



Keeping the  in Hometown

Family Health Clinic

Community Health Needs Assessment
and Implementation Plan
September 2016



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Section 1: **Community Health Needs Assessment**



EXECUTIVE SUMMARY





Executive Summary

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

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

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

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

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

FHC leadership has developed its implementation plan that addresses the top five of the six identified priorities. “Access to Mental and Behavioral Health Care” is not addressed largely due to the fact that the clinic has existing partnerships with local organizations to provide these services. Clinic leadership developed its implementation plan to identify specific activities and services which directly address the top five priorities. The objectives were identified by studying the prioritized health needs, within the context of the clinic's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate). Please see the “Implementation Plan” section of this report for further details.

The FHC Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on August 31, 2016.

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

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

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

- Overall mortality rates in Ector County remained higher than the state rate in 2011, 2012, and 2013.
- Heart disease is the leading cause of death in both Ector County and the state (2013). In 2013, the heart disease mortality rate in Ector County was substantially higher (223.7 per 100,000) than the heart disease mortality rate in Texas (170.7 per 100,000).
- In comparison to peer counties, Ector County (209.6 per 100,000) ranked at the very top of the least favorable quartile for coronary heart disease deaths between 2005 and 2011, and above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000).
- Cancer is the second leading cause of death in both Ector County and the state (2013). In 2013, the cancer mortality rate in Ector County was slightly higher (160.4 per 100,000) than the cancer mortality rate in Texas (156.1 per 100,000).
- In comparison to peer counties, Ector County (193.9 per 100,000) ranked within the upper end of the two middle quartiles for cancer death rates between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000) and the U.S. median (185.0 per 100,000).
- Ector County has higher colon and rectum, female breast, lung and bronchus, and male prostate cancer mortality rates than the state (2008-2012).
- Ector County has a significantly higher rate of lung and bronchus cancer mortality rates (54.7 per 100,000) than the state (43.4 per 100,000) (2008-2012).
- In comparison to peer counties, Ector County (454.2 per 100,000) ranked within the upper end of the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).
- Ector County has higher colon and rectum, female breast, and lung and bronchus cancer incidence rates than the state (2008-2012).
- Between 2008 and 2012, Ector County had significantly higher rates of lung and bronchus cancer incidence (72.3 per 100,000) than the state (58.1 per 100,000).
- In comparison to peer counties, Ector County ranked within the least favorable quartile for colon and rectum (53.8 per 100,000) and female breast (118.7 per 100,000) cancer incidence rates between 2006 and 2010.
- Ector County (77.5 per 100,000) ranked within the two middle quartiles for lung and bronchus cancer incidence rates and within the most favorable quartile for male prostate cancer incidence rates (95.8 per 100,000) between 2006 and 2010.



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

-Chronic lower respiratory disease is the third leading cause of death in both Ector County and the state (2013). In 2013, Ector County ranked 17th in the state for chronic lower respiratory disease deaths, as compared to all other counties in Texas. In 2013, the chronic lower respiratory disease mortality rate in Ector County was substantially higher (70.6 per 100,000) than the rate in Texas (42.3 per 100,000).

-In comparison to peer counties, Ector County (89.9 per 100,000) ranked at the very top of the least favorable quartile for chronic lower respiratory disease rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).

-In 2013, Ector County ranked 7th in the state for accident mortality rates, as compared to all other counties in Texas. Ector County (65.5 per 100,000) accident mortality rates remain higher than the state (36.8 per 100,000) (2013). In 2013, the leading cause of fatal accidents in Ector County was motor vehicle accidents.

-In comparison to peer counties, Ector County (59.0 per 100,000) ranked within the upper end of the least favorable quartile for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) and the U.S. median (50.8 per 100,000).

-Ector County has the 18th highest rate in the state for cerebrovascular disease mortality, as compared to all other counties in Texas (2013). In 2013, Ector County's cerebrovascular disease mortality rate (51.8 per 100,000) was higher than the state's rate (40.1 per 100,000).

-In comparison to peer counties, Ector County (60.6 per 100,000) ranked at the very top of the least favorable quartile for stroke deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).

-In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Ector County (10.4%) was higher than the state (9.2%) and national (9.1%) rates.

-In 2014, Health Service Region (HSR) 9/10 (13.5%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.

-In comparison to peer counties, Ector County (12.3%) ranked within the least favorable quartile for the percent of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked above the U.S. median (8.1%).

-In 2012, nearly one-third (30.6%) of adults (age 20+) in Ector County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.

-Obesity prevalence rates in adults (age 18+) in HSR 9/10 have recently increased in 2014, while rates in the state appear to be steadily increasing (2012-2014). In 2014, HSR 9/10 (39.9%) had a higher prevalence rate of obesity than the state (31.9%) and the majority of other regions.

-In comparison to peer counties, Ector County (37.8%) ranked within the least favorable quartile for the percent of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).

-In 2011-2012, the percent of adults (age 18+) in Ector County (16.9%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).

-In comparison to peer counties, Ector County (5.1%) ranked within the two middle quartiles for the percent of older adults (age 65+) living with asthma in 2012, and also ranked above the U.S. median (3.6%).

-In 2014, HSR 9/10 had one of the highest rates of adult arthritis (22.3%) compared to all other regions and the state (19.4%).

-In 2012, the percent of the adult population (age 20+) in Ector County (31.5%) that self-reported no leisure time for activity was higher than the state (24.0%) and national rate (22.6%).

-The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 9/10 increased between 2012 and 2014, while state rates remained steady. In 2014, the prevalence of adults that do not participate in physical activity HSR 9/10 (31.5%) was higher than the state (27.6%).



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

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

Priority #3: Access to Primary Care Services

- Ector County Hospital District's Federally Qualified Health Center Look A Like, the Family Health Clinic, is a designated Health Professional Shortage Area and received a score of 12 for Primary Care Services, indicating a need for the assignment of clinicians to the area (2011).
- In 2013, the rate of primary care physicians per 100,000 population in Ector County (56.9 per 100,000) was lower than the state (58.5 per 100,000) and the national rates (75.8 per 100,000).
- Interviewees in Ector County believe that primary care providers currently located within their communities are the highest quality, but that while the number of providers has increased, it has not grown to meet the needs of the growing population. One interviewee stated: "In the past few years, there has been more availability and more providers, but less availability from a patient's point of view. The number of providers has not matched up to the growing community."
- Interviewees expressed concern over the lack of primary care services for low/middle income and Medicaid population families, which causes them to struggle with establishing a medical home. One interviewee specifically stated: "The poor in general, if they don't have Medicaid then they struggle with finding a provider."
- Many interviewees mentioned that, regardless of insurance coverage, it is difficult to make an appointment because providers are booked up – which leads to longer wait times that may cause residents to resort to the Emergency Room for care.
- A few interviewees mentioned that there is a lack of primary care clinics in the area that are open extended or weekend hours, which may contribute to the overuse of the Emergency Room.
- One interviewee raised concern regarding the number of primary care providers in the area that are approaching retirement age, stating: "The biggest struggle we'll have over the next few years is that there are a lot of doctors my age who are soon to retire."

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

- Between 2012 and 2014, the percent of children (ages 0-18) in Ector County that were enrolled in the Texas Medicaid Program remained lower than the state. In 2014, the percent of children (ages 0-18) in Ector County (33.0%) that were enrolled in the Texas Medicaid Program was much lower than the state (40.1%).
- Between 2012 and 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County remained lower than the state. In 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County (3.9%) was lower than the state (5.3%).
- The infant mortality rate in Ector County (6.4 per 1,000 births) is slightly higher than the state (6.2 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).
- The percent of total births that are low birth weight (<2,500g) in Ector County (10.1%) is higher than the state (8.4%) and national rates (8.2%) (2006-2012).
- The number of food stores and other retail establishments that are authorized to accept WIC Program benefits and that carry designated WIC foods and food categories in Ector County (8.6 per 100,000) is lower than the state (9.1 per 100,000) and the national rate (15.6 per 100,000) (2011).
- Between 2010 and 2013, child (ages 0-18) food insecurity rates in Ector County steadily decreased, while rates in the state overall increased. In 2013, Ector County (23.8%) had a lower child food insecurity rate than the state (27.4%).
- In 2012-2013, Ector County (50.1-60.0%) had a higher percentage of overweight or obese elementary school students than its surrounding counties.
- Ector County (11.7%) has a lower percent of low income children (ages 2-4) whose Body Mass Index (BMI) is in the 95th percentile or above for their sex and age, as compared to the state (15.4%) and the nation (14.4%) (2009-2011).

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

- The rate of teen (females age 15-19) births in Ector County (95.6 per 1,000) is significantly higher than the state (55.0 per 1,000) and also significantly higher than national rates (36.6 per 1,000) (2006-2012). The Hispanic or Latino racial group had much higher rates of teen births in Ector County (109.5 per 1,000), as compared to the Non-Hispanic White (72.6 per 1,000) and the Non-Hispanic Black (92.5 per 1,000) racial groups in the area.
- In comparison to peer counties, Ector County (95.6 per 1,000) ranked at the very top of the least favorable quartile for rate of teen births between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.2 per 1,000) and the U.S. median (42.1 per 1,000).
- Ector County had higher rates of teen births in the 15-17 year (57.7 per 1,000) and 18-19 year (149.6 per 1,000) age groups, as compared to its peer group median (31.1 per 1,000 and 106.4 per 1,000, respectively) and the U.S. median (20.3 per 1,000 and 84.0 per 1,000, respectively).
- The rate of teen births in the Hispanic or Latino racial/ethnic group in Ector county (109.5 per 1,000) was significantly higher than the peer group median (74.5 per 1,000) and the U.S. median (72.3 per 1,000).
- Ector County ranked within the top 25 counties in the state with the Highest STD Case Rates for both chlamydia (8th) and gonorrhea (7th) in 2014.
- Chlamydia rates in Ector County have overall increased, while rates in the state have slightly decreased (2012-2014). In 2014, Ector County (682.2 per 100,000) had higher rates of chlamydia infections as compared to the state (475.0 per 100,000).
- Between 2012 and 2014, gonorrhea rates in Ector County and the state steadily increased. In 2014, Ector County (239.8 per 100,000) had higher rates of gonorrhea infections as compared to the state (127.7 per 100,000).
- The vast majority of interviewees raised concern surrounding the lack of emphasis on child and adolescent health needs.
- Many of the interviewees noted the higher poverty rates as disproportionately affecting children, and a need to emphasize the importance of preventive care and medication management for children within low income families. One interviewee specifically stated: "We don't have enough parents who understand how important it is for them and their children to take their medications or seek preventive care."
- A few interviewees mentioned a lack of Pediatricians in the community that limits children in their options for seeking health care. One interviewee stated: "We struggle with the youth population. We don't have nearly enough pediatricians, and a lot of people just don't want to take care of kids here."
- Three interviewees discussed the lack of pediatric specialists in the community, which disproportionately affects children with diabetes or asthma. One of those interviewees stated: "We have a good number of walk in clinics and some pediatricians or family doctors, but it's very difficult for parents with special needs children or diabetic children or asthmatic children to get access to specialists."
- Many of the interviewees raised concern surrounding the significantly higher rates of teen pregnancy and sexually transmitted infections in the community, as well as a need for sexual education for youth and parenting education for young parents.
- A few interviewees mentioned the need for emphasis on the importance of prenatal care due to the higher rates of teen pregnancy. One interviewee stated: "Prenatal Care [is a need]. We have a tremendous problem with young girls and pregnancy. Along that line, we have a real problem with sexually transmitted diseases."
- One interviewee noted that teen pregnancy has become somewhat normalized in the area, and that residents tend to celebrate young pregnancies, stating: "How do we change the culture to stop teen pregnancies and STDs? We have one of the worst teen pregnancy rates and rates of STDs in the nation. People celebrate 14 year old pregnancies."

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

- The median age across Ector County and the state has remained relatively consistent since 2012, and between 2012 and 2014, Ector County had a median age that was lower than the state. In 2014, the median age in Ector County was 30.9 years, as compared to 33.9 years in the state.
- Ector County consists of a majority Hispanic (57.8%) racial/ethnic population, and a majority 19 years and under age group (2016). Over the next five years, the majority of growth is projected to come from the Hispanic population and the 65 years and older age group (2016-2021).

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

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



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

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



PROCESS AND METHODOLOGY



Process and Methodology

Background and Objectives

This CHNA is designed in accordance with CHNA requirements identified in the 19 Key Health Center Program Requirements established by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) that Federally Qualified Health Center (FQHC) and Federally Qualified Health Center Look-Alike (FQHC Look-Alike) facilities designated under Section 330 of the Public Health Service Act must follow. The objectives of the CHNA are to:

- Meet HRSA guidelines and regulatory requirements
- Research and report on the demographics and health status of the study area, including a review of state and local data
- Gather input, data and opinions from persons who represent the broad interest of the community
- Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the community served by FHC
- Prioritize the needs of the community served by the clinics
- Create an implementation plan that addresses the prioritized needs for FHC

Scope of CHNA Report

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 FHC
- A description of FHC's defined study area
- Definition and analysis of the community served, including both a demographic and a health data analysis
- Findings from phone interviews that collected input from people who represent a broad interest in the community, 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
- Findings from a community survey that collected input from people who represent a broad interest in the community, including:
 - Family Health Clinic patients
- The prioritized community needs and separate implementation plan, which intend to address the community needs identified
- A description of additional health services and resources available in the community
- A list of information gaps that impact the clinic's ability to assess the health needs of the community served



HELP WHERE HOSPITALS NEED IT

Process and Methodology Continued

Methodology:

FHC worked with CHC Consulting in the development of its CHNA. FHC provided essential data and resources necessary to initiate and complete the process, including the definition of FHC's study area and the identification of key community stakeholders to be interviewed.

CHC Consulting conducted the following research:

- A demographic analysis of the study area, utilizing demographic data
- A study of the most recent health data available
- Conducted one-on-one phone interviews with individuals who have special knowledge of the communities, and analyzed results
- Conducted a community survey on behalf of Medical Center Health System's Family Health Clinic and analyzed results
- Facilitated the prioritization process during the CHNA Team meeting on May 26, 2016

The methodology for each component of this study is summarized below. In certain cases methodology is elaborated in the body of the report.

- Family Health Center Biography
 - Background information, mission, vision, values and clinic services were provided by FHC
- Study Area Definition
 - The study area for FHC is based on clinic visit data from October 1, 2014 – September 30, 2015 and discussions with clinic staff
- Demographics of the Study Area
 - Population demographics include population change by race, ethnicity, age, median household income, unemployment and economic statistics in the study area
 - Demographic data sources include, but are not limited to, Texas Department of State Health Services, the U.S. Census Bureau and the United States Bureau of Labor Statistics
- Health Data Collection Process
 - A variety of sources, which are all listed in the reference section of this report, 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 State Health Services, Community Commons, Enroll America, U.S. Department of Health and Human Services Health Resources and Services Administration, United States Census Bureau, and the Centers for Disease Control and Prevention.



HELP WHERE HOSPITALS NEED IT

Process and Methodology Continued

- Interview Methodology
 - MCH and FHC provided CHC Consulting with a list of persons with special knowledge of public health in Ector County, including public health representatives and other individuals who focus specifically on underrepresented groups
 - From their lists of potential interviewees, 19 in depth 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.
- Survey Methodology
 - CHC Consulting created a 3 question paper survey tool in both English and Spanish that the Family Health Clinic – Clements site distributed upon checkout from January 29, 2016 – February 26, 2016. 304 surveys were completed out of the 1,673 patients seen at the clinic location during that time frame, ending in a 18.2% response rate. Quantitative data from the surveys was analyzed and reported.
- Prioritization Strategy
 - Six 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 on May 26, 2016
 - See the prioritization section for a more detailed description of the prioritization methodology



HELP WHERE HOSPITALS NEED IT



FAMILY HEALTH CLINIC BIOGRAPHY



About Medical Center Health System Family Health Clinic

The Family Health Clinic (FHC) is a designated FQHC Look-Alike as well as a community-based healthcare program that operates in partnership with Medical Center Health System to provide a wide range of healthcare services to uninsured and underinsured individuals in Odessa and the surrounding communities. The center employs providers in Pediatrics, Family Practice, Internal Medicine and Women's Health.



HELP WHERE HOSPITALS NEED IT

Mission, Vision and Values

Mission

We are dedicated to meeting the preventive and health needs of the residents of Ector County. It will be accomplished with quality care in an environment of respect, warmth, compassion, and adaptability, while managing our resources in a responsible manner.

Vision

The Family Health Clinic will continue to anticipate the needs and expectations of those they serve through alliances with our partners in healthcare, which include customers, physicians, facilities and other affiliated organizations.

ICARE Values

I - Integrity

C - Customer Centered

A - Accountability

R - Respect

E - Excellence



HELP WHERE HOSPITALS NEED IT

Services Provided

- Walk-in Appointments
- Acute Services
- Family Health Vision Clinic
- Minor Mental Health Services
- Physicals
- Child Wellness Exams
- Immunizations
- CLIA Waived Lab Services
- Radiology Services
- Family Health Dental Clinic
- Prescription Assistance Program



HELP WHERE HOSPITALS NEED IT



STUDY AREA



Family Health Clinic

Study Area



Ector County makes up 95.0% of clinic visits



Indicates clinic locations



**Family Health Clinic
Patient Origin by County FY 2015**

County	State	FY 2015 Visits	% of Total	Cumulative % of Total
Ector	TX	14,788	95.0%	95.0%
All Others		780	5.0%	100.0%
Total		15,568	100.0%	

Source: Clinic visit data based on date of service by county; October 1, 2014 – September 30, 2015



HELP WHERE HOSPITALS NEED IT



DEMOGRAPHIC OVERVIEW



Overall Population Change

Projected Population Growth (2016 - 2021)



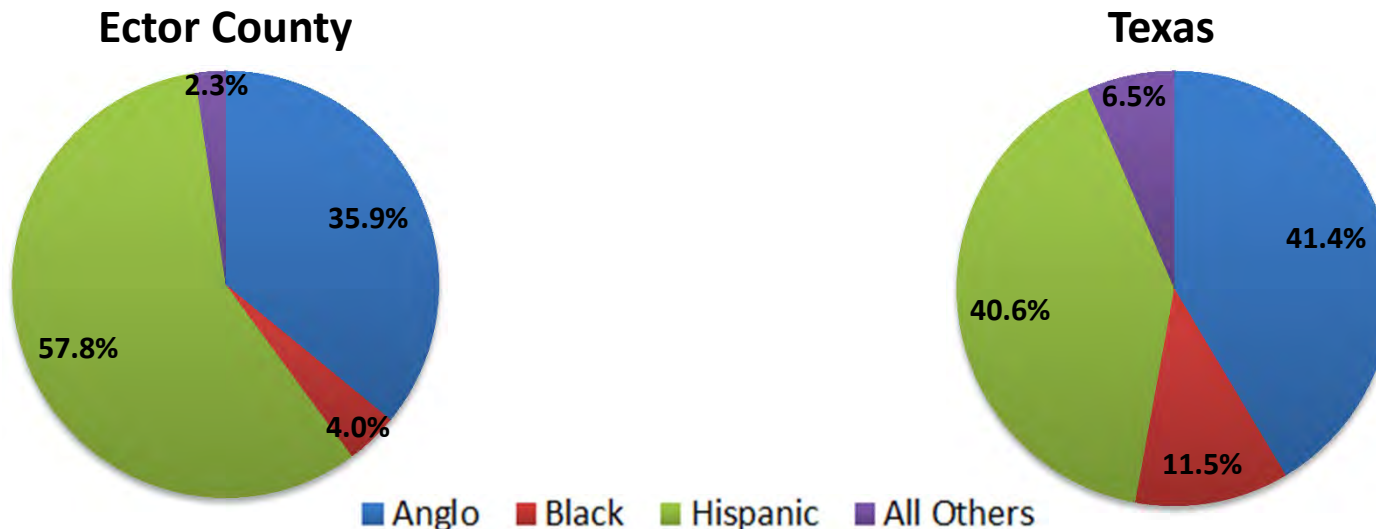
Overall Population Growth					
Geographic Location	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Ector County	143,747	150,463	161,890	11,427	7.6%
Texas	26,640,165	28,240,245	31,148,299	2,908,054	10.3%



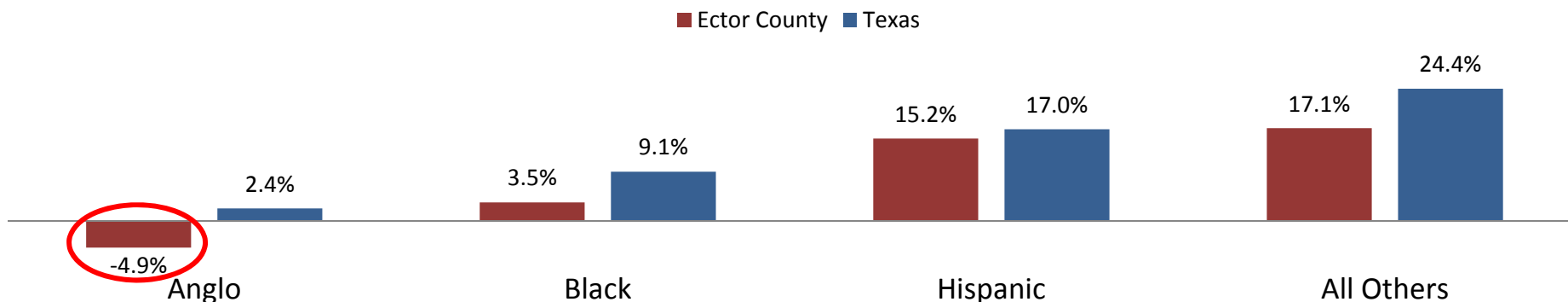
HELP WHERE HOSPITALS NEED IT

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/Population>; data accessed April 13, 2016.

Population by Race/Ethnicity 2016

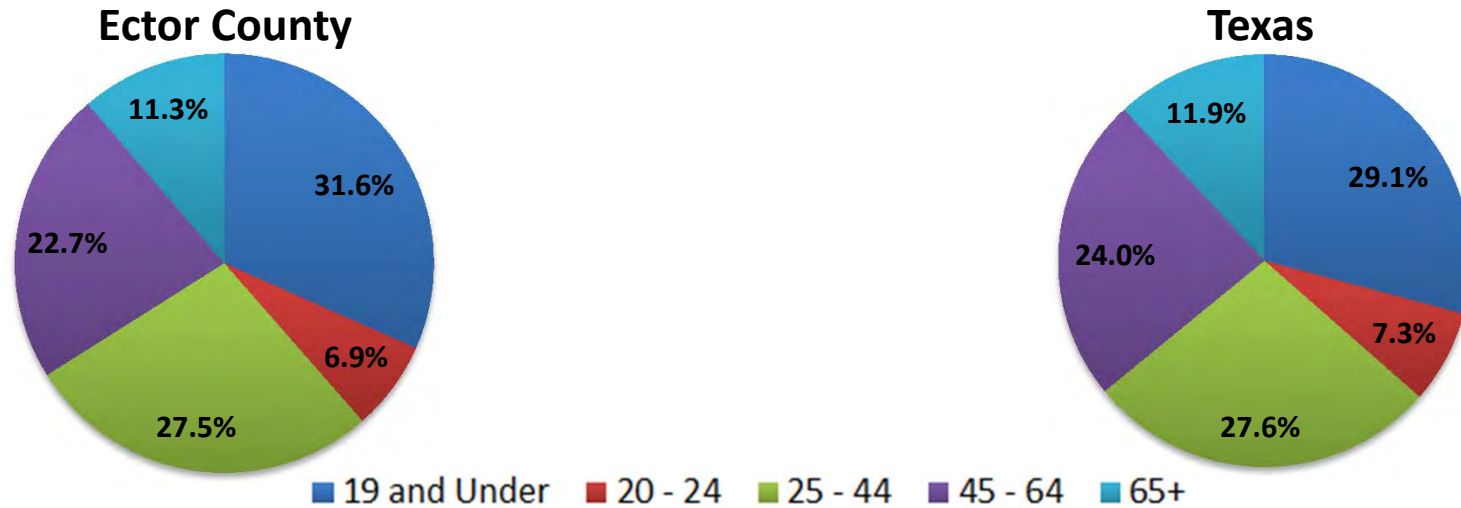


Race/Ethnicity Projected Growth (2016-2021)

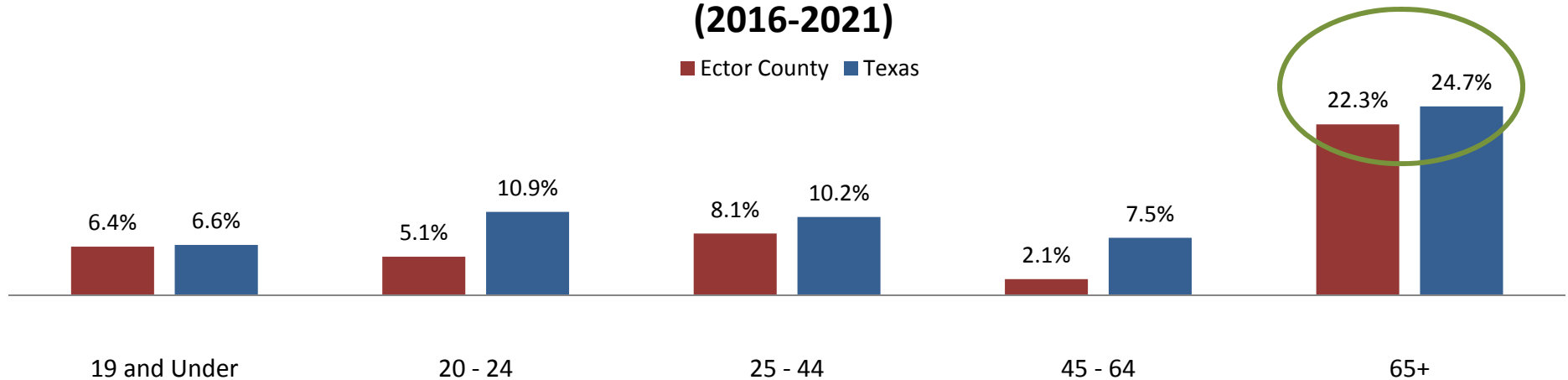


Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/Population>; data accessed April 13, 2016.

Population by Age 2016



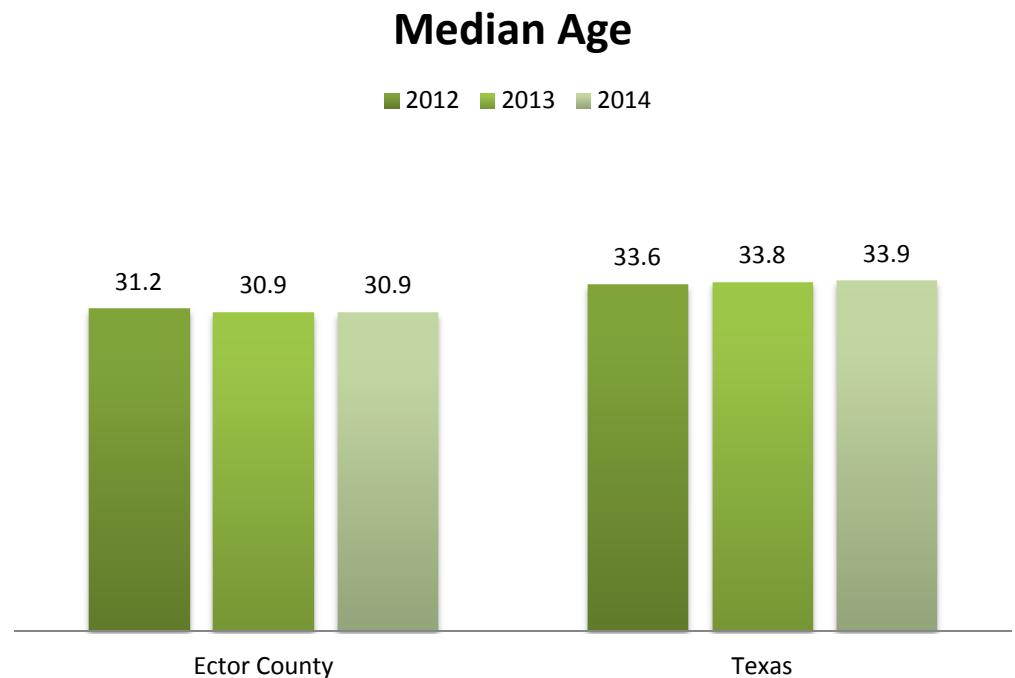
Age Projected Growth (2016-2021)



Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/Population>; data accessed April 13, 2016.

Median Age

- The median age across Ector County and the state has remained relatively consistent since 2012.
- Between 2012 and 2014, Ector County had a median age that was lower than the state.

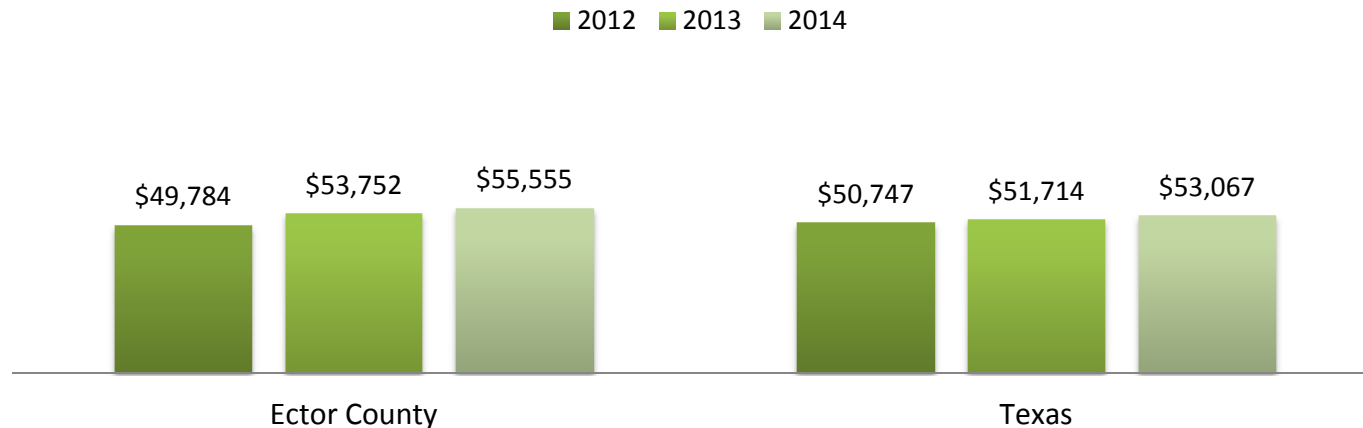


HELP WHERE HOSPITALS NEED IT

Income

- Ector County (\$55,555) has a higher median household income than Texas (\$53,067) (2014).
- Median household income levels in Ector County and the state have steadily increased since 2012.

Median Household Income

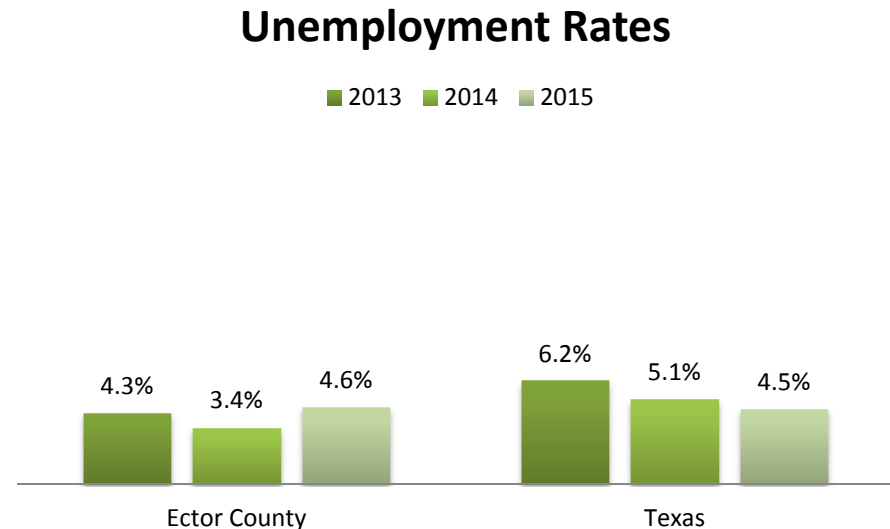


HELP WHERE HOSPITALS NEED IT

Source: U.S. Census Bureau, Small Area Estimates Branch; <http://www.census.gov/did/www/saie/data/statecounty/data/2012.html>; data accessed April 13, 2016.

Unemployment

- While unemployment rates in the state steadily decreased between 2013 and 2015, Ector County experienced a slight uptick in unemployment rates between 2014 and 2015.
- Ector County (4.6%) has a slightly higher unemployment rate than the state rate (4.5%).



Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; Rates shown are a percentage of the labor force; <http://data.bls.gov/map/MapToolServlet>; data accessed May 9, 2016.



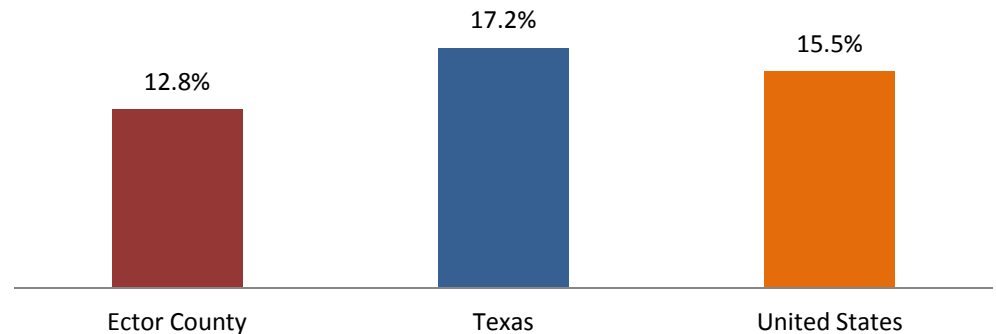
HELP WHERE HOSPITALS NEED IT

Poverty

- In 2014, Ector County (12.8%) had a lower percent of people living below poverty as compared to Texas (17.2%) and the United States (15.5%).
- In 2014, Ector County (18.6%) had a lower percentage of children (<18 years) in poverty than the state (24.5%) and the nation (21.7%).

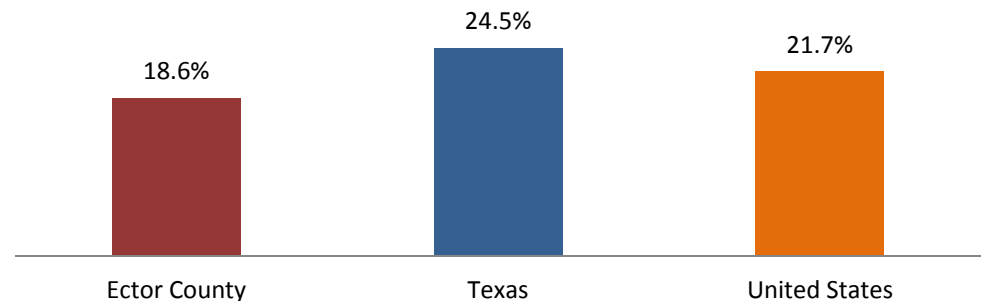
Population Below Poverty

Percent Living Below Poverty, All Ages, 2014



Children Below Poverty

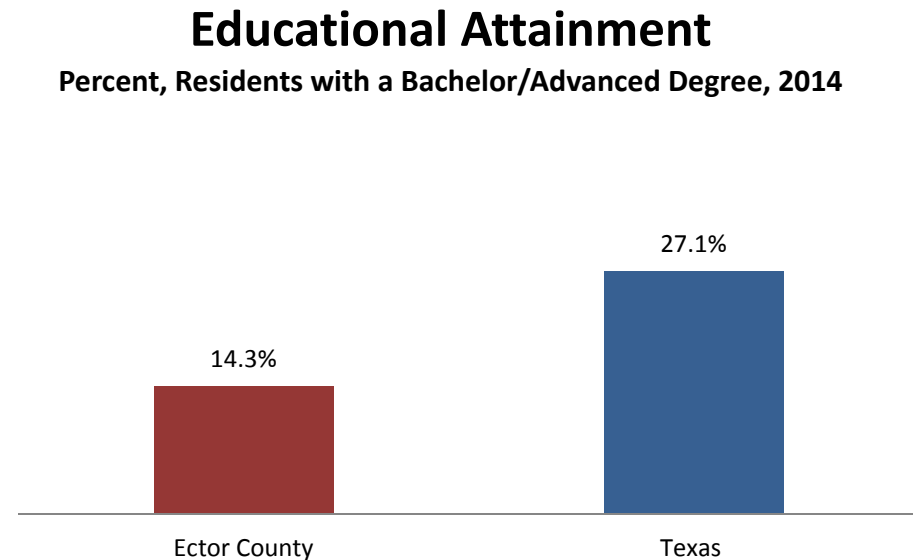
Percent Living Below Poverty, Children <18 Years, 2014



HELP WHERE HOSPITALS NEED IT

Educational Attainment

- Ector County (14.3%) had a lower percentage of the population that has received a bachelors or advanced degree as compared to Texas (27.1%) (2014).



Source: U.S. Census Bureau, Educational Attainment in the United States
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1501&src=ptpt; data accessed May 9, 2016.

