recovery.	Ongoing	The 2018 Heart Walk was not well attended. The Heart Institute is looking for new, meaningful ways to support an endowment fund created in memory of a former cardiothoracic surgeon.
2.C. MMH will continue to provide patients' other physicians with a copy of their visit summaries upon discharge. Additionally, if the patient does not have an established primary care provider, MMH attempts to find the patient a provider and set up an appointment with the provider before the patient leaves the hospital.	Ongoing	Improving in this area with our Hospitalist team. We've now hired Transitional Care Teams that work hand in hand with most hospitalists and their patients to improve the discharge process. This includes ensuring resources are in place for discharge that includes finding a PCP and other referral sources to care for the patient outside our walls. We have some improvement to do in the area of providing discharge summary to the patients' other physicians. That will dramatically improve in late 2018 with the implementation of Cerner.
2.D. MMH will continue to provide outpatient pharmacy services for the indigent population within Midland County.	Ongoing	
2.E. MMH will continue to promote wellness events and programs, such as the 3-day Wellness Tour or community screenings, through the hospital's website and other social media outlets.	Ongoing	Wellness Tour expanded to 4 days in 2018 to include more events and community screenings.

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

### Rationale:

- In 2014, HSR 9/10 (17.6%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority of other regions. Between 2012 and 2014, the prevalence of adults (age 18+) in HSR 9/10 that have been diagnosed with a depressive disorder increased, while rates in the state remained steady.
- In 2014, the percentage of adults (age 18+) in HSR 9/10 (12.1%) that reported currently taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem was higher than all other HSRs and the state (9.4%).
- In 2014, the percent of adults (age 18+) in HSR 9/10 (4.7%) that reported 14+ days where their mental health interfered with daily activities was higher than all other HSRs and the state (2.9%).
- In 2014, HSR 9/10 (13.0%) had a higher prevalence rate of adults (age 18+) that experienced 14+ days of poor mental health as compared to the state (9.4%) and all other regions. Between 2012 and 2014, the prevalence of adults (age 18+) in HSR 9/10 that experienced 14+ days of poor mental health increased, while rates in the state steadily declined.
- In 2016, the rate of mental health care providers per 100,000 population in Midland County (81.5 per 100,000) was lower than the state (102.3 per 100,000) rate and significantly lower than the national rate (202.8 per 100,000).
- According to the U.S. Department of Health and Human Services HRSA, Midland County is a designated Health Professional Shortage Area (HPSA), and specifically a HPSA Geographic designation, with regards to mental health care.
- About three out of every four (75%) friends and families of Texas voters are affected by mental health issues, based on statewide surveys conducted by MMHPI.
- One in five residents of Midland County have mental health needs, and up to one in three have mental health and/or substance use disorders, based on the latest epidemiological research.
- Texas has engaged in a significant effort during the past decade to expand access to training and certification of certified peer specialists (for adults with SMI), certified family partners (for families of children with serious emotional disturbances), and recovery coaches (for adults with substance use disorders). The number of individuals certified as peer specialists in Midland is lower than most comparison centers.
- The significant needs in the community relate more to the need for access to a full continuum of crisis beds, an improvement overall in the fragmented community behavioral health crisis response system, and development of access to Medicaid beds for adults in the Permian Basin.
- Access to publicly-funded inpatient care for indigent patients in Midland County is facilitated by the availability of 24 adult and 14 adolescent (ages 12 and over) psychiatric beds at Oceans Behavioral Health, supported by DSHS funding for nine (9) indigent rapid stabilization beds as well as access to indigent detox beds funded by Midland Memorial Health System at Springboard, which supports approximately 15 admissions per month. Access is often limited by the lack of availability of these beds as well as the lack of Medicaid beds for adults in the Permian Basin. When local beds are not available, transport is required to facilities in San Angelo, Amarillo, Abilene, or even El Paso.
- Furthermore, there are no crisis stabilization or crisis diversion beds available for any age population and no sobering center for individuals with addiction. The community does have access to, and utilization of, state hospital beds at Big Spring State Hospital. Data relevant to state hospital utilization indicate that Permian Basin Community Centers is about average compared to other centers in utilization of adult and child psychiatric beds at the state hospital. State hospital bed utilization in PBCC is on the lower end of the spectrum due to the availability of indigent beds at Oceans Behavioral Health.
- Nearly all interviewees agreed that access to mental and behavioral health services is significantly lacking in Midland County.
- Many interviewees agreed that there is a shortage of mental and behavioral health care providers in Midland, and those that are in the area are booked up with very long waiting times. One interviewee stated, “[Mental health providers] are just booked up, you can’t get an appointment...their waiting lists are months.”
- While the majority of interviewees mentioned that all residents – regardless of insurance coverage - have limited access to mental health providers, a few noted the greater barrier to seeking care for those who are un/underinsured.
- A few interviewees emphasized the need for mental and emotional support services for the youth population, and noted significantly high suicide rates in local schools. One interviewee specifically stated, “Schools are really struggling with [mental health]. Local schools have had some pretty high suicide rates...it has been a struggle to have adequate mental health care for students.”

### Objective:

*Provide and promote access to mental and behavioral health care services in the community*

Implementation Activity	Progress	Key Results (As Appropriate)
3.A. MMH will continue to staff two Child and Adolescent Psychologists to help provide better and more complete behavioral and mental health services in our area.	Ongoing	We have continued to employ 2 providers: MacFerran and Carter. Also, we work with MARC and Centers for Families and Children to help navigate with us to ensure children (and families) are getting the right resources for care.
3.B. MMH has recently completed its initial community wide mental health assessment in conjunction with Meadows Mental Health Policy Institute (MMHPI), and will continue to work with a group of community leaders to establish the infrastructure for building the actions that are indicated by the assessment.	Midland Behavioral Health Leadership team formed and meeting regularly	Completed charter and bylaws for MBHLT. Developed initial set of strategic priorities, including establishment of administrative backbone and comprehensive behavioral health access point for community. Established budget and utilized Midland Memorial Foundation resources to apply for grants and manage funding. Hired BHLT’s first Executive Director.
3.C. MMH will continue to provide crisis evaluation services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis.	Ongoing	We have a full compliment of mental health evaluators in the ED. We have partnered with two entities to provide additional screenings: 1) TTUHSC and 2) TelePsych Services.

Implementation Activity	Progress	Key Results (As Appropriate)
3.D. MMH will continue to work in conjunction with Oceans Behavioral Hospital Permian Basin to increase access to mental and behavioral health care services.	Ongoing	Regular conversations with Oceans senior leadership regarding long-term commitment to Midland.
3.E. MMH will continue to provide support and resources to Texas Tech University in their joint efforts to increase access to local mental and behavioral health care services.	Continuing close working relationship	Psychiatric faculty expanded with MMH support. Second class of psychiatric residents began 7/1/17. Assisted TTUHSC in securing funding from Scharbauer Foundation to establish expanded clinical/teaching office in MMH-owned space near campus.
3.F. MMH will continue to support the re-opened Oceans Behavioral Hospital adolescent unit.	Ongoing	Regular conversations with Oceans senior leadership regarding long-term commitment to Midland.
3.G. MMH will continue its agreements with the Oceans Behavioral Hospital and the Spring Board facility to work with and provide support to indigent patients requiring psychiatric or behavioral care.	Ongoing	Agreements remain in place.
3.H. MMH will continue to staff a SANE (Sexual Assault Nurse Examiner) team that is trained specifically to treat sexually assaulted patients.	Ongoing	
3.I. MMH will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.	Ongoing	
3.J. MMH will continue to raise money for the funding of the MMHPI community wide assessment through the initial action steps of the plan.	Extensive fundraising efforts underway, with assistance of Midland Memorial Foundation.	Grants to support administrative backbone secured from Scharbauer and Abell-Hanger Foundations and United Way of Midland.
3.K. In conjunction with Texas Tech University, MMH will offer a recently approved psychiatric residency program with the goal of increasing access to local mental and behavioral health providers and services.	See 3.E.	See 3.E.
3.L. MMH will continue to provide telepsychiatry services in the Emergency Department in order to assist with the crisis evaluation process.	Ongoing	Tele-psychiatry is well-established in the ED. Expansion of TTUHSC Psychiatry is allowing supplemental on-site coverage by residents and attending psychiatrists.

## Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

### Rationale:

- Nearly half (43.7%) of the Midland County population is Hispanic, and the Hispanic population is expected to compose the majority of the county's population in 2021.
- Between 2016 and 2021, the majority of growth in both Midland County and the state is expected to come from the Hispanic population (16,780 and 1,140,941, respectively).
- As of 2016, Midland County (32.9 years) has a lower median age than Texas (39.2 years) and the nation (41.2 years). The median ages in Midland County, Texas, and the United States are projected to increase between 2016 and 2021.
- In 2013, Midland County (12.9%) had a lower percentage of its population that experienced food insecurity at some point during the report year than the state (17.6%) and the nation (15.2%).
- A significant number of census tract populations in Midland County have at least 5.1% - 20.0% of their populations facing limited food access, or classified as living within a food desert (2010). Several census tracts in the county have over 50.0% of their residents with limited food access (2010).
- In comparison to peer counties, Midland County (10.0%) ranked in the least favorable quartile for the percent of individuals who are low -income and do not live close to a grocery store in 2010, and also ranked above the U.S. median (6.2%).
- In 2013-2014, Midland County (81.8%) had a lower high school graduation rate than the state (89.6%) and the nation (84.3%).
- Midland County (26.4%) has a slightly lower percentage of residents with a Bachelor's or Advanced Degree than Texas (27.2%) and the nation (29.4%) (2016).
- In comparison to peer counties, Midland County (4.4%) ranked within the least favorable quartile for the percent of older adults (age 65+) living with asthma in 2012, and also ranked above the U.S. median (3.6%).
- The number of food stores and other retail establishments that are authorized to accept Special Supplemental Nutrition Program for Women, Infants and Children's (WIC) Program benefits and that carry designated WIC foods and food categories in Midland County (5.7 per 100,000) is lower than the state (9.1 per 100,000) and the national rate (15.6 per 100,000) (2011).
- Between 2013 and 2015, the number of women, children (1-4 years), and infants (<1 year) that participate in the WIC Program decreased in Midland County.
- Midland County had much higher rates of teen births in the 15-17 year (40.0 per 1,000) and 18-19 year (116.7 per 1,000) age groups, as compared to its peer group median (14.4 per 1,000 and 60.0 per 1,000, respectively) and the U.S. median (20.3 per 1,000 and 84.0 per 1,000, respectively).
- The rate of teen births in the Hispanic or Latino racial/ethnic group in Midland County (98.1 per 1,000) was significantly higher than the peer group median (68.8 per 1,000) and the U.S. median (72.3 per 1,000).
- In 2012, the percent of female Medicare Enrollees (age 67-69) in Midland County (53.6%) that received one or more mammograms in the past two years was lower than the state (58.9%) and national (63.0%) rates.
- In 2014, HSR 9/10 (58.1%) had the highest percentage of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%). Between 2012 and 2014, the percent of adults (age 65+) that did not receive a flu shot in the past year in HSR 9/10 increased, while rates in the state remained steady.
- Between 2006 and 2012, the percent of the population (age 65+) in Midland County (64.2%) that self-reported ever having received the pneumonia vaccine was slightly lower than the state (67.7%) and national (67.5%) rates.
- Between 2010 and 2014, the percent of the population (all ages) in Midland County (21.5%) that were uninsured was consistent with the state (21.9%) and national (14.2%) rates.
- As of 2015, the percentage of adults (age 18-64) in Midland County (16.0%) was consistent with the state percentage (16.0%), but higher than the national rate (10.7%).
- In comparison to peer counties, Midland County (23.7%) ranked at the top of the least favorable quartile for the percent of adults (under age 65) living without health insurance in 2011, and also ranked above the U.S. median (17.7%).
- When breaking down the percent of the insured population that is receiving Medicaid in Midland County, it is important to note that the majority of residents receiving Medicaid or other means-tested coverage in Midland County are located within census tracts within the city of Midland (2010-2014). The majority of insured residents in Midland County receiving Medicaid are under age 18 (60.7%), followed by the age 18-64 group (27.1%) and the age 65 and older group (12.2%) (2010-2014).
- Between 2012 and 2014, the percent of children (ages 0-18) in Midland County that were enrolled in the Texas Medicaid Program remained lower than the state. In 2014, the percent of children (ages 0-18) in Midland County (23.3%) that were enrolled in the Texas Medicaid Program was much lower than the state (40.1%).
- Between 2012 and 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Midland County remained lower than the state. In 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Midland County (3.3%) was lower than the state (5.3%).
- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 9/10 (22.0%) was significantly higher than the state rate (17.6%), and higher than many other regions.
- In comparison to peer counties, Midland County (13.4%) ranked within the upper end of the two middle quartiles for the percent of adults (age 18+) who did not see a doctor due to cost between 2006 and 2012, and also ranked above the Healthy People 2020 Target (9.0%) but below the U.S. median (15.6%).
- The majority of interviewees noted that health care costs may inhibit residents from seeking care. One interviewee stated, "The people who cannot pay for their care have difficulty accessing it."
- Interviewees overwhelmingly agreed that poverty was a major determinant of health status in Midland County, and many discussed affordability and cost barriers as major concerns – particularly for the low income and working poor.
- Many interviewees discussed the cost of prescription medications as another concern for residents. A few noted that many patients may not fulfill their prescribed medications due to cost. One interviewee specifically stated, "Medications become an issue, because even if [patients] can afford to see their primary care physician, then they've got an issue with the cost of their medications."
- A few interviewees noted that access to dental services depends on ability to pay and insurance coverage, and that the low income and un/underinsured populations are lacking access to dental care.
- Interviewees mentioned a lack of dentists in the area that accept Medicaid, which may disproportionately affect the youth population. One interviewee stated, "The biggest issue we see for our population is dentists who accept Medicaid. We also have a lot of kids with huge dental needs that don't have Medicaid."
- Interviewees noted that insurance coverage is another barrier that inhibits residents from accessing health care services, there are limited options for the un/underinsured populations in Midland County.
- Many interviewees mentioned that while accessing health care services is difficult for the low income and un/underinsured populations in the area, even residents who are insured may delay seeking care or not participate in preventive care due to the cost of insurance and/or health care services.
- Interviewees mentioned that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home and the growing number of providers in the area that are limiting their Medicare and Medicaid patients.
- Many of the interviewees raised concern around the limited access to women's health care services and resources.
- It was mentioned that the closing of the local Planned Parenthood has further limited access to women's health care services, such as family planning, pap smears, and contraceptives. One interviewee specifically stated, "They shut [Planned Parenthood] down...they had family planning, they had pregnancy tests, pap smears, and gave out birth control pills."
- A few of the interviewees mentioned that the lack of access to women's health care resources and services disproportionately affects the low income female population in Midland.

## Priority #4: Access to Affordable Care and Reducing Health Disparities Among Specific Populations (continued)

### Rationale:

-One interviewee expressed concern over prenatal substance abuse, and recommended education from local OB/GYNs to address those expecting patients that are at risk, stating: “[What] is causing a lot of difficulty for the local child population is the prenatal abuse of substances. We have a lot of children in this area who suffer brain damage – some of them because the parents were drug abusers, others because [the parents] didn’t know any better.”

-Interviewees expressed concern surrounding the health disparities that disproportionately affect specific populations, including the elderly, female OB, homeless, low income/working poor, non-English speaking, transient, veteran, and youth populations.

### Objective:

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

Implementation Activity	Progress	Key Results (As Appropriate)
4.A. MMH continues to expand interpretation services through a video-conferencing service, My Accessible Real Time Trusted Interpreter (Martti™) from the Language Access Network. Martti™ is a dedicated service that provides patients with access to a wide variety of language interpretation at the touch of a button. Martti™ services are available throughout the entire hospital.	<p>As Midland County community continues to diversify, language preferences among new residents and refugees is more prevalent in the calendar year 2017. According to the International Rescue Committee (IRC) in Abilene, Texas, Midland County population has seen an increase with refugees from Myanmar, Congo, Cuba, Arabia, and Iraq within the reunification programs. The July 2016 census data shows the *Hispanic population in Midland County at 44.4%; and, *32.2% of persons age 5 years+, 2012-2016 speak a language other than English at home.</p> <p>Midland Memorial Hospital (MMH) serves all Midland County residents and tourists including limited English proficient (LEP) patients. This presents MMH an opportunity to continue utilizing communication resources such as the Martti to meet the needs of the LEP population in a timely manner at all points of contact. Currently, MMH is updating Martti unit devices to Martti iPads and Martti Apps for all staff within the organization.</p>	<p>According to MMH LEP Database, in calendar year 2017 (January 1, 2017 to November 30, 2017) there were 4,706 interpretation encounters in the LEP patient population at MMH.</p>
4.B. MMH will continue its Service Agreement with Midland Community Healthcare Services to provide convenient access to fundamental healthcare services in critical access neighborhoods.	Ongoing	Agreement renewed at lower funding level, recognizing declining support from Medicaid waiver-funded community collaborative (PBCS).
4.C. MMH will continue to provide office space for two Texas Department of Health and Human Services staff members and 50% of their monthly operating cost to assist families with qualification for Medicaid services.	Ongoing	The financial assistance is provided by the state.
4.D. MMH will continue its partnership with Covenant Children’s Hospital in Lubbock to bring pediatric specialty services to a local clinic that the children’s hospital leases from MMH. In addition, the children’s hospital offers telemedicine services from their Lubbock location.	Conversations continuing in effort to expand specialty availability	Regular cardiology clinic held in Covenant’s space in Craddick MOB.
4.E. MMH will continue to provide transportation vouchers for discharged patients that do not have a way to return home on an limited basis.	Ongoing	
4.F. MMH will continue to employ financial counseling advisory enrollment services to patients that come to the hospital for care.	Ongoing	

Implementation Activity	Progress	Key Results (As Appropriate)
4.G. MMH will continue to provide case managers and social workers to connect patients to appropriate, affordable services.	Ongoing	SWS and CM have identified at risk patients and work to provide information about follow up care, medications and durable medical equipment that is affordable or available based upon their resources. We are also targeting high risk patients (frequent ER users, those admitted with complicated or high risk conditions) and providing community based resources (CHP) and an ER case manager, to educate and provider resources to this at risk population. CHP has been ongoing for a couple of years the SWS efforts for inpatients for about a year.
4.H. MMH will continue to work in conjunction with the Midland County Health Department to provide funding for a diabetes screening program, and encourage referrals for patients at-risk for or with diagnosed diabetes to the Midland Community Healthcare Services physicians or to the Diabetes Nutrition Learning Center.	Ongoing	
4.I. MMH will continue its relationship with the Midland County Fire Department through collaboration between a MMH PA and EMTs and paramedics in the community paramedic program to make house calls to those patients that frequently use the ambulance services or identify with chronic conditions and could benefit from outreach.	Ongoing	
4.J. MMH is a certified Nurses Improving Care for Healthsystem Elders (NICHE) hospital, and will continue to maintain its certification to provide specialty care of elderly acute care.	Ongoing	MMH is a designated NICHE organization with an established Acute Care for the Elderly (ACE) unit.
4.K. MMH staff will continue to serve in leadership roles and as volunteers for local organizations supporting the underserved population, such as SeniorLink which provides services to the elderly.	Ongoing	During October and November 2018, 195 Midland Health employees volunteered at a variety of non-profits.
4.L. MMH will continue to provide a palliative care program, and to maintain contracts with local hospice organizations so that they may manage their patients at MMH as inpatient hospice patients.	Ongoing	MMH has a Palliative Care Program with MD and APRN oversight. MMH also has an Advanced Care Planning Initiative led by a clinical manager.

## Priority #5: Need for Increased Emphasis on Physician Recruitment and Retention

### Rationale:

- Between 2016 and 2021, the population in Midland County is expected to increase by 10.5%, as compared to 7.2% in Texas which may add to the need for additional physicians.
- In 2014, HSR 9/10 (35.1%) had a higher percent of adults that had no personal doctor than the state (32.9%), as well as all other regions.
- In 2013, the rate of primary care physicians per 100,000 population in Midland County (39.0 per 100,000) was lower than the state (59.5 per 100,000) and the national rates (75.8 per 100,000).
- In comparison to peer counties, Midland County (76.3 per 100,000) ranked within the two middle quartiles for the rate of primary care providers per 100,000 persons in 2011, and also ranked above the U.S. median (48.0 per 100,000).
- In 2013, the rate of dental care providers per 100,000 population in Midland County (49.5 per 100,000) was slightly lower than the state (51.5 per 100,000) and national rates (63.2 per 100,000).
- According to the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA), Midland County is a designated medically underserved area, with an index of medical underservice score of 57.00 out of 100.00 – indicating a greater level of underserved.
- According to the U.S. Department of Health and Human Services HRSA, Midland County is a designated Health Professional Shortage Area (HPSA), and specifically a HPSA Geographic High Needs designation, with regards to primary care.
- While the majority of interviewees discussed a perceived limited access to primary care services for local residents, a few of the interviewees expressed concern over the misconception of a limited number of providers in Midland County.
- Many interviewees mentioned that providers in the area are limiting their Medicaid and Medicare appointments, or have completely stopped taking new patients due to being fully booked. One interviewee stated, “Whether it’s through not taking new patients, not taking specific types of insurance, or just the inability to schedule an appointment even if they are your doctor - you give up on it. It’s impossible to get an appointment.”
- It was mentioned that the difficulty in accessing a primary care provider may cause for residents to delay or avoid seeking preventive services.
- A few interviewees raised concern over the high number of primary care providers that are retiring and/or leaving the area. One interviewee specifically stated, “I can’t tell you how many physicians I have had in the last 5 years because all doctors are retiring or leaving. I go to urgent cares now.”
- While the majority of interviewees agreed there is a large supply of specialists in the area, a few noted difficulty in getting in to see any specialists in the county.
- Interviewees mentioned a few specialty services that may benefit the community, particularly in addressing higher rates of chronic conditions, including Dermatology, Neurology, Pediatric sub-specialties, Psychiatry, and Pulmonology.
- Interviewees discussed difficulty in recruiting specialists to Midland, and noted the high number that are nearing retirement age. One interviewee stated, “You’re constantly battling retirement – it seems like our physicians in specialized areas are aging out.”
- It was emphasized that access to specialty care for the un/underinsured or low income is more challenging, and one interviewee expressed concern regarding the limited number of bilingual specialty providers in the area.

