



Midland Memorial Hospital

Implementation Plan

January 2017



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).

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

Rationale:

- 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.

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 (age 50-75) in HSR 9/10 (58.1%) that did not have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as all other regions.
- In 2014, the percent of adults in HSR 9/10 (72.1%) that did not receive a flu shot in the past year was higher than the state (66.2%) and many other regions.
- 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.		
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.		
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.		

Implementation Activity	Progress	Key Results (As Appropriate)
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.		
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 local soup kitchen.		
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.		
1.H. Midland Health will continue to provide continuing medical education (CME) on plant-based nutrition efforts for local providers.		
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.		
1.J. Midland Health will continue to support the Student Health Advisory Counsel through representation on the committee in order to help manage the health curriculum in the local school district.		
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.		
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.		
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.		

Implementation Activity	Progress	Key Results (As Appropriate)
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.		
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.		
1.P. Midland Health will continue to share educational flyers on teen pregnancy in local schools.		
1.Q. Midland Health is available to present to the community on a wide variety of health topics by request.		
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.		
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.		

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.		
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.		
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.		

Implementation Activity	Progress	Key Results (As Appropriate)
2.D. MMH will continue to provide outpatient pharmacy services for the indigent population within Midland County.		
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.		

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.”

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

Rationale:

-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.		
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.		
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.		
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.		
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.		
3.F. MMH will continue to support the re-opened Oceans Behavioral Hospital adolescent unit.		
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.		
3.H. MMH will continue to staff a SANE (Sexual Assault Nurse Examiner) team that is trained specifically to treat sexually assaulted patients.		
3.I. MMH will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.		

Implementation Activity	Progress	Key Results (As Appropriate)
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.		
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.		
3.L. MMH will continue to provide telepsychiatry services in the Emergency Department in order to assist with the crisis evaluation process.		

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.

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

Rationale:

- 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.

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

Rationale:

- 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.
- 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.		
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.		
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.		

Implementation Activity	Progress	Key Results (As Appropriate)
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.		
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.		
4.F. MMH will continue to employ financial counseling advisory enrollment services to patients that come to the hospital for care.		
4.G. MMH will continue to provide case managers and social workers to connect patients to appropriate, affordable services.		
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.		
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.		
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.		
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.		
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.		

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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		
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.		

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

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Please find the most up to date contact information on the Midland Memorial Hospital website:

<http://www.midland-memorial.com/about-us/community-health-outreach/community-health-needs-assessment/default.aspx>



Thank you!

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