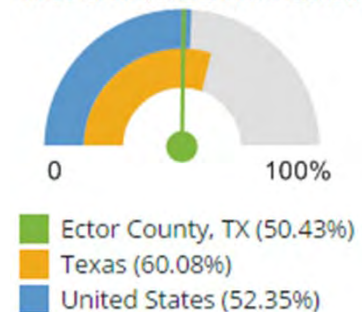


HELP WHERE HOSPITALS NEED IT

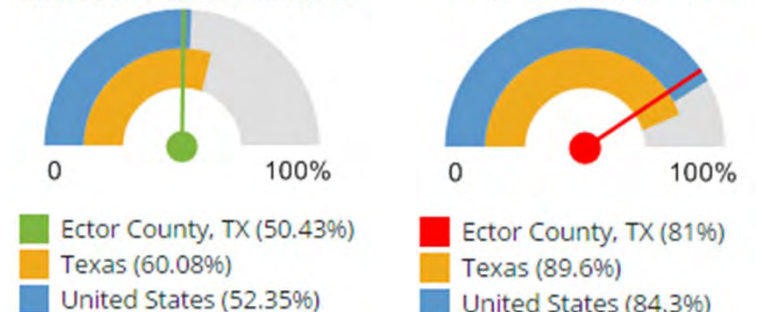
Children in the Study Area

- Between 2013 and 2014, the percent of public school students that were eligible for free or reduced price lunch in Ector County (50.4%) was lower than the state (60.1%) and national rate (52.4%).
- Between 2013 and 2014, the percent of students that received their high school degree within four years in Ector County (81.0%) was lower than the state (89.6%) and national rates (84.3%).
- Between 2010 and 2013, child (ages 0-18) food insecurity rates in Ector County steadily decreased, while rates in the state overall increased.
- In 2013, Ector County (23.8%) had a lower child food insecurity rate than the state (27.4%).

Percent Students Eligible for Free or Reduced Price Lunch



Cohort Graduation Rate

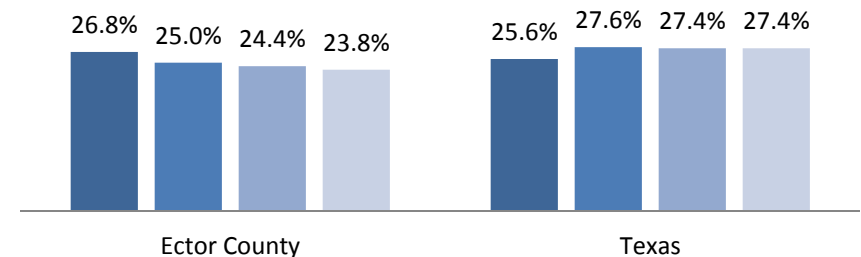


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Child Food Insecurity

Percent, Ages 0-18, 2010-2013

■ 2010 ■ 2011 ■ 2012 ■ 2013



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

Source: Kids Count Data Center, data from Feeding America: Child Food Insecurity (0-18), www.kidscount.org; data accessed June 22, 2016

Food Insecurity Definition: Number and percentage of children estimated to be food insecure. A child (under 18 years old) is defined as being food insecure if he or she lives in a household having difficult meeting basic food needs, as defined by the Census Bureau's Current Population Survey.



HELP WHERE HOSPITALS NEED IT



HEALTH DATA OVERVIEW



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
 - Enroll America
 - Community Commons
 - Community Health Status Indicators (CHSI)
 - The Annie E. Casey Foundation Kids Count Data Center
 - 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, data are 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
 - U.S. Department of Health and Human Services Health Resources and Services Administration
- **Data Levels:** Nationwide, state, health service region and county level data



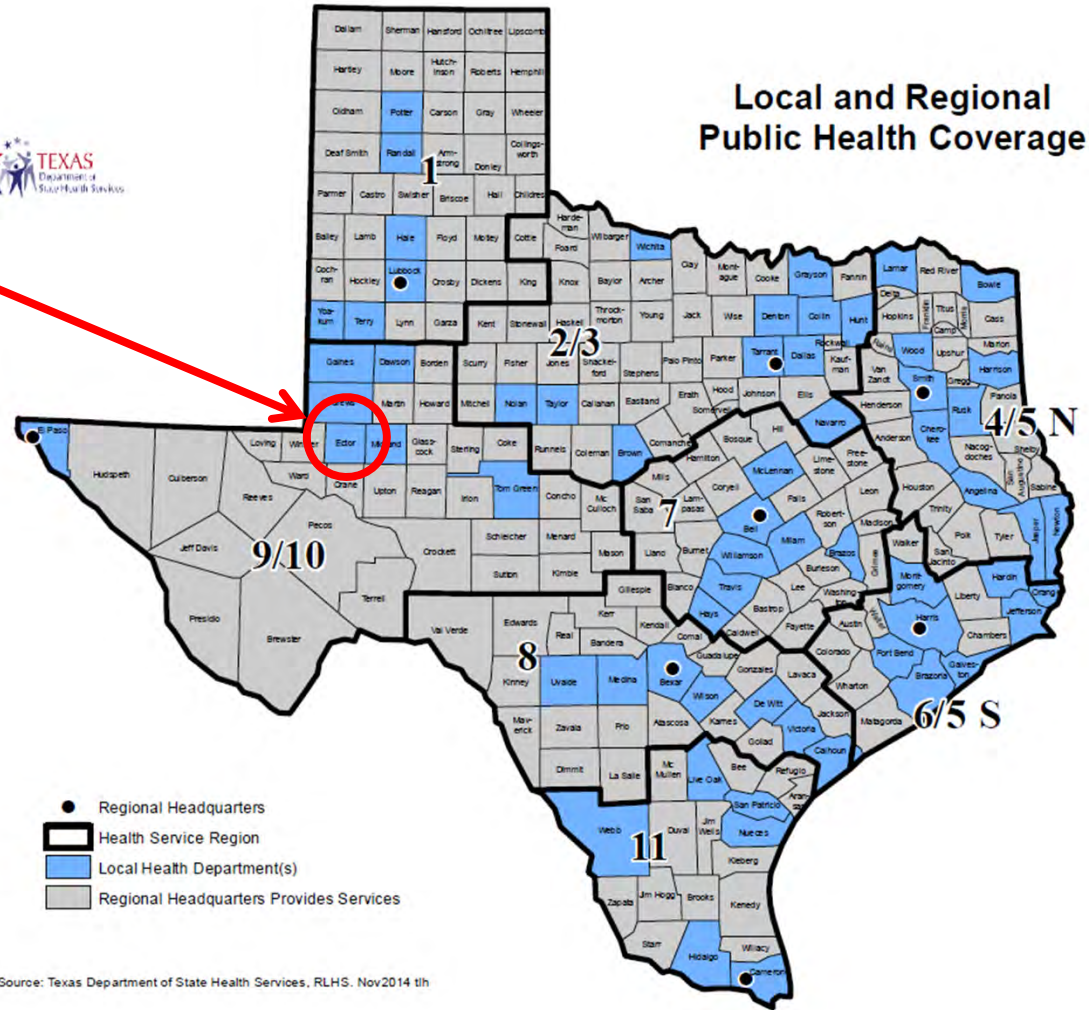
HELP WHERE HOSPITALS NEED IT

County and Health Service Region Map

County Name	Health Service Region
Ector	9/10



Local and Regional Public Health Coverage



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

Source: Texas Department of State Health Services, Center for Health Statistics; Last updated July 31, 2015; <http://www.dshs.state.tx.us/chs/vstat/annrpts.shtm>; data accessed March 29, 2016.

County Health Rankings (2016)

- The County Health Rankings rank 241 counties in Texas (1 being the best, 241 being the worst).
- Many factors go into these rankings. A few examples include:
 - Physical Environment:
 - Air pollution – particulate matter
 - Drinking water violations
 - Severe housing problems
 - Driving alone to work
 - Clinical Care:
 - Uninsured
 - Primary care physicians
 - Preventable hospital stays
 - Mammography screening

Category	Ector County
Health Outcomes	205
Length of Life	204
Quality of Life	181
Health Factors	217
Health Behaviors	206
Clinical Care	133
Social & Economic Factors	195
Physical Environment	227

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

Source: County Health Rankings and Roadmaps; www.countyhealthrankings.org; data accessed April 20, 2016.
 Note: Please see the appendix for full methodology.
 Note: County Health Rankings ranks 241 of the 254 counties in Texas.





HELP WHERE HOSPITALS NEED IT

Selected Causes of Death

State/County Comparison, Age-Adjusted Death Rate, 2013

Disease	Ector County	Texas
Diseases of the Heart (I00-I09, I11, I13, I20-I51)	223.7	170.7
Malignant Neoplasms (C00-C97)	160.4	156.1
Chronic Lower Respiratory Diseases (J40-J47)	70.6	42.3
Accidents (V01-X59, Y85-Y86)	65.5	36.8
Cerebrovascular Diseases (I60-I69)	51.8	40.1
Alzheimer's Disease (G30)	34.9	24.4
Septicemia (A40-A41)	26.3	16.4
Chronic Liver Disease and Cirrhosis (K70, K73-K74)	19.1	12.8
Influenza and Pneumonia (J09-J18)	18.8	14.4
Diabetes Mellitus (E10-E14)	18.3	21.6

-  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.

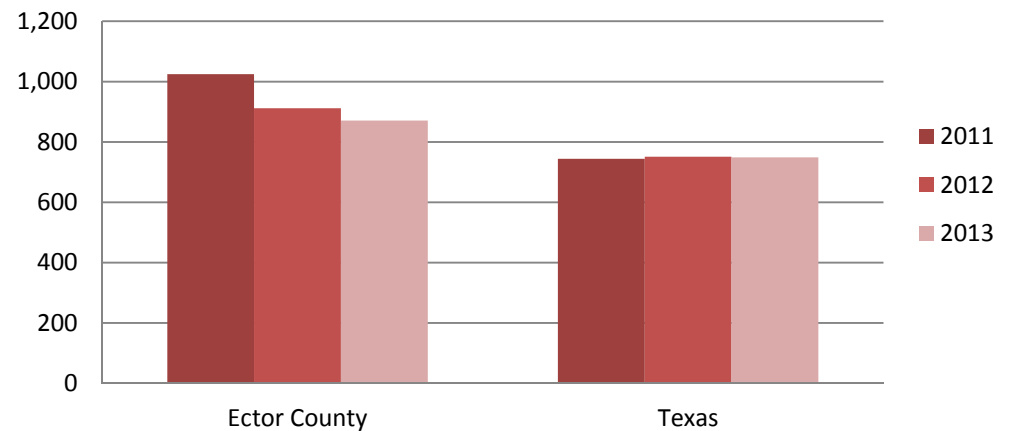


HELP WHERE HOSPITALS NEED IT

Mortality

- Overall mortality rates in Ector County remained higher than the state rate in 2011, 2012, and 2013.
- Between 2011 and 2013, Ector County experienced a decrease in overall mortality rates.

Overall Mortality
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	1,223	1,024.8	1,152	911.8	1,156	870.8
Texas	167,997	744.0	173,935	751.0	178,501	749.2

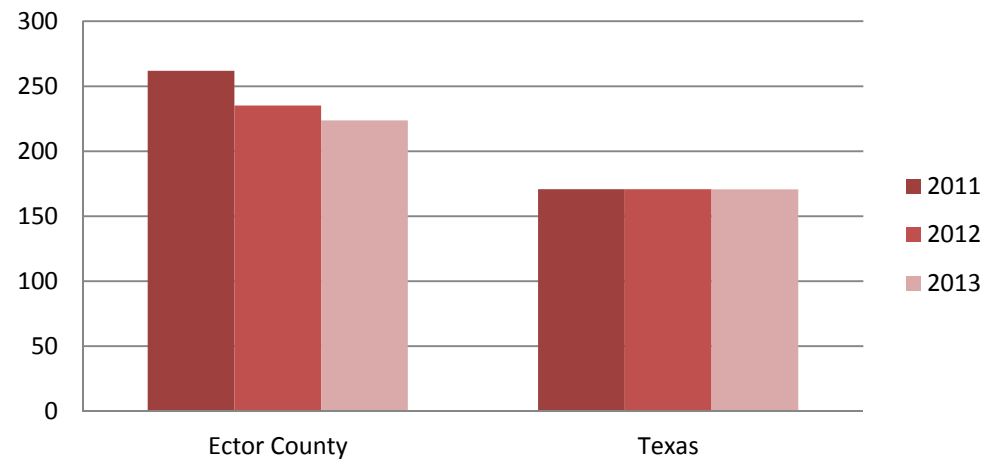


HELP WHERE HOSPITALS NEED IT

Diseases of the Heart Mortality

- Heart disease is the leading cause of death in both Ector County and the state (2013).
- In 2013, the heart disease mortality rate in Ector County was substantially higher (223.7 per 100,000) than the heart disease mortality rate in Texas (170.7 per 100,000).
- Between 2011 and 2013, Ector County experienced a decrease in heart disease mortality rates.

Diseases of the Heart
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	302	261.9	288	235.2	291	223.7
Texas	37,955	171.0	38,987	171.0	40,150	170.7



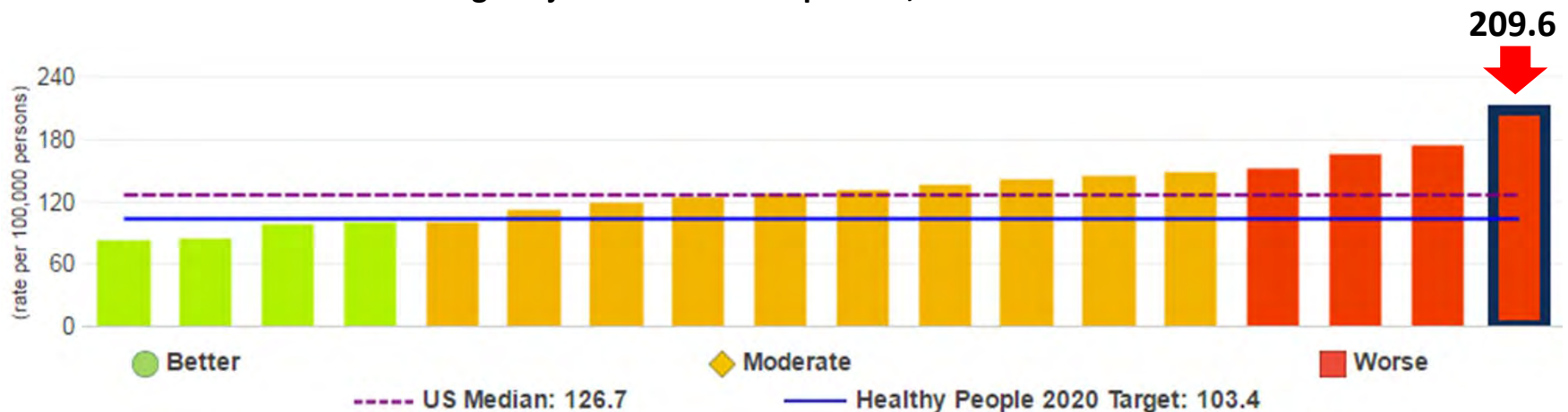
HELP WHERE HOSPITALS NEED IT

Coronary Heart Disease Deaths

Peer County Rankings

- In comparison to peer counties, Ector County (209.6 per 100,000) ranked at the very top of the least favorable quartile for coronary heart disease deaths between 2005 and 2011, and above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000).

Coronary Heart Disease Deaths, Ector County (2005-2011)
Age-adjusted Death Rate per 100,000 Persons



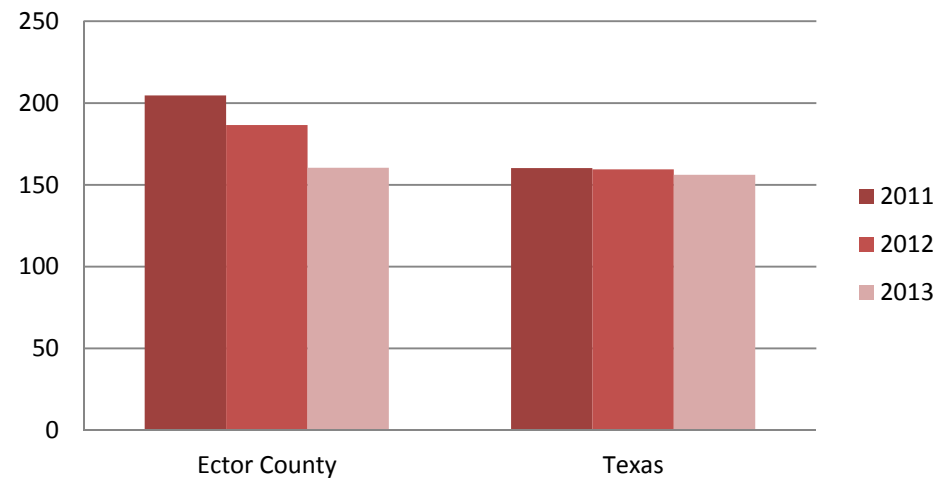
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

Malignant Neoplasms Mortality

- Cancer is the second leading cause of death in both Ector County and the state (2013).
- In 2013, the cancer mortality rate in Ector County was slightly higher (160.4 per 100,000) than the cancer mortality rate in Texas (156.1 per 100,000).
- Between 2011 and 2013, Ector County experienced a decrease in cancer mortality rates.

Malignant Neoplasms
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	254	204.7	239	186.6	215	160.4
Texas	37,121	160.0	38,096	160.0	38,289	156.1



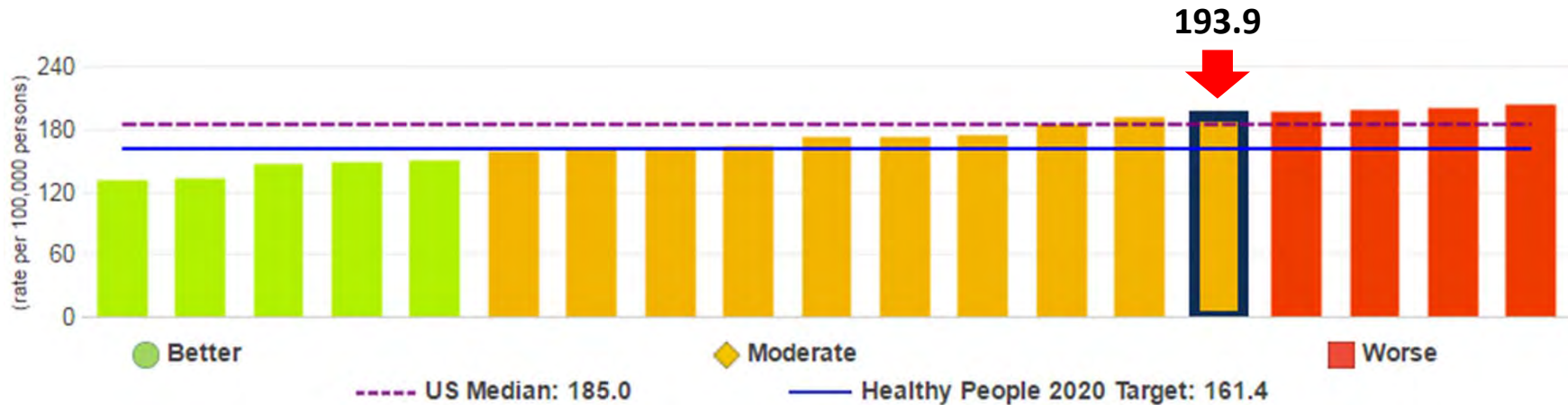
HELP WHERE HOSPITALS NEED IT

Cancer Deaths

Peer County Rankings

- In comparison to peer counties, Ector County (193.9 per 100,000) ranked within the upper end of the two middle quartiles for cancer death rates between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000) and the U.S. median (185.0 per 100,000).

Cancer Deaths, Ector County (2005-2011)
Age-adjusted Death Rate per 100,000 Persons



HELP WHERE HOSPITALS NEED IT

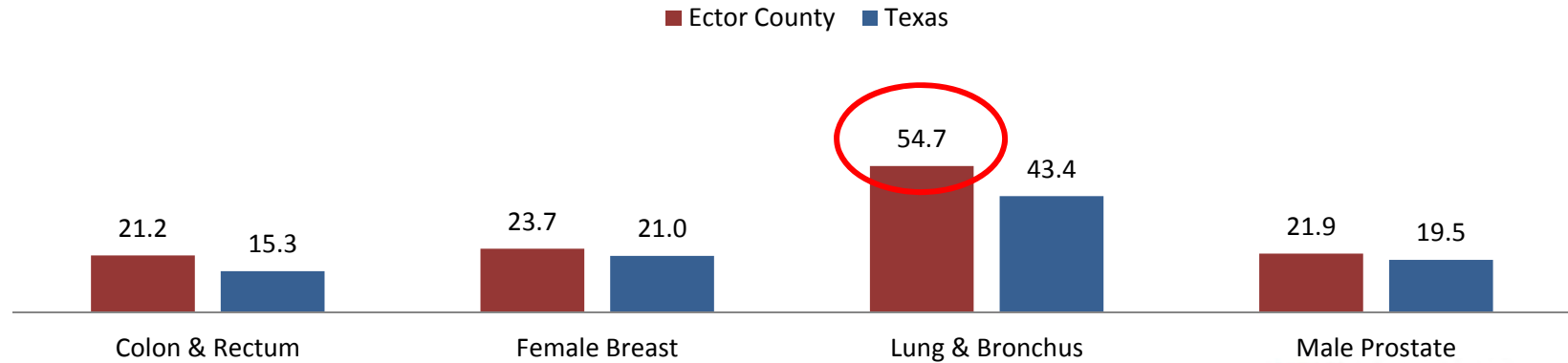
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

Cancer Mortality by Type

Age-Adjusted Rates per 100,000, 2008-2012

- Ector County has higher colon and rectum, female breast, lung and bronchus, and male prostate cancer mortality rates than the state (2008-2012).
- Ector County has a significantly higher rate of lung and bronchus cancer mortality rates (54.7 per 100,000) than the state (43.4 per 100,000) (2008-2012).

Cancer Mortality by Type
Age-adjusted Death Rates per 100,000; 2008-2012



HELP WHERE HOSPITALS NEED IT

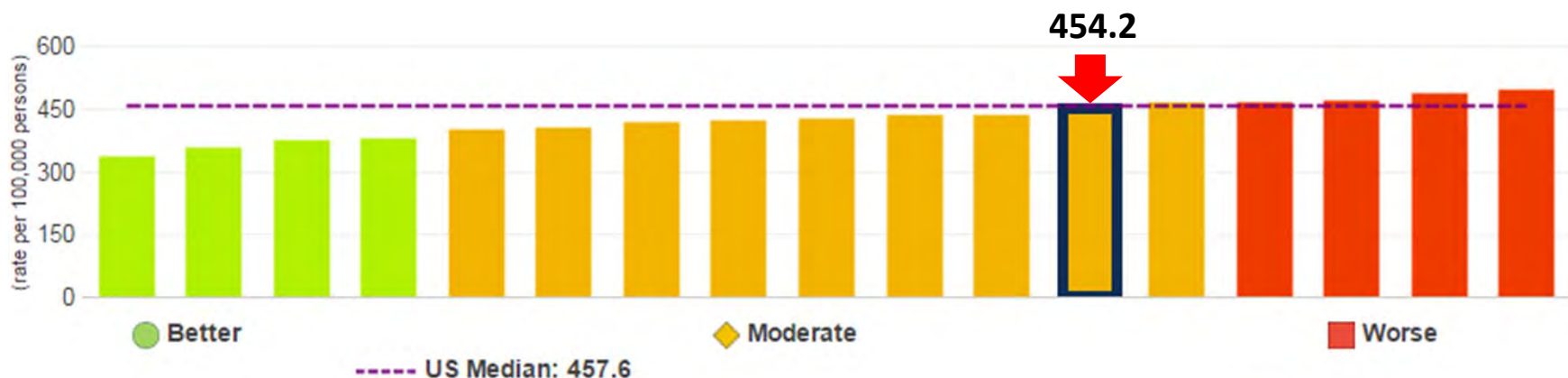
Source: Texas Cancer Registry, Cancer Incidence File, <http://www.cancer-rates.info/tx/index.php>; data accessed May 7, 2016.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Cancer Incidence

Peer County Rankings

- In comparison to peer counties, Ector County (454.2 per 100,000) ranked within the upper end of the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).

Cancer Incidence, Ector County (2006-2010)
Age-adjusted Incidence Rate per 100,000 Persons



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

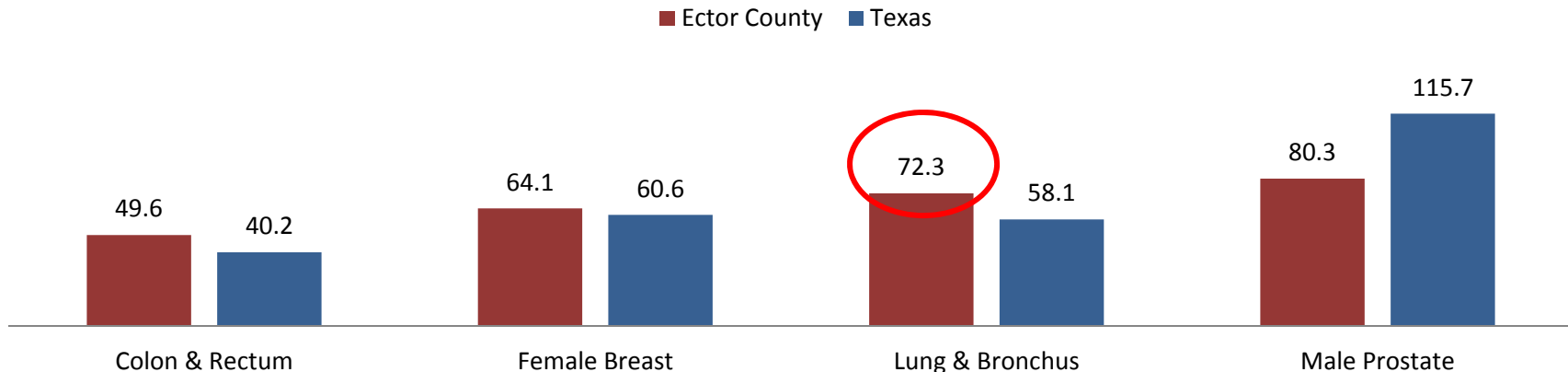
Cancer Incidence by Type

Age-Adjusted Rates per 100,000, 2008-2012

- Ector County has higher colon and rectum, female breast, and lung and bronchus cancer incidence rates than the state (2008-2012).
- Ector County has lower male prostate cancer incidence rates (80.3 per 100,000) than the state (115.7 per 100,000) (2008-2012).
- Between 2008 and 2012, Ector County had significantly higher rates of lung and bronchus cancer incidence (72.3 per 100,000) than the state (58.1 per 100,000).

Cancer Incidence by Type

Age-adjusted Incidence Rates per 100,000; 2008-2012



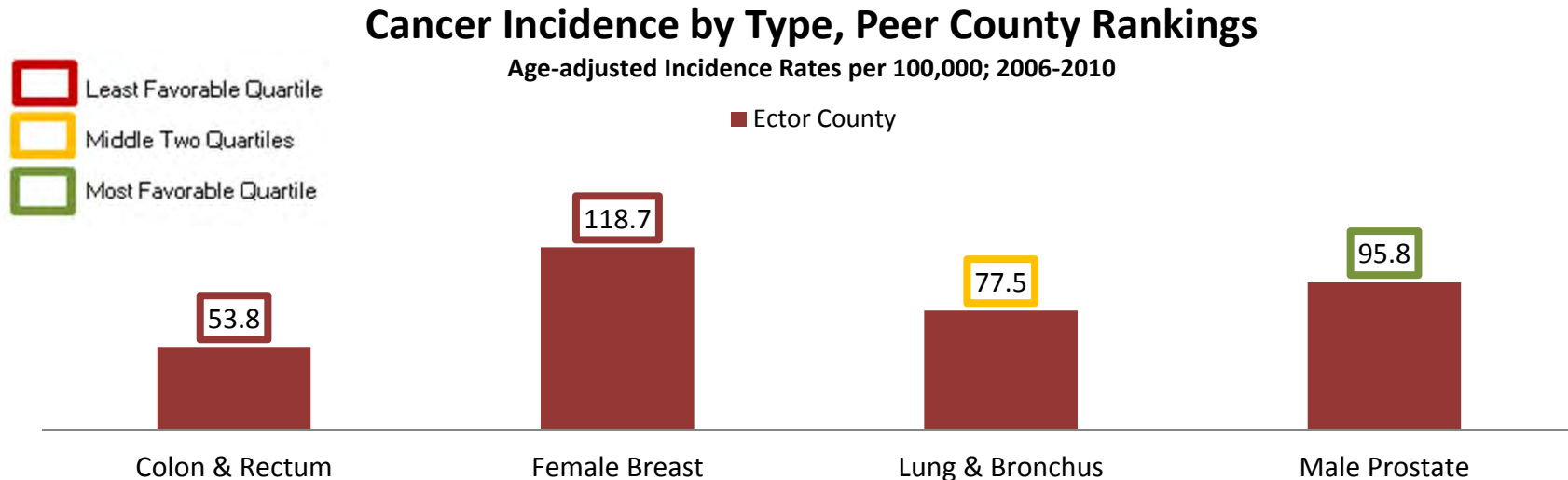
HELP WHERE HOSPITALS NEED IT

Source: Texas Cancer Registry, Cancer Incidence File, <http://www.cancer-rates.info/tx/index.php>; data accessed May 7, 2016.
Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Population.

Cancer Incidence by Type

Peer County Rankings

- In comparison to peer counties, Ector County ranked within the least favorable quartile for colon and rectum (53.8 per 100,000) and female breast (118.7 per 100,000) cancer incidence rates between 2006 and 2010.
- Ector County (77.5 per 100,000) ranked within the two middle quartiles for lung and bronchus cancer incidence rates and within the most favorable quartile for male prostate cancer incidence rates (95.8 per 100,000) between 2006 and 2010.



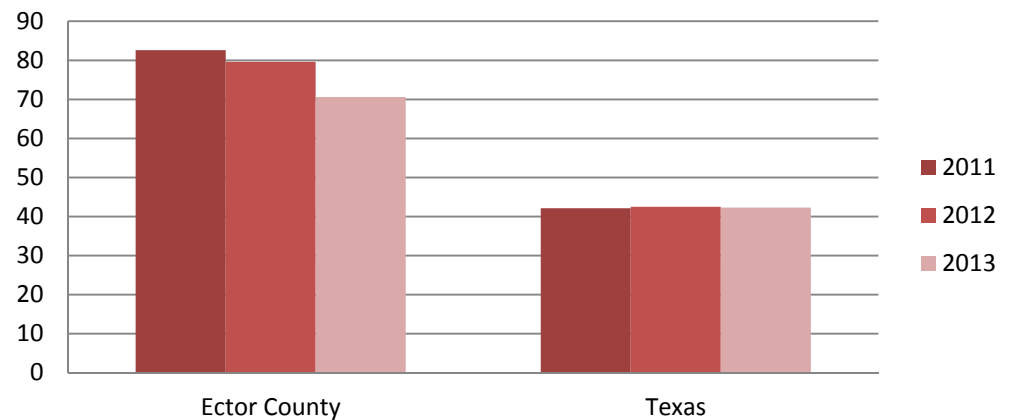
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

Chronic Lower Respiratory Disease Mortality

- Chronic lower respiratory disease is the third leading cause of death in both Ector County and the state (2013).
- In 2013, the chronic lower respiratory disease mortality rate in Ector County was substantially higher (70.6 per 100,000) than the rate in Texas (42.3 per 100,000).
- Between 2011 and 2013, Ector County experienced a decrease in chronic lower respiratory disease mortality rates.
- In 2013, Ector County ranked 17th in the state for chronic lower respiratory disease deaths, as compared to all other counties in Texas.

Chronic Lower Respiratory Disease
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	95	82.6	98	79.6	91	70.6
Texas	9,115	42.0	9,520	43.0	9,787	42.3



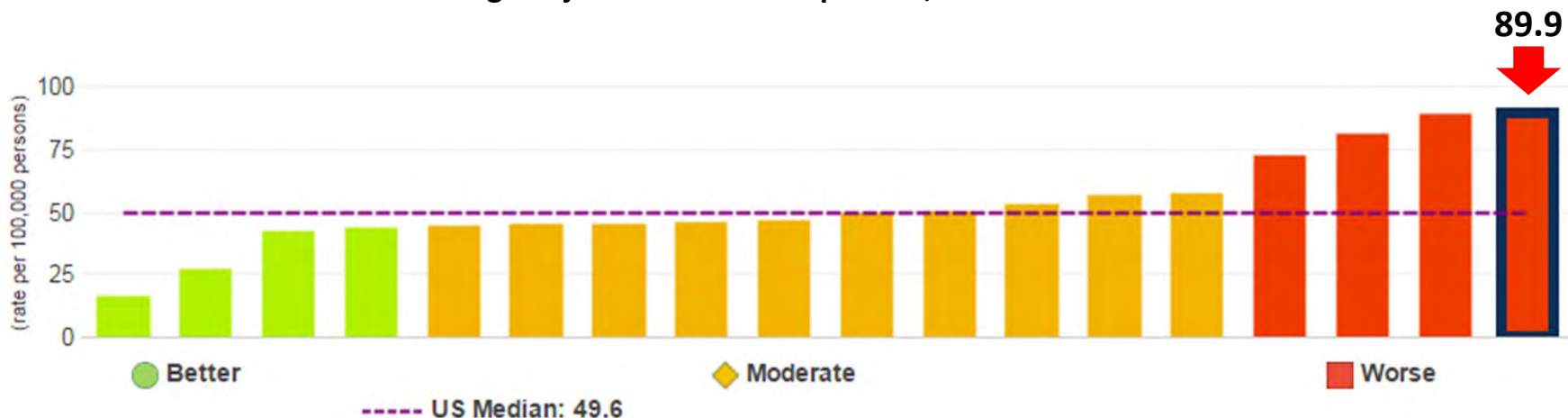
HELP WHERE HOSPITALS NEED IT

Chronic Lower Respiratory Disease Mortality

Peer County Rankings

- In comparison to peer counties, Ector County (89.9 per 100,000) ranked at the very top of the least favorable quartile for chronic lower respiratory disease rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).

Chronic Lower Respiratory Disease, Ector County (2005-2011)
Age-adjusted Death Rate per 100,000 Persons



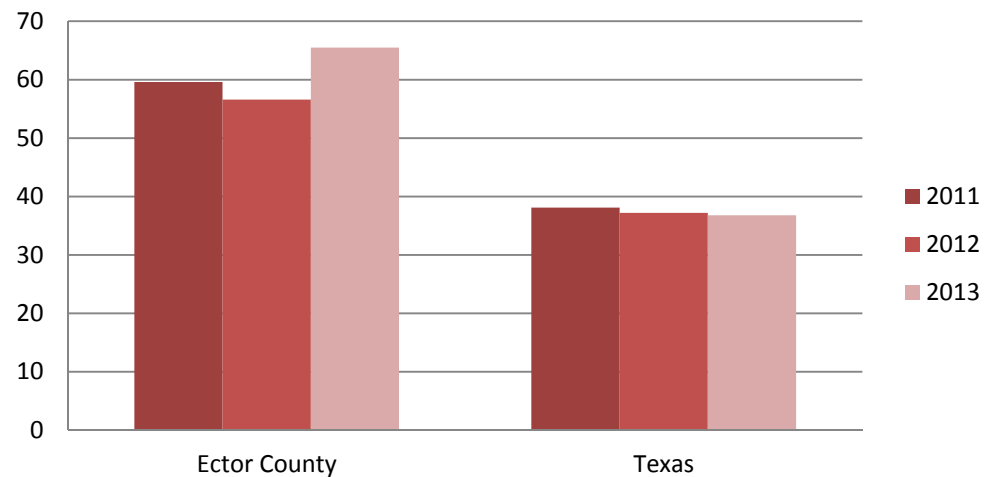
Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

Accidents Mortality

- Accident mortality rates in Ector County fluctuated in between 2011 and 2013, and slightly decreased in the state.
- In 2013, Ector County ranked 7th in the state for accident mortality rates, as compared to all other counties in Texas.
- Ector County (65.5 per 100,000) accident mortality rates remain higher than the state (36.8 per 100,000) (2013).
- In 2013, the leading cause of fatal accidents in Ector County was motor vehicle accidents.

Accidents
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	76	59.6	78	56.6	94	65.5
Texas	9,301	38.0	9,267	37.0	9,341	36.8

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016
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.



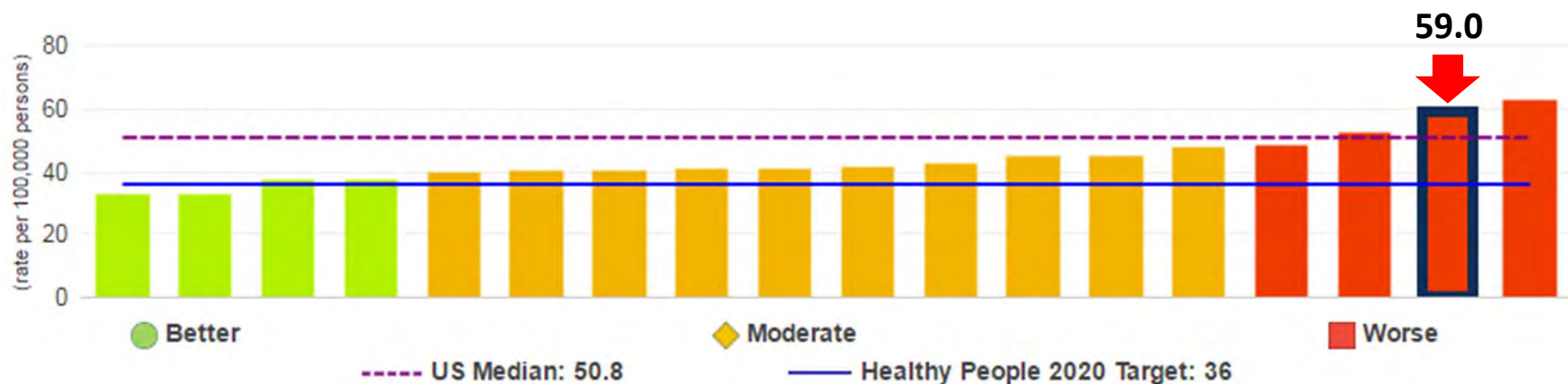
HELP WHERE HOSPITALS NEED IT

Unintentional Injury (Including Motor Vehicle) Mortality

Peer County Rankings

- In comparison to peer counties, Ector County (59.0 per 100,000) ranked within the upper end of the least favorable quartile for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) and the U.S. median (50.8 per 100,000).