### Objective:

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

Implementation Activity	Progress	Key Results (As Appropriate)
5.A. MMH will continue to actively assist Midland Community Healthcare Services in its recruitment efforts, including provision of financial assistance made available through a community partnership with the Midland Development Corporation.	Ongoing	MMH continues to work with MCHS to recruit doctors. Leela Pillarisety, MD (OB/GYN) joined the practice and we’ve recruited and spent funds on finding a Family Medicine provider.
5.B. MMH will continue to staff a full time physician recruiter who has been working to recruit more primary care physicians according to both short and long-term projected needs in our community. Recruitment efforts are partially supported through a grant from Midland Development Corporation, an economic development entity support by local sales taxes.	Ongoing	
5.C. MMH will continue to staff a physician liaison to introduce newly recruited physicians to the community, as well as other physicians in the community, in order to help them network and increase referrals. The physician liaison also introduces the newly recruited physician’s family to the community.	Now holding regular family gatherings to assist new physicians in assimilating.	Marian Sturgeon continues in this role.
5.D. MMH will continue to engage physician practice affiliates in a collaborative, specialty care recruitment strategy to recruit neurology, surgery, OB/Gyn, ENT, hospitalists, pulmonologists, and dermatologists and are working with Lubbock’s Covenant Children’s Hospital to enhance pediatric subspecialty availability via a rotating clinic in Midland.	Recruitment efforts continuing.	Successfully recruited two surgeons, several hospitalists, a cardiologist and a maternal-fetal medicine specialist. ENT and Neurology in process.
5.E. MMH is in the development phase of a call center that will be able to help patients set up an appointment, call-in prescription refills, handle billing issues, etc.	Ongoing	221-DOCS is operational

Implementation Activity	Progress	Key Results (As Appropriate)
5.F. MMH will continue to connect with local adolescents interested in medical careers as early as possible in an attempt to incentivize the students to remain local.	Ongoing	
5.G. MMH will continue to serve as a teaching facility for radiology and nursing (RN) students at Midland College, bachelors nursing students at University of Texas at the Permian Basin, and bachelors nursing students, internal medicine, and OB/GYN students from the Texas Tech University Health Science Center to rotate through the hospital.	Ongoing	MMH continues to serve with clinical affiliation agreements with local schools of nursing and health sciences centers.
5.H. MMH is currently in the planning and development phases of a new, fast-track (7-8 year) family residency doctor of osteopathic medicine program in conjunction with the University of North Texas.	Ongoing	The students in the program are doing well
5.I. MMH will continue to provide a junior volunteer program that allows for local students to rotate through a variety of areas in the hospital, including, but not limited to, radiology and the emergency department.	Ongoing	
5.J. MMH will continue to explore potential opportunities to provide a variety of services in underserved neighborhoods through a collaboration with the Ronald McDonald Care Mobile.		This is no longer a program that operates in Midland County.

# PREVIOUS PRIORITIZED NEEDS



# Previous Prioritized Needs

## 2013 Prioritized Needs

1. Uninsured / Lack of access to services (cost)
2. Obesity
3. Diabetes
4. Lack of primary care physicians
5. Heart Disease
6. Lack of mental health services
7. Poor nutrition
8. Physical inactivity
9. Lack of health education
10. Lack of specialty health services

## 2016 Prioritized Needs

1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
2. Increased Emphasis on Coordination and Communication Across the Continuum of Care
3. Access to Mental and Behavioral Health Care
4. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
5. Need for Increased Emphasis on Physician Recruitment and Retention

Source: Midland Memorial Hospital, About Us, Community Health Needs Assessment, <https://www.midlandhealth.org/main/community-health-needs-assessment>; information accessed February 1, 2019.



# 2019 PRELIMINARY HEALTH NEEDS



# 2019 Preliminary Health Needs

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



# PRIORITIZATION



# The Prioritization Process

- On February 7, 2019, leadership from MMH met with CHC Consulting to review findings and prioritize the community's health needs.
- 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.

<b>1. Size and Prevalence of the Issue</b>
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)
<b>2. Effectiveness of Interventions</b>
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?
<b>3. Midland Memorial Hospital Capacity</b>
a. Are people at Midland Memorial Hospital likely to support actions around this issue? (ready) b. Will it be necessary to change behaviors and attitudes in relation to this issue? (willing) c. Are the necessary resources and leadership available to us now? (able)



# Health Needs Ranking

- Hospital leadership participated in an online ballot process to rank the seven significant health needs based on the three factors discussed, resulting in the following list (in descending order):
  1. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
  2. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
  3. Increased Emphasis on Education and Awareness of Existing Health Care Resources
  4. Increased Emphasis on Physician Recruitment and Retention
  5. Access to Mental and Behavioral Health Care Services and Providers
  6. Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning
  7. Improved Availability of Safe, Affordable Housing



# Final Priorities

- Hospital leadership decided to address five of the seven ranked health needs. The final health priorities that MMH 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. Access to Affordable Care and Reducing Health Disparities Among Specific Populations
  3. Increased Emphasis on Education and Awareness of Existing Health Care Resources
  4. Increased Emphasis on Physician Recruitment and Retention
  5. Access to Mental and Behavioral Health Care Services and Providers



# PRIORITIES THAT WILL NOT BE ADDRESSED



# Needs That Will Not Be Addressed

- MMH decided not to specifically address “Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning” and “Improved Availability of Safe, Affordable Housing” largely due to their position (last) on the prioritized list and the hospital’s capacity to address that need.
- While MMH acknowledges that these are significant needs in the community and will work with local community organizations to see how the facility can assist in these areas, the identified priorities will not be addressed by the hospital since they are not core business functions of the hospital and the leadership team felt that resources and efforts would be better spent addressing the remaining prioritized needs.
- MMH will continue to support local organizations and efforts to address these needs in the community.