Unintentional Injury (Including Motor Vehicle), Ector County (2005-2011)
Age-adjusted Death Rate per 100,000 Persons



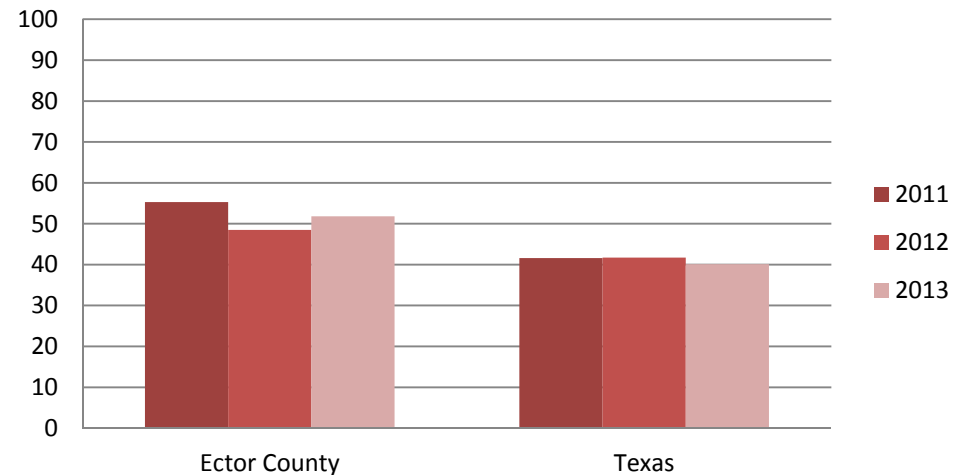
HELP WHERE HOSPITALS NEED IT

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

Cerebrovascular Disease Mortality

- Cerebrovascular disease mortality rates decreased in Ector County and the state between 2011 and 2013.
- In 2013, Ector County's cerebrovascular disease mortality rate (51.8 per 100,000) was higher than the state's rate (40.1 per 100,000).
- Ector County has the 18th highest rate in the state for cerebrovascular disease mortality, as compared to all other counties in Texas (2013).

Cerebrovascular Disease
Age-adjusted Death Rate per 100,000



LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	63	55.3	60	48.5	67	51.8
Texas	9,058	42.0	9,297	42.0	9,238	40.1



HELP WHERE HOSPITALS NEED IT

Stroke Mortality

Peer County Rankings

- In comparison to peer counties, Ector County (60.6 per 100,000) ranked at the very top of the least favorable quartile for stroke deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).

Stroke Deaths, Ector County (2005-2011)
Age-adjusted Death Rate per 100,000 Persons



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

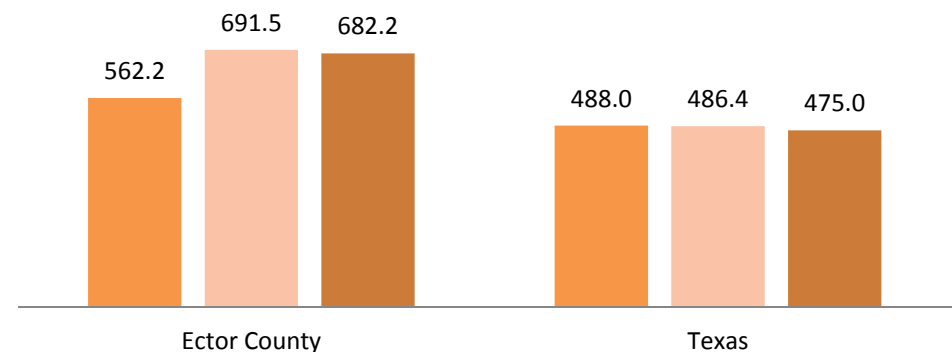
Communicable Diseases

- Ector County ranked within the top 25 counties in the state with the Highest STD Case Rates for both chlamydia (8th) and gonorrhea (7th) in 2014.
- Chlamydia rates in Ector County have overall increased, while rates in the state have slightly decreased (2012-2014).
- In 2014, Ector County (682.2 per 100,000) had higher rates of chlamydia infections as compared to the state (475.0 per 100,000).
- Between 2012 and 2014, gonorrhea rates in Ector County and the state steadily increased.
- In 2014, Ector County (239.8 per 100,000) had higher rates of gonorrhea infections as compared to the state (127.7 per 100,000).

Chlamydia

Rates per 100,000 Population

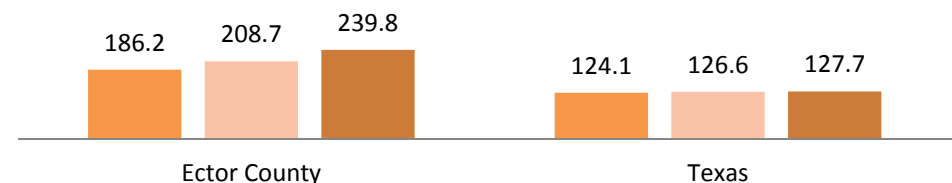
2012 2013 2014



Gonorrhea

Rates per 100,000 Population

2012 2013 2014



HELP WHERE HOSPITALS NEED IT

Chronic Conditions

Diabetes Mellitus

- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Ector County (10.4%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2012, the percentage of **Medicare Beneficiaries** with diabetes in the report area (28.2%) was slightly lower than the state (28.6%), but slightly higher than the national level (27.0%).
- 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.
- Diabetes prevalence rates in adults (age 18+) in both HSR 9/10 and the state have remained relatively steady between 2012 and 2014.

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



■ Ector County, TX (10.4%)
■ Texas (9.24%)
■ United States (9.11%)

Percentage of Medicare Beneficiaries with Diabetes

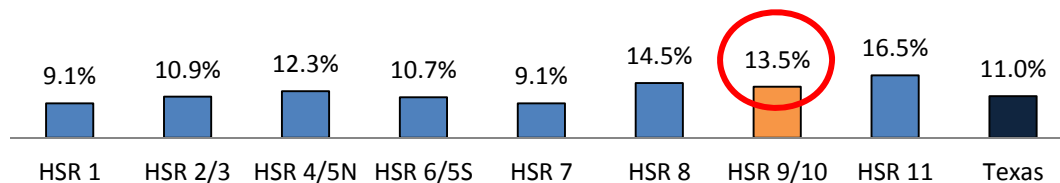


■ Ector County, TX (28.2%)
■ Texas (28.62%)
■ United States (27.03%)

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.

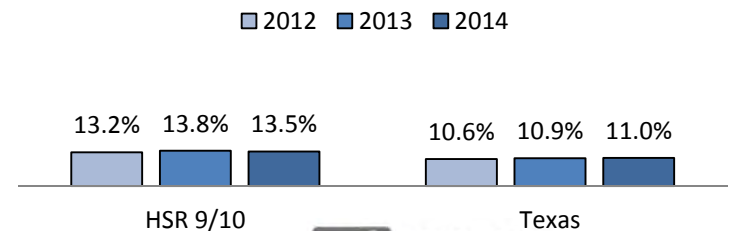
Diabetes

Prevalence Rates, Adults (age 18+), 2014



Diabetes

Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have diabetes?



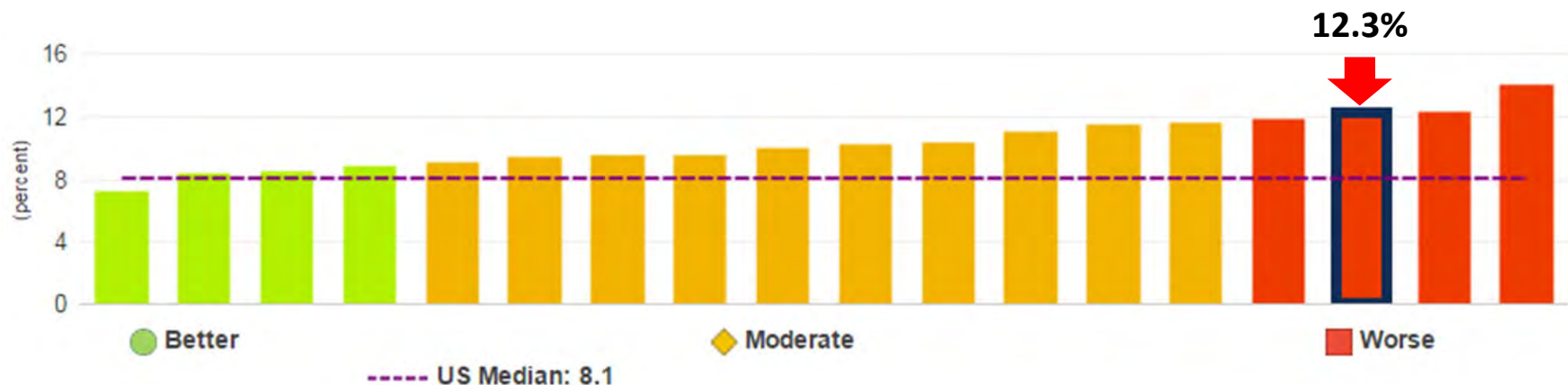
HELP WHERE HOSPITALS NEED IT

Adult Diabetes

Peer County Rankings

- In comparison to peer counties, Ector County (12.3%) ranked within the least favorable quartile for the percent of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked above the U.S. median (8.1%).

Adult Diabetes, Ector County
Percent, Adults (age 20+), 2005-2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

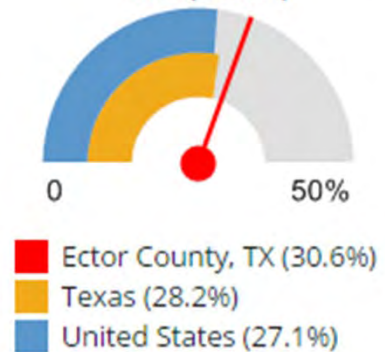
HELP WHERE HOSPITALS NEED IT

Chronic Conditions

Obesity

- In 2012, nearly one-third (30.6%) of adults (age 20+) in Ector County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.
- 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).

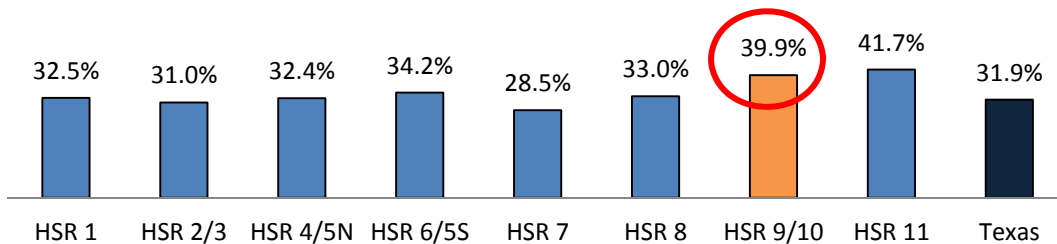
Percent Adults with BMI > 30.0 (Obese)



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.

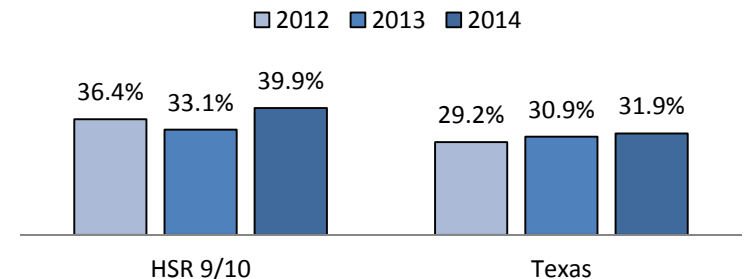
Obesity

Prevalence Rates, Adults (age 18+), 2014



Obesity

Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 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.



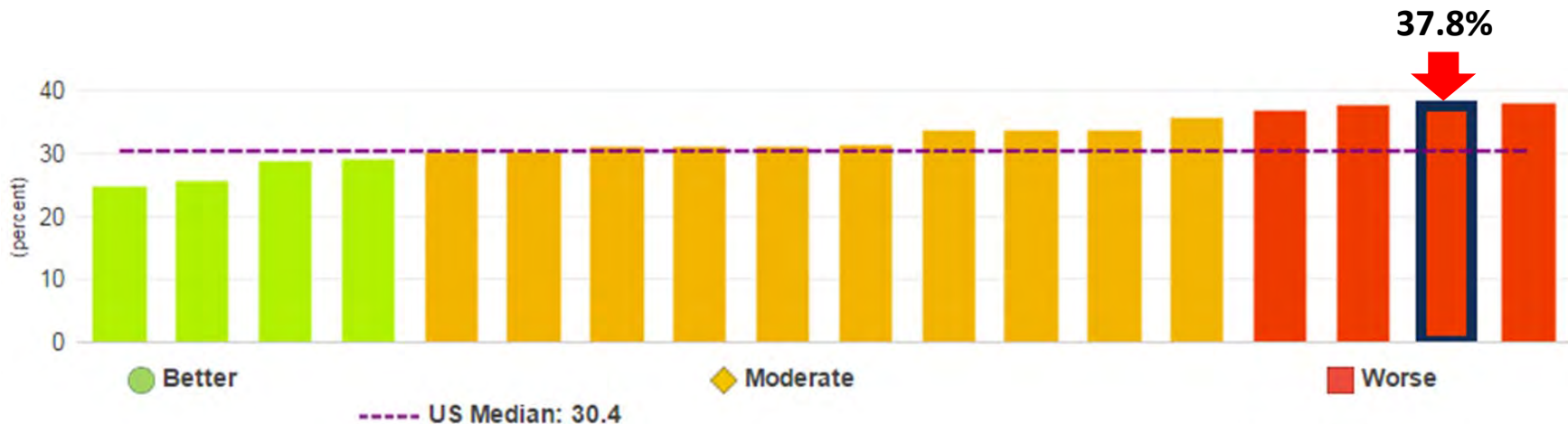
HELP WHERE HOSPITALS NEED IT

Adult Obesity

Peer County Rankings

- In comparison to peer counties, Ector County (37.8%) ranked within the least favorable quartile for the percent of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).

Adult Obesity, Ector County
Percent, Adults (age 20+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

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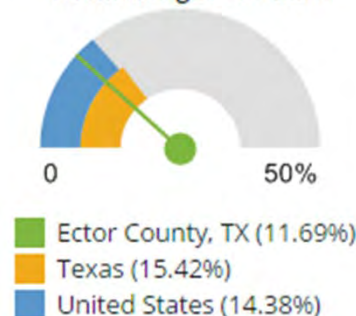
Chronic Conditions

Childhood Obesity

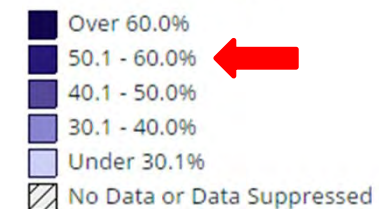
- In 2012-2013, Ector County (50.1-60.0%) had a higher percentage of overweight or obese elementary school students than its surrounding counties.
- Ector County (11.7%) has a lower percent of low income children (ages 2-4) whose Body Mass Index (BMI) is categorized as obese, or within the 95th percentile or above for their sex and age, as compared to the state (15.4%) and the nation (14.4%) (2009-2011).



Percent Low Income Children Age 2-4 Obese



Students Overweight or Obese / Not in Healthy Fitness Zone for Body Composition, Percent by School District (Elementary), FITNESSGRAM 2012-13



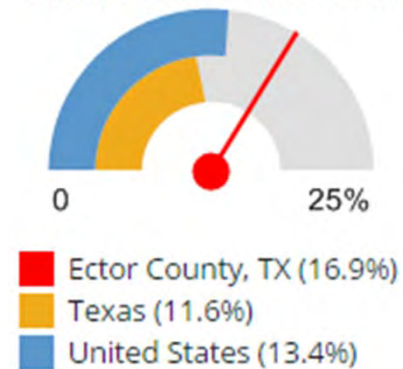
Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Chronic Conditions

Asthma

- In 2011-2012, the percent of adults (age 18+) in Ector County (16.9%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).
- In 2014, HSR 9/10 had a higher prevalence rate of asthma (12.2%) compared to the state (11.1%).
- Asthma prevalence rates in adults (age 18+) in HSR 9/10 and the state remained relatively steady (2012-2014).

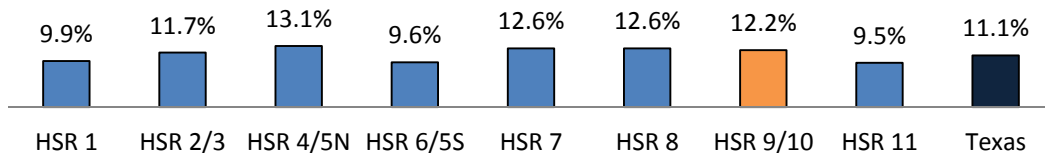
Percent Adults with Asthma



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.

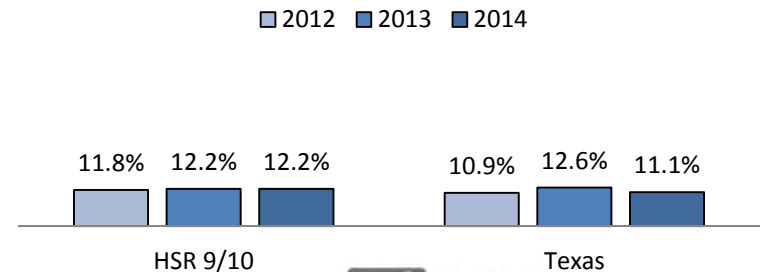
Asthma

Prevalence Rates, Adults (age 18+), 2014



Asthma

Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: Has a doctor, nurse, or other health professional ever told you that you had asthma?



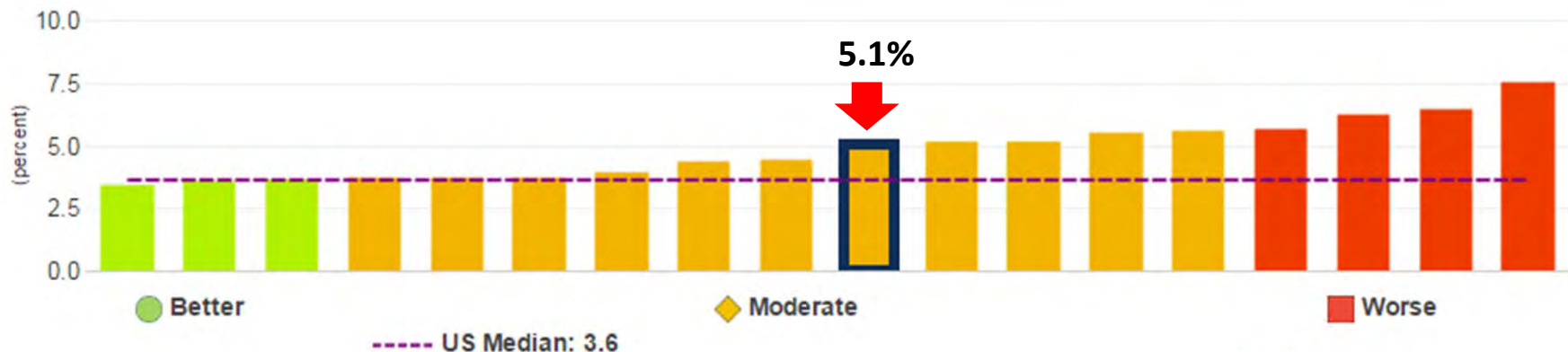
HELP WHERE HOSPITALS NEED IT

Asthma

Peer County Rankings

- In comparison to peer counties, Ector County (5.1%) ranked within the two middle quartiles for the percent of older adults (age 65+) living with asthma in 2012, and also ranked above the U.S. median (3.6%).

Older Adult Asthma, Ector County
Percent, Medicare Beneficiaries (age 65+), 2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

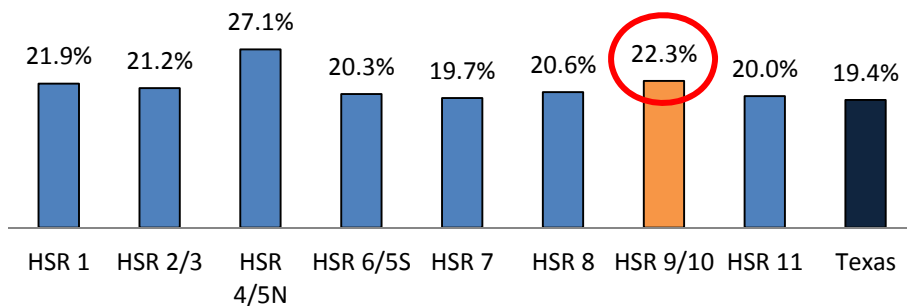
Chronic Conditions

Arthritis

- 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%).
- Between 2012 and 2014, arthritis prevalence rates in adults (age 18+) in HSR 9/10 fluctuated slightly, while rates in the state steadily decreased.

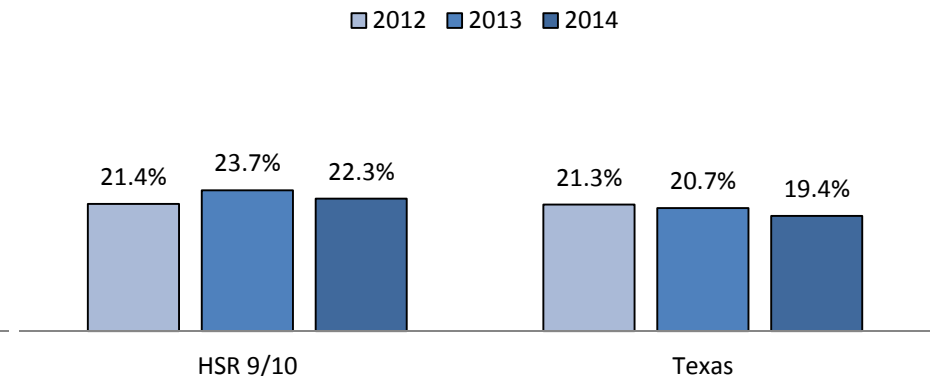
Arthritis

Prevalence Rates, Adults (age 18+), 2014



Arthritis

Prevalence Rates, Adults (age 18+), 2012-2014



HELP WHERE HOSPITALS NEED IT

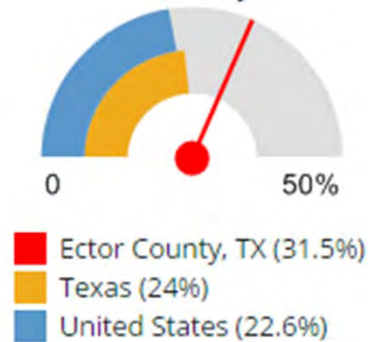
Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

Health Behaviors

Physical Inactivity

- In 2012, the percent of the adult population (age 20+) in Ector County (31.5%) that self-reported **no leisure time for activity** was higher than the state (24.0%) and national rate (22.6%).
- In 2014, the prevalence of adults that **do not** participate in physical activity HSR 9/10 (31.5%) was higher than the state (27.6%).
- 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.

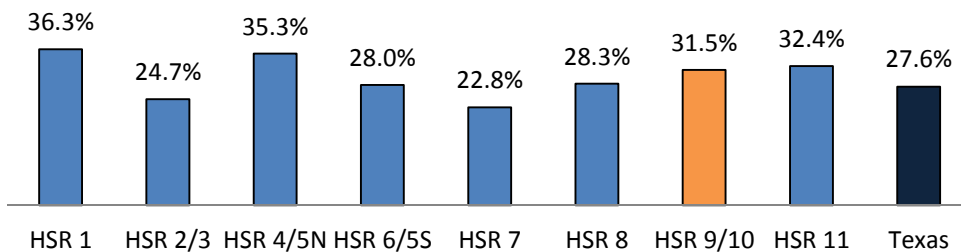
Percent Population with no Leisure Time Physical Activity



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

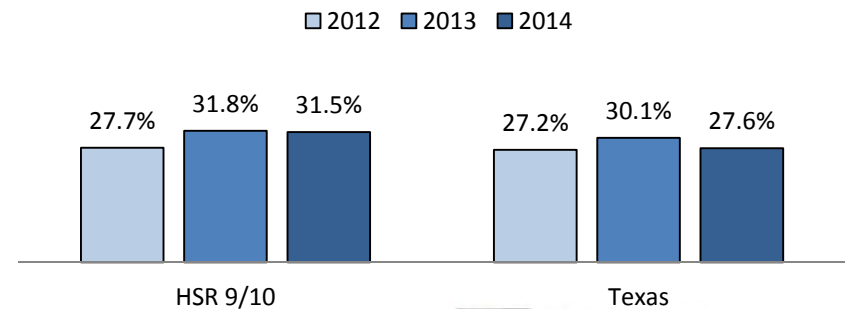
No Leisure Time Physical Activity

Percent, Adults (age 18+), 2014



No Leisure Time Physical Activity

Percent, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise?



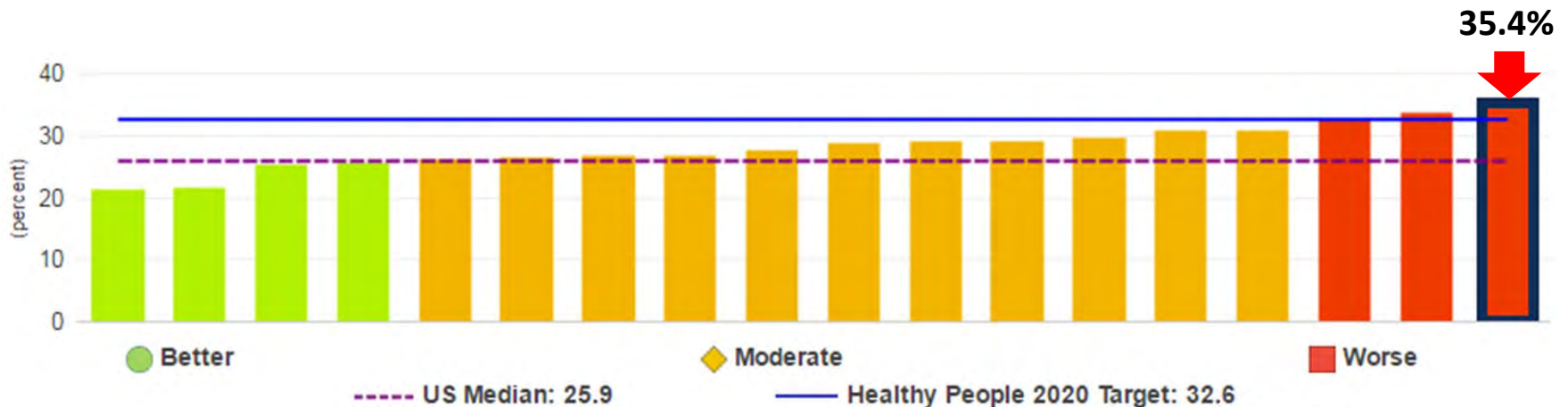
HELP WHERE HOSPITALS NEED IT

Physical Inactivity

Peer County Rankings

- In comparison to peer counties, Ector County (35.4%) ranked at the very top of the least favorable quartile for the percent of adults who reported no leisure time physical activity between 2006 and 2012, and also ranked above the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).

Physical Inactivity, Ector County
Percent, Adults (age 18+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

HELP WHERE HOSPITALS NEED IT

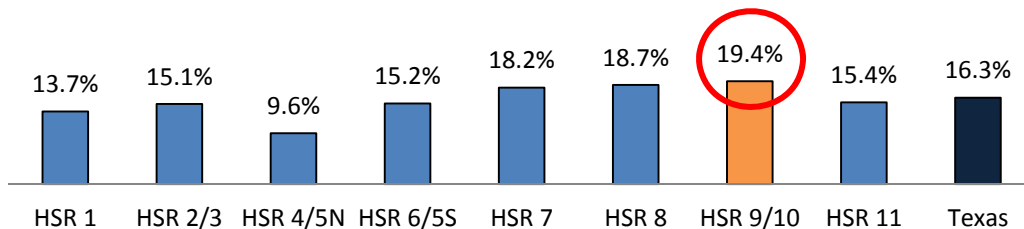
Health Behaviors

Binge Drinking

- In 2014, HSR 9/10 (19.4%) had the highest percent of adults at risk of binge drinking, as compared to all other regions and the state (16.3%).
- The percent of adults (age 18+) at risk for binge drinking in HSR 9/10 fluctuated between 2012 and 2014, while rates in the state remained steady.

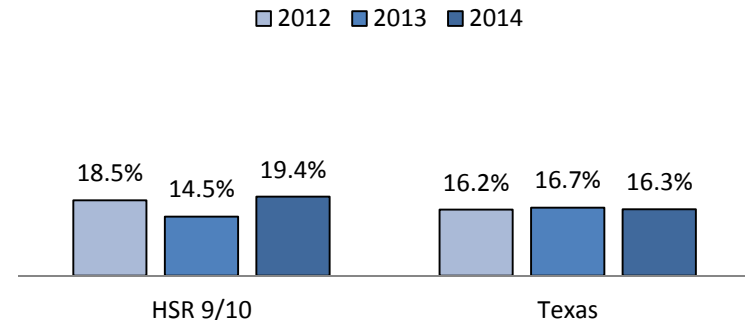
Binge Drinking

Percent At Risk, Adults (age 18+), 2014



Binge Drinking

Percent At Risk, Adults (age 18+), 2012-2014



Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: During the past 30 days, what is the largest number of drinks you had on any occasion? Adults "at risk" of binge drinking include those who indicated that they had 5 or more drinks (males) or 4 or more drinks (females) at one time during the last month.



HELP WHERE HOSPITALS NEED IT

Health Behaviors

Smoking

- The percent of the adult population (age 18+) in Ector County (21.5%) that self-reported currently smoking **some days or every day** was higher than the state (16.5%) and national rate (18.1%) (2006-2012).
- In 2014, the prevalence of current, **every day** smokers in HSR 9/10 (9.8%) was slightly higher than the state (8.7%).
- In 2012-2014, the percent of adults (age 18+) that self-reported being a current smoker that smokes **every day** in HSR 9/10 substantially decreased, while rates in the state steadily decreased.

Percent Population Smoking Cigarettes (Age-Adjusted)

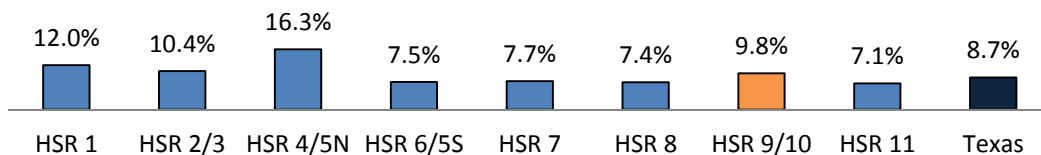


■ Ector County, TX (21.5%)
■ Texas (16.5%)
■ United States (18.1%)

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

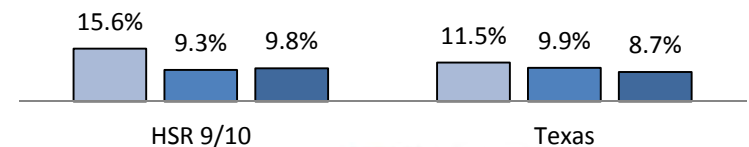
Prevalence of Everyday Smokers, Adults (age 18+), 2014



Smoking

Prevalence of Everyday Smokers, Adults (age 18+), 2012-2014

■ 2012
 ■ 2013
 ■ 2014



HELP WHERE HOSPITALS NEED IT

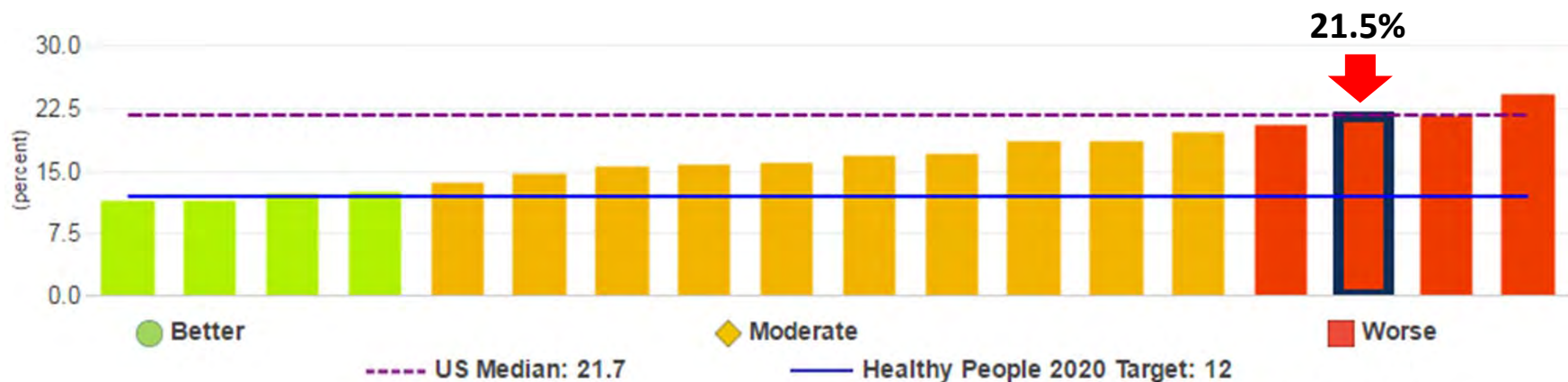
Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.
 Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: Four-level smoker status: Current Smoker - Every Day, Current Smoker - Some Days, Former Smoker, Never Smoker

Adult Smoking

Peer County Rankings

- In comparison to peer counties, Ector County (21.5%) ranked within the least favorable quartile for the percent of adults (age 18+) smoking cigarettes some days or every day between 2006 and 2012, and also ranked above the Healthy People 2020 Target (12.0%) but below the U.S. median (21.7%).

Adult Smoking, Ector County
Percent, Adults (age 18+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

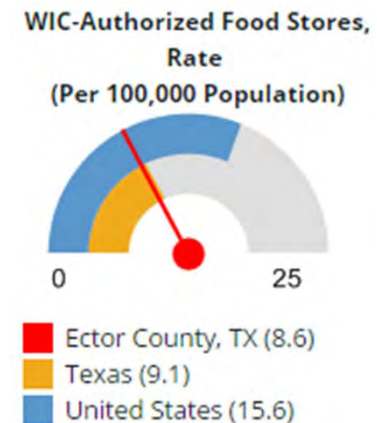
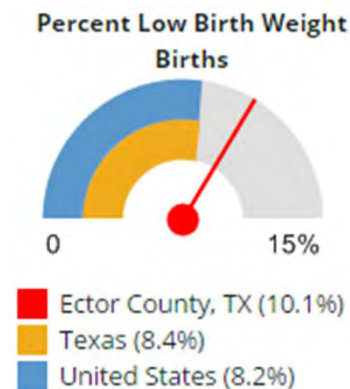
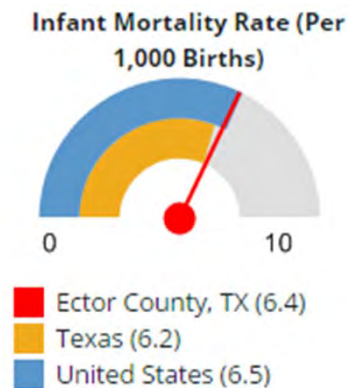
Definition: Do you now smoke cigarettes every day, some days, or not at all? Persons are considered smokers if they reported smoking every day or some days.



HELP WHERE HOSPITALS NEED IT

Natality

- The infant mortality rate in Ector County (6.4 per 1,000 births) is slightly higher than the state (6.2 per 1,000 births) and slightly lower than the national rate (6.5 per 1,000 births) (2006-2010).
- The percent of total births that are low birth weight (<2,500g) in Ector County (10.1%) is higher than the state (8.4%) and national rates (8.2%) (2006-2012).
- The number of food stores and other retail establishments that are authorized to accept WIC Program benefits and that carry designated WIC foods and food categories in Ector County (8.6 per 100,000) is lower than the state (9.1 per 100,000) and the national rate (15.6 per 100,000) (2011).



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.



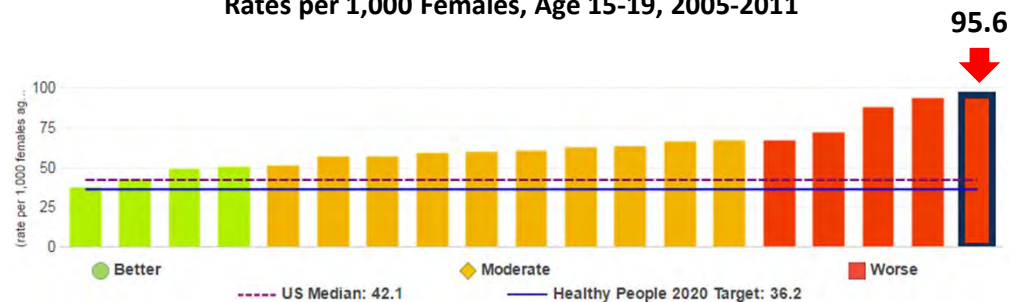
HELP WHERE HOSPITALS NEED IT

Teen Births

Peer County Rankings

- In comparison to peer counties, Ector County (95.6 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).
- Ector County had higher rates of teen births in the 15-17 year (57.7 per 1,000) and 18-19 year (149.6 per 1,000) age groups, as compared to its peer group median (31.1 per 1,000 and 106.4 per 1,000, respectively) and the U.S. median (20.3 per 1,000 and 84.0 per 1,000, respectively).
- The rate of teen births in the Hispanic or Latino racial/ethnic group in Ector County (109.5 per 1,000) was significantly higher than the peer group median (74.5 per 1,000) and the U.S. median (72.3 per 1,000).