# RESOURCES IN THE COMMUNITY



# Additional Resources in the Community

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



## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
211	Odessa	-	-	-	-	211	<a href="http://211texas.org">211texas.org</a>	2-1-1 is an easy to remember number for accessing free information about community services to find help when you need it or find places you can help.
221-DOCS	Midland		Midland	TX		432-221-3627	<a href="https://www.midlandhealth.org/main/find-a-provider">https://www.midlandhealth.org/main/find-a-provider</a>	221-DOCS is a resource dedicated to helping find local primary care providers, setting up an appointment or scheduling a procedure.
68 Nurse	Permian Basin		Midland	TX		855-686-8773	<a href="http://68nurse.com">68nurse.com</a>	68 Nurse is a free hotline provided by Midland Memorial Hospital that can help you save time and money by directing you to the most appropriate healthcare option, whether it is a neighborhood clinic, urgent care center, emergency room or just staying home.
ACT	Odessa	2445 E. 11th St.	Odessa	TX	79761	432-333-3667	-	Counseling Center
Agape Counseling	West Texas	3500 N A St, Suite 2400	Midland	TX	79705	432-550-5683	<a href="https://agapewesttexas.org/">https://agapewesttexas.org/</a>	A Christian counseling center that provides professional counseling for people with mental and emotional needs.
Alpha Behavioral Health Services	Odessa	1205 W. University Blvd.	Odessa	TX	79761	432-614-5720	<a href="http://www.odessatherapy.com">www.odessatherapy.com</a>	As solution-focused therapists, our goal is to help you uncover your true potential and lead a life worth celebrating. If you're looking for extra support and guidance through a challenging situation or you're just ready to move in a new direction in your life, we look forward to working with you to achieve your goals.
Alternative Solutions Counseling	Odessa	2458 E. 11th	Odessa	TX	79761	432-582-2444	<a href="http://www.alternativelifesolutionscounseling.com">www.alternativelifesolutionscounseling.com</a>	Alternative Life Solutions Counseling seeks to help individuals find an alternative solution and new directions in life's daily struggles.
American Red Cross - Permian Basin Area Chapter	Andrews, Borden, Brewster, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Jeff Davis, Loving, Martin, Midland, Pecos, Presidio, Reeves, Terrell, Upton, Ward and Winkler Counties	9601 Wright Drive	Midland	TX	79711	432-563-2267	<a href="http://www.redcross.org/tx/midland">http://www.redcross.org/tx/midland</a>	The Permian Basin Area Chapter of the American Red Cross offers the following services: disaster services, health and safety services, services to the armed forces and branch officers, and other volunteer services.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Aphasia Center	West Texas	5214 Thomason Dr	Midland	TX	79703	432-699-1261	<a href="http://www.aphasiawtx.org">www.aphasiawtx.org</a>	The Aphasia Center of West Texas is a safe place for area residents to access a network of support and learn aphasia communication strategies plus practical tips that lessen the daily frustration of living with aphasia.
Asbury Angels Alliance - Baby Blessings/Food Pantry	Odessa	4001 E. University	Odessa	TX	79762	432-366-4455	<a href="http://www.asburyumcodessa.org/">http://www.asburyumcodessa.org/</a>	Baby Blessings is a ministry of the Asbury United Methodist Church in Odessa, TX. Baby Blessings collects supplies like wipes, bottles, etc., and provides them to mothers in need. Asbury UMC also has a Food Pantry that collects and distributes nonperishable foods to local families in need.
Basin Detox	West Texas	1711 W County Road 140	Midland	TX	79706	800-317-7818	<a href="http://www.basindetox.com">www.basindetox.com</a>	Provide a comfortable and safe medical detoxification to alleviate the withdrawal symptoms and the anxieties while having to go through detox.
Birthright of Odessa	Odessa	2125 E. 42nd St.	Odessa	TX	79762	432-332-0081	<a href="http://birthright.org/en/landingpage/lp-odessa">http://birthright.org/en/landingpage/lp-odessa</a>	Birthright of Odessa offers the following services to women who are pregnant or think they may be pregnant: completely confidential help, friendship and emotional support, free pregnancy tests, medical referrals, legal referrals, educational assistance and referrals, maternity and baby clothes, housing referrals, referrals to social agencies, and referrals for professional counseling information on prenatal development, job search/career development, adoption, pregnancy and childbirth, child care options and child safety issues.
Boys and Girls Club of the Permian Basin - Odessa	Odessa	800 East 13th Street	Odessa	TX	79761	432-337-8389	<a href="http://www.odessabgc.com/">http://www.odessabgc.com/</a>	At the Boys & Girls Club, our mission is to help young people, especially those who need us most, reach their full potential as productive, caring and responsible citizens. Our four locations are open year round for kids from 6 -18 years old with a school year schedule from 3 p.m. - 7 p.m. and summer schedule from 8 a.m. - 5:30 p.m. In addition, each facility is open one Saturday per month. Each facility provides trained adult staff members, academic support, computer learning labs, art, daily hot meal, gymnasiums, adjacent parks, game rooms, field trips, formal and informal athletic leagues, and much more.
Boys Scouts Buffalo Trail Council	West Texas	1101 W. Texas Ave.	Midland	TX	79701	432-570-7601	<a href="http://www.buffalotrailbsa.org/">http://www.buffalotrailbsa.org/</a>	The mission of the Buffalo Trail Council is to prepare young people to make ethical and moral choices over their lifetimes by instilling in them the values of the Scout Oath and Scout Law.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Breaking Bread Soup Kitchen	Midland County	410 E. Florida Ave	Midland	TX	79701	432-689-2339	<a href="http://breakingbreadkitchen.org/">http://breakingbreadkitchen.org/</a>	Our mission is to carry the gospel of the Lord through feeding the hungry and helping those in need
Cal Farley's Boys Ranch and Girlstown, USA	Texas	PO Box 1890	Amarillo	TX	79174	800-687-3722	<a href="http://www.calfarley.org">www.calfarley.org</a>	Cal Farley's is one of America's largest privately-funded child and family service providers specializing in both residential and community-based services at no cost to the families of children in our care.
Camp Fire USA West TX Council	West Texas	3500 N A St.	Midland	TX	79705	432-570-4144	<a href="http://campfirewtx.org/">http://campfirewtx.org/</a>	Camp Fire's youth development philosophies center around the concept of developmental assets. By design, Camp Fire USA programs are not only fun; they build specific skills and characteristics like self-direction, confidence and school preparedness. Programs include after-school care, resident and multi-week camps, service learning and youth-driven leadership.
Casa De Amigos	Midland County	1101 Garden Ln	Midland	TX	79701	432-682-9701	<a href="http://www.casadeamigosmidland.org/">http://www.casadeamigosmidland.org/</a>	Casa de Amigos is a multicultural neighborhood center located in southeast Midland. The agency provides comprehensive services in four main areas: Adult and Youth Education, Social Services, Health & Wellness and Senior Services. The agency directly provides many services and also offers guidance through referral to other appropriate resources
CASA of the Permian Basin Area	Ector, Crane, Loving, Ward and Winkler Counties	300 N. Grant, Ste. 207	Odessa	TX	79761	432-498-4174	<a href="http://www.casapba.org/">http://www.casapba.org/</a>	CASA (Court Appointed Special Advocates) of the Permian Basin Area trains volunteers to advocate for the best interests of abused and neglected children in the court system to ensure that each child is placed in a safe, permanent, and healthy environment.
Catholic Charities	Ector County	2500 Andrews Highway	Odessa	TX	79761	432-332-1387	<a href="http://www.catholiccharitiesodessatx.org/">http://www.catholiccharitiesodessatx.org/</a>	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	3701 Andrews Hwy	Midland	TX	79701	432-570-1084	<a href="http://www.centerswesttexas.org/">http://www.centerswesttexas.org/</a>	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.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Choiceworks Counseling	Odessa	1406 N. Grandview	Odessa	TX	79761	432-332-9644	<a href="http://www.odessamarriagecounseling.com">www.odessamarriagecounseling.com</a>	Counseling Center
Community Children's Clinic	Midland County	1101 E Front St	Midland	TX	79701	432-686-8593	<a href="http://www.communitychildrensclinic.org">http://www.communitychildrensclinic.org</a>	The mission of the Community Children's Clinic is to provide medical care for sick children living in Midland County, in a manner consistent with the standards of care available from a private family physician, for families facing income challenges. The services offered by the clinic allow uninsured and underinsured, low-income families to receive care for their sick children
Communities in Schools - The Permian Basin	Permian Basin	PO Box 10532	Midland	TX	79702	432-552-2496 (Odessa Office) 432-205-1364 (Midland Office)	<a href="http://cispb.org/">http://cispb.org/</a>	Communities in Schools of the Permian Basin helps students stay in school and make the right choices by connecting them with needed community resources. From individualized case management services to facilitated services or programs for a targeted group of students, CISPB helps ease the burden on schools, strengthen relationships between home and school, and increase opportunities for positive life choices and academic achievement. By implementing this approach, CISPB creates a community of caring adults who work directly with educators and are able to reach students most at risk for dropping out of schools.
ECISD Community Outreach Center	Odessa	301 E. Clements St.	Odessa	TX	79761	432-456-8564		Free tutoring
Ector County Health Department	Ector County	221 N Texas Ave	Odessa	TX	79761	432-498-4141	<a href="http://www.ector.tx.us/default.aspx?EctorCounty/Health">http://www.ector.tx.us/default.aspx?EctorCounty/Health</a>	The Ector County Health Department offers immunizations, nursing services including STD testing and treatment and other health education.
EZ Rider	Odessa	10300 Younger Rd	Midland	TX	79706	432-561-9990	<a href="http://www.ez-rider.org/">http://www.ez-rider.org/</a>	Local bus services with 6 routes throughout Odessa and 6 routes throughout Midland.
Family Health Clinic (FHC) and Family Health Dental Clinic	Odessa	840 W. Clements St	Odessa	TX	79763	432-640-4860	<a href="http://www.mchodessa.com">www.mchodessa.com</a>	The FHC is a community-based healthcare program that operates in partnership with Medical Center Hospital, the Ronald McDonald Charities and the Family Dental Clinic to provide a wide range of healthcare services to uninsured and underinsured individuals in Odessa and the surrounding communities.
Family Promise of Odessa	Odessa	1354 E 6th St	Odessa	TX	79761	432-934-6693	<a href="http://www.familypromise.org/txinterfpoof">http://www.familypromise.org/txinterfpoof</a>	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.
First Baptist Benevolence	Midland	2206 W. Louisiana Ave	Midland	TX	79701	432-683-0630		Rent and utility assistance.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
First Presbyterian Benevolence	Midland	800 W. Texas St	Midland	TX	79701	432-684-8440		Rent and utility assistance.
Girl Scouts of the Desert SW - Southern New Mexico and West Texas	West Texas	901 W Dengar Ave	Midland	TX	79705	432-550-2688	<a href="http://www.gsdsw.org/">http://www.gsdsw.org/</a>	Girl Scouts of the Desert Southwest brings together Girl Scouts of the Permian Basin, Girl Scouts of the Rio Grande and Girl Scouts - Zia Council. Girl Scouting builds girls of courage, confidence and character who make the world a better place. Girl Scouting is a unique place where a girl can learn valuable leadership skills for the benefit of her future, her community and her country. Through Girl Scouting, girls build the courage to grow strong physically, mentally and spiritually, the confidence to pursue their dreams, and the character to serve their communities and fellow Girl Scouts.
Harmony Home Children's Advocacy Center	Ector County	910 S Grant Ave	Odessa	TX	79761	432-333-5233	<a href="http://www.ohhcac.org/">www.ohhcac.org/</a>	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.
Helping Hands	Midland County	1301 Brinson	Midland	TX	79701	432-520-8900		All volunteer organization that works to assist the poor of Midland with rent, utilities, medical needs
Hope Chest	Midland/Odessa	4214 Andrews Hwy, Suite 112	Midland	TX	79703	432-221-1150	<a href="https://www.midlandhealth.org/main/hope-chest">https://www.midlandhealth.org/main/hope-chest</a>	Hope Chest exists to provide incentives to pregnant and parenting women. The Hope chest promotes and encourages responsibility and healthy behaviors during and after pregnancy.
Hospice of Midland	Midland County	911 W Texas Ave	Midland	TX	79701	432-682-2855	<a href="http://hospicemidland.org">hospicemidland.org</a>	Not-for-profit hospice services.
HUD Office (US Department of Housing and Urban Development)	Odessa	119 West 4th Street, Suite 104	Odessa	TX	79761	432-335-4820	<a href="http://portal.hud.gov/hudportal/HUD?src=/states/texas/community/home">http://portal.hud.gov/hudportal/HUD?src=/states/texas/community/home</a>	HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination; and transform the way HUD does business