Teen Births, Ector County
Rates per 1,000 Females, Age 15-19, 2005-2011



By Age	Ector	Peer Median	US Median
Aged 15-17 Years	57.7	31.1	20.3
Aged 18-19 Years	149.6	106.4	84.0
By Race/Ethnicity	Ector	Peer Median	US Median
Hispanic or Latino	109.5	74.5	72.3

Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://wwwn.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.



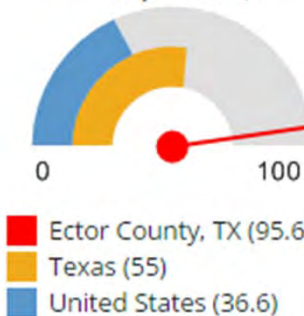
HELP WHERE HOSPITALS NEED IT

Teen Births

Peer County Rankings

- The rate of teen (females age 15-19) births in Ector County (95.6 per 1,000) is significantly higher than the state (55.0 per 1,000) and also significantly higher than national rates (36.6 per 1,000) (2006-2012).
- The Hispanic or Latino racial group had much higher rates of teen births in Ector County (109.5 per 1,000), as compared to the Non-Hispanic White (72.6 per 1,000) and the Non-Hispanic Black (92.5 per 1,000) racial groups in the area.

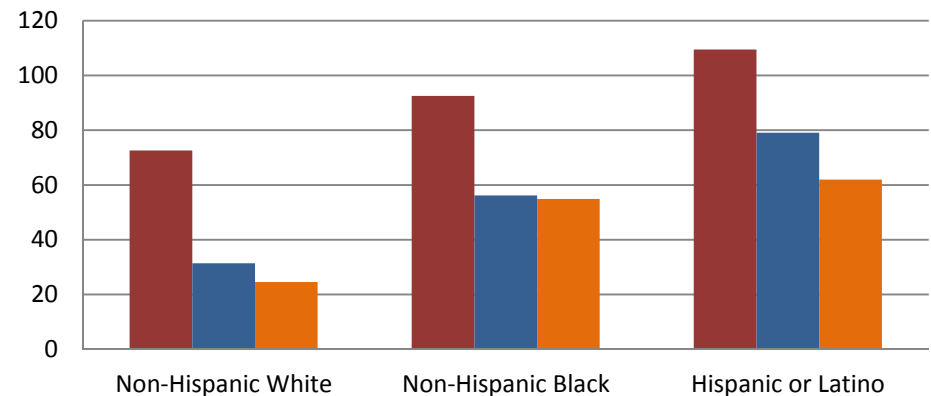
Teen Birth Rate (Per 1,000 Population)



Teen Births by Race/Ethnicity

Rate per 1,000 Population, Females (age 15-19), 2006-2012

■ Ector County, TX ■ Texas ■ United States

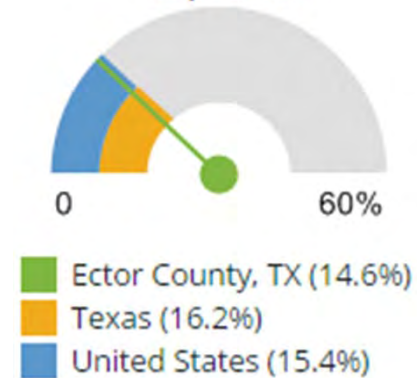


HELP WHERE HOSPITALS NEED IT

Mental Health

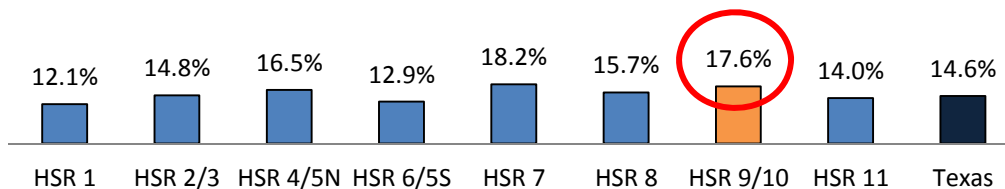
- In 2012, the percentage of **Medicare Beneficiaries** in Ector County (14.6%) with depression was lower than the state (16.2%) and national rate (15.4%).
- In 2014, HSR 9/10 (17.6%) had a higher prevalence rate of diagnosed adult depressive disorders as compared to the state (14.6%) and the majority 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.

Percentage of Medicare Beneficiaries with Depression

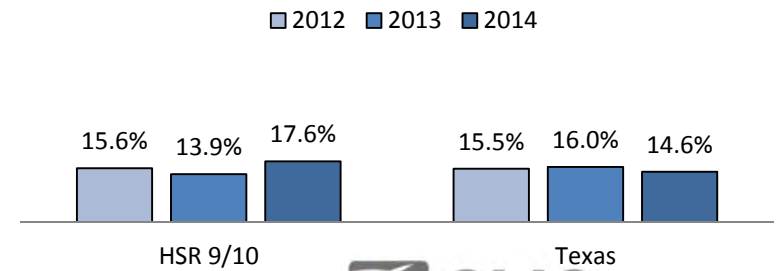


Note: A green dial indicates that the county has a better rate than the state, and a red dial indicates that the county has a worse rate than the state.

Depressive Disorders
Prevalence Rates, Adults (age 18+), 2014



Depressive Disorders
Prevalence Rates, Adults (age 18+), 2012-2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

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?



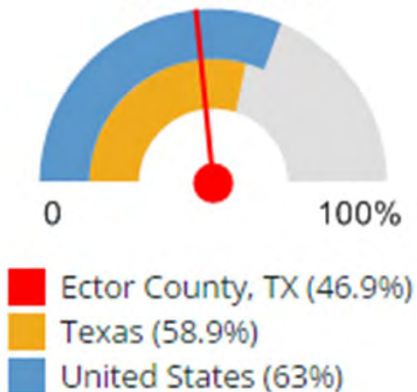
HELP WHERE HOSPITALS NEED IT

Preventive Care

Screenings - Mammography

- In 2012, the percent of female **Medicare Enrollees** (age 67-69) in Ector County (46.9%) that received one or more mammograms in the past two years was lower than the state (58.9%) and national (63.0%) rates.
- In 2014, the percent of female adults (age 40+) in HSR 9/10 (36.7%) that **did not** receive a mammogram in the past 2 years was higher than the state (29.0%), as well as the majority of other regions.

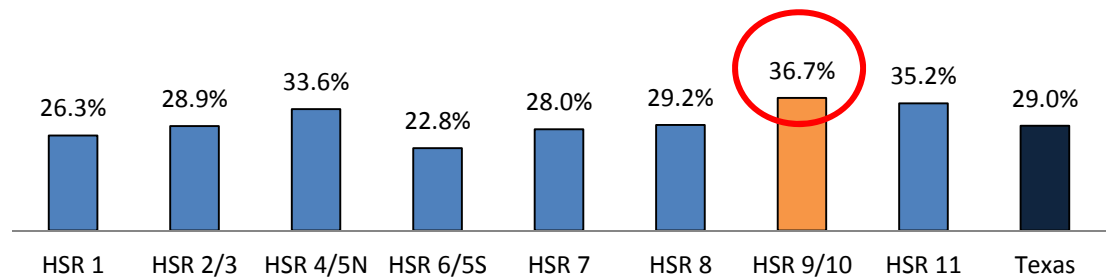
Percent Female Medicare Enrollees with Mammogram in Past 2 Year



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 Mammogram in the Past 2 Years

Percent, Female Adults (age 40+), 2014



HELP WHERE HOSPITALS NEED IT

Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

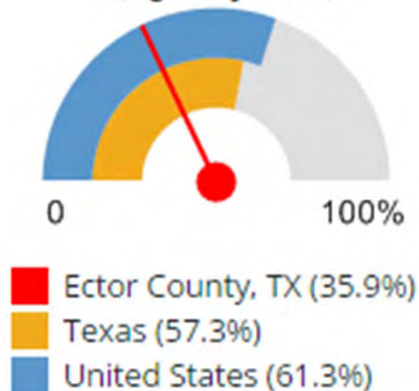
Definition: Females 40 years and older who had a mammogram within the past 2 years

Preventive Care

Screenings - Colonoscopy

- Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have **ever** had a sigmoidoscopy or colonoscopy in Ector County (35.9%) was significantly lower than the state (57.3%) and national rate (61.3%).
- In 2014, the percent of adults (age 50-75) in HSR 9/10 (58.1%) that **did not** have a colonoscopy in the past 10 years was higher than the state (42.6%) as well as all other regions.

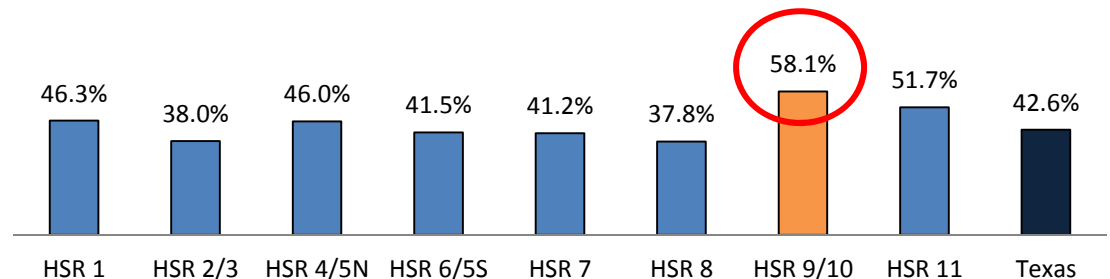
Percent Adults Screened for
Colon Cancer
(Age-Adjusted)



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 Colonoscopy in the Past 10 Years

Percent, Adults (age 50-75), 2014



HELP WHERE HOSPITALS NEED IT

Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Males and females 50-75 years who have not had a colonoscopy in the past 10 years - Used to calculate CRCREC

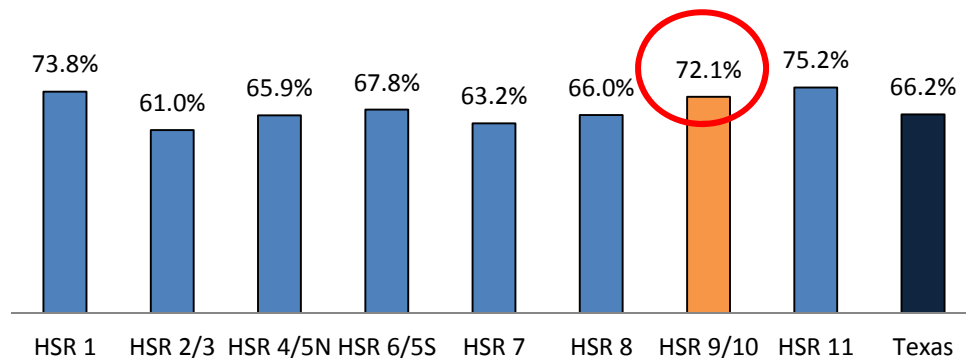
Preventive Care

Immunizations – Influenza Vaccine (18-64 Years)

- In 2014, the percent of adults in HSR 9/10 (72.1%) that **did not** receive a flu shot in the past year was higher than the state (66.2%) and many other regions.
- Between 2012 and 2014, the percent of adults (age 18-64 years) that **did not** receive a flu shot in the past year remained stable in 9/10, while rates in the state steadily decreased.

No Flu Shot in the Past Year

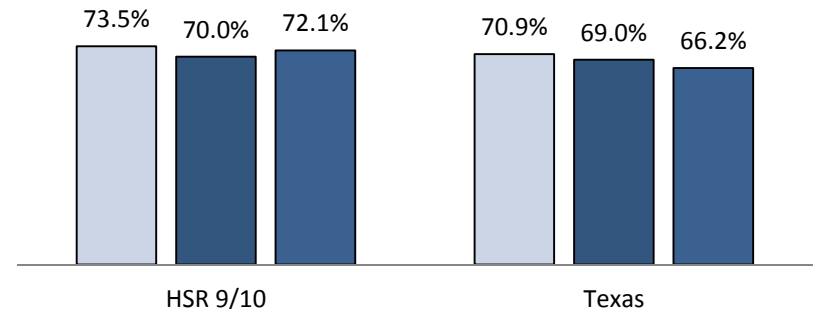
Percent, Adults (age 18-64), 2014



No Flu Shot in the Past Year

Percent, Adults (age 18-64), 2012-2014

□ 2012 ■ 2013 ■ 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
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?

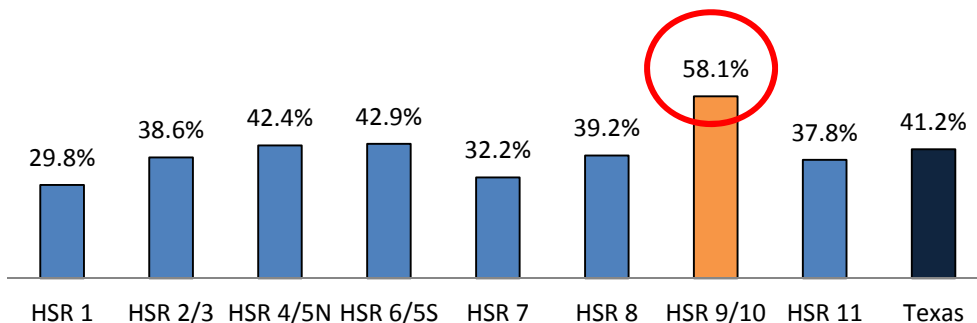
Preventive Care

Immunizations – Influenza Vaccine (65+ Years)

- 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.

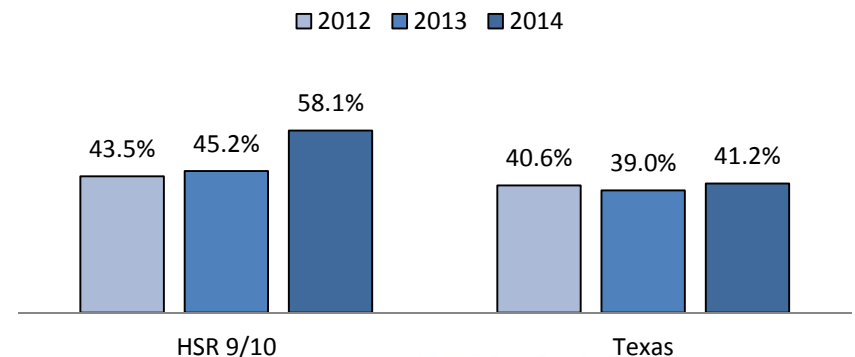
No Flu Shot in the Past Year

Percent, Adults (age 65+), 2014



No Flu Shot in the Past Year

Percent, Adults (age 65+), 2012-2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
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?

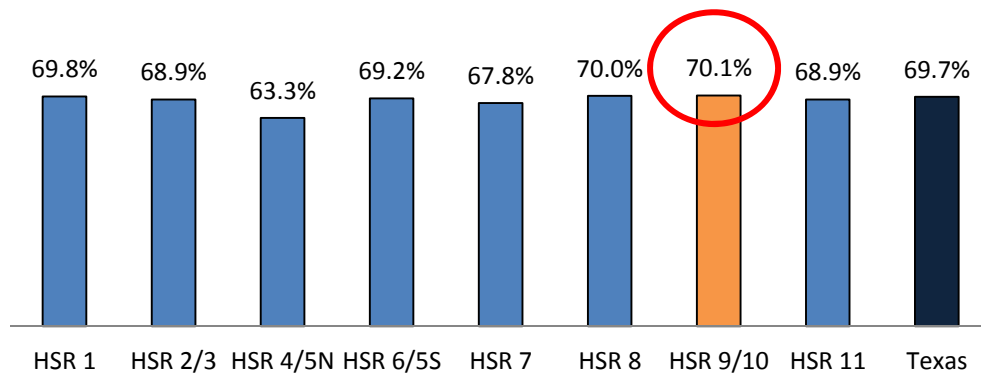
Preventive Care

Immunizations – Pneumococcal Vaccine (18-64 Years)

- In 2014, the percent of adults that had **never** received a pneumonia shot in HSR 9/10 (70.1%) was similar to the state (69.7%).
- Between 2012 and 2014, the percent of adults (age 18-64 years) that reported **never** having received a pneumococcal vaccination in HSR 9/10 and the state remained stable.

No Pneumonia Shot Ever

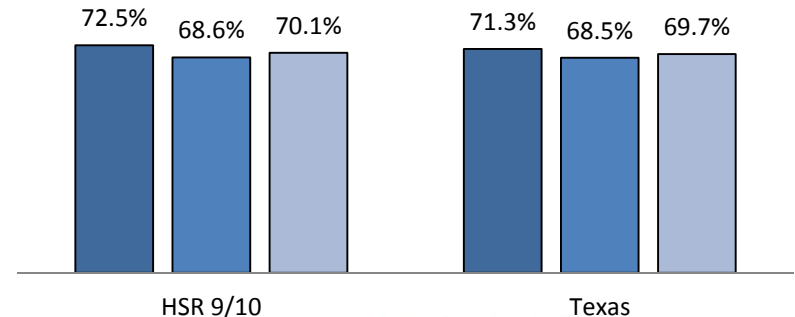
Percent, Adults (age 18-64), 2014



No Pneumonia Shot Ever

Percent, Adults (age 18-64), 2014

■ 2012 ■ 2013 ■ 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Have you ever had a pneumonia shot?

Preventive Care

Immunizations – Pneumococcal Vaccine (65+ Years)

- Between 2006 and 2012, the percent of the population (age 65+) in Ector County (67.6%) that self-reported ever having received the pneumonia vaccine was consistent with the state (67.7%) and national (67.5%) rates.
- In 2014, the percent of adults (age 65+) that had **never** received a pneumonia shot in HSR 9/10 (31.4%) was slightly lower than the state (32.1%).
- Between 2012 and 2014, the percent of adults (age 65+) in HSR 9/10 that had **never** received a pneumonia shot decreased, while the percentage in the state steadily increased.

Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)

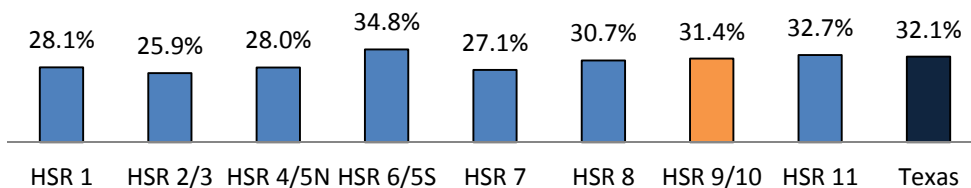


■ Ector County, TX (67.6%)
■ Texas (67.7%)
■ United States (67.5%)

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 Pneumonia Shot Ever

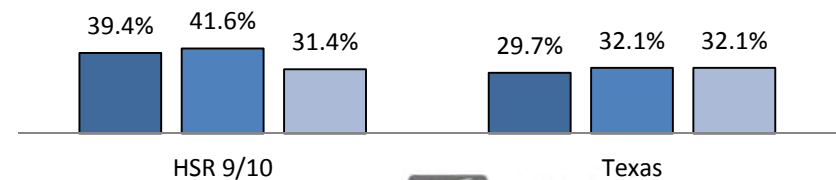
Percent, Adults (age 65+), 2014



No Pneumonia Shot Ever

Percent, Adults (age 65+), 2012-2014

■ 2012 ■ 2013 ■ 2014



Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.

Definition: Have you ever had a pneumonia shot?



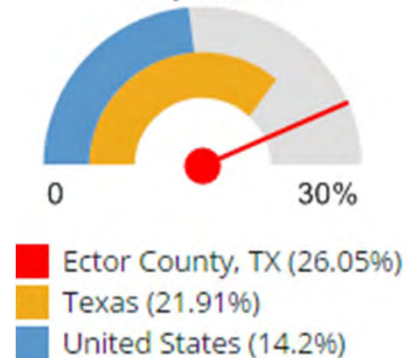
HELP WHERE HOSPITALS NEED IT

Health Care Access

Uninsured

- Between 2010 and 2014, the percent of the population (all ages) in Ector County (26.1%) that were uninsured was higher than the state (21.9%) and national (14.2%) rates.
- As of 2015, Ector County (23.0%) has a significantly higher rate of uninsured adults (age 18-64) as compared to the state (16.0%) and nation (10.7%).
- Ector County experienced a larger decrease in uninsured rates (6.0%) between 2013 and 2015 as compared to Texas (5.3%) and the nation (5.7%).

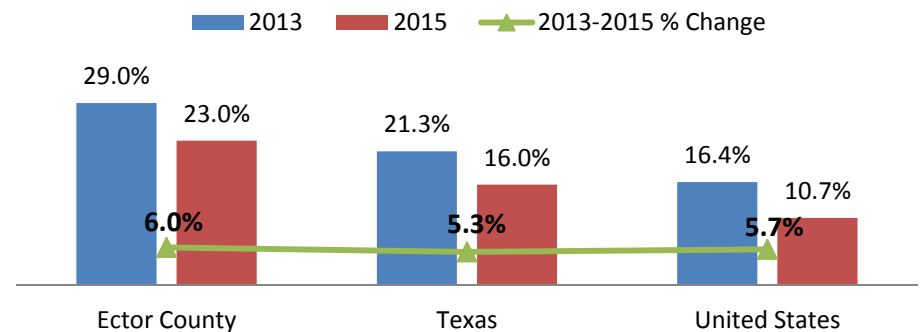
Percent Uninsured Population



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.

Uninsured

Percent, Adults (age 18-64), 2013 & 2015



HELP WHERE HOSPITALS NEED IT

Uninsured

Peer County Rankings

- In comparison to peer counties, Ector County (27.2%) ranked within the least favorable quartile for the percent of adults (under age 65) living without health insurance in 2011, and also ranked above the U.S. median (17.7%).

Uninsured, Ector County
Percent, Adults (under age 65), 2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

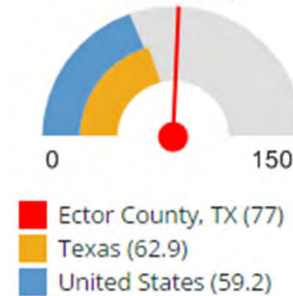
HELP WHERE HOSPITALS NEED IT

Barriers to Care

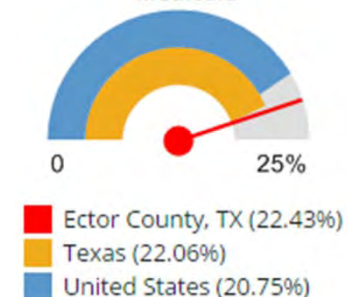
Preventable Hospitalizations and Insurance Coverage - Medicaid

- **Lack of adequate and available primary care resources for patients to access may lead to increased preventable hospitalizations.**
 - In 2012, the rate of preventable hospital events in Ector County (77.0 per 1,000 Medicare Enrollees) was higher than that of the state (62.9 per 1,000) and the nation (59.2 per 1,000).
- **Cost of health care may delay or inhibit patients from seeking preventive care.**
 - Between 2010 and 2014, one-fifth (22.4%) of the insured population in Ector County was receiving Medicaid, which is above the state (22.1%) and national rates (20.8%).

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



Percent of Insured
Population Receiving
Medicaid



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.



HELP WHERE HOSPITALS NEED IT

Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed May 7, 2016.

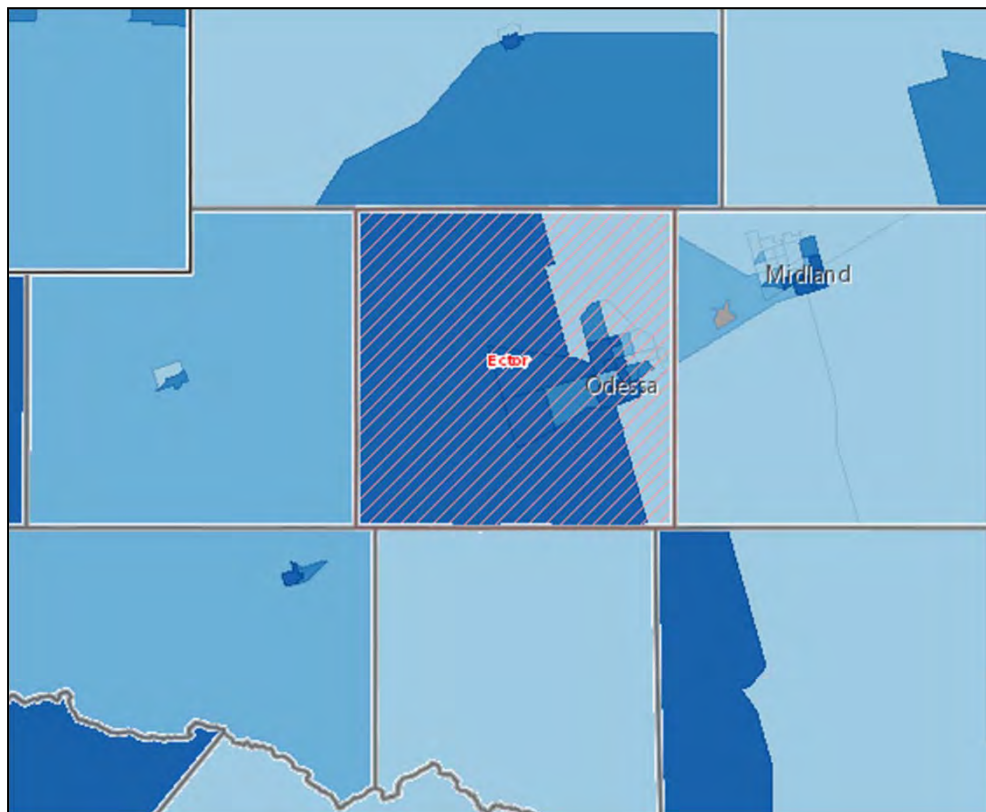
Preventable Hospital Event Definition: Ambulatory Care Sensitive (ACS) conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients.

Population Receiving Medicaid Definition: the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance).

Barriers to Care

Insurance Coverage – Medicaid Continued

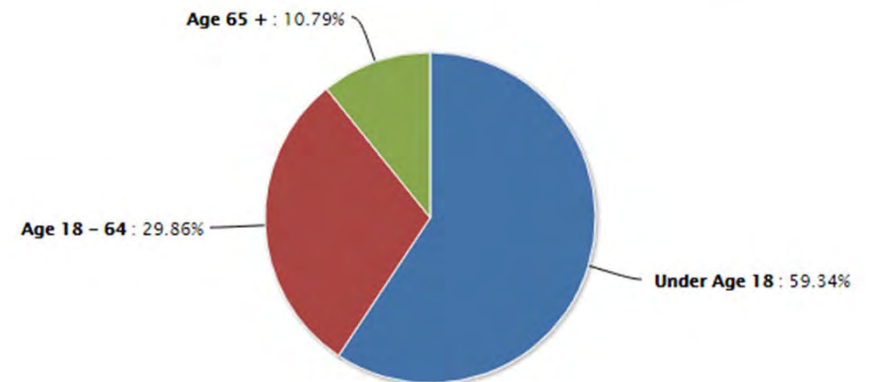
- When breaking down the percent of the insured population that is receiving Medicaid in Ector County (as seen on the previous page), it is important to note that the majority of tracts in Ector County had over 25.0% of its population receiving Medicaid or other means-tested public health insurance (2010-2014).
- The majority of residents in Ector County receiving Medicaid are under age 18 (59.3%), followed by the age 18-64 group (29.9%) and the age 65 and older group (10.8%) (2010-2014).



Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14



Population Receiving Medicaid by Age Group, Total Ector County, TX



HELP WHERE HOSPITALS NEED IT

Source: Community Commons, Health Indicator Report filtered for Ector County, Texas, www.communitycommons.org; data accessed June 22, 2016.

Barriers to Care

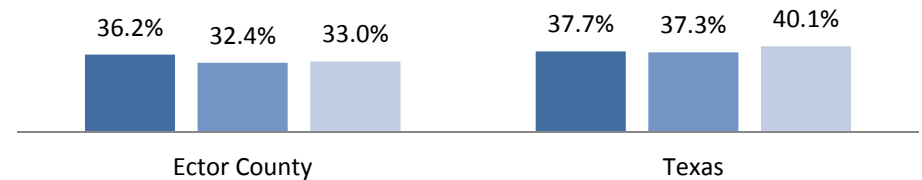
Insurance Coverage - Medicaid Continued

- Between 2012 and 2014, the percent of children (ages 0-18) in Ector County that were enrolled in the Texas Medicaid Program remained lower than the state.
- In 2014, the percent of children (ages 0-18) in Ector County (33.0%) that were enrolled in the Texas Medicaid Program was much lower than the state (40.1%).
- Between 2012 and 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County remained lower than the state.
- In 2014, the percent of children (ages 0-18) enrolled in the Texas CHIP Program in Ector County (3.9%) was lower than the state (5.3%).

Children Enrolled in the Texas Medicaid Program

Percent, Ages 0-18, 2012-2014

■ 2012 ■ 2013 ■ 2014



Children Enrolled in the Texas CHIP Program

Percent, Ages 0-18, 2012-2014

■ 2012 ■ 2013 ■ 2014



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 June 22, 2016

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. As part of the Affordable Care Act, CHIP clients under 133% FPL were moved to Medicaid beginning in January 2014.

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.

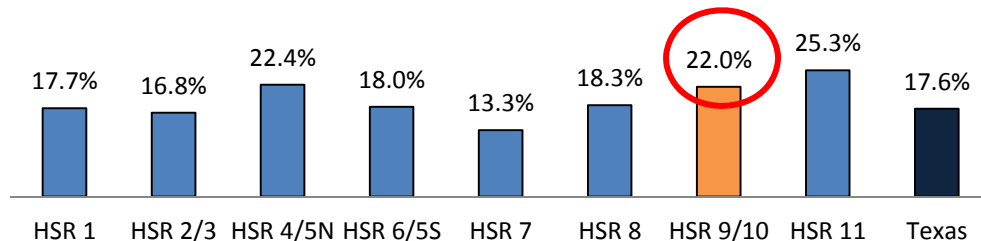
Barriers to Care

Medical Cost Barriers

- 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.
- Between 2012 and 2014, the percent of adults (age 18+) that needed medical care but could not receive it due to cost in both HSR 9/10 and the state decreased.

Medical Cost Barriers

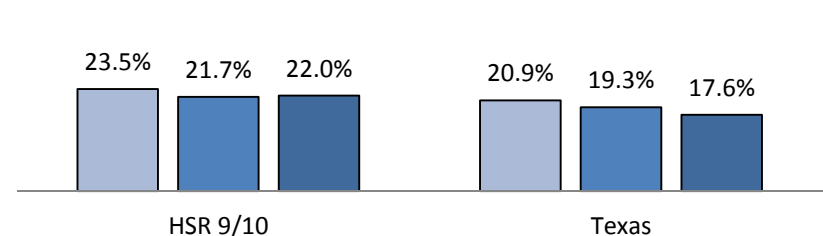
Prevalence Rates, Adults (age 18+), 2014



Medical Cost Barriers

Prevalence Rates, Adults (age 18+), 2012-2014

■ 2012 ■ 2013 ■ 2014



HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
 Definition: Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

Medical Cost Barriers

Peer County Rankings

- In comparison to peer counties, Ector County (25.2%) ranked within the least favorable quartile for the percent of adults (age 18+) who did not see a doctor due to cost between 2006 and 2012, and also ranked above the Healthy People 2020 Target (9.0%) and the U.S. median (15.6%).

Cost Barrier to Care, Ector County
Percent, Adults (age 18+), 2006-2012



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

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



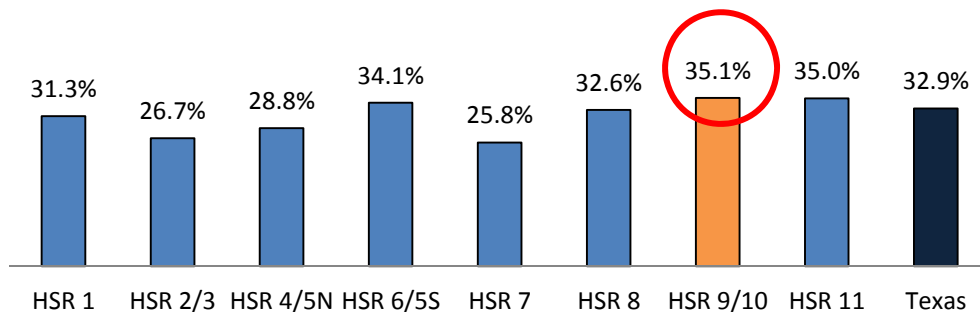
HELP WHERE HOSPITALS NEED IT

Barriers to Care

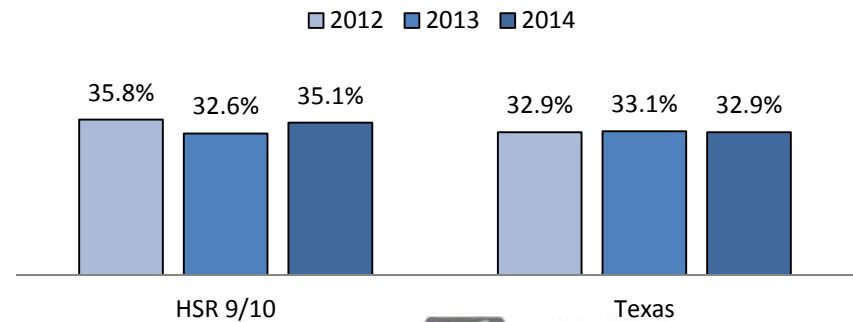
No Personal Doctor

- 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.
- Between 2012 and 2014, the percent of adults in HSR 9/10 that reported **not** having a personal doctor fluctuated, while rates in the state remained steady.

No Personal Doctor
Percent, Adults (age 18+), 2014



No Personal Doctor
Percent, Adults (age 18+), 2012-2014



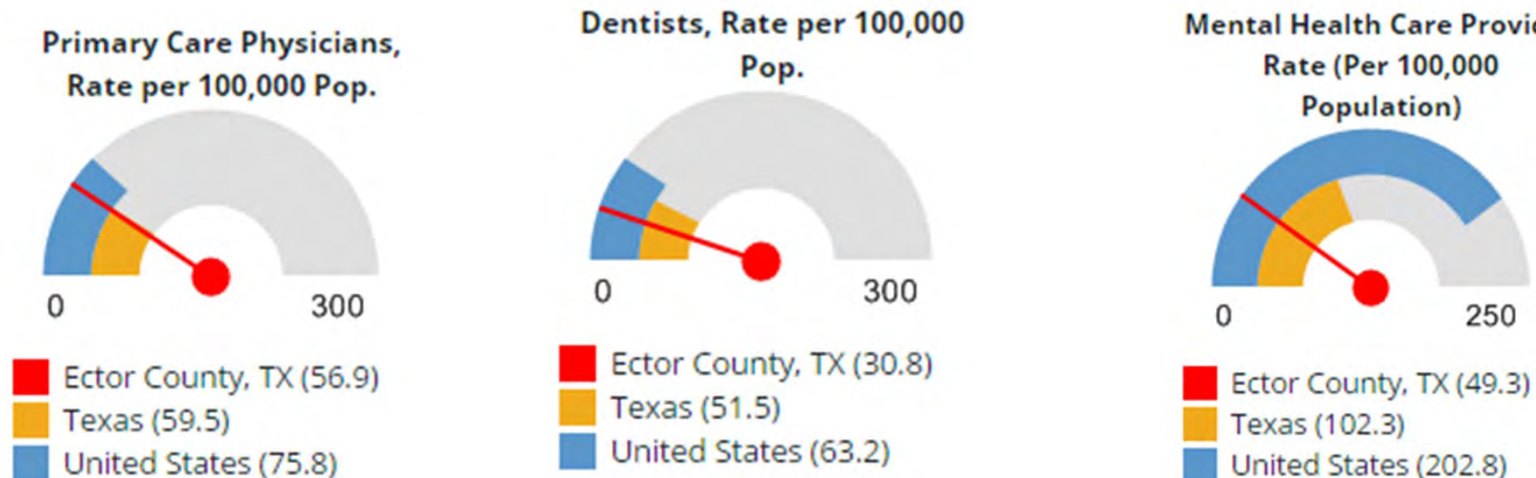
HELP WHERE HOSPITALS NEED IT

Source: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services; data accessed January 6, 2016.
Definition: Do you have one person you think of as your personal doctor or health care provider?

Health Care Access

Providers

- In 2013, the rate of primary care physicians per 100,000 population in Ector County (56.9 per 100,000) was lower than the state (59.5 per 100,000) and the national rates (75.8 per 100,000).
- In 2013, the rate of dental care providers per 100,000 population in Ector County (30.8 per 100,000) was lower than the state (51.5 per 100,000) and national rates (63.2 per 100,000).
- In 2016, the rate of mental health care providers per 100,000 population in Ector County (49.3 per 100,000) was lower than the state (102.3 per 100,000) rate and significantly lower than the national rate (202.8 per 100,000).



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 Ector County, Texas, www.communitycommons.org; data accessed June 22, 2016.