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Jubilee Center of Midland	Midland	3311 Andrews Hwy	Midland	TX	79703	432-520-0671	<a href="http://jubileemidland.org">jubileemidland.org</a>	As a partner agency with the West Texas Food Bank, we strive to offer nutritious food and a wide variety of products for our clients. Our very own garden provides fresh produce to our clients. We rely on churches, organizations, and individuals for monetary or food donations to stock our shelves as well.
Legal Aid of North West Texas	Ector, Midland, Andrews, Crane, Loving, Ward and Winkler Counties	620 N. Grant Ave., Ste 410 (Odessa) 212 N Main St, Suite 101 (Midland)	Odessa/Midland	TX	79761	432-332-1207; 800-955-1207; (800) 926-5630 (Midland)	<a href="http://www.lanwt.org/contact_odessa.asp">www.lanwt.org/contact_odessa.asp</a>	LANWT provides free civil legal services to eligible low-income residents. The staff and volunteers are committed to the delivery of effective and efficient legal services. LANWT also offers significant educational opportunities and experiences for high school, college and law students as well as retired members of our community.
Life Style Medicine Center	Permian Basin	4214 Andrews Hwy, Suite 107	Midland	TX	79703	432-221-LIFE(5433)	<a href="http://www.midlandhealth.org/lifestyle-medicine-center/home">www.midlandhealth.org/lifestyle-medicine-center/home</a>	At Midland Health, we believe that one cannot be truly healthy without considering the mind, body and spirit. Because of this, we have created the Lifestyle Medicine Center--a resource for the community to provide physical, mental, spiritual, and financial education so that people can experience the best life possible.
Manor Park	Midland County	2208 N Loop 250 W.	Midland	TX	79707	432-689-9898	<a href="http://manorparkinc.org">manorparkinc.org</a>	The Village at Manor Park in Midland, Texas, is a not-for-profit corporation managed by a volunteer board of trustees. We are licensed as a Continuing Care Retirement Community (CCRC) and currently serve over 600 residents in all levels of care.
Meals on Wheels of Odessa	Odessa	1314 E 5th St	Odessa	TX	79761	432-333-6451	<a href="http://www.mowodesa.com">www.mowodesa.com</a>	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	<a href="http://www.dshs.state.tx.us/cshcn/mtp.shtm">http://www.dshs.state.tx.us/cshcn/mtp.shtm</a>	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 Baptist Crisis Center	Midland County	806 S Baird St	Midland	TX	79701	432-685-1467		Prescription assistance
Midland County Housing Authority	Midland County	1710 Edwards St	Midland	TX	79701	432-570-4155		Housing Assistance
Midland Community Healthcare Services	Midland County	Varies	Midland	TX	Varies	Varies	<a href="http://midlandchs.org">midlandchs.org</a>	Midland Community Healthcare Services provides affordable, comprehensive, accessible, culturally appropriate, cost-effective primary healthcare to residents mainly in Midland County.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Midland Health and Senior Services	Midland County	3303 W. Illinois, Suite 22	Midland	TX	79701	432-681-7613	<a href="http://www.midlandtxas.gov/518/About-Us">www.midlandtxas.gov/518/About-Us</a>	Midland Health & Senior Services carries out programs such as environmental sanitation, food establishment inspection, vector control, clinical services, public health education, communicable disease control, and public health preparedness
Midland Fair Havens	Midland County	2400 Whitmire Blvd #100	Midland	TX	79705	432-689-3411	<a href="http://www.mfh.org/">http://www.mfh.org/</a>	Midland Fair Havens equips single mothers and their children for self-sufficient living by addressing their educational, Photo - Mother and Childvocational, spiritual, and emotional needs in residential and non-residential settings.
Midland Memorial Hospital	Midland and surrounding counties	400 Rosalind Redfern Grover Parkway	Midland	TX	79701	432-221-1111	<a href="http://www.midland-memorial.com">www.midland-memorial.com</a>	Hospital and healthcare services
Midland Soup Kitchen	Midland County	1401 Orchard Ln	Midland	TX	79701	432-686-7687	<a href="https://www.facebook.com/pg/MidlandSoupKitchenMinistry/about/">https://www.facebook.com/pg/MidlandSoupKitchenMinistry/about/</a>	Midland Soup Kitchen Ministry provides a free, hot home-cooked meal.
Midland/Odessa Area AIDS Support (MAAS)	Midland and Odessa	800 West Texas	Midland	TX	79701	432-218-2002	<a href="http://www.ribbonsoflight.org/">http://www.ribbonsoflight.org/</a>	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	1213 W. 2nd St	Odessa	TX	79763	432-580-5222	<a href="http://www.missionmessiah.org/">http://www.missionmessiah.org/</a>	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	3300 South FM 1788	Midland	TX	79706	432-561-5915	<a href="http://oceanshealthcare.com/permian-basin">oceanshealthcare.com/permian-basin</a>	At Oceans Behavioral Hospital Permian Basin, healing is our focus. We are passionate about helping adults and seniors manage the challenges associated with anxiety, depression and other mental health issues. Utilizing proven, innovative and progressive therapies, our qualified professionals strive to promote long-term wellness through a range of inpatient and outpatient psychiatric counseling and treatment options.
Odessa Links	Odessa	119 W 4th St #201	Odessa	TX	79761	432-582-0099	<a href="http://www.odessalinks.org">www.odessalinks.org</a>	Odessa Links connects community members in need of assistance to valuable resources, organizations and initiatives.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Odessa WIC Clinic	Odessa	835 Tower Dr, Ste 34	Odessa	TX	79762	866-907-0080	<a href="http://www.dshs.state.tx.us/wic/hd/">http://www.dshs.state.tx.us/wic/hd/</a>	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.
PermiaCare	Ector, Midland, Culberson, Pecos, Presidio, Jeff Davis, Hudspeth and Brewster Counties	3128 Kermit Hwy (Odessa Office)	Odessa	TX		844-420-3964 (Crisis Hotline)	<a href="http://www.pbmhmr.com">www.pbmhmr.com</a>	PermiaCare (formerly Permian Basin Community Centers) provides services to help people live satisfying, responsible and productive lives. Our services include: Mental Health Services (MH), Intellectual and Developmental Disability Services (IDD), Substance Abuse Services, Veterans Services, HIV Services
Permian Basin Mission Center	Permian Basin	208 N. Adams	Odessa	TX	79761	432-337-0554	<a href="http://www.pbmmission.org/">http://www.pbmmission.org/</a>	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 Regional Council on Alcohol & Drug Abuse (PBRCADEA)	Permian Basin	120 E. 2nd St.	Odessa	TX	79761	432-580-5100	<a href="http://www.pbrcada.org">www.pbrcada.org</a>	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	P.O. Box 7406	Odessa	TX	797060	432-940-7465	<a href="http://pinkthebasin.com">pinkthebasin.com</a>	Pink the Basin is a non-profit organization that believes every woman deserves to know if they have breast cancer. Fueled by a passion that comes from their differing experiences with the disease, the Pink the Basin board members and volunteers work tirelessly to raise the money it takes to realize their dream.  With these funds, 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.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
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	620 N Grant Ave, Suite 802	Odessa	TX	79761	432-333-4100	<a href="http://reg9prc.org/">http://reg9prc.org/</a>	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	-	900 W Wall St	Midland	TX	79701	432-684-5437	<a href="http://www.raysofhope.org/">www.raysofhope.org/</a>	Children's Grief Center
Reed Adolescent Center	Texas	404 Floydada	Plainview	TX	79072	806-291-4422	<a href="http://www.clplains.org/rac/rac.htm">http://www.clplains.org/rac/rac.htm</a>	Mission is to improve the quality of life for persons with mental illness, Intellectual Disabilities and chemical dependency, and their families by providing accessible services and resources which will support individual choices and promotes lives of dignity and independence.
Safe Place of the Permian Basin - Project Adam (Batterer's Intervention Program)	Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Reeves, Upton, Ward, and Winkler Counties	P.O. Box 11331	Midland	TX	79702	432-522-2700	<a href="http://www.safeplacenow.com/">www.safeplacenow.com/</a>	The mission of Safe Place is to break the cycle of family violence by empowering individuals to make safe and healthy choices through awareness, advocacy, counseling and shelter, while promoting hope, healing and dignity. Safe Place is a Midland County funded organizations with services and programs including a 24-hour crisis hotline, an emergency shelter located in Midland, legal and personal advocacy, counseling, children's programs, batterer's intervention programs, community education and bilingual services.
Samaritan Counseling Center of West Texas	Permian Basin	10008 Pilot Ave	Midland	TX	79706	432-563-4144	<a href="http://www.samaritanccwtx.org/">http://www.samaritanccwtx.org/</a>	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.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
SeniorLink	Midland	3301 Sinclair Ave	Midland	TX	79707	432-689-6693	<a href="http://www.seniorlinkmidland.org/">http://www.seniorlinkmidland.org/</a>	SeniorLink provides Meals on Wheels and other homebound services and activities for local senior citizens.
"SHARE" - Sharing Hands Respite Service	West Texas	3500 N A St. Suite 2500	Midland	TX	79705	432-818-1259	<a href="http://www.sharewesttexas.org/">http://www.sharewesttexas.org/</a>	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.
The Springboard Center	Permian Basin	200 Corporate Dr	Midland	TX	79705	432-620-0255	<a href="http://www.springboardcenter.org">www.springboardcenter.org</a>	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.
Nurse Family Partnership (NFP)	Midland and Ector County		Odessa	TX		432-552-4025	<a href="https://www.utpb.edu/news/2018/06/nurse-family-partnership">https://www.utpb.edu/news/2018/06/nurse-family-partnership</a>	This program offers free pregnancy education for first-time mothers. NFP helps first-time moms prepare for the birth of their first child and gives support through curriculum, home visits and referrals to community resources.
Stay Together Program	Midland and Odessa	8701 W County Road 60	Midland	TX	79707	432-699-1466	<a href="http://highsky.org/programs_stay_together.html">http://highsky.org/programs_stay_together.html</a>	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.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Texas Department of Health and Human Services - Odessa	Odessa	3016 Kermit Hwy	Odessa	TX	79764	432-333-5141; 1-800-252-9330	<a href="http://HHSC.state.tx.us">HHSC.state.tx.us</a>	Provides/Offers food stamp programs, TANF (Temporary Assistance for Needy Families) and Medicaid for children, pregnant women and parents of deprived children.
Texas Tech University Psychiatric Program	Permian Basin	314 Secor St	Midland	TX	79701	432-620-1160		The Department of Psychiatry at Texas Tech University Health Sciences Center's School of Medicine is dedicated to the provision of quality programs in education, patient care, and research.
Texas Runaway Hotline	-	-	-	-	-	888-580-HELP (4357)	<a href="http://www.texasrunaway.org">www.texasrunaway.org</a>	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 Health and Human Services	Permian Basin	3401 N. A St	Midland	TX	79701	432-686-2271	<a href="http://hhs.texas.gov/">hhs.texas.gov/</a>	Medicaid for families and children, Long-term care for people who are older or who have disabilities, SNAP food benefits and TANF cash assistance for families Behavioral health services, Services to help keep people who are older or who have disabilities in their homes and communities, Services for women and other people with special health needs
Texas Youth & Runaway Hotline	-	-	-	-	-	800-989-6884	<a href="http://www.dfps.state.tx.us/Youth_Hotline/default.asp">http://www.dfps.state.tx.us/Youth_Hotline/default.asp</a>	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.
The Life Center: Sexual Integrity for Life	Midland and Odessa	802 N. Washington Ave (Odessa) 2101 W Wall St (Midland)	Odessa/Midland	TX	79762/79701	432-617-8378 (Odessa) 432-570-7745 (Midland)	<a href="http://www.midlandlifecenter.org/">http://www.midlandlifecenter.org/</a>	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.
The Crisis Center	Serving Andrews, Crane, Ector, Gaines, Loving, Reese, Ward and Winkler Counties	910 S. Grant, Suite B	Odessa	TX	79761	432-333-2527	<a href="http://www.odessacrisiscenter.org">www.odessacrisiscenter.org</a>	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
The Salvation Army	Odessa/Midland	810 E. 11th	Odessa	TX	79761	432-332-0738	<a href="http://www.salvationarmyusa.org/">www.salvationarmyusa.org/</a>	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.