Definition: Doctors classified as "primary care physicians" 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.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

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



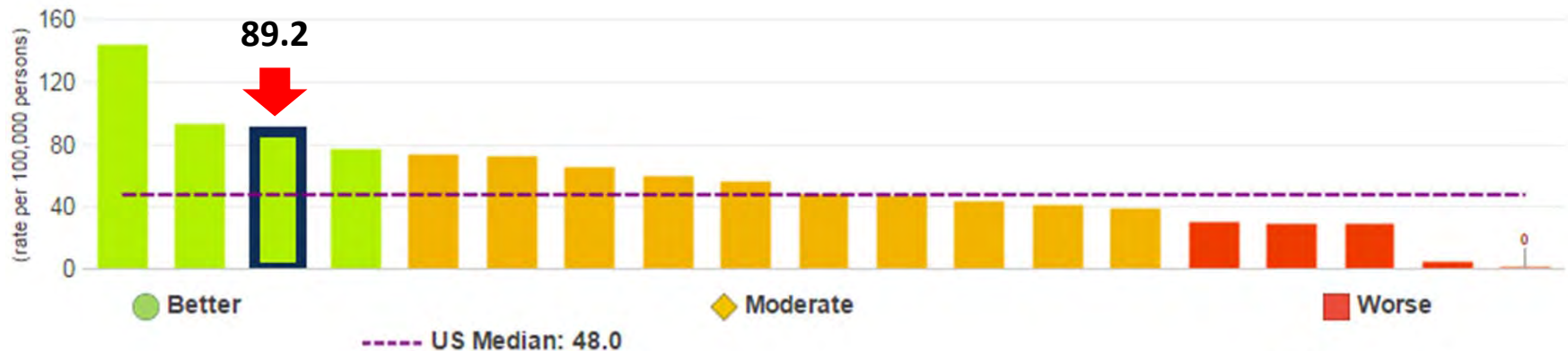
HELP WHERE HOSPITALS NEED IT

Primary Care Provider Access

Peer County Rankings

- In comparison to peer counties, Ector County (89.2 per 100,000) ranked within the most favorable quartile 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).

Primary Care Provider Access, Ector County
Rate per 100,000 Persons, 2011



Source: Centers for Disease Control and Prevention, Community Health Status Indicators, filtered for Ector County, Texas; <http://www.cdc.gov/CommunityHealth/>; data accessed May 7, 2016.

Definition: Primary care physicians are those who identify as practicing general practice, internal medicine, obstetrics and gynecology, or pediatrics.



HELP WHERE HOSPITALS NEED IT

Health Care Access

Medically Underserved Areas / Populations (MUA/P)

- The Index of Medical Underservice (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.

Ector County			
Designation Type	Index of Medical Underservice Score	Designation Date	Update Date
Medically Underserved Area	53.04	05/11/1994	05/11/1994

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed May 8, 2016.

Definition: Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.



HELP WHERE HOSPITALS NEED IT

Health Care Access

Health Professional Shortage Areas (HPSA)

- Health Professional Shortage Area (HPSA) designations are based on general HPSA designation criteria, plus additional criteria and guidelines specific to each of the three types of designations:
 - Primary Care
 - Dental Health
 - Mental Health
- All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation.
- HPSA Scores range from 1 to 26, where the higher the score, the greater the priority for assignment of clinicians.

Ector County				
HPSA Name	Designation Type	Discipline Class	HPSA Score	Update Date
Ector County Hospital District	Federally Qualified Health Center Look A Like	Primary Care	12	09/21/2011
Ector County Hospital District	Federally Qualified Health Center Look A Like	Dental Health	11	09/21/2011
Ector County Hospital District	Federally Qualified Health Center Look A Like	Mental Health	19	09/21/2011

Source: Health Resources and Services Administration, Data Warehouse, <http://datawarehouse.hrsa.gov/>; data accessed May 7, 2016.

Definition: Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low income population) or institutional (comprehensive health center, federally qualified health center or other public facility).



PHONE INTERVIEW FINDINGS



Overview

- Conducted 19 interviews with interviewees identified by representatives at Medical Center Hospital and the Family Health Clinic, 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: Odessa Chamber of Commerce, University of Texas of the Permian Basin, Medical Center Health System Foundation)
- Discussed the health needs of the community, access issues, barriers and issues related to specific populations
- Gathered background information on each interviewee

Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, September 28, 2015 – March 24, 2016



HELP WHERE HOSPITALS NEED IT

Interviewee Information

- **David Boutin:** President, Medical Center Health System Foundation
- **Margaret Burton:** Director, Meals on Wheels
- **Tom Crowe:** Superintendent, Ector County Independent School District
- **Mike George:** President & CEO, Odessa Chamber of Commerce
- **Dr. Sreedevi Godey:** Medical Director, Family Health Clinic
- **Judy Hayes:** Owner, Life and Health Insurance Agency and Board Member, Medical Center Health System
- **Laura Mathew:** Director of Health Services, Ector County Independent School District
- **Richard Morton:** City Manager, City of Odessa
- **David Nelson:** President, Ector County Hospital District
- **Dan O'Hearn:** Physician, ProCare Internal Medicine
- **Tom Pursel:** Executive Director, United Way of Odessa
- **Diana Ruiz:** Director of Population & Community Health, Medical Center Health System
- **Dr. Eileen Sheridan-Shayeb:** Pediatric Director, Family Health Clinic
- **Dr. Greg Shipkey:** Vice Chief of Staff, Basin Emergency Physicians
- **Gino Solla:** Director, Ector County Health Department
- **Willie Taylor:** Workforce CEO, Permian Basin Workforce Board and Board President, Family Health Clinic
- **Erika Thomas:** Executive Director, Odessa Links
- **Ramona Thomas:** Chief Executive Officer, Permian Basin Community Center
- **Dr. David Watts:** President, University of Texas at the Permian Basin

Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, September 28, 2015 – March 24, 2016



HELP WHERE HOSPITALS NEED IT

Interviewee Characteristics

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

5.3%

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

63.2%

- Community leaders (ex: Odessa Chamber of Commerce, University of Texas of the Permian Basin, Medical Center Health System Foundation)

31.5%



Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, September 28, 2015 – March 24, 2016

HELP WHERE HOSPITALS NEED IT

Community Need Summary

- Interviewees discussed the following as the most significant health issues:
 - Overall Access Barriers
 - Affordability of Care
 - Insurance Coverage
 - Language
 - Access to Primary Care Services
 - Access to Mental and Behavioral Health Care
 - Child and Adolescent Health
 - Lack of Elderly Care
 - Transient Populations
 - Prevalence of Chronic Conditions and Need for Preventive Care
 - Fragmented Continuum of Care



Overall Access Barriers

Affordability of Care

- The majority of interviewees noted that while there is access to high quality services in the area, health care costs may inhibit residents from seeking care.
- Interviewees overwhelmingly agreed that poverty was a major determinant of health status in Ector County, and many discussed affordability and cost barriers as major concerns.
- Interviewees emphasized the disproportionate medical cost barrier upon the low income and working poor groups in the area, that may exacerbate adverse health outcomes for those subpopulations.
- Two interviewees mentioned that some parents avoid taking their child in for care due to the cost of health care services.
- A few interviewees noted that the lack of options in the area for low income residents leads to overcrowding in the Emergency Room.

“For folks who can afford to pay, [health care] services are adequate. For the impoverished folks, they are inaccessible.”

“[The working poor] are working hard or do have health insurance but the deductible is so high and they can’t afford it.”

“Lower income individuals either for fear of not being able to pay for it, or lack of knowledge that they can go seek medical attention, may put off [seeking care] for what they feel is lesser illnesses which could lead to greater illness.”

“Some people don’t even believe in having a medical home. We face that all the time with kids, their parents don’t want to take them to get treated because it’s so expensive.”

“Overutilization of ER is due to a lack of alternatives for low income people.”



HELP WHERE HOSPITALS NEED IT

Overall Access Barriers Continued

Insurance Coverage

- Interviewees raised concern surrounding the higher rates of uninsured residents in Ector County.
- Many interviewees noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers.
- Interviewees agreed that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home.
- A few interviewees mentioned that those without insurance tend to delay seeking care, which may put them at risk for an adverse health event or outcome.
- One interviewee emphasized the fact that specialty care is inaccessible for those who are uninsured, unable to pay, or self-pay.

“We are one of the counties that have the highest rate of uninsured populations in the state of Texas.”

“If you know how to use the health system and you have insurance, you can be well taken care of in this community.”

“We have a very large undocumented population. So, they use ER care as opposed to primary care and to use the health system as designed. There’s just so much indigent health care.”

“If you don’t have insurance, you’re going to put off going or taking your child [to the doctor’s office]. People are putting off seeking medical care because they don’t have insurance.”

“Very, very few specialists are willing to take uninsured, unfunded, or even self pay.”

Overall Access Barriers Continued

Language

- The vast majority of interviewees mentioned that significant language barriers exist in the community that disproportionately affect non-English speaking residents.
- Many interviewees noted that there is a particularly large Hispanic population in the area that does not speak English, and that there are limited bilingual providers in the area to address the existing language barriers.
- A few interviewees agreed that there is an education barrier associated with the existing language barrier, and that causes the non-English speaking populations to be disproportionately challenged by a lack of awareness of existing health care resources.
- One interviewee mentioned that the language and education barriers that exist may cause the Hispanic population to utilize the Emergency Room as their primary care provider due to lack of awareness or understanding of services.

“Due to quite a bit of the population being Hispanic and speaking only one language that is not English, the inability to communicate well enough to access the medical system within our community [is a challenge].”

“We have language or education barriers. We have a large amount of Hispanic families. Everything has to be in English and in Spanish. Kids can speak English, but their parents cannot.”

“We have a large population of Indian doctors and Anglo doctors, but we have a large population of Mexican immigrants that don’t speak English, so it’s hard to provide services to that population.”

“The Hispanic population in particular uses the Emergency Room instead of having their own personal physician. For anything that comes up, they do that.”



HELP WHERE HOSPITALS NEED IT

Access to Primary Care Services

- Interviewees in Ector County believe that primary care providers currently located within their communities are the highest quality, but that while the number of providers has increased, it has not grown to meet the needs of the growing population.
- Interviewees expressed concern over the lack of primary care services for low/middle income and Medicaid population families, which causes them to struggle with establishing a medical home.
- Many interviewees mentioned that, regardless of insurance coverage, it is difficult to make an appointment because providers are booked up – which leads to longer wait times that may cause residents to resort to the Emergency Room for care.
- A few interviewees mentioned that there is a lack of primary care clinics in the area that are open extended or weekend hours, which may contribute to the overuse of the Emergency Room.
- One interviewee raised concern regarding the number of primary care providers in the area that are approaching retirement age.

“In the past few years, there has been more availability and more providers, but less availability from a patient’s point of view. The number of providers has not matched up to the growing community.”

“The poor in general, if they don’t have Medicaid then they struggle with finding a provider.”

“Even when they have insurance, they can’t get in to see anyone because everyone’s booked up.”

“All clinics close down early in the evening and if you or your child gets sick late at night, the only place to go is the emergency room.”

“The biggest struggle we’ll have over the next few years is that there are a lot of doctors my age who are soon to retire.”



HELP WHERE HOSPITALS NEED IT

Access to Mental and Behavioral Health Care

- The majority of interviewees agreed that mental and behavioral health services are significantly lacking in Ector County.
- A few interviewees mentioned that the lack of mental health services disproportionately affects the youth population, particularly due to difficulty in making appointments and lack of child psychiatrists in the area.
- The lack of services in the area tends to result in referring patients out of the county for mental health care.
- One interviewee emphasized the stigma associated with seeking mental health services as a significant challenge in the community that is exacerbated by the lack of facilities and services.

“We need a lot more. There just isn’t enough funding. The two problems are (1) funding and (2) lack of providers. It is almost impossible to have psychiatrists come to the Permian Basin.”

“We have very few mental health services and providers, and a lot of them are exclusively geared towards private pay insurance type patients.”

“We have no child psychiatrists at MHMR. We have 2 private practice ones here, but they are booked up.”

“Adults can manage to get something, but children can’t at all.”

“If we have to discharge a patient for mental health reasons, we have to send them to San Angelo.”

“It is the stigma of mental illness and addiction problems. Need to address them early on, and there is nowhere for them to turn.”



HELP WHERE HOSPITALS NEED IT

Child and Adolescent Health

- The vast majority of interviewees raised concern surrounding the lack of emphasis on child and adolescent health needs.
- Many of the interviewees noted the higher poverty rates as disproportionately affecting children, and a need to emphasize the importance of preventive care and medication management for children within low income families.
- A few interviewees mentioned a lack of Pediatricians in the community that limits children in their options for seeking health care.
- Three interviewees discussed the lack of pediatric specialists in the community, which disproportionately affects children with diabetes or asthma.

“Ector County has a large proportion of the population that is defined as impoverished, and this disproportionately affects children and their families.”

“We don’t have enough parents who understand how important it is for them and their children to take their medications or seek preventive care.”

“We struggle with the youth population. We don’t have nearly enough pediatricians, and a lot of people just don’t want to take care of kids here.”

“We have a good number of walk in clinics and some pediatricians or family doctors, but it’s very difficult for parents with special needs children or diabetic children or asthmatic children to get access to specialists.”

Child and Adolescent Health Continued

- Many of the interviewees raised concern surrounding the significantly higher rates of teen pregnancy and sexually transmitted infections in the community, as well as a need for sexual education for youth and parenting education for young parents.
- A few interviewees mentioned the need for emphasis on the importance of prenatal care due to the higher rates of teen pregnancy.
- One interviewee noted that teen pregnancy has become somewhat normalized in the area, and that residents tend to celebrate young pregnancies.

“There is a need for health education for the younger population, including health impact.”

“[We need] education of young parents on health issues.”

“Prenatal Care [is a need]. We have a tremendous problem with young girls and pregnancy. Along that line, we have a real problem with sexually transmitted diseases.”

“Teen pregnancy is a huge issue here...we have a lot of STDs here.”

“How do we change the culture to stop teen pregnancies and STDs? We have one of the worst teen pregnancy rates and rates of STDs in the nation. People celebrate 14 year old pregnancies.”

Lack of Elderly Care

- The majority of interviewees raised concern surrounding the unmet needs of the elderly population in Ector County.
- Many interviewees mentioned that the aging population is calling for an increased emphasis on elderly residents, including improvements within post acute care and follow up care as well as family involvement.
- A few interviewees mentioned the lack of health care options for the lower income elderly populations as a concern in the community.
- One interviewee mentioned that primary care services are more inaccessible for the elderly population living within nursing homes or assisted living facilities.

“Our population is aging. We do not have a lot of geriatrics expertise, that is an underserved area.”

“We need to improve our post acute care, which means dealing with the elderly. Being able to make sure that when they leave the hospital, the quality of care they’re going to get is thorough.”

“The elderly are in need of adults to help their aging process. They need help getting to places, and someone for home care if they are dependent.”

“We have several nursing homes but they’re not necessarily adequate or affordable for lower income individuals.”

“Access to primary care is more difficult for those who are in nursing homes and assisted living facilities. I have serious concerns about for the elderly, they are always more vulnerable.”



HELP WHERE HOSPITALS NEED IT

Transient Populations

- The majority of interviewees raised concern surrounding the transient populations associated with oil booms and oil busts.
- Many interviewees mentioned longer wait times and difficulty making appointments with providers due to the influx of residents into the community.
- Interviewees discussed the oil field workers that may not have insurance coverage and tend to overcrowd the Emergency Room due to a lack of preventive care and a lack of a medical home.
- One interviewee noted the negative impact of oil booms and busts on the county, specifically with relation to unemployment rates and socioeconomic status, and suggested increasing the number of Federally Qualified Health Centers (FQHCs) in the area to address transient families that cannot afford care.

“Risky behaviors of the very mobile community population [are concerning]. The mobile population comes in and out and moves with the oil fields, and they don’t take a permanent stake here in the community.”

“With the influx of residents over the last 5 years, there’s long periods of time before you can get in to see a provider.”

“We have a lot of transient workers in the oil field that may or may not have access [to care].”

“[The mobile residents] only go to a doctor when it’s absolutely necessary and since they don’t have a PCP, they just go to the ER.”

“Lots of people have lost jobs recently...we need something else that would maintain us through those hard oil bust times. Maybe more FQHCs, it just has to mean more access especially for families who can’t put out that money.”



HELP WHERE HOSPITALS NEED IT

Prevalence of Chronic Conditions and Need for Preventive Care

- The vast majority of interviewees stated that if they were king or queen for a day in Ector County, they would place an increased emphasis on healthy lifestyle education.
- Interviewees overwhelmingly agreed that participation in unhealthy behaviors, such as physical inactivity and poor diet, contribute to the higher rates of chronic conditions and diseases in the community.
- Many interviewees recommended increased emphasis on preventive care for specific populations, such as the Hispanic, youth, and low income populations, that may have limited access and may be more at risk of unhealthy lifestyles.
- A few interviewees noted that the Hispanic population is more at risk of diabetes and its associated health consequences.

“People just don’t care about health education.”

“One of the big issues is the lack of activity surrounding community member health. Not enough physical activity, not enough community action.”

“We have terrible physical fitness here and people are dying of heart attacks and obesity because they just won’t get out and exercise.”

“We need general health education, there is lots of room for improvement. Lots of obesity. Lots of diabetes. Lots of inactivity. Lots of drug and alcohol abuse. Lots of teen pregnancy. So, all encompassing education.”

“Low income and Hispanic groups are most at risk for unhealthy lifestyles.”

“We have higher than normal childhood obesity rates. So that just carries on. That’s just a cycle of residents that we have that end up being really unhealthy, chronically ill adults.”



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Fragmented Continuum of Care

- Many interviewees emphasized the need for more coordinated care across facilities to better address the needs of the community.
- Interviewees noted the need for emphasis on the importance of a medical home, and educating the population that utilizes walk in clinics and the Emergency Room as their primary care provider on the benefits of establishing a medical home.
- A few interviewees mentioned the lack of collaboration between hospitals in the area is a barrier towards comprehensive care, and that greater coordination between the two entities could greatly benefit the population.
- One interviewee noted that the lack of communication between inpatient and outpatient providers is a concern in the area and inhibits high quality, patient-centered care.

“It’s fragmented care if you only use a walk in clinic. That’s not a medical home. But some people don’t even believe in having a medical home.”

“Even going to a walk in clinic is okay for that moment, but not for the long haul. They don’t understand or care about the concept of a medical home.”

“It really comes down to the system being a system, not a hospital. We need a mindset towards community health care instead of hospital proceeds.”

“The problem is that the inpatient providers don’t really see the importance of communicating with the outpatient providers, which is a huge barrier to good care.”

Health Disparities Across Populations

- Interviewees expressed concern surrounding the health disparities that disproportionately affect specific populations, including:

- **Children and Adolescents**

- Health Education
- Teen Pregnancy
- Sexually Transmitted Infections

- **Elderly**

- Lack of Understanding / Awareness
- Need for Assistance
- Lack of Affordable Resources and Facilities

- **Hispanic**

- Language Barriers
- Lack of a Medical Home
- Diabetes / Obesity

- **Homeless**

- Lack of Assistance
- Limited Resources / Facilities in the Community

- **Low Income/Working Poor**

- Lack of a Medical Home
- Lack of Funding Source / High Deductibles
- Diabetes / Obesity

- **Transient Population**

- Unhealthy Lifestyle Behaviors
- Lack of a Medical Home
- Lack of Awareness of Existing Resources

- **Uninsured**

- Lack of a Medical Home
- Lack of Funding Source / High Deductibles
- Lack of Awareness of Existing Resources



ADDITIONAL COMMUNITY INPUT: FAMILY HEALTH CLINIC SURVEY SUMMARY



Clinic Survey Background

- Medical Center Health System's Family Health Clinic (FHC) paper survey conducted from January 29, 2016 – February 26, 2016 at the following clinic location:
 - Family Health Clinic – Clements: 840 West Clements St.
- Provided to patients at check out
- 3 question survey conducted in English and Spanish
 - Location of care
 - Problems seeing a doctor
 - Likelihood of returning to clinic(s)
- Collected 304 surveys which is 18.2% of patient seen in the clinics during that time (total of 1,673 patients seen)
 - 60.2% responded to survey in English
 - 39.8% responded to survey in Spanish

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016
Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

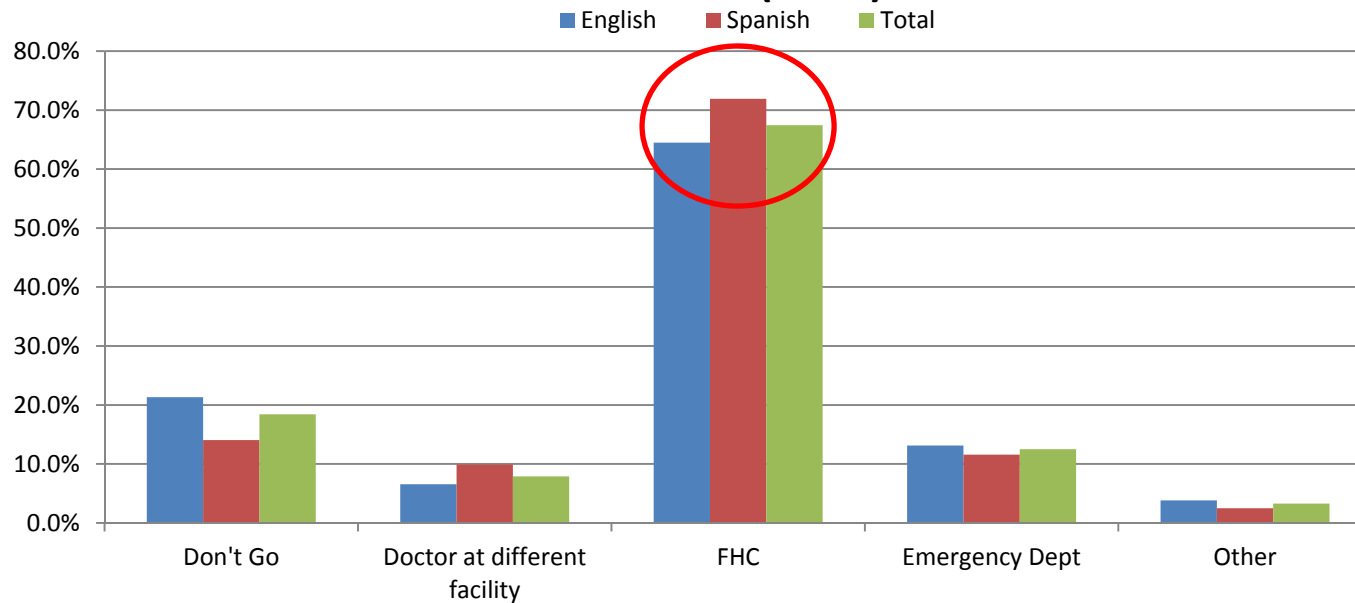


HELP WHERE HOSPITALS NEED IT

Location of Care

- 67.4% of total respondents (205 of 304) usually receive care at FHC
 - Of those that responded in Spanish, 71.9% (87 of 121) usually receive care at FHC
- 12.5% of respondents (38 of 304) use the emergency department

Where do you usually go when you're sick or need to see a doctor? (2016)



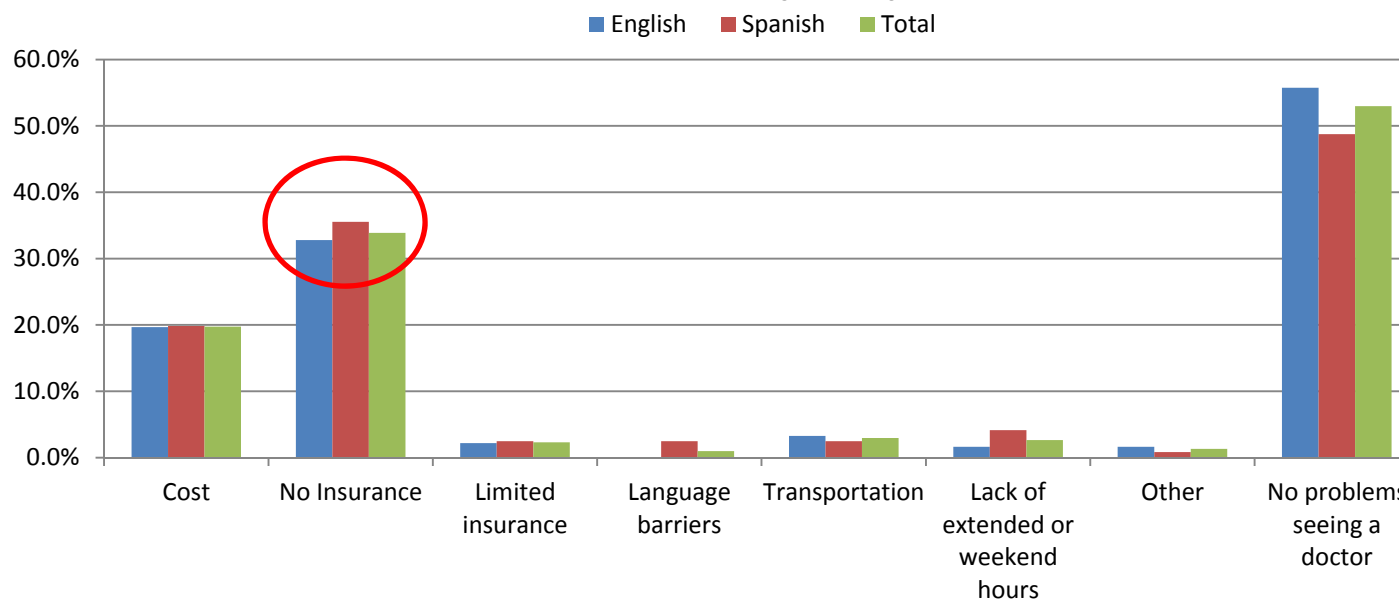
Note: Respondents selected multiple responses. Percentages do not total 100%; n – 304; responses – 333.

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016
Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

Barriers Seeing a Doctor

- 63.8% of respondents have problems seeing a doctor and cite:
 - No insurance/ Limited insurance – 36.2% (110 of 304)
 - Cost – 19.7% (60 of 304)

Do you or does anyone in your family have problems seeing a doctor? (2016)



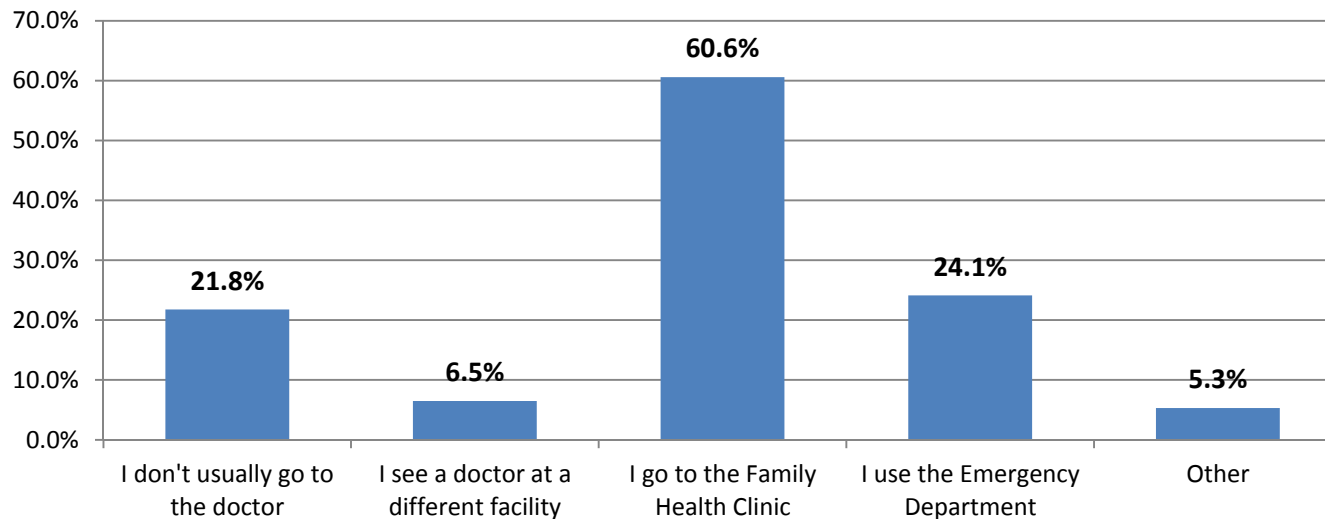
Note: Respondents selected multiple responses. Percentages do not total 100%; n – 304; responses – 355.

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016
 Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

Barriers Seeing a Doctor and Location of Care

- 55.9% (170 of 304) of respondents cited cost and no or limited insurance as barriers to seeing a doctor
 - Of those, 60.6% (103 of 170) go to FHC
 - Another 45.9% (78 of 170) usually don't go to the doctor or use the ER

Health Care Location for Respondents Citing Cost and Insurance Barriers



Note: Respondents selected multiple responses. Percentages do not total 100%; n – 304

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016

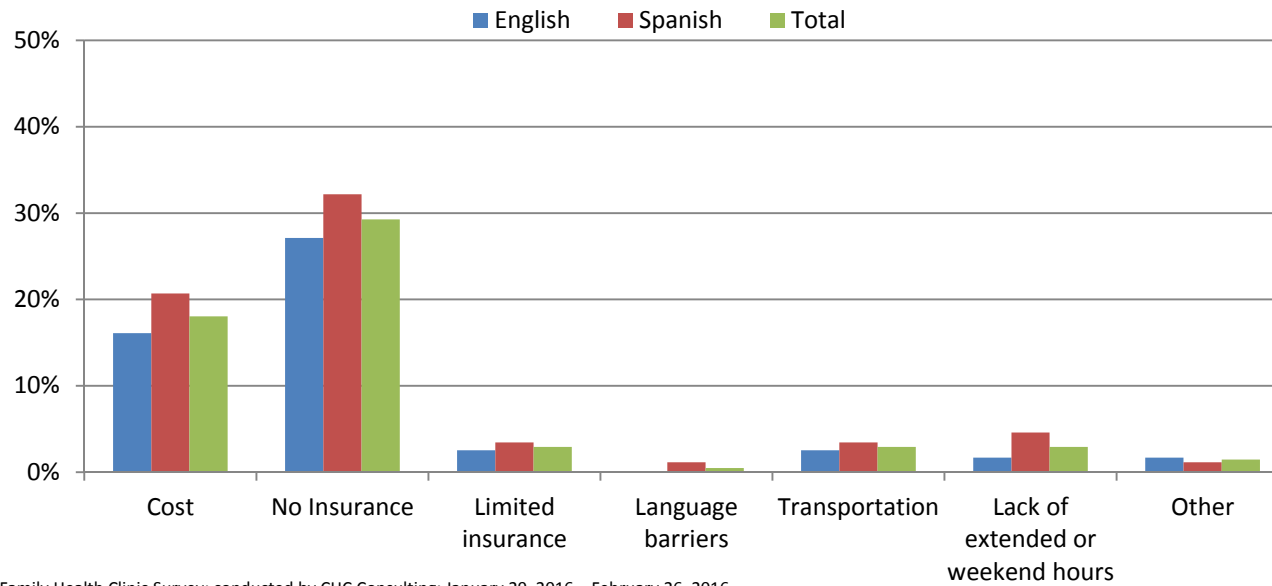
Chart definition – Respondents who selected “Cost,” “No insurance,” or “Limited insurance,” for the question asking “Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?” and the associated response to “Where do you usually go when you’re sick or need to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

Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

Barriers Seeing a Doctor for FHC Patients

- 67.4% of total respondents (205 of 304) usually go to FHC when they are sick
 - Of those, a slightly larger percentage of respondents using Spanish report a lack of insurance as the biggest barrier

FHC Patient Barriers With Seeing a Doctor



Note: Respondents selected multiple responses. Percentages do not total 100%; n – 304

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016

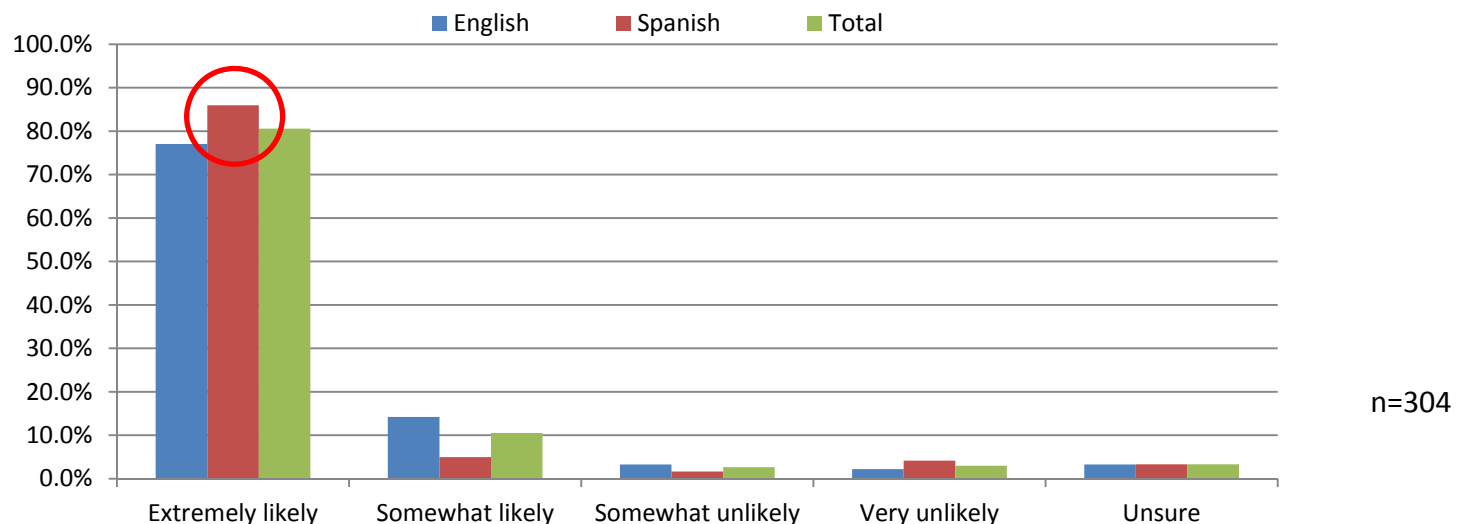
Chart definition - Respondents who selected "I go to the Family Health Clinic" for the question asking "Where do you usually go when you're sick or need to see a doctor?" and the associated response to "Do you or does anyone in your family (parent, sibling, child, etc.) have problems seeing a doctor?"

Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

Likelihood of Returning to FHC

- 91.1% (277 of 304) of respondents are “Extremely likely” or “Somewhat likely” to return
 - 86.0% (104 of 304) of Spanish respondents are “Extremely likely” to return
- 3.3% (10 of 304) are unsure if they will return
 - Reasons range from wait time to cost
- Many comments around the quality care and timely service provided at FHC

How likely are you to come to FHC next time you're sick or need to see a doctor? (2016)



Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016
Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.

Likelihood of Returning to FHC

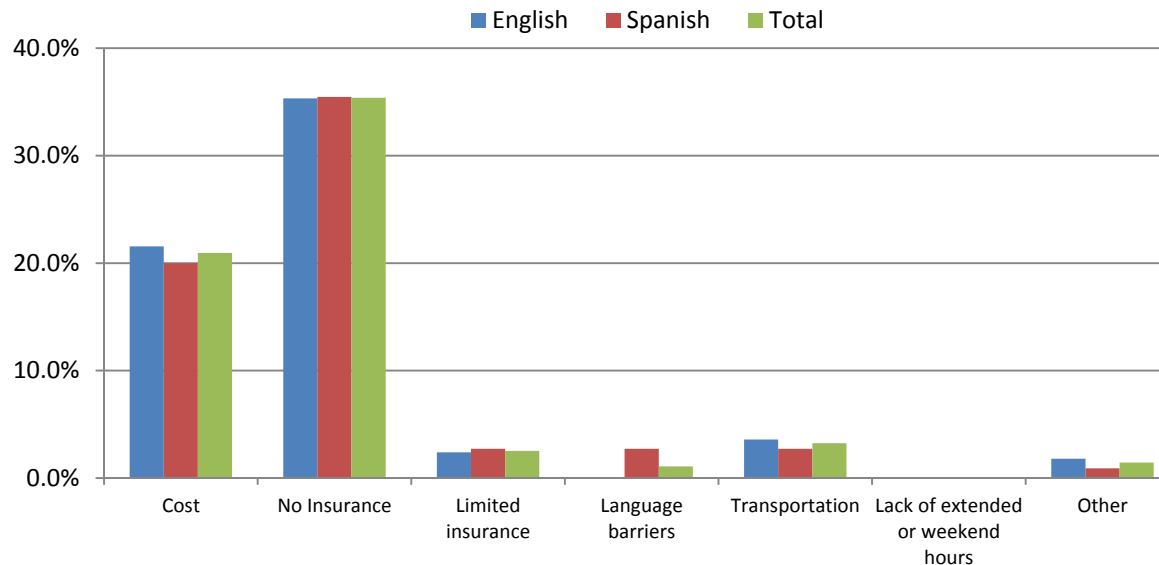
(Continued)

- Opportunity to educate community on the affordability of services as a few respondents are unaware
 - “Vision is very expensive even if you have insurance.”
 - “Because I don’t have medical insurance.”
 - “Need to get more familiar with services available and cost for visits.”

Problems Seeing a Doctor Among Those Likely to Return to FHC

- Among those respondents “Extremely likely” or “Somewhat likely” to return to FHC, cost and lack of insurance are the most significant barriers cited by respondents
 - Percentages slightly higher among those responding in English

Barriers Among Respondents Most Likely to Return to FHC



Note: Respondents selected multiple responses. Percentages do not total 100%; n – 304

Source: Medical Center Health System, Family Health Clinic Survey; conducted by CHC Consulting; January 29, 2016 – February 26, 2016

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

Note: Clinic survey conducted at the 840 West Clements Street location, which is the busier of the two clinic locations.



2016 PRELIMINARY HEALTH NEEDS



2016 Preliminary Health Needs

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



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PRIORITIZATION



The Prioritization Process

- On May 26, 2016, leadership from Medical Center Hospital and the Family Health Clinic met with Community Hospital 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.



HELP WHERE HOSPITALS NEED IT

The Prioritization Process

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

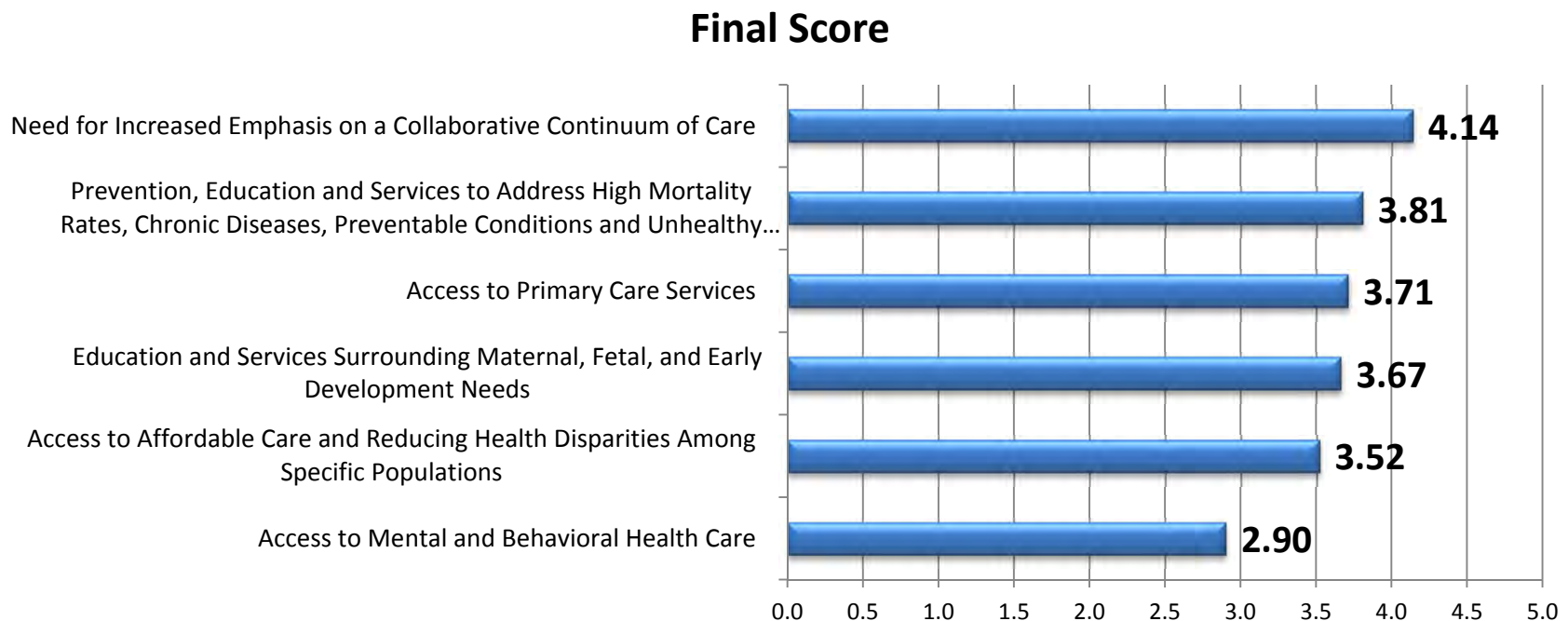
1. Size and Prevalence of the Issue
<ul style="list-style-type: none"> a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none"> a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. MCH and FHC Capacity
<ul style="list-style-type: none"> a. Are people at MCH and FHC 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)



HELP WHERE HOSPITALS NEED IT

Health Needs Ranking

- CHNA Team ranked the six significant health needs based on the three factors discussed, resulting in the following list (in descending order):



Final Priorities

- Clinic leadership decided to address five of the six ranked health needs. The final health priorities that FHC will address through its Implementation Plan are, in descending order:
 1. Need for Increased Emphasis on a Collaborative Continuum of Care
 2. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
 3. Access to Primary Care Services
 4. Education and Services Surrounding Maternal, Fetal, and Early Development Needs
 5. Access to Affordable Care and Reducing Health Disparities Among Specific Populations



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PRIORITIES THAT WILL NOT BE ADDRESSED



Needs That Will Not Be Addressed

- FHC is a FQHC Look-Alike within the Medical Center Health System. Based on FHC's status as a FQHC Look-Alike, the clinic has focused its capabilities on addressing the needs of this particular market. Therefore, "Access to Mental and Behavioral Health Care" is not directly addressed in the clinic's implementation plan.
- Mental health services are not core business functions of the clinic. Clinic leadership felt that resources and efforts would be better spent addressing the top five prioritized needs.



HELP WHERE HOSPITALS NEED IT



RESOURCES IN THE COMMUNITY





Additional Resources in the Community

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



HELP WHERE HOSPITALS NEED IT



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 most significant information gap exists within this assessment’s ability to capture various county-level health data indicators, including arthritis, binge drinking, immunization rates, cost barriers to care, and access to a personal doctor. Data for these indicators are reported at the Health Service Region level.



HELP WHERE HOSPITALS NEED IT

List of Services in Ector County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
211	Odessa	-	-	-	-	211	www.211texas.org	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.
Agape Counseling Services of West Texas	Odessa/Midland	1416 N. Texas Ave.	Odessa	TX	79761	432-550-LOVE (5683) or 432-818-1275	www.agapewesttexas.com	The mission of Agape is to empower individuals, families, churches and communities by promoting wellness through counseling, education, consultation, and mediation from a Christian perspective.
Agape Dream Center FreedomHouse	Odessa	1618 E Murphy	Odessa	TX	79761	432-337-1745	http://www.agapedreamcenter.com	Freedom House Discipleship is an intense Twelve-Month program that is designed to help individuals who are just being released from prison/jail and those struggling with drug addiction who have attempted to make it on the streets with no success.
The Alpha Center	Odessa	1205 W. University Blvd.	Odessa	TX	79764	432-614-5720	www.tacpb.org	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.

List of Services in Ector County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Alternative Solutions Counseling	Odessa	2458 E. 11th	Odessa	TX	79761	432-582-2444	www.alternativelivesolutionscounseling.com	Alternative Life Solutions Counseling seeks to help individuals find an alternative solution and new directions in life's daily struggles.
American Cancer Society	Odessa/Midland	2304 W. Wadley Ave.	Midland	TX	79705	432-683-6374	www.cancer.org/	Provides health and referral services and transportation assistance to those suffering from or at risk of cancer.
American Heart & Stroke Association	Permian Basin	2807 Emerson Ln	Midland	TX	79705	432-349-0397	permianbasinored.heart.org	Cardiovascular disease is the nation's number one killer. Since 1924, we have been working to keep you, your loved ones and your community safe from heart disease and stroke. Find out more about our efforts through education, support, research and advocacy.
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 432-210-3716 (Disaster program 24hr hotline)	http://www.redcross.org/tx/midland	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.

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Basin Detox	West Texas					800-317-7818	www.basindetox.com	Provide a comfortable and safe medical detoxification to alleviate the withdrawal symptoms and the anxieties while having to go through detox.
Beth Desilets, LPC-S, RPT	Odessa	1901 E. 37th St. Ste. 107	Odessa	TX	79762	432-333-3667	bethdesilets.com	Counseling services for adults, adolescents, and children. Registered play therapist.
Birthright of Odessa	Odessa	2125 E. 42nd St.	Odessa	TX	79762	432-332-0081 1-800-550-4900 (Helpline)	http://birthright.org/en/landingspage/lp-odessa	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. Also assist in providing diapers and baby clothing.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Boys and Girls Club of the Permian Basin - Odessa	Odessa	800 East 13th Street	Odessa	TX	79761	432-337-8389	http://www.odessabgc.com/	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	http://www.buffalotrailbsa.org/	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.
Cal Farley's Boys Ranch and Girlstown, USA	Texas	PO Box 1890	Amarillo	TX	79174-0001	800-687-3722	www.calfarley.org	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.

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Camp Fire USA West TX Council	West Texas	P.O. Box 50988	Midland	TX	79710-0988	432-570-4144	http://campfirewtx.org/	<p>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.</p>
CASA of the Permian Basin Area	Ector, Crane, Loving, Ward and Winkler Counties	300 N. Grant, Ste. 207	Odessa	TX	79761	432-498-4174	http://www.casapba.org/	<p>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.</p>
Catholic Charities	Ector County	2500 Andrews Highway	Odessa	TX	79761	432-332-1387	http://www.catholiccharitiesodessatx.org/	<p>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.</p>

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Centers for Children and Families (Centers)	West Texas	1004 N. Big Spring St, Ste. 325	Midland	TX	79701	432-570-1084	http://www.centerswesttexas.org/	Centers for Children and Families exists to improve quality of life and strengthen the communities we serve through counseling, educational and supportive services. Services include general counseling, military support, post-adoption support, parent education classes and supervised visitations.
Central Plains Center	Texas	2700 Yonkers	Plainview	TX	79072	1-806-293-2636	http://centralplains.org	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.
Choiceworks Counseling	Odessa	1406 N. Grandview	Odessa	TX	79761	432-332-9644	www.choiceworkscounseling.net	Counseling Center

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Communities in Schools - The Permian Basin	Permian Basin	PO Box 10532	Midland	TX	79702	432-552-2496 (Odessa Office) 432-240-1376 (Midland Office)	http://cispb.org/	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.
The Crisis Center	Serving Andrews, Crane, Ector, Gaines, Loving, Reese, Ward and Winkler Counties	4526 E University Blvd	Odessa	TX	79762	432-333-2527	www.odessacrisiscenter.org	Established 32 years ago, The Crisis Center currently assists nearly anyone impacted by a violent crime. Client services and program areas include The Crisis Center's Family Violence Shelter in Odessa, a Crisis Response Team, a 24-hour Crisis Hotline, Counseling Services and Support Groups, Community Awareness Programs and Primary Prevention Initiatives.

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Daniel Dorethy, LPC-S	Odessa	1901 E. 37th St. Ste. 107	Odessa	TX	79762	432-333-3667		Counseling Services for adults and adolescents. Also specializes in drug and alcohol counseling.
Door of Hope Mission	Odessa	200 W. 1st St.	Odessa	TX	79761	432-337-8294	http://www.doorofhopemission.com/home.html	The Door of Hope Mission has been blessed since 1966 in providing help and hope to countless numbers of those whose lives seem to have been turned upside down. The Mission provides for immediate physical needs -- including food, clothing and shelter -- however, our programs are designed to lead the homeless to permanent independence built upon a personal relationship with Christ.
ECISD Community Outreach Center	Odessa	301 E. Clements St.	Odessa	TX	79761	432-456-8569		Social workers on staff to assist with clothing, food, utilities, shelter and other basic needs for ECISD students and their families.
Ector County Health Department	Ector County	221 N Texas Ave	Odessa	TX	79761	432-498-4141	http://www.ector.tx.us/default.aspx?EctorCounty/HealthDepartment	The Ector County Health Department offers immunizations, nursing services including STD testing and treatment and other health education.
Ector County Physical Activity Coalition	Ector County	500 W. 4th St.	Odessa	TX	79761	432-640-2680	www.getfitector.com	The Ector County Physical Activity Coalition was formed in 2015 to influence physical activity and healthy lifestyle behaviors in our county. Please visit the website to view the calendar of free classes available to the public.

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EZ Rider	Odessa	10300 Younger Rd. at Midland International Airport	Midland	TX	79706	432-561-9990	http://www.ez-rider.org/	Local bus services with 6 routes throughout Odessa. Paratransit services also available with approved application.
Faith & Health Network	Permian Basin	500 W. 4th St.	Odessa	TX	79761	432-640-2639	www.mchodesa.com	The FHN is a partnership between congregations, Medical Center Health System and our community. It works to improve the health of all in our community by addressing the needs of the mind, body and spirit. Please visit the website for additional community resources, a comprehensive listing of support groups, and opportunities for education and awareness to assist you in improving your health.
Family Health Clinic (FHC) and Family Health Dental Clinic	Odessa	840 W. Clements St	Odessa	TX	79763	432-640-4860 (FHC) 432-332-8870 (Dental)	www.mchodesa.com	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	432-339-7100 or 432-934-6693		Family Promise of Odessa, Inc. exists to enable homeless families with children to achieve lasting self-sufficiency by providing temporary shelter, meals access to existing community social services.

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Girl Scouts of the Desert SW - Southern New Mexico and West Texas	West Texas	5217 N. Dixie Blvd.	Odessa	TX	79762	432-550-2688 or 1-800-594-5677	http://www.gsdsw.org/	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	www.ohhcac.org/	Harmony Home CAC serves children from Ector County and 14 surrounding counties who are between the ages of 3 and 17. All of their services are offered free of charge to the victim and his/her non-offending caregivers. Primary services include: forensic interviews, victim services, therapy and community education and outreach.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Hope Chest	Odessa	1808 N. Dixie	Odessa	TX	79761	432-580-1019	www.highlandodessa.com	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.
HUD Office (US Department of Housing and Urban Development)	Odessa	119 West 4th Street, Suite 104	Odessa	TX	79761	432-335-4820	www.odessa-tx.gov	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
Legal Aid of North West Texas	Ector, Andrews, Crane, Loving, Ward and Winkler Counties	620 N. Grant Ave., Ste 410	Odessa	TX	79761	432-332-1207; 800-955-1207	www.lanwt.org/contact_ode_ssa.asp	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.

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Meals on Wheels of Odessa	Odessa	1314 E 5th St	Odessa	TX	79761	432-333-6451	www.mowodessa.com	Our service provides meals to adults 60 years of age or older and disabled adults 18 years or older who are home bound and unable by reason of disability to prepare their own meals.
Medical Transportation Program (MTP)						877-633-8747	http://www.dshs.state.tx.us/cshcn/mtp.shtm	Many CSHCN Services Program clients can use the Medical Transportation Program (MTP) to get to their doctor's office, drugstore, or any place that they get medical services. If you have no way to get to these places, MTP can help you.
Midland/Odessa Area AIDS Support (MAAS)	Midland and Odessa	800 West Texas	Midland	TX	79701	432-218-2002	http://www.ribonsoflight.org/	The organization offers support groups for people with HIV/AIDS and separate groups for their families in Midland and Odessa; a program to teach AIDS awareness in the secondary schools; CARE Teams that provide spiritual and emotional support to people with AIDS in their homes; and grief recovery groups.
Mission Messiah	Odessa	1213 W. 2nd St	Odessa	TX	79763	432-580-5222	http://www.missionmessiah.org/	Transitional Housing for women and children dealing with debilitating problems such as drug dependency, eating disorders, suicidal tendencies, etc. Consists of a 12-month program that includes ministry, counseling, work assignments, educational and career counseling.

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Mission Odessa	Odessa	709 N. Lee	Odessa	TX	79761	432-337-3761	http://FBCOdessa.com	Mission Odessa averages over 900 in Bible study each week serving apartment communities, dayschools, retirement homes, plant churches, inmates, and other community projects.
Oceans Behavioral Hospital Permian Basin	Permian Basin	3300 South FM 1788	Midland	TX	79706	432-561-5915	http://oceanspermianbasin.com	At Oceans Behavioral Hospital Permian Basin, your loved one's healing is our only focus. We are passionate about helping young adults, older adults and seniors attain the best possible quality of life and manage daily challenges.
Odessa Links	Odessa	119 W 4th St #201	Odessa	TX	79761	432-582-0099	www.odessalinks.org	Odessa Links connects community members in need of assistance to valuable resources, organizations and initiatives.
Odessa WIC Clinic	Odessa	835 Tower Dr, Ste 34	Odessa	TX	79762	866-907-0080	http://www.dshs.state.tx.us/wichd/	The Special Supplemental Nutrition Program for Women, Infant and Children, popularly known as WIC, is a nutrition program that helps pregnant women, new mothers, and young children eat well, learn about nutrition, and stay healthy. WIC provides nutrition education and counseling, nutritious foods, and help accessing health care to low-income women, infants, and children.

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Palmer Drug Abuse Program (PDAP)	Odessa/Midland	1208 West Wall Street	Midland	TX	79701	432-685-3645	www.pdapmidland.org	PDAP is a fellowship of young people and parents who share their experiences, love and understanding that they may solve their common problems and help others to recover from the effects of mind-changing chemicals. PDAP provides people with tools to successfully prevent substance abuse, delay its onset or reduce substance abuse-related behaviors.
Permian Basin Community Centers for MHMR	Ector, Midland, Culberson, Pecos, Presidio, Jeff Davis, Hudspeth and Brewster Counties	600 N. Grant	Odessa	TX	79761	432-333-3265 (Crisis Hotline)	www.pbmhmr.com	Permian Basin Community Centers is a public agency that provides a comprehensive array of services to persons experiencing major mental illnesses, mental retardation and chemical dependency.
Permian Basin Mission Center	Permian Basin	208 N. Adams	Odessa	TX	79761	432-337-0554	http://www.pbmmission.org/	The Permian Basin Mission Center is a non-profit, inter-denominational benevolent agency seeking to provide relief to families and individuals experiencing difficulties in life. The Center provides food, clothing, and furniture, as well as life-skill work-shops.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Permian Basin Regional Council on Alcohol & Drug Abuse (PBRCADEA)	Permian Basin	120 E. 2nd St.	Odessa	TX	79761	432-580-5100	www.pbrcada.org	Provides resources to support the local and statewide alcohol, tobacco and other drug prevention. Programs provide individuals and families with access to caring counselors who provide needed resources, referrals, assessments, crisis intervention and/or motivational interviewing needed to successfully address substance use disorders.
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	120 E. 2nd St.	Odessa	TX	79763	432-580-5100	http://reg9prc.org/	Department State Health Services has established 11 Prevention Resource Centers across the state of Texas. Region 9 PRC has been given the resources to maximize prevention efforts by performing a coordinative role between DSHS and other entities that are involved in alcohol, tobacco, and other drugs. The overall goal of Region 9 PRC is to increase the effectiveness and visibility of prevention of alcohol, tobacco and other drug use and abuse within the region through information dissemination, community education, identification of community resources and identifying best practices in prevention.

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Rays of Hope	Odessa/Midland	908 W. Wall	Midland	TX	79701	432-684-5437	www.raysofhopemidland.org	Rays of Hope Children's Grief Centre is a community outreach of HospiceMidland. We work with children 4 years to 18 years who have experienced a loss due to death, divorce or other painful transition.
Rivercrest	Permian Basin	1636 Hunters Glen	San Angelo	TX	76901	1-800-777-5722	http://www.rivercresthospital.com	River Crest Hospital is a modern 80-bed hospital, specializing in the treatment of mental health and substance abuse that can afflict persons of all ages, from children and adolescents to adults and the elderly.
Safe Place	Andrews, Borden, Crane, Dawson, Ector, Gaines, Glasscock, Howard, Loving, Martin, Midland, Reeves, Upton, Ward, and Winkler Counties					432-570-1465 1-800-967-8928 (Hotline)	www.safeplacenow.com/	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.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
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					432-522-2700	www.safeplace-now.com/	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	http://www.samaritanccwtx.org/	Clients may contact the center to schedule an appointment. The Center has a standard fee, but many insurance policies cover services. Some churches and employers have contracted to underwrite a portion of treatments, and assistance is provided for those clients with no insurance and low income. The Center provides counseling in a number of areas, provides services free to active military, veterans and their families, and offers workshops for families going through divorce.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Springboard Center	Permian Basin	200 Corporate Drive	Midland	TX	79705	432-620-0255	https://www.springboardcenter.com	<p>The mission of the Springboard Center is to restore health and dignity to individuals and families by providing quality treatment and counseling for alcoholism and drug addiction to the residents of the Permian Basin and beyond and to raise the level of community awareness concerning substance abuse. The Springboard Center treatment programs and services are based on proven 12-step principles and best practice for addiction treatment. The Springboard Center treats the whole person believing that diet, nutrition, exercise, emotional, mental and spiritual development help ensure long-term recovery.</p>

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Stay Together Program	Midland and Odessa	8701 W County Road 60	Midland	TX	79707	432-699-1466 1-800-922- 7829	http://highsky.org/programs/stay_together.html	The Stay Together Program delivers services to families with children/youth 0-17 years of age, who are experiencing runaway, truant, or delinquent behaviors. Youth and families experiencing family conflict are also eligible for these services. The Stay Together Program is preventative in nature and engages the youth and their families early on to help ensure that the family remains intact, and to prevent the involvement of more restrictive state agencies such as Juvenile Probation and Child Protective Services.
Texas Department of Health and Human Services - Odessa	Odessa	3016 Kermit Hwy	Odessa	TX	79764	432-333-5141; 1-800-252-9330	www.HHSC.state.tx.us	Provides/Offeres food stamp programs, TANF (Temporary Assistance for Needy Families) and Medicaid for children, pregnant women and parents of deprived children.
Texas Runaway Hotline						888-580-HELP (4357)	www.texasrunaway.org	Texas Runaway Hotline is a confidential and free telephone hotline that offers referrals, safe runaway shelters, conference calling, message relay service (fostering communication between kids and parents) and education for kids and parents about runaway rights.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Texas Youth & Runaway Hotline						800-989-6884	http://www.dfps.state.tx.us/Youth_Hotline/default.asp	The Texas Youth and Runaway hotline is answered 24-hour, seven days a week and provides prevention services to youths, parents, siblings and other family members who are in need of a caring voice and listening ear.
The Alpha Center	Odessa	1205 W. University Blvd.	Odessa	TX	79764	432-614-5720	www.tacpb.org	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.
The Life Center: Sexual Integrity for Life	Midland and Odessa	802 N. Washington Ave	Odessa	TX	79762	432-617-8378	http://www.midlandlifecenter.org/	The Life Center promotes sexual integrity, and their vision is to inspire and equip individuals to make positive decisions for life and relationships. They offer three departments: Prevention, Intervention and Restoration, and an expansion of services through satellite offices in Andrews and Odessa. Assist with diapers and formula when available.

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
The Salvation Army	Odessa	810 E. 11th	Odessa	TX	79761	432-332-0738	www.salvationarmyusa.org/	Multifaceted religious and social service organization actively engaged in addressing the needs of the homeless and hungry, persons in financial crisis, and at risk children and youth.
"SHARE" - Sharing Hands Respite Service	West Texas	3500 North A St.	Midland	TX	79705	432-818-1253	http://www.sharewesttexas.org/	SHARE partners with all members of families where there are children with special needs, supporting their efforts to establish and maintain strong and successful families. SHARE provides respite services as well as programs for siblings, parents, grandparents, and extended families.
Top Rank Youth Program Odessa - affiliated with Permian Basin Community Centers	Ector and Midland Counties	1012 MacArthur 502 N. Carver	Odessa Midland	TX	79763 79701	432-570-3390	www.pbmhmr.com	The Top Rank Youth program is a youth outpatient substance abuse treatment designed for adolescents who do not require the more structured environment of residential treatment to achieve and maintain abstinence. The program ensures access to a full continuum of treatment services and provides sufficient treatment intensity to achieve treatment plan goals for both the adolescent and their families.

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Turning Point	Permian Basin	2000 Maurice Rd.	Odessa	TX	79763	432-580-2654	www.pbmhmr.com	Turning Point is a treatment facility in Odessa, Texas which specializes in substance abuse services. They provide residential short-term treatment options for those who enroll. They also accommodate ASL or other assistance for hearing impaired and Spanish speakers.
United Way of Odessa	Odessa	128 East 2nd St.	Odessa	TX	79761	432-332-0941	http://www.unitedwayodessa.org/	United Way of Odessa and its program providers impact the lives of 1 in every 3 Odessans. The work of United Way staff, volunteers and donors provides people with the resources necessary to build a quality life.
UTPB Center for Behavioral Analysis	Odessa	4901 E. University	Odessa	TX	79762	432-552-2365	http://www.utpb.edu/bac/coluncil.htm	Counseling and testing center

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
UTPB First 5 Nurse-Family Partnership	Ector County	4901 E. University	Odessa	TX	79762	432-552-2163	http://www.nursefamilypartnership.org/locations/texas/state-care-nurse-family-partnership	<p>Nurse-Family Partnership (NFP) is a voluntary prevention program that provides nurse home visitation services to low-income, first-time mothers. Nurses begin home visits early in the mother's pregnancy and continue visitation until the child's second birthday. Nurses provide support, education and counseling on health, behavioral and self-sufficiency issues. This program is funded by a federal grant awarded to the Texas Health and Human Services Commission from the U.S. Department of Health and Human Services. This program is also part of HHSC's Home Visiting Program, which also includes the Parents as Teachers and the Home Instruction for Parents of Preschool Youngsters (HIPPO) programs. These evidence-based programs help parents prepare their children from birth through age-five, for success in school and beyond.</p>
West Texas Area Counseling Center	Odessa	62 San Lucas Ct.	Odessa	TX	79765	432-550-3838		Counseling for clients age 3 and older

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Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
West Texas Food Bank	Permian Basin	411 S. Pagewood Ave.	Odessa	TX	79761	432-580-6333	https://www.wtxfoodbank.org	The West Texas Food Bank (WTFB) is the largest collaborative non-profit, non-governmental hunger relief agency serving the Permian Basin. In 2014, we supplied 4.1 million meals to hungry West Texans. As a proud member of Feeding America, we support the nutritional needs of children, families, and seniors through strategic partnerships with civic groups, corporate groups, and private donors. We distribute donated and purchased food to a network of over 80 Partner Agencies in 19 counties across 34,000 square miles in West Texas.
West Texas Opportunities	West Texas	700 N. Grant in the Bank of America Building	Odessa	TX	79761	432-333-9027	http://www.go.wto.org/	West Texas Opportunities, Inc. was created for the purpose of administering the provisions of the Economic Opportunity Act of 1964 and its subsequent amendments. It is dedicated to the proposition that the United States can achieve full economic and social potential as a nation only if every individual, regardless of race, creed or sex, has the opportunity to develop to the full extent of his or her capabilities.

List of Services in Ector County

Organization Name	Area Primarily Served	Address	City	State	Zip Code	Phone	Website	Services Provided
Workforce Solutions	Permian Basin	2626 John Ben Shepperd Pkwy.	Odessa	TX	79761	432-367-3332	www.workforceepb.org	Workforce Solutions Permian Basin is your one-stop for employers, job seekers, and youth to find needed tools for workforce-related issues. Our mission is to “invest in the future through jobs and training” here in the Permian Basin.



ABOUT COMMUNITY HOSPITAL CONSULTING



About CHC Consulting

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

www.communityhospitalcorp.com



HELP WHERE HOSPITALS NEED IT



APPENDIX

- SUMMARY OF DATA SOURCES
- DEMOGRAPHIC DATA FINDINGS
- HEALTH DATA FINDINGS
- FAMILY HEALTH CLINIC SURVEY
- HPSA AND MUA/P INFORMATION
- INTERVIEWEE BIOGRAPHIES
- PRIORITY BALLOT





SUMMARY OF DATA SOURCES



Summary of Data Sources

- **Demographics**

- This study utilized demographic data, such as population estimates, provided by **Texas Health Data Center for Health Statistics**; <http://healthdata.dshs.texas.gov/home>.
- The **United States Bureau of Labor Statistics**, Local Area Unemployment Statistics provides unemployment statistics by county and state; <http://www.bls.gov/lau/#tables>.
- This study also used demographic 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. Demographic data from the Kids Count Data Center is included within this report, and can be accessed at <http://datacenter.kidscount.org/>.

- **Health Data**

- The **County Health Rankings** are made available by the Robert Wood Jonson 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/>



HELP WHERE HOSPITALS NEED IT

Summary of Data Sources

- **Health Data Continued**

- The **Community Health Status Indicators (CHSI) 2015** is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Each county profile contains indicators of health outcomes (mortality and morbidity); indicators on factors selected based on evidence that they potentially have an important influence on population health status (e.g., health care access and quality, health behaviors, social factors, physical environment); health outcome indicators stratified by subpopulations (e.g., race and ethnicity); important demographic characteristics; and HP 2020 targets.
 - A key feature of CHSI 2015 is the ability for users to compare the value of each indicator with those of demographically similar “peer counties,” as well as to the U.S. as a whole, and to HP 2020 targets. Selection of the method and variables for the new peer county groupings was based on an iterative process that was guided by the advice of subject matter experts (internal and external to CDC) including representatives from academia and architects of the original CHSI. The analysis yielded 89 peer groupings based on the following 19 county-level equivalent variables for all 3,143 U.S. counties, including (but not limited to): population size, growth, density, and mobility; percent children and elderly; sex ratio; overall and elderly poverty levels; and unemployment. Please see the appendix for a full description of the CHSI methodology.
 - More information can be accessed at <http://wwwn.cdc.gov/CommunityHealth/home>.
- **Texas Health Data** is provided by the Texas Department of State Health Services. The site provides access to Texas public health statistics and community health data including, but not limited to, mortality, natality, behavioral risk factors, and communicable diseases; <http://healthdata.dshs.texas.gov/home>.



HELP WHERE HOSPITALS NEED IT

Summary of Data Sources

- **Health Data Continued**

- This study utilizes Health Service Region level data from the **Behavioral Risk Factor Surveillance System (BRFSS)**, provided by the Texas Department of State Health Services; <http://healthdata.dshs.texas.gov/HealthRisks/BRFSS>.
- The **United States Census Bureau's** Small Area Health Insurance Estimates provide insured and uninsured rates by county up to the year 2013; <http://www.census.gov/did/www/sahie/data/interactive/>.
- 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. Health data from the Kids Count Data Center is included within this report, and can be accessed at <http://datacenter.kidscount.org/>.
- **Enroll America** is a health care enrollment coalition that provides information regarding uninsured rates at the county level. Data can be accessed at <https://www.enrollamerica.org/>.
- 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 Consulting conducted interviews on behalf of Medical Center Hospital and the Family Health Clinic from September 28, 2015 – March 24, 2016.
- Conducted by Valerie Hayes, Planning Analyst



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DEMOGRAPHIC DATA FINDINGS



Overall Population Growth

Overall Population Growth					
Geographic Location	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Ector County	143,747	150,463	161,890	11,427	7.6%
Texas	26,640,165	28,240,245	31,148,299	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Population by Race/Ethnicity

Ector County					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	55,305	54,057	51,433	-2,624	-4.9%
Black	5,805	5,984	6,192	208	3.5%
Hispanic	79,426	86,928	100,172	13,244	15.2%
All Others	3,211	3,494	4,093	599	17.1%
Total	143,747	150,463	161,890	11,427	7.6%
Texas					
Race/Ethnicity	2013	2016	2021	2016 - 2021 Change	2016 - 2021 % Change
Anglo	11,569,937	11,678,176	11,953,986	275,810	2.4%
Black	3,056,518	3,230,618	3,525,577	294,959	9.1%
Hispanic	10,406,070	11,439,402	13,378,583	1,939,181	17.0%
All Others	1,607,640	1,840,607	2,290,153	449,546	24.4%
Total	26,640,165	28,240,245	31,148,299	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Population by Age

Ector County						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	47,585	31.6%	50,616	31.3%	3,031	6.4%
20 - 24	10,412	6.9%	10,938	6.8%	526	5.1%
25 - 44	41,376	27.5%	44,723	27.6%	3,347	8.1%
45 - 64	34,096	22.7%	34,823	21.5%	727	2.1%
65+	16,994	11.3%	20,790	12.8%	3,796	22.3%
Total	150,463	100.0%	161,890	100.0%	11,427	7.6%
Texas						
Age Cohort	2016	% of Total	2021	% of Total	2016 - 2021 Change	2016 - 2021 % Change
19 and Under	8,231,759	29.1%	8,774,607	28.2%	542,848	6.6%
20 - 24	2,064,652	7.3%	2,289,933	7.4%	225,281	10.9%
25 - 44	7,802,625	27.6%	8,602,009	27.6%	799,384	10.2%
45 - 64	6,775,972	24.0%	7,285,991	23.4%	510,019	7.5%
65+	3,365,237	11.9%	4,195,759	13.5%	830,522	24.7%
Total	28,240,245	100.0%	31,148,299	100.0%	2,908,054	10.3%

Source: Texas Department of Health Services; <http://healthdata.dshs.texas.gov/> (accessed February 10, 2016)

Median Age

Geographic Location	Median Age		
	2012	2013	2014
Ector County	31.2	30.9	30.9
Texas	33.6	33.8	33.9

Source: U.S. Census Bureau, Small Area Estimates Branch; (<http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>) (accessed February 24, 2016)

Median Household Income

Geographic Location	Median Income			2013 - 2024 Change	
	2012	2013	2014	Count	%
Ector County	\$49,784	\$53,752	\$55,555	\$1,803	3.4%
Texas	\$50,747	\$51,714	\$53,067	\$1,353	2.6%
United States	\$51,371	\$52,250	\$53,657	\$1,407	2.7%

Source: U.S. Census Bureau, Small Area Estimates Branch; (<http://www.census.gov/did/www/saie/data/statecounty/data/2012.html>) (accessed February 24, 2016)

Detailed Education Analysis

2015 Adult Education Level	Ector County	Texas
	% of County Total	% of County Total
Bachelor's Degree or Greater	14.3%	27.1%

Source: U.S. Census Bureau, Educational Attainment in the United States http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_5YR_S1501&src=ptpt; data accessed May 9, 2016.

Persons Living Below Poverty

Geographic Location	% Poverty (All Ages)		
	2012	2013	2014
Ector County	14.5%	15.3%	12.8%
Texas	17.9%	17.5%	17.2%
United States	15.9%	15.8%	15.5%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates; (<http://www.census.gov/did/www/saie/data/>) (accessed February 24, 2016)

Children Living Below Poverty

Geographic Location	% Children in Poverty (Under 18 years)		
	2012	2013	2014
Ector County	21.1%	21.9%	18.6%
Texas	25.8%	25.0%	24.5%
United States	22.6%	22.2%	21.7%

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates;

http://www.census.gov/did/www/saie/data/interactive/saie.html?s_appName=saie&map_yearSelector=2014&map_geoSelector=aa_c&menu=grid_proxy&s_state=48&s_county=48073,48423,48499&s_year=2012,2013,2014&s_measures=u18_snc (accessed February 24, 2016)

Unemployment

Annual Average Unemployment Rates (%)			
	2013	2014	2015
Ector County	4.3%	3.4%	4.6%
Texas	6.2%	5.1%	4.5%

Source: Bureau of Labor Statistics, Local Area Unemployment Statistics; Rates shown are a percentage of the labor force; <http://data.bls.gov/map/MapToolServlet>; data accessed May 9, 2016.

Poverty Thresholds for 2015 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual).....									
Under 65 years.....	12,331								
65 years and over.....	11,367								
Two people.....									
Householder under 65 years.....	15,871	16,337							
Householder 65 years and over.....	14,326	16,275							
Three people.....	18,540	19,078	19,096						
Four people.....	24,447	24,847	24,036	24,120					
Five people.....	29,482	29,911	28,995	28,286	27,853				
Six people.....	33,909	34,044	33,342	32,670	31,670	31,078			
Seven people.....	39,017	39,260	38,421	37,835	36,745	35,473	34,077		
Eight people.....	43,637	44,023	43,230	42,536	41,551	40,300	38,999	38,668	
Nine people or more.....	52,493	52,747	52,046	51,457	50,490	49,159	47,956	47,658	45,822
Source: U.S. Census Bureau, Poverty, https://www.census.gov/hhes/www/poverty/data/threshld/ ; data accessed February 25, 2016									

Child Food Insecurity

Location	2010		2011		2012		2013	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Ector County	10,080	26.8%	9,870	25.0%	9,800	24.4%	9,830	23.8%
Texas	1,708,600	25.6%	1,894,060	27.6%	1,909,470	27.4%	1,899,310	27.4%

Source: Kids Count Data Center, data from Feeding America: Child Food Insecurity (0-18), www.kidscount.org; data accessed June 22, 2016

Children Eligible for Free/Reduced Price Lunch

Within the report area 16,173 public school students or 50.43% are eligible for Free/Reduced Price lunch out of 32,072 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

[Download Data](#)

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Ector County, TX	32,072	16,173	50.43%
Texas	5,149,025	3,092,087	60.08%
United States	50,195,195	26,012,902	52.35%

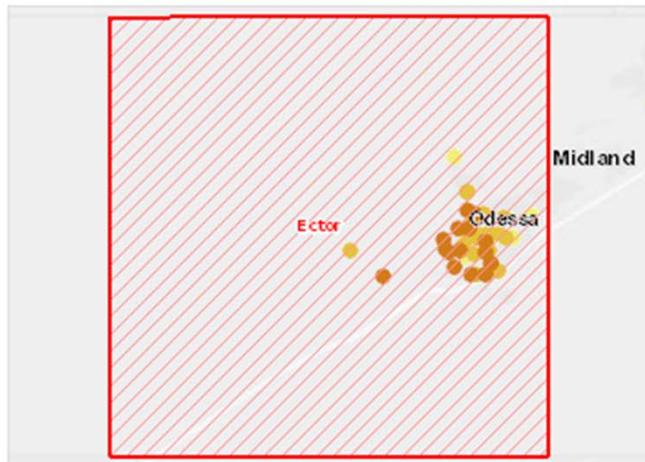
Percent Students Eligible for Free or Reduced Price Lunch



- Ector County, TX (50.43%)
- Texas (60.08%)
- United States (52.35%)

Note: This indicator is compared with the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#), 2013-14. Source geography: Address



Students Eligible for Free or Reduced-Price Lunch, NCES CCD 2013-14

- Over 80.0%
- 60.1 - 80.0%
- 40.1 - 60.0%
- 20.1 - 40.0%
- Under 20.1%
- Not Reported
- Report Area

[View larger map](#)

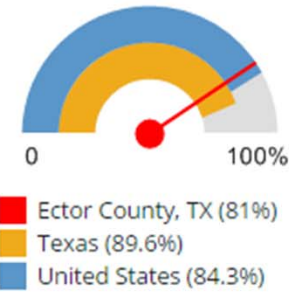
High School Graduation Rate (EdFacts)

Within the report area 81% of students are receiving their high school diploma within four years. This indicator is relevant because research suggests education is one the strongest predictors of health ([Freudenberg & Ruglis, 2007](#)).