## List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Top Rank Youth Program Odessa - affiliated with Permian Basin Community Centers	Ector and Midland Counties	1012 MacArthur	Odessa	TX	79763	432-333-3265	<a href="http://www.pbmhmr.com">www.pbmhmr.com</a>	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.
United Way of Midland County	Midland County	1209 W Wall St.	Midland	TX	79701	432-685-7700	<a href="http://www.unitedwaymidland.com">www.unitedwaymidland.com</a>	United Way works with program providers in supporting over 50 programs and services that target community needs by focusing on the building blocks for a better life: a quality education that leads to stable employment; financial independence and sufficient housing to support a family, and sound emotional and physical health.
United Way of Odessa	Odessa	128 East 2nd St.	Odessa	TX	79761	432-332-0941	<a href="http://www.unitedwayodessa.org/">http://www.unitedwayodessa.org/</a>	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	4901 E. University	Odessa	TX	79762	432-552-2365	-	Counseling and testing center
West Texas Area Counseling Center	Odessa	62 San Lucas Ct.	Odessa	TX	79765	432-550-3838	-	Counseling for clients age 3 and older
WIC Clinic	Midland	2301 Big Spring St	Midland	TX	79705	8669070080	<a href="https://www.womeninfantschildrenoffice.com/midland-wic-clinic-texas-wcl4610">https://www.womeninfantschildrenoffice.com/midland-wic-clinic-texas-wcl4610</a>	
West Texas Food Bank	West Texas	1601 West Cliff Dr	Midland	TX	79703	432-697-4003	<a href="http://www.wtxfoodbank.org">www.wtxfoodbank.org</a>	The West Texas Food Bank is a non-profit, non-governmental hunger relief organization. We are the largest collaborative non-profit agency in the Permian Basin, and proudly distribute donated and purchased food to children, families and seniors through a network of 80+ partner agencies across 34,000 square miles of West Texas.
Workforce Solutions of the Permian Basin	Permian Basin	3600 N. Garfield, Midland College Technology Center Rm 138	Midland	TX	79703	432-686-4879	<a href="http://workforcepb.org/">http://workforcepb.org/</a>	Workforce Solutions is here to aid the job seeker in their search. Whether you are looking for a new career or your very first job, our staff and resources are here to help. We help job seekers find a job that is right for them by offering web-based tools as well as the on-site resources at Workforce Solutions locations.

### List of Services Available in the Community

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
West Texas Opportunities	West Texas	700 N Grant, #150	Odessa	TX	79761	432-333-9027	<a href="http://www.go-wto.org/">http://www.go-wto.org/</a>	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.

# INFORMATION GAPS



# Information Gaps

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



# ABOUT COMMUNITY HOSPITAL CONSULTING



MIDLAND HEALTH

# 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](http://www.communityhospitalcorp.com)



# APPENDIX

- SUMMARY OF DATA SOURCES
- DATA REFERENCES
- MUA/P AND HPSA INFORMATION
- INTERVIEWEE BIOGRAPHIES
- PRIORITY BALLOT



MIDLAND HEALTH

# SUMMARY OF DATA SOURCES



# Summary of Data Sources

- **Demographics**

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

- **Health Data**

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



# Summary of Data Sources

- **Health Data (continued)**

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

- **Phone Interviews**

- CHC conducted interviews on behalf of MMH from October 11, 2018 – November 2, 2018.
- Interviews were conducted and summarized by Valerie Hayes, Planning Manager.



# DATA REFERENCES



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

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

# MUA/P AND HPSA INFORMATION



# Medically Underserved Areas/Populations

## *Background*

- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole county
  - A group of neighboring counties
  - A group or 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

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.



# 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.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.



# Medically Underserved Areas/Populations

## *Midland County*

- **Midland County**
  - Service Area Name: Midland Service Area
    - CT 0014.00      • CT 0017.00
    - CT 0015.00      • CT 0102.00
  - MUA/P Source ID Number: 03511
  - Designation Type: Medically Underserved Area
  - Index of Medical Underservice Score: 57.0
  - Status: Designated
  - Rural Status: Non-Rural
  - Designation Date: 05/11/1994
  - Update Date: 05/11/1994

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.



# 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)

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.



# 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.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed January 9, 2019.



# Health Professional Shortage Areas

## *Midland County*

- County Name: Midland County
- HPSA Name: Midland County
- Status: Designated
- Rural Status: Partially Rural

– HPSA Discipline Class: Primary Care

- Designation Type: High Needs Geographic HPSA
- HPSA ID: 1487890526
- HPSA Score: 5
- HPSA Designation Last Update Date: 10/28/2017

– HPSA Discipline Class: Mental Health

- Designation Type: Geographic HPSA
- HPSA ID: 748329
- HPSA Score: 13
- HPSA Designation Last Update Date: 04/23/2019

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed May 14, 2019.



MIDLAND HEALTH

# Health Professional Shortage Areas

## *Midland Community Healthcare Services, Inc.*

- County Name: Midland County
- HPSA Name: Midland Community Healthcare Services, Inc.
- Status: Designated
- Rural Status: Non-Rural

– **HPSA Discipline Class**: Primary–  
Care

- **Designation Type**: Federally Qualified Health Center
- **HPSA ID**: 14899948E8
- **HPSA Score**: 13
- **HPSA Designation Last Update Date**: 03/20/2014

– **HPSA Discipline Class**: Dental –  
Health

- **Designation Type**: Federally Qualified Health Center
- **HPSA ID**: 64899948E4
- **HPSA Score**: 19
- **HPSA Designation Last Update Date**: 03/20/2014

– **HPSA Discipline Class**: Mental  
Health

- **Designation Type**: Federally Qualified Health Center
- **HPSA ID**: 74899948F2
- **HPSA Score**: 20
- **HPSA Designation Last Update Date**: 03/27/2014

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, <http://www.hrsa.gov/>; data accessed May 14, 2019.



# INTERVIEWEE BIOGRAPHIES



## Midland Memorial Hospital Community Health Needs Assessment Interviewee Biographies

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Michael Austin	Chief Executive Officer	Midland Community Health Services	10/30/2018	Multi-county area, including Midland County	Valerie Hayes		x		Un/underinsured, Low Income, Indigent, Underserved
Dr. Elaine Bedell	Executive Director	Midland Behavioral Health Leadership Team	10/19/2018	Midland County	Valerie Hayes		x		Mental and Behavioral Health
Grant Billingsley	Director	Scharbauer Foundation	10/26/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Karmen Bryant	Community Volunteer	Miscellaneous	10/18/2018	Midland County	Valerie Hayes			x	Underserved
Bobby Burns	President & Chief Executive Officer	Midland Chamber of Commerce	11/2/2018	Midland County	Valerie Hayes		x		General Public
Richard Coats	Vice President	OGX Resources, LLC	11/2/2018	Midland County	Valerie Hayes			x	General Public
Barbara Cobos	Director of Case Management	Midland Memorial Hospital	10/22/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Whitney Craig	Health & Senior Services Manager	Midland County Health Department	10/25/2018	Midland County	Valerie Hayes	x			General Public, Elderly, Vulnerable
Carmen Edwards	Director of Health Sciences	Midland College	10/29/2018	Multi-county area, including Midland County	Valerie Hayes		x		Young Adults, Students
Michelle Evans	Director of Community Impact	United Way of Midland	10/24/2018	Midland County	Valerie Hayes		x		General Public
Kathleen Kirwan-Haynie	Executive Director	Senior Link	10/22/2018	Multi-county area, including Midland County	Valerie Hayes		x		Elderly, Vulnerable
Renee Meiner	Executive Director	Community Children's Clinic	11/1/2018	Multi-county area, including Midland County	Valerie Hayes		x		Pediatric, Youth, Underserved
Russell Meyers	President & Chief Executive Officer	Midland Memorial Hospital	10/31/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Jerry Morales	Mayor	City of Midland	10/26/2018	Midland County	Valerie Hayes			x	General Public
Ron Moss	Director of Guidance and Counseling	Midland Independent School District	10/23/2018	Midland County	Valerie Hayes		x		Pediatric, Youth
Steve Olive	Executive Director	Premier Physicians	10/25/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Mark Palmer	Executive Director	Abell Hanger Foundation	10/19/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Dr. Padmaja Patel	Physician	Lifestyle Medicine Center	10/31/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public

## Midland Memorial Hospital Community Health Needs Assessment Interviewee Biographies

Name	Title	Organization	Interview Date	County Served	Interviewer	IRS Category			Population Served
						A	B	C	
Elsa Reed	Cultural Diversity Coordinator	Midland Memorial Hospital	10/23/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Laura Roman	Partner	Weaver Accounting	10/29/2018	Midland County	Valerie Hayes			x	General Public
Judy Rouse	Executive Director	Life Center	11/1/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Stephanie Schoen-Orr	Executive Director	Springboard Center	10/24/2018	Multi-county area, including Midland County	Valerie Hayes		x		Mental and Behavioral Health, Substance Abuse
Becky Smith	Nursing Supervisor	Midland County Health Department	10/25/2018	Midland County	Valerie Hayes	x			General Public
Ramona Thomas	Chief Executive Officer	PermiaCare	10/22/2018	Multi-county area, including Midland County	Valerie Hayes		x		Mental and Behavioral Health
Autumn Vest	Executive Director	Shared Spaces	10/22/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Dr. Larry Wilson	Vice President of Medical Affairs, Chief Medical Officer	Midland Memorial Hospital	10/23/2018	Multi-county area, including Midland County	Valerie Hayes		x		General Public
Wendy Wood-Collins	Associate Director of Health Sciences	Midland College	10/29/2018	Multi-county area, including Midland County	Valerie Hayes		x		Young Adults, Students

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: Midland Memorial Hospital Community Health Needs Assessment Interviews conducted by Community Hospital Consulting; October 11, 2018 – November 2, 2018.

# PRIORITY BALLOT



MMH 2019 Community Health Needs Assessment

Upon reviewing the comprehensive preliminary findings report for the 2019 MMH Community Health Needs Assessment (CHNA), we have identified the following needs for the MMH CHNA Team to prioritize *in order of importance*.

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

*In thinking about the Capacity of MMH 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 MMH 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.*

**\* 1. Access to Affordable Care and Reducing Health Disparities Among Specific Populations**

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

**\* 2. 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"/>				
Effectiveness of Interventions	<input type="radio"/>				
MMH Capacity	<input type="radio"/>				

**\* 3. Improved Availability of Safe, Affordable Housing**

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

**\* 4. Increased Emphasis on Education and Awareness of Existing Health Care Resources**

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

**\* 5. Increased Emphasis on Physician Recruitment and Retention**

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

\* 6. Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning

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

\* 7. 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"/>				
Effectiveness of Interventions	<input type="radio"/>				
MMH Capacity	<input type="radio"/>				

\* 8. When thinking about the above needs, are there any on this list that you DO NOT feel that MMH 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 Affordable Care and Reducing Health Disparities Among Specific Populations



Access to Mental and Behavioral Health Care Services and Providers



Improved Availability of Safe, Affordable Housing



Increased Emphasis on Education and Awareness of Existing Health Care Resources



Increased Emphasis on Physician Recruitment and Retention



Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning



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

## **Section 2:**

# **Implementation Plan**

# Midland Memorial Hospital

## FY 2020 - FY 2022 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted for Midland Memorial Hospital (MMH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Midland County, Texas.

The CHNA Team, consisting of leadership from MMH, met with staff from CHC Consulting on February 7, 2019 to review the research findings and prioritize the community health needs. Seven 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 ballot 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.