[Download Data](#)

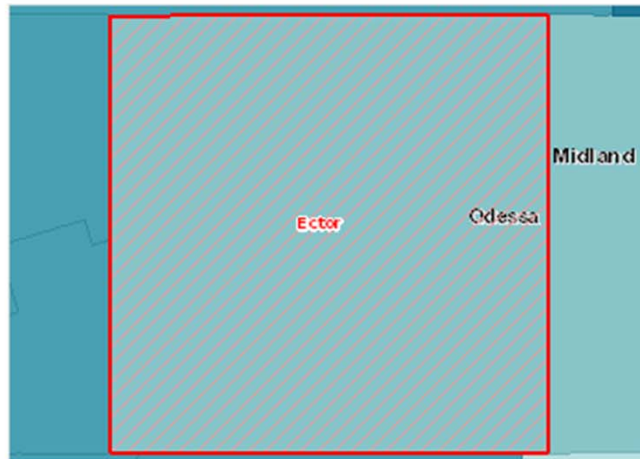
Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Ector County, TX	1,476	1,196	81
Texas	317,801	284,801	89.6
United States	3,127,886	2,635,290	84.3

Cohort Graduation Rate

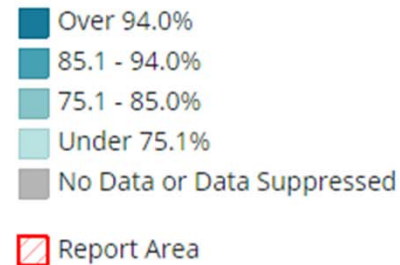


Note: This indicator is compared with the state average.

Data Source: US Department of Education, [EDFacts](#). Accessed via [DATA.GOV](#). Additional data analysis by [CARES](#), 2013-14. Source geography: School District



On-Time Graduation, Rate by School District (Secondary), EDFacts 2013-14



[View larger map](#)



HEALTH DATA FINDINGS



County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Texas	Ector (ECT), TX
Health Outcomes		205
Length of Life		204
Premature death	6,600	9,600
Quality of Life		181
Poor or fair health	20%	21%
Poor physical health days	3.5	3.7
Poor mental health days	3.0	3.2
Low birthweight	8%	10%
Health Factors		217
Health Behaviors		206
Adult smoking	15%	16%
Adult obesity**	28%	31%
Food environment index**	6.4	7.5
Physical inactivity**	24%	31%
Access to exercise opportunities	84%	71%
Excessive drinking	17%	19%
Alcohol-impaired driving deaths	32%	39%
Sexually transmitted infections**	498.3	724.1
Teen births	52	93
Clinical Care		133
Uninsured	25%	25%
Primary care physicians	1,680:1	1,760:1
Dentists	1,880:1	2,850:1
Mental health providers	990:1	2,030:1
Preventable hospital stays	58	73
Diabetic monitoring	84%	77%
Mammography screening	58%	48%
Social & Economic Factors		195
High school graduation**	88%	71%
Some college	59%	48%

Unemployment	5.1%	3.4%
Children in poverty	25%	19%
Income inequality	4.9	4.7
Children in single-parent households	33%	37%
Social associations	7.8	7.9
Violent crime**	422	718
Injury deaths	54	76
Physical Environment		227
Air pollution - particulate matter	9.6	10.4
Drinking water violations		Yes
Severe housing problems	18%	16%
Driving alone to work	80%	81%
Long commute - driving alone	36%	20%

** Compare across states with caution
Note: Blank values reflect unreliable or missing data

2016

All Causes, Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	1,223	1,024.8	1,152	911.8	1,156	870.8
Texas	167,997	744.0	173,935	751.0	178,501	749.2

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Diseases of the Heart (I00-I09, I11, I13, I20-I51), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	302	261.9	288	235.2	291	223.7
Texas	37,955	171.0	38,987	171.0	40,150	170.7

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Malignant Neoplasms (C00-C97), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	254	204.7	239	186.6	215	160.4
Texas	37,121	160.0	38,096	160.0	38,289	156.1

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Accidents (V01-X59, Y85-Y86), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	76	59.6	78	56.6	94	65.5
Texas	9,301	38.0	9,267	37.0	9,341	36.8

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Cerebrovascular Diseases (I60-I69), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	63	55.3	60	48.5	67	51.8
Texas	9,058	42.0	9,297	42.0	9,238	40.1

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Chronic Lower Respiratory Diseases (J40-J47), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	95	82.6	98	79.6	91	70.6
Texas	9,115	42.0	9,520	43.0	9,787	42.3

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Alzheimer's Disease (G30), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	39	37.0	27	23.7	42	34.9
Texas	5,394	26.0	5,168	25.0	5,284	24.4

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Diabetes Mellitus (E10-E14), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	44	36.1	34	25.8	25	18.3
Texas	5,060	22.0	5,127	22.0	5,262	21.6

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Septicemia (A40-A41), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	36	30.8	35	27.9	36	26.3
Texas	3,420	15.0	3,616	16.0	3,879	16.4

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Chronic Liver Disease and Cirrhosis (K70, K73-K74), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	25	18.4	28	20.1	28	19.1
Texas	3,420	15.0	3,616	16.0	3,879	16.4

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Influenza and Pneumonia (J09-J18), Deaths per 100,000 Population, Age-Adjusted, 2011-2013

LOCATION	2011		2012		2013	
	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE	DEATHS	AGE-ADJUSTED DEATH RATE
Ector County	31	26.8	20	16.1	24	18.8
Texas	3,420	15.0	3,616	16.0	3,879	16.4

Source: Texas Health Data, Deaths of Texas Residents; Last Updated July 31, 2015; <http://soupfin.tdh.state.tx.us/death10.htm>; data accessed April 20, 2016

Chlamydia

Location	2012	2013	2014
Ector County	562.2	691.5	682.2
Texas	488.0	486.4	475.0

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 June 22, 2016

Gonorrhea

Location	2012	2013	2014
Ector County	186.2	208.7	239.8
Texas	124.1	126.6	127.7

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 June 22, 2016

Diabetes, Prevalence Rates, 2012 - 2014

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

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	9.5%	11.4%	9.1%
HSR 2/3	10.1%	11.0%	10.9%
HSR 4/5N	11.9%	14.4%	12.3%
HSR 6/5S	11.0%	10.7%	10.7%
HSR 7	8.9%	10.3%	9.1%
HSR 8	12.1%	13.6%	14.5%
HSR 9/10	13.2%	13.8%	13.5%
HSR 11	19.5%	13.6%	16.5%
Texas	10.6%	10.9%	11.0%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Obesity, Prevalence Rates, 2012 - 2014

Four-level BMI Categories: Underweight, Normal Weight, Overweight, Obese

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	26.0%	32.5%	32.5%
HSR 2/3	28.3%	28.8%	31.0%
HSR 4/5N	35.1%	34.9%	32.4%
HSR 6/5S	27.8%	28.9%	34.2%
HSR 7	27.9%	29.3%	28.5%
HSR 8	30.5%	38.3%	33.0%
HSR 9/10	36.4%	33.1%	39.9%
HSR 11	42.3%	41.1%	41.7%
Texas	29.2%	30.9%	31.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Binge Drinking, Prevalence Rates, 2012 - 2014

During the past 30 days, what is the largest number of drinks you had on any occasion?

LOCATION	2012	2013	2014
	% AT RISK	% AT RISK	% AT RISK
HSR 1	13.1%	13.2%	13.7%
HSR 2/3	15.0%	16.3%	15.1%
HSR 4/5N	11.3%	11.4%	9.6%
HSR 6/5S	15.1%	15.0%	15.2%
HSR 7	15.6%	19.9%	18.2%
HSR 8	20.0%	20.3%	18.7%
HSR 9/10	18.5%	14.5%	19.4%
HSR 11	17.4%	16.5%	15.4%
Texas	16.2%	16.7%	16.3%

Note: Binge Drinking = More than 5 drinks on one occasion for men or 4 drinks on one occasion for women

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Smoking, Prevalence Rates, 2012 - 2014 (CURRENT SMOKER - EVERY DAY)

Four-level smoker status: Current Smoker - Every Day, Current Smoker - Some Days, Former Smoker, Never Smoker

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	15.6%	11.2%	12.0%
HSR 2/3	12.2%	10.7%	10.4%
HSR 4/5N	18.9%	15.2%	16.3%
HSR 6/5S	9.5%	9.0%	7.5%
HSR 7	9.8%	10.4%	7.7%
HSR 8	11.6%	8.7%	7.4%
HSR 9/10	15.6%	9.3%	9.8%
HSR 11	5.5%	7.6%	7.1%
Texas	11.5%	9.9%	8.7%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Flu Shot in the Past Year, Age 18-64, 2012-2014

Flu shot in the past year - ages 18-64

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	73.1%	68.2%	73.8%
HSR 2/3	69.4%	68.0%	61.0%
HSR 4/5N	64.1%	66.4%	65.9%
HSR 6/5S	72.6%	71.4%	67.8%
HSR 7	67.9%	66.8%	63.2%
HSR 8	69.7%	67.9%	66.0%
HSR 9/10	73.5%	70.0%	72.1%
HSR 11	76.0%	73.6%	75.2%
Texas	70.9%	69.0%	66.2%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Flu Shot in the Past Year, Age 65+, 2012-2014

Flu shot in the past year - age 65+

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	43.4%	35.2%	29.8%
HSR 2/3	41.4%	39.0%	38.6%
HSR 4/5N	50.9%	37.8%	42.4%
HSR 6/5S	37.6%	37.7%	42.9%
HSR 7	36.4%	37.0%	32.2%
HSR 8	34.8%	40.0%	39.2%
HSR 9/10	43.5%	45.2%	58.1%
HSR 11	42.3%	36.6%	37.8%
Texas	40.6%	39.0%	41.2%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Depressive Disorders, Prevalence Rates, 2012 - 2014

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?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	18.9%	16.1%	12.1%
HSR 2/3	14.6%	16.6%	14.8%
HSR 4/5N	19.2%	18.5%	16.5%
HSR 6/5S	16.3%	13.2%	12.9%
HSR 7	15.8%	16.6%	18.2%
HSR 8	16.6%	17.8%	15.7%
HSR 9/10	15.6%	13.9%	17.6%
HSR 11	13.5%	15.2%	14.0%
Texas	15.5%	16.0%	14.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Arthritis, Prevalence Rates, 2012 - 2014

Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	28.7%	24.1%	21.9%
HSR 2/3	22.4%	20.6%	21.2%
HSR 4/5N	28.4%	32.4%	27.1%
HSR 6/5S	21.4%	20.2%	20.3%
HSR 7	22.1%	20.8%	19.7%
HSR 8	23.6%	22.7%	20.6%
HSR 9/10	21.4%	23.7%	22.3%
HSR 11	20.4%	20.1%	20.0%
Texas	21.3%	20.7%	19.4%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Asthma, Prevalence Rates, 2012 - 2014

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

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	14.5%	16.6%	9.9%
HSR 2/3	10.9%	15.1%	11.7%
HSR 4/5N	10.4%	12.8%	13.1%
HSR 6/5S	8.9%	8.6%	9.6%
HSR 7	13.4%	14.2%	12.6%
HSR 8	11.3%	12.9%	12.6%
HSR 9/10	11.8%	12.2%	12.2%
HSR 11	9.6%	8.0%	9.5%
Texas	10.9%	12.6%	11.1%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Personal Doctor

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

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	30.7%	24.9%	31.3%
HSR 2/3	27.7%	25.8%	26.7%
HSR 4/5N	24.7%	22.9%	28.8%
HSR 6/5S	35.0%	34.2%	34.1%
HSR 7	27.6%	29.4%	25.8%
HSR 8	29.3%	31.0%	32.6%
HSR 9/10	35.8%	32.6%	35.1%
HSR 11	39.2%	42.2%	35.0%
Texas	32.9%	33.1%	32.9%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Medical Cost Barriers, Prevalence Rates, 2012 - 2014

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

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	16.7%	19.3%	17.7%
HSR 2/3	19.7%	17.3%	16.8%
HSR 4/5N	20.2%	19.4%	22.4%
HSR 6/5S	22.5%	18.7%	18.0%
HSR 7	15.1%	16.3%	13.3%
HSR 8	19.3%	20.8%	18.3%
HSR 9/10	23.5%	21.7%	22.0%
HSR 11	32.9%	31.4%	25.3%
Texas	20.9%	19.3%	17.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Leisure Time Physical Activity, Prevalence Rates, 2012 - 2014

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

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	31.8%	34.2%	36.3%
HSR 2/3	26.7%	31.3%	24.7%
HSR 4/5N	31.9%	32.6%	35.3%
HSR 6/5S	27.4%	29.9%	28.0%
HSR 7	21.1%	26.5%	22.8%
HSR 8	27.9%	30.9%	28.3%
HSR 9/10	27.7%	31.8%	31.5%
HSR 11	34.3%	35.3%	32.4%
Texas	27.2%	30.1%	27.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Pneumonia Shot Ever, Age 18-64, 2012-2014

Have you ever had a pneumonia shot?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	71.6%	60.7%	69.8%
HSR 2/3	68.2%	67.0%	68.9%
HSR 4/5N	64.3%	60.7%	63.3%
HSR 6/5S	72.3%	70.8%	69.2%
HSR 7	66.1%	68.7%	67.8%
HSR 8	72.2%	68.2%	70.0%
HSR 9/10	72.5%	68.6%	70.1%
HSR 11	77.6%	71.2%	68.9%
Texas	71.3%	68.5%	69.7%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

No Pneumonia Shot Ever, Age 65+, 2012-2014

Have you ever had a pneumonia shot?

LOCATION	2012	2013	2014
	PERCENT	PERCENT	PERCENT
HSR 1	36.1%	27.9%	28.1%
HSR 2/3	26.7%	25.4%	25.9%
HSR 4/5N	24.3%	25.3%	28.0%
HSR 6/5S	27.6%	39.4%	34.8%
HSR 7	23.4%	29.8%	27.1%
HSR 8	29.6%	29.2%	30.7%
HSR 9/10	39.4%	41.6%	31.4%
HSR 11	43.1%	39.0%	32.7%
Texas	29.7%	32.1%	32.1%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Mammogram Past 2 Yrs Age 40+, Female Adults (age 40+), 2014

Females 40 years and older who had a mammogram within the past 2 years

LOCATION	2014
	% AT RISK
HSR 1	26.3%
HSR 2/3	28.9%
HSR 4/5N	33.6%
HSR 6/5S	22.8%
HSR 7	28.0%
HSR 8	29.2%
HSR 9/10	36.7%
HSR 11	35.2%
Texas	29.0%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Colonoscopy in the Past 10 Years, Age 50-75, 2014

Males and females 50-75 years who have not had a colonoscopy in the past 10 years - Used to calculate CRCREC

LOCATION	2014
	% AT RISK
HSR 1	46.3%
HSR 2/3	38.0%
HSR 4/5N	46.0%
HSR 6/5S	41.5%
HSR 7	41.2%
HSR 8	37.8%
HSR 9/10	58.1%
HSR 11	51.7%
Texas	42.6%

Note: N = sample size less than 50, estimate not displayed

Note: All reported rates are weighted for Texas demographics and the probability of selection

Software: Prepared using SAS 9.4

Source: Texas Behavioral Risk Factor Surveillance System, Statewide BRFSS Survey, 2012-2014

Prepared by: Texas Behavioral Risk Factor Surveillance System, Center for Health Statistics, Texas Department of State Health Services

Date: January 6, 2016

Children Enrolled in the Texas Medicaid Program

Location	2012		2013		2014	
	Number	Percent	Number	Percent	Number	Percent
Ector County	15,796	36.2%	14,674	32.4%	15,501	33.0%
Texas	2,789,703	37.7%	2,772,479	37.3%	3,024,502	40.1%

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 June 22, 2016

Children Enrolled in the Texas CHIP Program

Location	2012		2013		2014	
	Number	Percent	Number	Percent	Number	Percent
Ector County	2,706	6.2%	2,825	6.2%	1,836	3.9%
Texas	583,151	7.9%	607,057	8.2%	403,336	5.3%

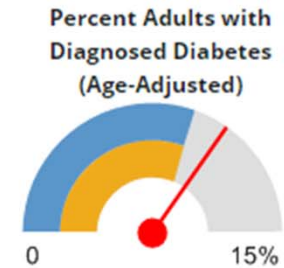
Source: Kids Count Data Center, data from the Texas Health and Human Services Commission: Medicaid and CHIP Enrollment (0-18), www.kidscount.org; data accessed June 22, 2016

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Ector County, TX	98,118	10,008	10.2	10.4%
Texas	18,357,669	1,698,171	9.25	9.24%
United States	234,058,710	23,059,940	9.85	9.11%

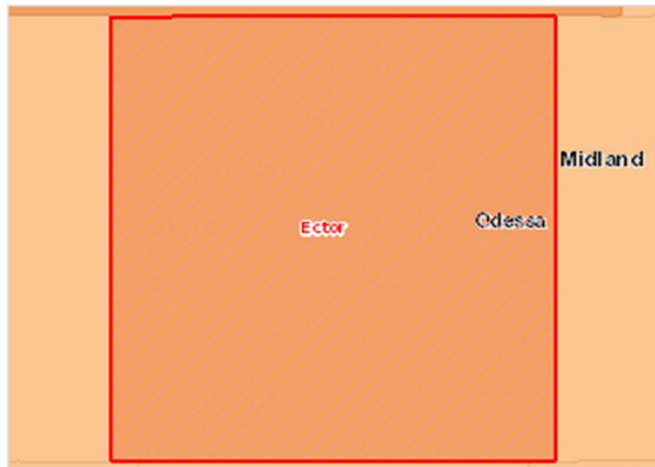


■ Ector County, TX (10.4%)
■ Texas (9.24%)
■ United States (9.11%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



Diabetes Prevalence, Percent of Adults Age 20+ by County, CDC NCCDPHP 2012

- Over 11.0%
- 9.6 - 11.0%
- 8.1 - 9.5%
- Under 8.1%
- Report Area

[View larger map](#)

Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

[Download Data](#)

Report Area	Total Medicare Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Ector County, TX	14,969	4,222	28.2%
Texas	2,340,725	669,832	28.62%
United States	34,126,305	9,224,278	27.03%

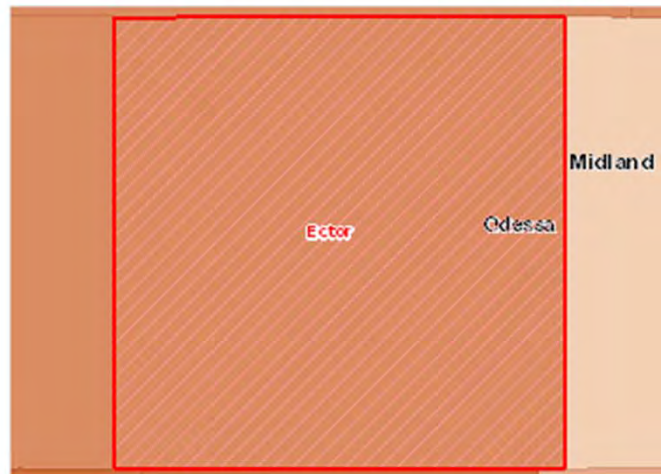
Percentage of Medicare Beneficiaries with Diabetes



■ Ector County, TX (28.2%)
■ Texas (28.62%)
■ United States (27.03%)

Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County



[View larger map](#)

Beneficiaries with Diabetes, Percent by County, CMS 2012

- Over 30.0%
- 27.1 - 30.0%
- 24.1 - 27.0%
- Under 24.1%
- No Data or Data Suppressed
- Report Area

Obesity

30.6% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Ector County, TX	98,042	30,295	30.6%
Texas	18,326,228	5,204,739	28.2%
United States	231,417,834	63,336,403	27.1%

Percent Adults with BMI > 30.0 (Obese)

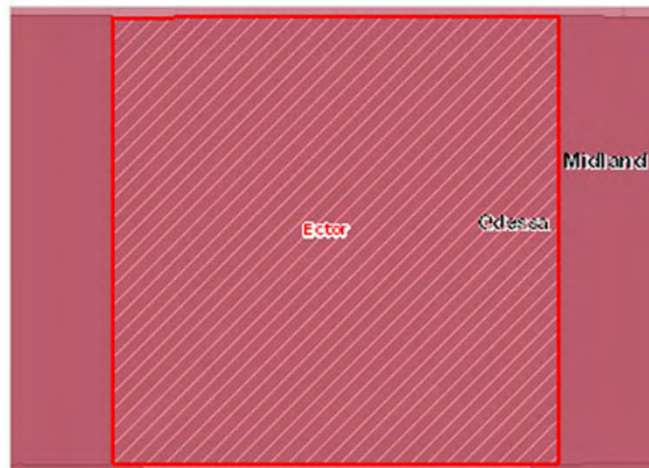


■ Ector County, TX (30.6%)
■ Texas (28.2%)
■ United States (27.1%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2012

- Over 34.0%
- 30.1 - 34.0%
- 26.1 - 30.0%
- Under 26.1%
- Report Area

[View larger map](#)

Obesity (Child)

This indicator reports the percentage of low-income children aged 2-4 whose Body Mass Index (BMI) is in the 95th percentile or above for their sex and age. BMI is based on height and weight. This indicator is relevant because excess weight is a prevalent problem in the U.S.; it indicates an unhealthy lifestyle and puts individuals at risk for further health issues.

[Download Data](#)

Report Area	Estimated Total Low-Income Children Age 2-4	Estimated Number Obese	Estimated Percentage Obese
Ector County, TX	1,848	216	11.69%
Texas	320,882	48,683	15.42%
United States	2,865,853	391,689	14.38%

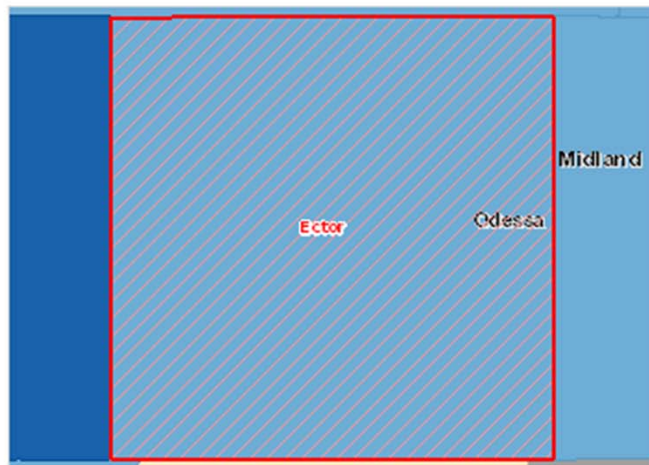
Percent Low Income Children Age 2-4 Obese



■ Ector County, TX (11.69%)
■ Texas (15.42%)
■ United States (14.38%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Pediatric Nutrition Surveillance System](#). Accessed via the [USDA Food Environment Atlas](#), 2009-11. Source geography: County



Children Age 2-4 Obese, Low-Income, Percent by County, PedNSS 2009-11

- Over 20.1%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

[View larger map](#)

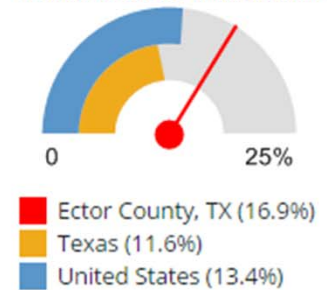
Asthma Prevalence

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

[Download Data](#)

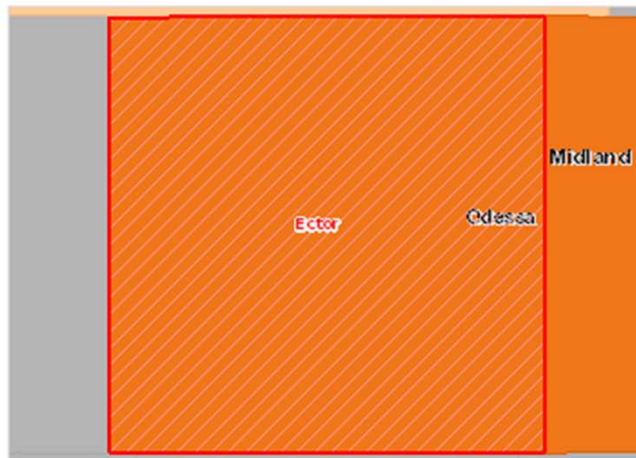
Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Ector County, TX	91,202	15,411	16.9%
Texas	18,426,913	2,132,981	11.6%
United States	237,197,465	31,697,608	13.4%

Percent Adults with Asthma



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by [CARES](#), 2011-12. Source geography: County



Asthma (Diagnosed), Percent of Adults Age 18+ by County, BRFSS 2011-12

- Over 16.0%
- 13.1 - 16.0%
- 10.1 - 13.0%
- Under 10.1%
- No Data or Data Suppressed
- Report Area

[View larger map](#)

Physical Inactivity

Within the report area, 30,740 or 31.5% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

[Download Data](#)

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Ector County, TX	98,211	30,740	31.5%
Texas	18,317,226	4,405,887	24%
United States	231,341,061	53,415,737	22.6%

Percent Population with no Leisure Time Physical Activity

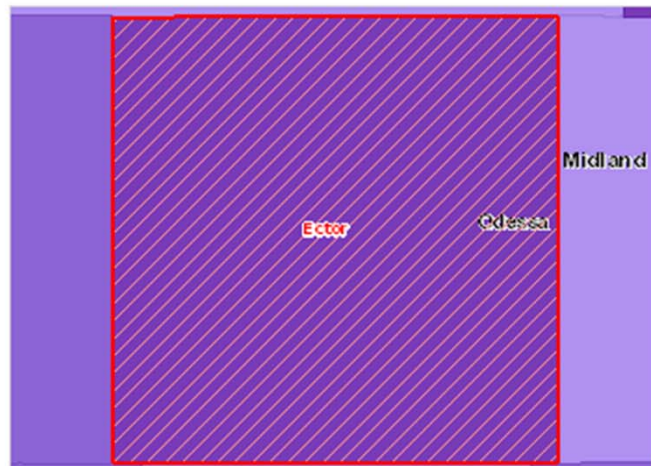


■ Ector County, TX (31.5%)
■ Texas (24%)
■ United States (22.6%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012.

Source geography: County



No Leisure-Time Physical Activity, Adults Age 20+, Percent by County, CDC NCCDPHP 2012

- Over 29.0%
- 26.1 - 29.0%
- 23.1 - 26.0%
- Under 23.1%
- Report Area

[View larger map](#)

Tobacco Usage - Current Smokers

In the report area an estimated 21,038, or 21.9% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

[Download Data](#)

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Ector County, TX	96,064	21,038	21.9%	21.5%
Texas	17,999,726	3,005,954	16.7%	16.5%
United States	232,556,016	41,491,223	17.8%	18.1%

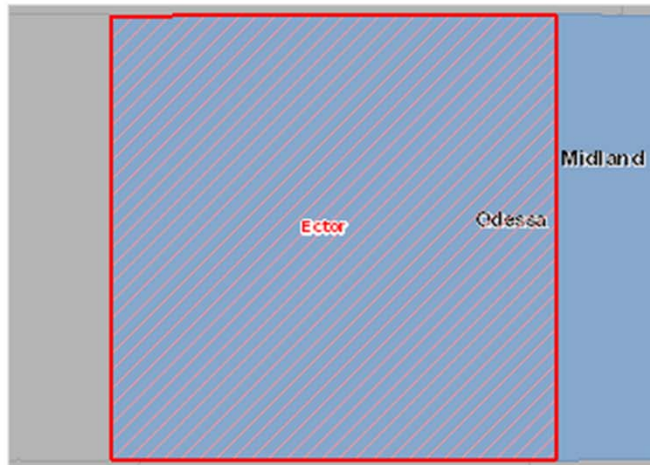
Percent Population Smoking Cigarettes (Age-Adjusted)



■ Ector County, TX (21.5%)
■ Texas (16.5%)
■ United States (18.1%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Current Smokers, Adult, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 26.0%
- 22.1 - 26.0%
- 18.1 - 22.0%
- Under 18.1%
- No Data or Data Suppressed
- ▨ Report Area

[View larger map](#)

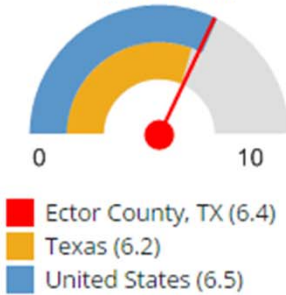
Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

[Download Data](#)

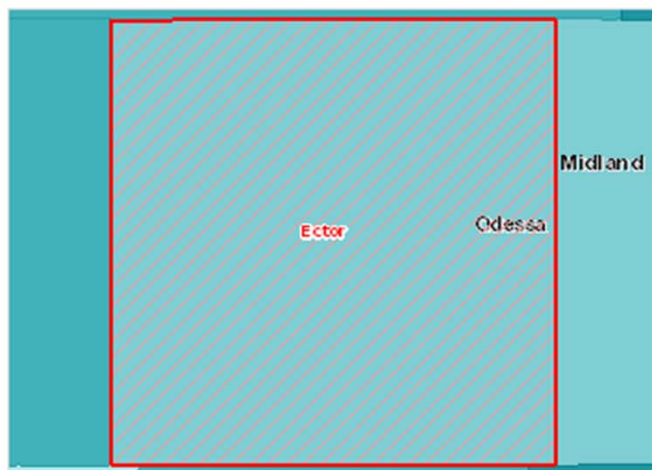
Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Ector County, TX	12,990	83	6.4
Texas	2,014,555	12,490	6.2
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Infant Mortality Rate (Per 1,000 Births)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#), 2006-10. Source geography: County



Infant Mortality, Rate (Per 1,000 Live Births) by County, AHRF 2006-10



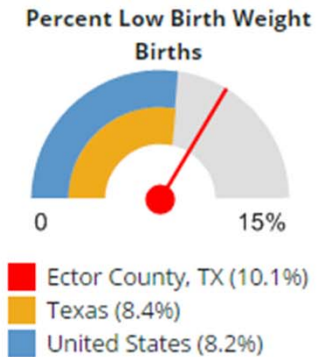
[View larger map](#)

Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

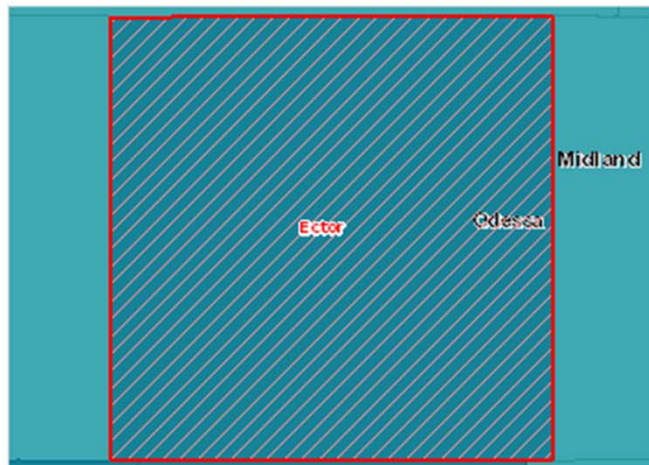
[Download Data](#)

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Ector County, TX	17,500	1,768	10.1%
Texas	2,759,442	231,793	8.4%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County



[View larger map](#)

Low Birth Weight, Percent of Live Births by County, NVSS 2006-12



Food Access - WIC-Authorized Food Stores

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator is relevant because it provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.

[Download Data](#)

Report Area	Total Population (2011 Estimate)	Number WIC-Authorized Food Stores	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
Ector County, TX	140,112	12	8.6
Texas	25,733,170	2,357	9.1
United States	318,921,538	50,042	15.6

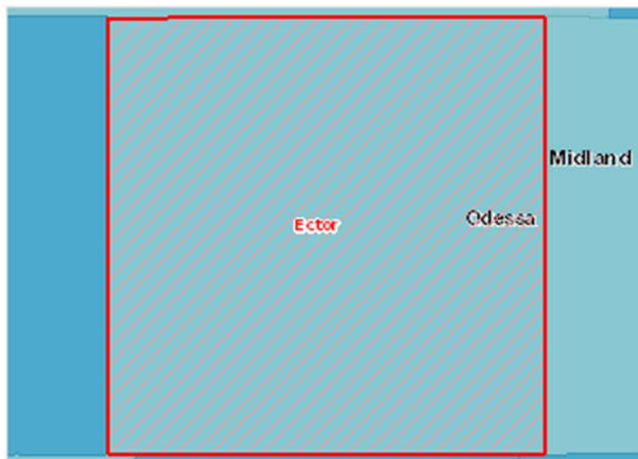
WIC-Authorized Food Stores, Rate (Per 100,000 Population)



■ Ector County, TX (8.6)
■ Texas (9.1)
■ United States (15.6)

Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Environment Atlas](#), 2011. Source geography: County



WIC-Authorized Stores, Rate (Per 100,000 Pop.) by County, FEA 2011

- Over 30.0
- 15.1 - 30.0
- Under 15.1
- No WIC-Authorized Retailers
- No Data or Data Suppressed
- Report Area

[View larger map](#)

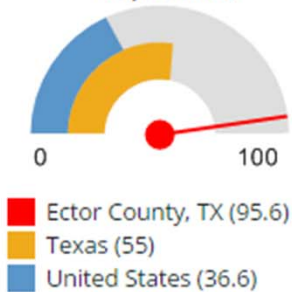
Teen Births

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

[Download Data](#)

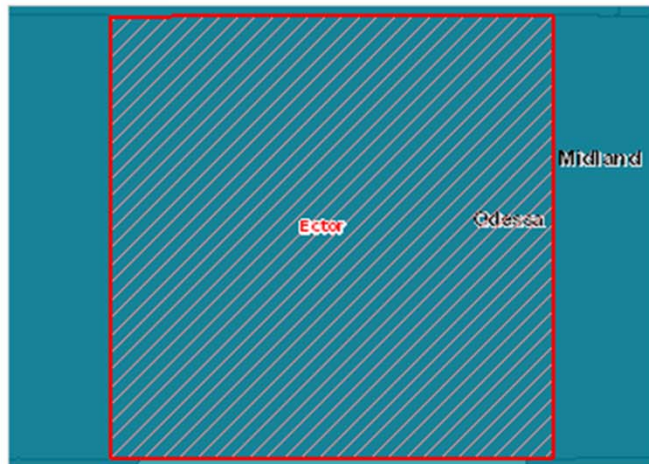
Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Ector County, TX	5,329	509	95.6
Texas	914,438	50,294	55
United States	10,736,677	392,962	36.6

Teen Birth Rate (Per 1,000 Population)



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County



Births to Females Age 15-19, Rate (Per 1,000 Pop.) by County, NVSS 2006-12

- Over 60.0
- 45.1 - 60.0
- 30.1 - 45.0
- Under 30.1
- No Data or Data Suppressed
- Report Area

[View larger map](#)

Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

[Download Data](#)

Report Area	Total Medicare Beneficiaries	Beneficiaries with Depression	Percent with Depression
Ector County, TX	14,969	2,181	14.6%
Texas	2,340,725	379,048	16.2%
United States	34,126,305	5,271,176	15.4%

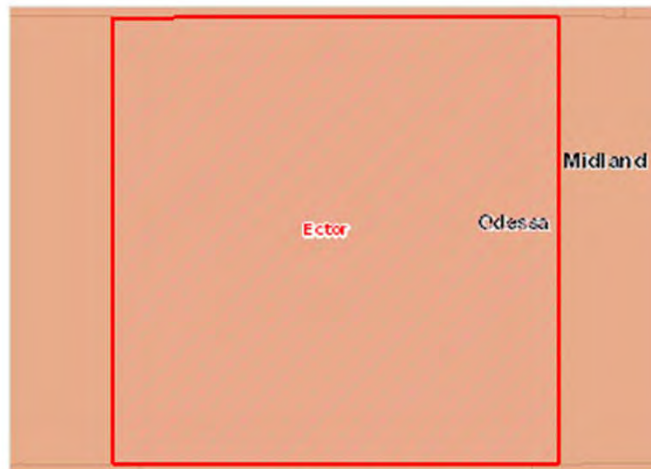
Note: This indicator is compared with the state average.