The most significant needs, as discussed during the February 7th prioritization meeting, are listed below:

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

Once this prioritization process was complete, MMH leadership discussed the results and decided to address five of the seven prioritized needs in various capacities through its implementation plan. This implementation plan addresses the top five of the seven needs. While MMH acknowledges that these are significant needs in the community, "Increased Emphasis on Safe Sex Education, Communicable Disease Prevention and Family Planning" and "Improved Availability of Safe, Affordable Housing" are not addressed largely due to the fact that they are not core business functions of the hospital and the limited capacity of the hospital to address those needs. MMH will continue to support local organizations and efforts to address these needs in the community.

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

The MMH 2019 CHNA and Implementation Plan report was reviewed and adopted by the MMH board on August 28 and August 29, 2019.

# 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 Midland County and the state. Midland County has higher mortality rates than Texas for diseases of heart, malignant neoplasms, chronic lower respiratory diseases, Alzheimer’s disease, influenza and pneumonia, prostate cancer and lung and bronchus cancer.

Midland County has higher rates of communicable diseases such as chlamydia than the state. With regards to maternal and child health, specifically, Midland County has higher percentages of mothers who smoked during pregnancy and teen births than the state. Data also suggests that Midland County adults may not be seeking preventive care services in an appropriate manner, such as the influenza vaccine.

Several interviewees noted that there is a need for health education in the community regarding chronic conditions and unhealthy lifestyle behaviors. It was mentioned that Midland County residents are not prioritizing their health care needs over their work schedules, and that residents are resisting healthy behavior changes such as dietary choices, fitness and exercise, and proper stress management. Interviewees also discussed a perceived lack of awareness of healthy lifestyle resources for underserved residents, and one interviewee specifically stated: “We’ve seen more in the last year with the hospital doing so much, it’s just the advertising. It’s not getting out to the population it would benefit the most.”

Interviewees discussed higher rates of diabetes and hypertension in low income and uninsured populations, as well as poor compliance with medications to manage chronic conditions in the low income population due to cost barriers. Seniors were also mentioned as struggling with medication compliance due to lack of affordable options, as well as food insecurity. One interviewee stated: “In a very wealthy community like Midland, people don’t understand that there is food insecurity. We have a lot of seniors who only eat once a day or don’t eat enough to have a healthy diet and that leads to a lot of other health concerns.”

Interviewees mentioned higher rates of hypertension and high cholesterol in the Hispanic population, as well as risky behaviors in youth residents such as e-cigarette use, poor dietary choices and lack of sleep. One interviewee stated: “For youth, e-cigarettes have become popular. They lack the knowledge of healthy eating – food they eat, choices they make, lack of sleep, overall not being aware what is healthy. It’s a risk for poor health, poor focus, poor performance.”

**Objective:**

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

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.A. Midland Health will continue to collaborate with various city and county departments to increase community engagement in personal health and wellness and improving health literacy through neighborhood-based health intervention activities. Strategies will include free health screenings (blood pressure, blood cholesterol, A1C, etc.) throughout the year, regular community health education provided through distribution of various health education materials, and a variety of specific free educational offerings throughout the year.						
1.B. Midland Health will continue to collaborate with the local health department to provide back to school immunizations for the local school district at no cost for both students and faculty.						
1.C. The Midland Memorial Heart Institute will continue to provide education regarding prevention of heart disease through a more comprehensive post discharge rehab program and also increasing community outreach efforts, including the continuation of a fundraising walk/run. The Heart Walk event is hosted in conjunction with the community-wide health day and all proceeds go to support an endowment fund created in memory of a former cardiothoracic surgeon. The fund is used to support public education efforts and buy equipment for cardiac rehab patients to better monitor their recovery.						
1.D. Midland Health will continue to provide inpatient and outpatient support for those currently suffering from or at risk for diabetes through the Lifestyle Medicine Center. The Lifestyle Medicine Center is also involved in several community outreach efforts including hosting support groups at the west campus hospital facility and providing free screenings and education at the local health department.						
1.E. Midland Health will continue to offer all employees CPR certification education at no cost.						
1.F. Midland Health will continue to host an annual hospital-based food drive that benefits the Midland Soup Kitchen.						

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
1.G. Midland Health will continue to partner with Hope Chest through an annual toy drive and with Helping Hands through the adoption of local families in need in order to help support the most at risk, underserved and disadvantaged families in the community.						
1.H. Midland Health provides continuing medical education (CME) and continuing nurse education (CNE) on plant-based nutrition efforts for local physicians, nurses and dietitians.						
1.I. Midland Health will continue to develop its employee wellness program that incorporates a more innovative approach to wellness through the plant-based nutrition and lifestyle medicine.						
1.J. Midland Health will continue to support and participate in various health-related initiatives in the community, including the support of both local and national population health programs.						
1.K. Midland Health will continue to offer healthy choices in the hospital cafeteria, including vegan, vegetarian, and whole food plant-based options as well as frozen meals from Plant Pure Nation. In addition, the hospital cafeteria has also eliminated fried foods, adjusted portion sizes to closer align with ADA sizes, reduced the size of soft drinks offered, eliminated free refills, and switched to whole wheat products when possible.						
1.L. Midland Health will continue to promote and expand its community garden project in order to allow more familiarity with fresh fruits and vegetables in a controlled atmosphere to those across the community.						
1.M. The Midland Health Breast Center will continue to facilitate and promote breast cancer education and increase mammogram awareness in the community through different initiatives, such as the "Pink the Basin." Midland Health supports "Pink the Basin," an annual breast cancer fundraising and awareness event that serves to educate women about breast cancer and available cancer and rehabilitation services at the hospital, as well as raise money to pay for mammograms for underserved women in the community.						
1.N. Midland Health is available to present to the community on a wide variety of health topics by request.						
1.O. Midland Health will continue to promote the 68 Nurse line, which is a 24 hour nurse hotline service for community members to access.						
1.P. Midland Health will continue to promote the Basin MD telemedicine service to increase access to health care for community members. Basin MD offers 24/7 access to telemedicine partner physicians in Texas and allows for patients to speak with the provider from anywhere, as opposed to having to travel to an office for care.						
1.Q. Midland Health will continue to promote its 221 scheduling line that assists patients with setting up an appointment or procedure.						
1.R. Midland Health will continue to manage the Hope Chest program in conjunction with March of Dimes, which encourages young mothers to participate in regular check-ups and take care of themselves while pregnant through a point system. As points are earned, those points may be used towards diapers, strollers, bedding etc.						
1.S. Midland Health will continue to share educational flyers on teen pregnancy in local schools.						

## Priority #2: Access to Affordable Care and Reducing Health Disparities Among Specific Populations

### Rationale:

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system and other necessities within the community. The cost of living in Midland County for health and housing categories is higher than the state and the nation. Midland County has the highest market apartment rent as compared to all other markets in the immediate region, and the average meal cost in Midland County is higher than that of the state. Additionally, Midland County has several 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 mentioned the rapid population growth in the community as creating a larger gap between socioeconomic groups. It was noted that socioeconomic status is a determinant of health care access in Midland County, and the lack of affordable health care services leads to overuse of the Emergency Room and inability to afford prescription medications. One interviewee stated: "We have so many that are not insured, and so many that don't have physicians so they end up in the ER with bills that are huge...some are hospitalized because they can't manage their condition and don't have a regular physician, so those are the ones with the biggest disparities. The cost of everything is so high - even if you were able to connect them with services, they wouldn't be able to afford them."

Interviewees discussed challenges in economic mobility in Midland, and a lack of opportunities for lower income residents to be able to afford the higher cost of living. It was also mentioned that more affordable services in the community, such as those sliding fee scale services, have long wait times for services. One interviewee mentioned: "We do have FQHCs, but the wait list is weeks long. People give up and end up going to the ER. There's just too many people in Midland County for the FQHCs to handle...we do have that outlet for people who are uninsured but it's not enough."

Interviewees mentioned that the low income and working poor populations rely upon free and discounted community services in the county, and that there is a smaller number of businesses providing insurance coverage due to financial challenges. One interviewee specifically stated: "Companies can't afford health insurance, and there are challenges in the last few years where smaller families couldn't afford it."

When asked which subpopulations may experience health disparities in Midland County, interviewees discussed the pediatric, veteran, teen/adolescent, low income/working poor, racial/ethnic, elderly and oil field employee populations.

With regards to the pediatric population, interviewees discussed limited day care options, high cost of day care and limited access to local specialty providers as challenges for this group. For veterans, interviewees mentioned limited access to local care options and mental and behavioral health ailments as disproportionately challenging veteran residents.

Interviewees mentioned substance use, suicide and bullying, overweight and obesity, COPD and asthma, and stress and depression as health disparities affecting the teen and adolescent population in Midland County. For the low income/working poor population, interviewees mentioned those residents are challenged by the high cost of living, expensive medications, low prioritization of health needs and diabetes and malnutrition.

With regards to racial/ethnic groups in Midland County, interviewees discussed a lack of bilingual providers; language barriers for non-English speaking residents; hypertension, high cholesterol and diabetes for Hispanic residents; hypertension for African American residents and schizophrenia for Burmese residents as specific challenges. For elderly residents, interviewees mentioned limited access to local primary and specialty care providers; delays in preventive diagnoses and results; the high cost of living; diabetes, hypertension and heart disease; isolation and depression and limited day treatment programs as challenges for senior residents.

Lastly, for oil field employees, interviewees discussed poor occupational health, substance abuse tendencies and economic stress and anxiety as challenges for such residents.

### Objective:

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

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.A. MMH continues to expand interpretation services through a video-conferencing service, My Accessible Real Time Trusted Interpreter (Martti™) from the Language Access Network. Martti™ is a dedicated service that provides patients with access to a wide variety of language interpretation at the touch of a button. Martti™ services are available throughout the entire hospital.						
2.B. MMH will continue its Service Agreement with Midland Community Healthcare Services to provide convenient access to fundamental healthcare services in critical access neighborhoods.						
2.C. MMH will continue to provide office space for one Texas Department of Health and Human Services staff member.						
2.D. MMH will continue to provide transportation vouchers for discharged patients that do not have a way to return home on a limited basis.						
2.E. MMH will continue to employ financial counseling advisory enrollment services to patients that come to the hospital for care.						
2.F. MMH will continue its relationship with the Midland County Fire Department through collaboration between a MMH PA and EMTs and paramedics in the community paramedic program to make house calls to those patients that frequently use the ambulance services or identify with chronic conditions and could benefit from outreach.						

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
2.G. MMH is a certified Nurses Improving Care for Healthsystem Elders (NICHE) hospital and offers geriatric resource nurses and geriatric patient care assistants to give specialized care for elderly patients in the hospital.						
2.H. MMH staff will continue to serve in leadership roles and as volunteers for local health-related organizations supporting local subpopulations.						
2.I. MMH will continue to provide a palliative care program and to maintain contracts with local hospice organizations.						
2.J. MMH will continue to provide outpatient pharmacy services for the indigent population within Midland County.						

## Priority #3: Increased Emphasis on Education and Awareness of Existing Health Care Resources

### Rationale:

It was mentioned that there is a need to plan for and collaborate towards appropriately addressing the rapid population growth in Midland and Odessa so that duplicative efforts are not made. One interviewee stated: "Planning for continued rapid growth is a need. What sort of facilities do we need? Let's look at the breadth of services across Midland and Odessa. How do we avoid duplication between our two communities that are rapidly growing together?"

Interviewees acknowledged a lack of community education and awareness regarding existing resources, and difficulty understanding the availability of and scope of resources across the continuum of care, particularly for new residents. One interviewee stated: "We have so many new people and they're not familiar with the community. We need to let people know what's available and where to find it."

It was mentioned that the growing population and shortage of providers leads to limited follow up and communication between providers and patients, resulting in a fragmented coordination of care. One interviewee stated: "There are many patients inundating hospitals and clinics and such a lack of doctors and nurses. They are unable to maintain constant contact with patients, so it seems like there's a disconnect when the patient leaves the hospital."

Interviewees discussed the use of the Emergency Room as a medical home by low income, un/underinsured and Hispanic residents, and difficulty navigating the health care landscape for senior residents. It was also mentioned that youth residents are unaware of accessible mental health resources in Midland County. One interviewee stated: "Youth need support for where to get help for things like depression. We've had more than our share of suicidal ideations in our adolescent population."

### Objective:

*Engage in efforts to increase education and awareness of existing health care resources*

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
3.A. MMH will continue to promote the Midland Community Healthcare Services clinics and its partnership with the clinic staff to conduct more neighborhood-based education efforts, informing the high risk populations about the ease of access and affordability of these services as well as providing various health screenings and risk assessments.						
3.B. MMH will continue to provide case managers and social workers to follow up with and connect patients to appropriate, affordable services. In addition, MMH targets high risk patients with complicated conditions and/or frequent ER usage, and provides ER Case Management services to educate and connect such patients with community based resources, educate patients on local resources providing community based resources.						
3.C. Transitional Care Teams at MMH work hand in hand with hospitalists and their patients to improve the discharge process through ensuring resources are in place for the patient, finding a primary care provider or other necessary referral sources for the patient (if applicable), and providing patients' other physicians with a copy of their visit summaries upon discharge.						
3.D. MMH will continue to promote wellness events and programs, such as the 3-day Wellness Tour or community screenings, through the hospital's website and other social media outlets.						
3.E. MMH will continue to promote its Basin MD telemedicine services through local media outlets, social media, newspapers, magazines, and flyers around the community and hospital.						

## Priority #4: Increased Emphasis on Physician Recruitment and Retention

### Rationale:

Midland County has a higher percentage of adults with no personal doctor than the state. Additionally, Midland County has a lower rate of primary care providers and dentists per 100,000 population than the state. Data suggests that Midland County is experiencing a deficit in primary care and non-primary care physicians as compared to national benchmarks.

Many interviewees mentioned a shortage of primary care physicians in the community, and difficulty recruiting physicians and nurses to Midland County. Pediatricians were specifically mentioned as more limited, and interviewees noted that pediatric patients tend to leave the community for care in Lubbock. It was noted that the lack of primary care access leads to difficulty in making appointments and long wait times for routine appointments, which frustrates residents and causes them to inappropriately use the Emergency Room or forego care. One interviewee stated: "If they have issues getting into a PCP, then they won't waste time trying to get there. They'll go straight to the ER or just go to work."

It was noted that socioeconomic status and payer source determine whether or not residents can access primary care, and that there are limited options for un/underinsured, Medicaid and Medicare patients in Midland County. Interviewees also mentioned that there is an increasing number of physicians moving towards concierge medicine. One interviewee stated: "There are a lot of physicians who are not accepting Medicare, Medicaid, managed care plans. Many primary care providers have moved onto the concierge service."

Interviewees discussed a limited awareness of bilingual providers in the community, as well as a growing need for providers offering immunization services. One interviewee specifically stated: "We need for more providers to do immunizations across the board."

With regards to specialty care, interviewees believe it is difficult to recruit specialists to the community and that the current specialist population is aging, which increases the need for appropriate succession planning. Interviewees specifically mentioned limited depth in specialty areas such as Neurology, Rheumatology, Infectious Disease, Pulmonology, ENT, Ophthalmology, Spine and Thoracic Surgery. It was added that patients tend to leave the community for Psychiatry, Orthopedic, Cardiology, and Pediatric Subspecialty care in Lubbock and/or Dallas.

Interviewees mentioned that there are long wait times for local specialists affecting all payer types, and there are limited options for un/underinsured patients needing Cardiology and Podiatry services. It was also mentioned that elderly residents are disproportionately challenged by the delay for specialized care and testing services. One interviewee specifically stated: "The delay in specialty care, such as colonoscopies and special medical tests, can present an issue with the immediacy of needs for seniors."

### Objective:

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

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.A. MMH will continue to actively assist Midland Community Healthcare Services in its recruitment efforts, including provision of financial assistance made available through a community partnership with the Midland Development Corporation.						
4.B. MMH will continue to staff a full time physician recruiter who has been working to recruit more primary care physicians according to both short and long-term projected needs in our community. Recruitment efforts are partially supported through a grant from Midland Development Corporation, an economic development entity support by local sales taxes.						
4.C. MMH will continue to staff a physician liaison to introduce newly recruited physicians to the community, as well as other physicians in the community, in order to help them network and increase referrals. The physician liaison also introduces the newly recruited physician's family to the community.						
4.D. MMH will continue to engage physician practice affiliates in a collaborative, specialty care recruitment strategy to recruit neurology, surgery, OB/Gyn, ENT, hospitalists, pulmonologists, and other specialists as needs arise.						
4.E. MMH will continue to connect with local adolescents interested in medical careers as early as possible in an attempt to incentivize the students to remain local.						
4.F. MMH will continue to serve as a teaching facility for nursing students from the five local schools of nursing (Midland College, University of Texas at the Permian Basin, Texas Tech University Health Sciences Center, Odessa College, and Howard College), radiology and respiratory therapy students at Midland College, internal medicine, and OB/GYN students from the Texas Tech University Health Science Center to rotate through the hospital.						
4.G. MMH will continue to support a fast-track family residency doctor of osteopathic medicine program in conjunction with the University of North Texas.						

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
4.H. MMH will continue to provide a junior volunteer program that allows for local students to rotate through a variety of areas in the hospital, including, but not limited to, radiology and the emergency department.						
4.I. In conjunction with Covenant Children's Hospital (Lubbock), MMH is working to expand its NICU and provide enhanced NICU services.						

## Priority #5: Access to Mental and Behavioral Health Care Services and Providers

### Rationale:

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

Many interviewees mentioned an increasing need for mental health services due to the rapid population growth in Midland County. It was noted that there is a shortage of provider accepting Medicaid and Medicare patients, and the limited number of providers in the community accepting all payer types results in long wait times for appointments. One interviewee stated: "...many providers in the area don't take insurance. Those that accept Medicaid/Medicare have long lines and that can be an issue for families."

Interviewees discussed economic stressors may be leading to increasing mental ailments, and raised concern surrounding the youth population and the oil field employees. For youth residents, interviewees mentioned stress, depression and suicide; lack of parental supervision; and substance use as concerns. For oil field employees, interviewees mentioned substance use as a means of stress management and family injury and violence as specific concerns. One interviewee stated: "People are working in a lot of jobs that involve the oil field. They blow off steam in unhealthy ways...drugs, alcohol, etc. That's not good for the individual, or the family. That's happening a lot, which means more injuries and concerns with family violence. It's keeping our police offices and the hospital busy."

It was mentioned that the county jail is perceived as a treatment facility for mental and behavioral health patients, and that there is a stigma associated with seeking treatment for families. Certain racial/ethnic groups, such as Hispanic and African American residents, were mentioned as being disproportionately challenged in seeking care for mental and behavioral health services. One interviewee stated: "Caucasian people are more likely to seek treatment for substance abuse than Hispanic or African American populations. Substance abuse doesn't care what race you are, but the stigma makes it so that some groups are less likely to access care."

Lastly, Burmese residents were mentioned as having higher rates of schizophrenia, with one interviewee stating: "In the Burmese culture, there's a lot of schizophrenia. It's very important to have a qualified interpreter in those settings."

### Objective:

*Provide and promote access to mental and behavioral health care services in the community*

Implementation Activity	FY 2020		FY 2021		FY 2022	
	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)	Progress	Key Results (As Appropriate)
5.A. Upon the completion of its initial community wide mental health assessment in conjunction with Meadows Mental Health Policy Institute (MMHPI), MMH assisted in the development of the Midland Behavioral Health Leadership Team to establish the infrastructure for building the actions that are indicated by the assessment.						
5.B. MMH will continue to provide crisis evaluation services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis.						
5.C. MMH will continue to work in conjunction with Oceans Behavioral Hospital Permian Basin to increase access to mental and behavioral health care services, and will continue to support the re-opened Oceans Behavioral Hospital adolescent unit.						
5.D. MMH will continue to provide support and resources to Texas Tech University Health Science Center (TTUHSC) in their joint efforts to increase access to local mental and behavioral health care services. MMH continues to support TTUHSC's psychiatric residency program with the goal of increasing access to local mental and behavioral health providers and services.						
5.E. MMH will continue its agreements with the Oceans Behavioral Hospital and the Spring Board facility to work with and provide support to indigent patients requiring psychiatric or behavioral care.						
5.F. MMH will continue to staff a SANE (Sexual Assault Nurse Examiner) team that is trained specifically to treat sexually assaulted patients.						
5.G. MMH will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.						
5.H. MMH will continue to provide in-person evaluations by Texas Tech residents and psychiatrists and supplemental telepsychiatry services in the Emergency Department in order to assist with the crisis evaluation process.						
5.I. MMH will continue to promote the 68 Nurse line and its specific service of triaging mental and behavioral health issues and connecting patients with applicable resources.						

## **Section 3:**

# **Feedback, Comments and Paper Copies**

# INPUT REGARDING THE HOSPITAL'S CURRENT CHNA



# CHNA Feedback Invitation

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



# Feedback, Questions or Comments?

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

**Midland Memorial Hospital**  
ATTN: Reagan Twum-Barimah  
Project Manager, Population Health  
400 Rosalind Redfern Grover Pkwy  
Midland, TX 79701

Email: [reagan.twum-barimah@midlandhealth.org](mailto:reagan.twum-barimah@midlandhealth.org)

Please find the most up to date contact information on the Midland Memorial Hospital website under “About Us” and “Community Health Outreach”:

<https://www.midlandhealth.org/main/community-health-needs-assessment>



# Thank you!

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

[www.communityhospitalcorp.com](http://www.communityhospitalcorp.com)

**Lisette Hudson** - [lhudson@communityhospitalcorp.com](mailto:lhudson@communityhospitalcorp.com)

**Valerie Hayes** - [vhayes@communityhospitalcorp.com](mailto:vhayes@communityhospitalcorp.com)