Data Source: [Centers for Medicare and Medicaid Services](#), 2012. Source geography: County

Percentage of Medicare Beneficiaries with Depression



- Ector County, TX (14.6%)
- Texas (16.2%)
- United States (15.4%)



[View larger map](#)

Beneficiaries with Depression, Percent by County, CMS 2012

- Over 18.0%
- 15.1 - 18.0%
- 12.1 - 15.0%
- Under 12.1%
- No Data or Data Suppressed
- Report Area

Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67-69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Ector County, TX	11,434	965	452	46.9%
Texas	1,845,550	162,979	96,006	58.9%
United States	53,131,712	4,402,782	2,772,990	63%

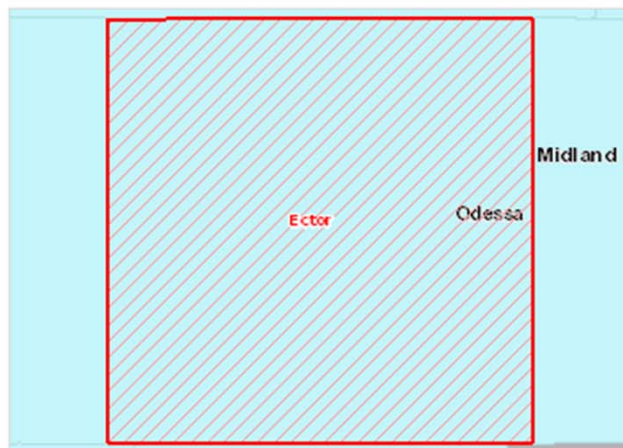
Percent Female Medicare Enrollees with Mammogram in Past 2 Year



■ Ector County, TX (46.9%)
■ Texas (58.9%)
■ United States (63%)

Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, [Dartmouth Atlas of Health Care](#), 2012. Source geography: County



Mammogram (Past 2 Years), Percent of Female Medicare Enrollees, Age 67-69 by County, DA 2012

- Over 72.0%
- 64.1 - 72.0%
- 56.1 - 64.0%
- Under 56.1%
- No Data or Data Suppressed
- Report Area

[View larger map](#)

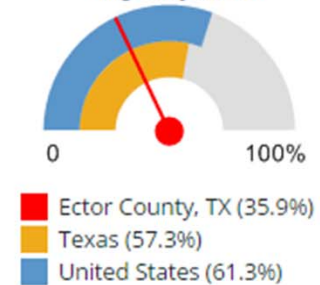
Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

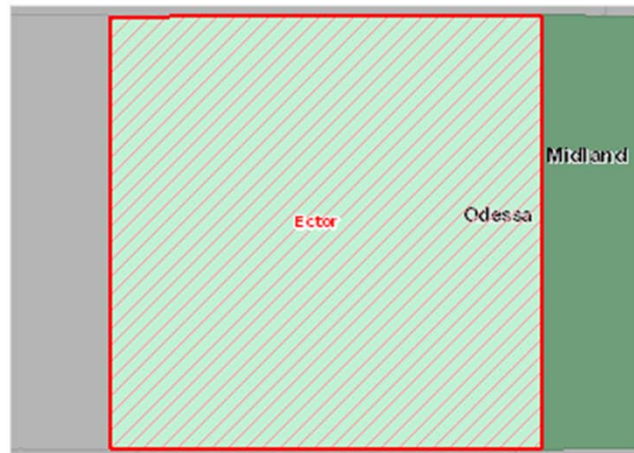
Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Ector County, TX	27,071	10,260	37.9%	35.9%
Texas	5,055,051	3,058,306	60.5%	57.3%
United States	75,116,406	48,549,269	64.6%	61.3%

Percent Adults Screened for Colon Cancer (Age-Adjusted)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Colon Cancer Screening (Ever), Percent of Adults Age 50+ by County, BRFSS 2006-12



[View larger map](#)

Pneumonia Vaccination

This indicator reports the percentage of adults aged 65 and older who self-report that they have ever received a pneumonia vaccine. This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

[Download Data](#)

Report Area	Total Population Age 65+	Estimated Population with Annual Pneumonia Vaccination	Crude Percentage	Age-Adjusted Percentage
Ector County, TX	13,859	9,175	66.2%	67.6%
Texas	2,543,590	1,709,292	67.2%	67.7%
United States	39,608,820	26,680,462	67.4%	67.5%

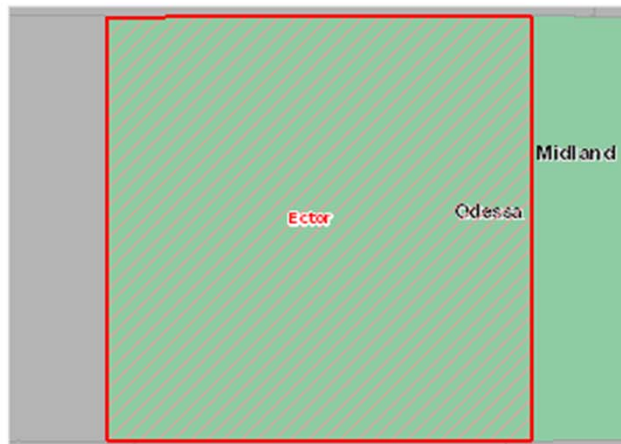
Percent Population Age 65+ with Pneumonia Vaccination (Age-Adjusted)



■ Ector County, TX (67.6%)
■ Texas (67.7%)
■ United States (67.5%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County



Annual Pneumonia Vaccination, Percent of Adults Age 65+ by County, BRFSS 2006-12

- Over 72.0%
- 68.1 - 72.0%
- 64.1 - 68.0%
- Under 64.1%
- No Data or Data Suppressed
- Report Area

[View larger map](#)

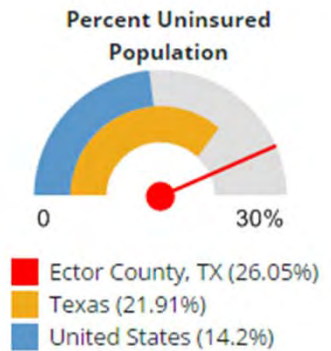
Insurance - Uninsured Population

The lack of health insurance is considered a *key driver* of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

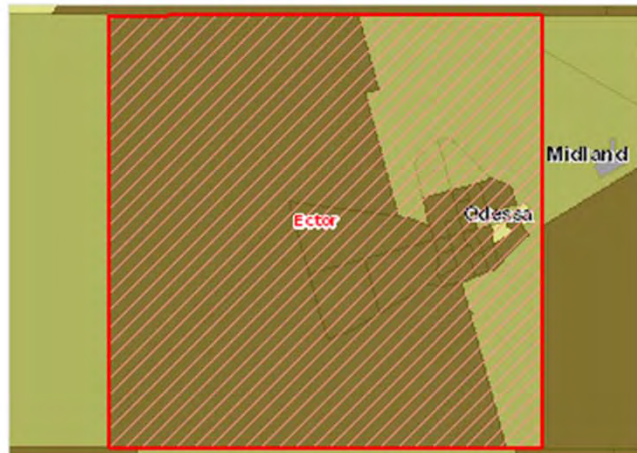
[Download Data](#)

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Ector County, TX	143,540	37,398	26.05%
Texas	25,613,334	5,610,908	21.91%
United States	309,082,272	43,878,140	14.2%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



[View larger map](#)

Uninsured Population, Percent by Tract, ACS 2010-14

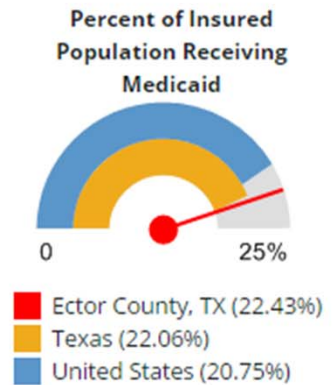


Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

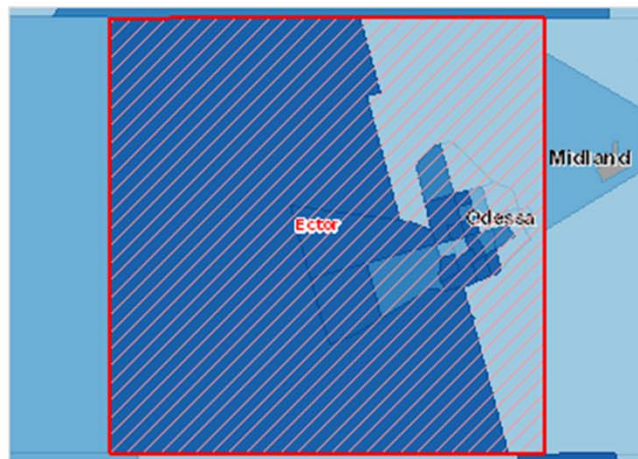
[Download Data](#)

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Ector County, TX	143,540	106,142	23,804	22.43%
Texas	25,613,334	20,002,428	4,412,903	22.06%
United States	309,082,272	265,204,128	55,035,660	20.75%



Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



[View larger map](#)

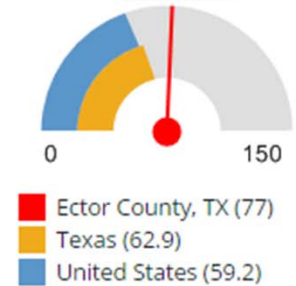
Preventable Hospital Events

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). 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. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

[Download Data](#)

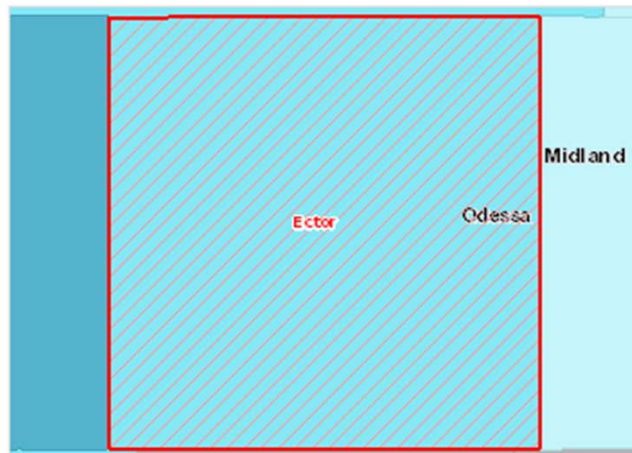
Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Ector County, TX	12,178	937	77
Texas	2,030,887	127,787	62.9
United States	58,209,898	3,448,111	59.2

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



Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2012. Source geography: County



Ambulatory Care Sensitive Conditions, Rate (Per 1,000 Medicare Enrollees) by County, DA 2012

- Over 100.0
- 80.1 - 100.0
- 60.1 - 80.0
- Under 60.1
- No Data or Data Suppressed
- Report Area

[View larger map](#)

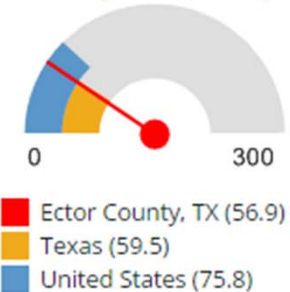
Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" 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. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

[Download Data](#)

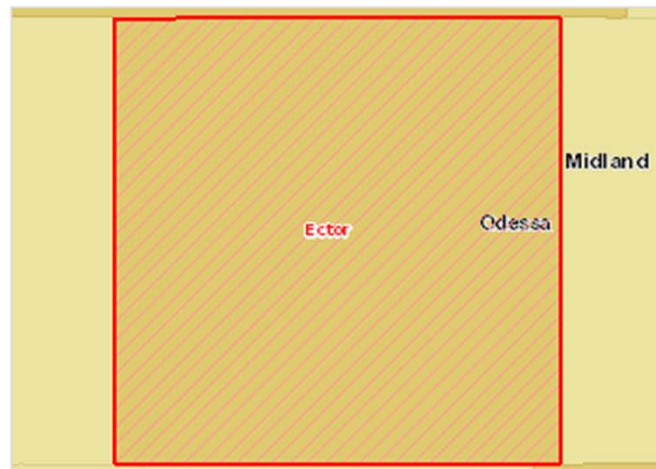
Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
Ector County, TX	149,378	85	56.9
Texas	26,448,193	15,745	59.5
United States	316,128,839	239,500	75.8

Primary Care Physicians, Rate per 100,000 Pop.

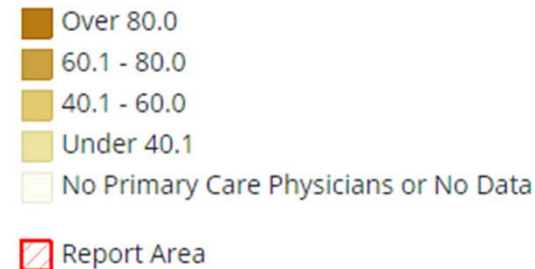


Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File, 2013](#). Source geography: County



Access to Primary Care Physicians, Rate per 100,000 Pop. by County, AHRF 2013



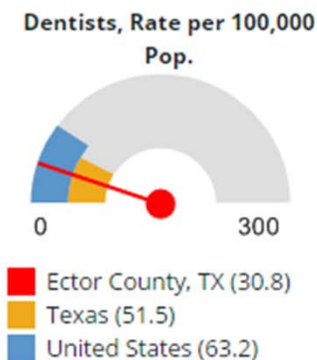
[View larger map](#)

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

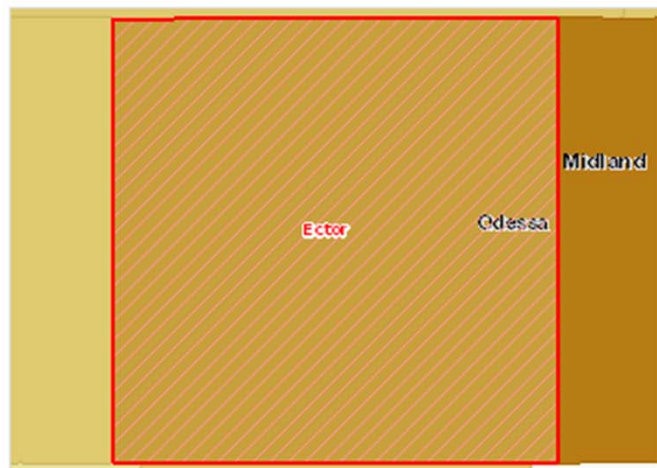
[Download Data](#)

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Pop.
Ector County, TX	149,378	46	30.8
Texas	26,448,193	13,631	51.5
United States	316,128,839	199,743	63.2



Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#), 2013. Source geography: County



Access to Dentists, Rate per 100,000 Pop. by County, AHRF 2013

- Over 50.0
- 35.1 - 50.0
- 20.1 - 35.0
- Under 20.1
- No Dentists
- Report Area

[View larger map](#)

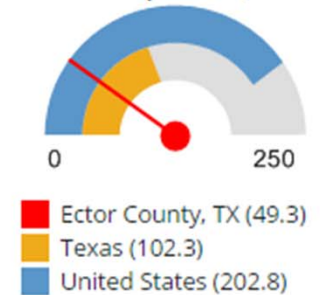
Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

[Download Data](#)

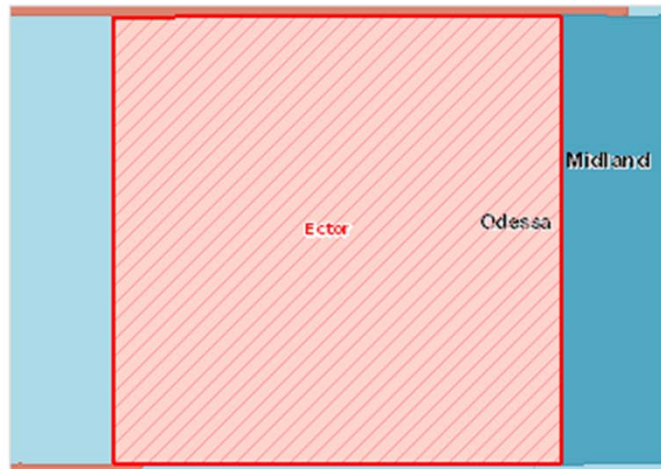
Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Ector County, TX	153,908	76	2,025.1	49.3
Texas	26,667,264	27,294	977	102.3
United States	317,105,555	643,219	493	202.8

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



Note: This indicator is compared with the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#), 2016. Source geography: County



Access to Mental Health Care Providers, Rank by County, CHR 2016

- 1st Quartile (Top 25%)
- 2nd Quartile
- 3rd Quartile
- 4th Quartile (Bottom 25%)
- Bottom Quintile (Rhode Island Only)
- No Data or Data Suppressed; -1
- Report Area

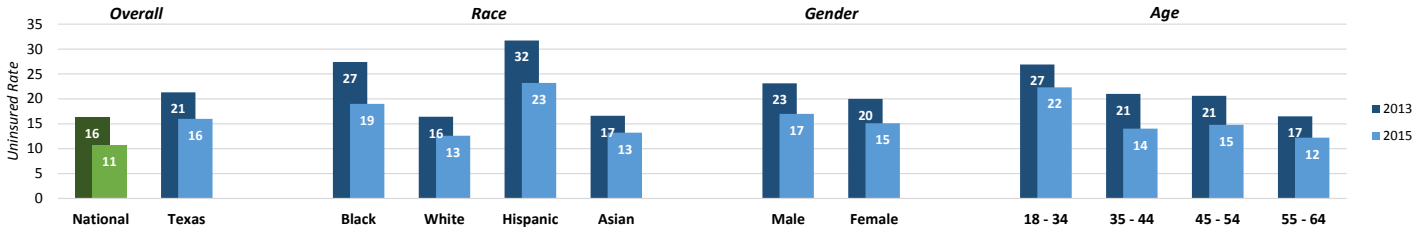
[View larger map](#)

2015 Estimated Uninsured Rate of 18 to 64 year olds: **16.0%**
 2013 Estimated Uninsured Rate of 18 to 64 year olds: **21.3%**
 Decrease from 2013 to 2015: **5.3%**



Before the first Affordable Care Act enrollment period began, Enroll America and Civis Analytics used sophisticated data targeting techniques to create a model of the uninsured population in America. Over the last three years, this model has proven to be timely and accurate, and has played a critical role in our ability to understand who and where the uninsured are and get them the help they need to enroll in coverage. This year, the model has been updated and was used to estimate insurance status for over 180 million non-elderly adult Americans. Grouping individual-level estimates by geography, race, age, gender, and other characteristics enables us to understand the landscape of the uninsured population across the country. Here we provide a detailed look at the uninsured population in Texas, put into context by plan selection data from HHS and a comparison with nationwide uninsured rates. All uninsured rates listed in this document are based on the Enroll America/Civis Analytics uninsured model.

Chart 1: Texas Uninsured Rates for 2013 and 2015 of Key Demographic Groups



Quick Summary

- The current uninsured rate in Texas is 16%. This has decreased by 5% since 2013 prior to the first open enrollment period.
- 23% of Hispanics in Texas are uninsured, 19% of African-Americans are uninsured and 22% of young adults (ages 18-34) are uninsured.

Targeting Recommendations

- Geographic - More uninsured people live in Harris County (16% of the uninsured population) and Dallas County (10% of the uninsured population) than any other county.
- Geographic - The counties with the highest uninsured rates currently are Starr County (34%), Presidio County (34%), Hidalgo County (33%) and Hudspeth County (32%).
- Demographic - Hispanic men ages 18 to 34 (32%) have the highest 2015 uninsured rates, followed by Hispanic women ages 18 to 34 (28%) and African American men ages 18 to 34 (28%).

State Map: 2015 Uninsured Rates by County

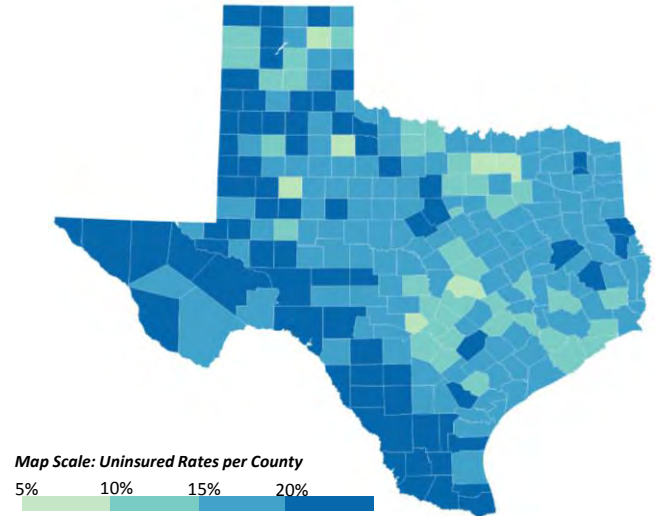


Table 1: Distribution of Uninsured Population by Demographic Groups in Quick Summary

Distribution of Uninsured Population, Ages 18 to 64	Race [1]				Gender		Age			
	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64
% 2013 Uninsured Population in Texas	7.7%	49.1%	40.8%	2.4%	50.5%	49.5%	31.9%	21.8%	30.1%	16.3%
% 2015 Uninsured Population in Texas	6.6%	49.7%	41.2%	2.5%	50.0%	50.0%	36.3%	18.3%	27.7%	17.6%
Change from 2013 to 2015	-1.1%	0.6%	0.4%	0.1%	-0.5%	0.5%	4.5%	-3.5%	-2.3%	1.3%

Table 2: 2015 Uninsured Rates in Most Populous Counties

Top 10 Most Populous Counties, Ordered by Population Size	Total	Race				Gender		Age				Percent
	2015 Uninsured Rate	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of TX Uninsured Population
Harris County	16%	20%	12%	22%	15%	17%	15%	22%	14%	16%	12%	16%
Dallas County	17%	19%	13%	23%	15%	18%	16%	22%	15%	16%	13%	10%
Tarrant County	14%	18%	12%	21%	14%	15%	13%	19%	12%	13%	10%	7%
Bexar County	15%	17%	11%	19%	12%	16%	14%	21%	13%	14%	12%	7%
Travis County	11%	15%	10%	17%	12%	12%	11%	16%	10%	10%	8%	3%
Collin County	7%	9%	7%	12%	7%	8%	7%	12%	6%	6%	5%	2%
El Paso County	25%	21%	20%	27%	21%	27%	24%	33%	22%	23%	20%	5%
Denton County	9%	11%	8%	14%	9%	9%	8%	14%	7%	7%	6%	2%
Fort Bend County	11%	14%	9%	16%	10%	11%	10%	16%	10%	9%	8%	2%
Hidalgo County	33%	28%	25%	34%	27%	35%	31%	41%	29%	31%	26%	5%

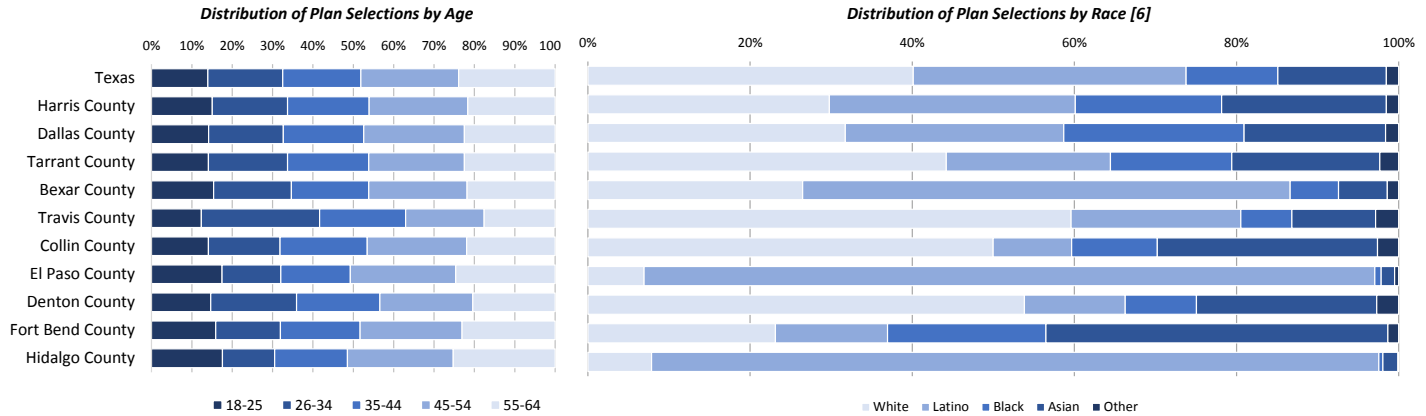
OE2 Plan Selection Data from Health and Human Services

Total OE2 Plan Selections in Texas: [2]	1,205,174
Effectuated OE2 Plan Selections: [3]	966,412
% Effectuated of Total Plan Selections	80%
Texas plans with Advanced Premium Tax Credit (APTC):	832,334
% APTC of Effectuated Plans	86%

Remaining Uninsured Estimates from June 2015 Kaiser Family Foundation Study

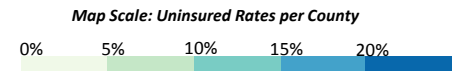
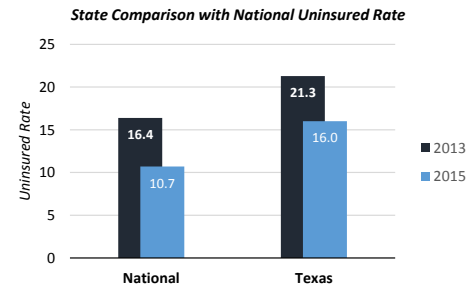
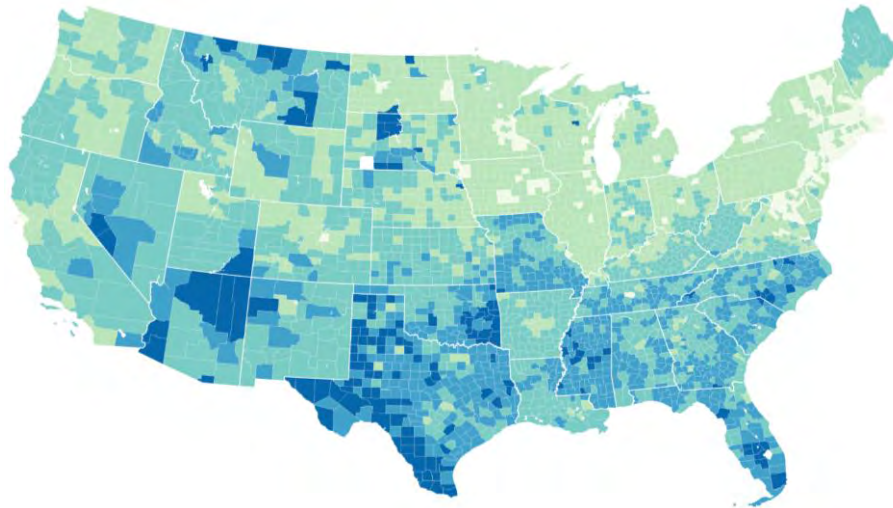
Estimated Number of Remaining Uninsured in Texas: [4]	4,425,000
% Medicaid Eligible of Remaining Uninsured	11%
% Tax Credit Eligible of Remaining Uninsured	23%
% Ineligible for Financial Assistance of Remaining Uninsured [5]	48%
% Consumers in Coverage Gap of Remaining Uninsured	17%

Chart 2: Distribution of Total Plan Selections by Provided Age and Race [6,7]



National Map: 2015 Uninsured Rates by County

- In 2013 before the first open enrollment period, Texas's uninsured rate of 21.3% was 4.9% greater than the national uninsured rate.
- In 2015, Texas's uninsured rate of 16.0% is 5.3% greater than the current national uninsured rate.



Footnotes

- [1] Civis Analytics uses a similar scoring method to assign most likely race to consumers which explains why the race distribution adds up to 100%.
- [2] March 10, 2015 ASPE Issue Brief with total plan selections by state from from November 15, 2015 to February 22, 2015. Full memo can be found here: http://aspe.hhs.gov/sites/default/files/pdf/83656/ib_2015mar_enrollment.pdf
- [3] March 31, 2015 Effectuated Enrollment Snapshot released by the Department of Health and Human Services (HHS) on June 2, 2015. This includes all new and renewing consumers during the second open enrollment period from November 15, 2015 to February 22, 2015. Additional information can be found at: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2015-Fact-sheets-items/2015-06-02.html>
- [4] Estimates of Eligibility for ACA Coverage among the Uninsured released by the Kaiser Family Foundation on June 1, 2015. Additional data and methodology can be found at: <http://kff.org/uninsured/issue-brief/new-estimates-of-eligibility-for-aca-coverage-among-the-uninsured/>
- [5] Ineligible for Financial Assistance is due to Income, ESI Offer, or Citizenship.
- [6] HHS released county level plan selection data broken down by age and race, among other groupings. These plan selections include all new and renewing consumers during the second open enrollment period. The full data file can be found at: <http://aspe.hhs.gov/basic-report/2015-plan-selections-county-health-insurance-marketplace>
- [7] Enrollments for which race is unknown was not included in this graphic. This varies between states, but 36% of plan selections had an unknown race. Other includes American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Multiracial.

Additional Enroll America Research, Blogs and Maps can be found at :
<https://www.enrollamerica.org/research-maps/>



All Counties in Texas- Uninsured Rates by major demographic groups

The Enroll America/Civis Analytics uninsured model provides our best estimate of uninsured rates by geography and demographic group. For smaller geographies — such as ZIP codes and counties — and demographic groups that contain fewer people, Enroll America's estimates may show increased variation from the actual uninsured rate in these areas.

County Name	Total Uninsured Rates			Race				Gender		Age				% of Population			
	2015 Uninsured Rate	2013 Uninsured Rate	Decrease from 2013 to 2015	Black	White	Hispanic	Asian	Male	Female	18 - 34	35 - 44	45 - 54	55 - 64	% of Uninsured Population	Uninsured Population Rank	Uninsured Rate Rank	Total Population Rank
Texas Total	16%	21%	5%	19%	13%	23%	13%	17%	15%	22%	14%	15%	12%	--	--	--	--
Anderson County	18%	26%	8%	21%	17%	25%	22%	19%	17%	26%	17%	16%	14%	0.2%	72	159	72
Andrews County	19%	26%	7%	19%	16%	24%	16%	21%	19%	26%	18%	17%	15%	0.1%	131	123	126
Angelina County	19%	22%	3%	22%	17%	24%	21%	20%	18%	26%	17%	16%	15%	0.4%	40	122	45
Aransas County	17%	24%	7%	18%	16%	22%	18%	18%	16%	25%	17%	16%	14%	0.1%	106	190	100
Archer County	13%	15%	2%	18%	13%	20%	18%	14%	12%	21%	11%	10%	10%	0.0%	190	237	169
Armstrong County	15%	17%	2%	11%	15%	22%	0%	16%	15%	22%	14%	13%	11%	0.0%	241	221	231
Atascosa County	20%	28%	8%	18%	16%	23%	20%	21%	19%	28%	18%	18%	16%	0.2%	66	96	70
Austin County	15%	19%	4%	17%	13%	22%	16%	16%	14%	23%	14%	13%	11%	0.1%	98	220	90
Bailey County	24%	30%	6%	21%	18%	29%	33%	25%	22%	33%	21%	21%	17%	0.0%	182	34	190
Bandera County	16%	18%	2%	15%	16%	22%	18%	18%	16%	25%	16%	14%	13%	0.1%	118	208	108
Bastrop County	16%	21%	5%	18%	15%	22%	16%	18%	16%	25%	15%	15%	13%	0.3%	52	207	48
Baylor County	17%	23%	6%	18%	16%	20%	20%	17%	16%	23%	15%	15%	14%	0.0%	218	189	208
Bee County	21%	30%	9%	19%	18%	23%	23%	22%	20%	29%	19%	19%	15%	0.1%	92	72	97
Bell County	14%	19%	5%	16%	13%	19%	16%	15%	14%	20%	13%	13%	11%	1.1%	17	230	17
Bexar County	15%	22%	7%	17%	11%	19%	12%	16%	14%	21%	13%	14%	12%	6.5%	4	219	4
Blanco County	15%	19%	4%	17%	14%	22%	18%	16%	14%	24%	14%	13%	11%	0.0%	170	218	158
Borden County	10%	17%	7%	7%	10%	15%	0%	11%	10%	15%	8%	8%	8%	0.0%	252	249	251
Bosque County	17%	24%	7%	21%	16%	25%	23%	18%	16%	26%	15%	15%	13%	0.1%	146	188	132
Bowie County	17%	23%	6%	21%	15%	22%	18%	18%	16%	23%	15%	15%	13%	0.4%	41	187	42
Brazoria County	13%	17%	4%	13%	11%	18%	10%	14%	12%	19%	11%	11%	10%	1.0%	19	236	16
Brazos County	14%	20%	6%	18%	13%	20%	14%	15%	13%	19%	12%	13%	10%	0.6%	26	229	24
Brewster County	19%	30%	11%	25%	17%	23%	20%	21%	18%	28%	17%	16%	15%	0.0%	162	121	163
Briscoe County	25%	23%	-2%	29%	23%	36%	45%	27%	24%	36%	23%	22%	20%	0.0%	236	25	239
Brooks County	28%	38%	10%	25%	23%	28%	29%	30%	26%	36%	26%	25%	22%	0.1%	148	12	168
Brown County	17%	23%	6%	19%	16%	23%	23%	18%	16%	25%	15%	16%	14%	0.2%	83	186	80
Burleson County	18%	22%	4%	19%	17%	24%	21%	19%	17%	26%	16%	16%	15%	0.1%	138	158	128
Burnet County	16%	20%	4%	16%	15%	24%	17%	17%	15%	24%	15%	15%	12%	0.2%	80	206	73
Caldwell County	20%	26%	6%	22%	17%	24%	22%	21%	18%	29%	17%	17%	15%	0.2%	73	95	81
Calhoun County	20%	27%	7%	22%	16%	25%	19%	21%	18%	28%	19%	17%	15%	0.1%	104	94	112
Callahan County	17%	22%	5%	17%	16%	22%	20%	18%	16%	24%	15%	15%	13%	0.1%	153	185	138
Cameron County	30%	36%	6%	26%	22%	31%	24%	32%	28%	39%	27%	28%	24%	2.6%	8	7	13
Camp County	22%	27%	5%	24%	20%	29%	24%	23%	21%	30%	20%	20%	17%	0.1%	150	59	151
Carson County	11%	16%	5%	11%	11%	17%	16%	12%	10%	18%	10%	8%	8%	0.0%	215	246	187
Cass County	17%	25%	8%	19%	17%	22%	21%	18%	16%	24%	15%	15%	14%	0.1%	96	184	94
Castro County	26%	30%	4%	23%	19%	31%	24%	27%	24%	35%	23%	23%	19%	0.0%	172	17	189
Chambers County	12%	16%	4%	13%	12%	17%	15%	13%	12%	19%	11%	11%	10%	0.1%	93	240	71
Cherokee County	20%	26%	6%	23%	19%	29%	23%	22%	19%	29%	18%	19%	16%	0.2%	71	93	78
Childress County	16%	25%	9%	18%	15%	22%	24%	17%	15%	24%	15%	15%	13%	0.0%	199	205	192
Clay County	14%	20%	6%	14%	13%	19%	15%	15%	13%	21%	12%	12%	11%	0.0%	181	228	159
Cochran County	27%	33%	6%	30%	23%	31%	31%	28%	25%	35%	25%	23%	21%	0.0%	205	16	222
Coke County	18%	22%	4%	20%	17%	24%	24%	19%	18%	27%	18%	16%	15%	0.0%	228	157	223
Coleman County	18%	27%	9%	20%	17%	24%	21%	20%	17%	26%	17%	17%	15%	0.0%	171	156	171
Collin County	7%	11%	4%	9%	7%	12%	7%	8%	7%	12%	6%	6%	5%	1.5%	12	254	6
Collingsworth County	24%	26%	2%	23%	21%	32%	19%	25%	22%	33%	21%	22%	18%	0.0%	219	33	225
Colorado County	18%	24%	6%	21%	16%	25%	18%	18%	17%	26%	17%	15%	13%	0.1%	113	155	111
Comal County	11%	15%	4%	12%	10%	17%	12%	12%	11%	17%	10%	10%	8%	0.4%	46	245	33
Comanche County	22%	26%	4%	22%	20%	30%	19%	24%	21%	31%	20%	20%	18%	0.1%	140	58	145
Concho County	19%	20%	1%	14%	17%	25%	19%	20%	18%	28%	18%	16%	15%	0.0%	234	120	234

Cooke County	17%	21%	4%	21%	16%	27%	23%	18%	16%	25%	16%	15%	14%	0.2%	79	183	77
Coryell County	15%	20%	5%	16%	15%	19%	18%	16%	14%	22%	14%	13%	11%	0.2%	58	217	52
Cottle County	23%	21%	-2%	15%	21%	31%	12%	24%	23%	32%	22%	19%	18%	0.0%	240	47	241
Crane County	19%	30%	11%	17%	16%	22%	18%	21%	17%	27%	18%	16%	14%	0.0%	201	119	202
Crockett County	22%	26%	4%	24%	18%	25%	21%	22%	21%	29%	21%	18%	16%	0.0%	204	57	212
Crosby County	22%	30%	8%	18%	18%	26%	19%	24%	21%	30%	21%	20%	17%	0.0%	192	56	195
Culberson County	29%	39%	10%	22%	25%	30%	34%	30%	28%	38%	26%	24%	23%	0.0%	217	9	229
Dallam County	24%	30%	6%	21%	21%	30%	28%	25%	22%	31%	22%	22%	19%	0.0%	175	32	186
Dallas County	17%	24%	7%	19%	13%	23%	15%	18%	16%	22%	15%	16%	13%	9.7%	2	182	2
Dawson County	23%	30%	7%	22%	18%	27%	21%	24%	22%	31%	21%	21%	17%	0.1%	141	46	148
Deaf Smith County	23%	30%	7%	19%	16%	26%	21%	24%	21%	31%	21%	21%	17%	0.1%	122	45	134
Delta County	20%	24%	4%	23%	20%	25%	22%	21%	19%	27%	18%	17%	18%	0.0%	200	92	201
Denton County	9%	12%	3%	11%	8%	14%	9%	9%	8%	14%	7%	7%	6%	1.7%	10	252	8
DeWitt County	18%	24%	6%	22%	15%	23%	21%	19%	17%	25%	16%	16%	14%	0.1%	124	154	118
Dickens County	18%	24%	6%	20%	16%	24%	21%	19%	17%	28%	15%	17%	14%	0.0%	238	153	236
Dimmit County	25%	37%	12%	19%	20%	26%	26%	27%	23%	33%	23%	22%	20%	0.1%	143	24	157
Donley County	18%	21%	3%	16%	18%	25%	24%	19%	18%	27%	17%	15%	14%	0.0%	223	152	220
Duval County	24%	33%	9%	21%	21%	26%	22%	26%	23%	32%	22%	21%	19%	0.1%	136	31	147
Eastland County	20%	26%	6%	18%	19%	26%	27%	21%	19%	28%	18%	18%	17%	0.1%	120	91	123
Ector County	23%	29%	6%	24%	19%	28%	23%	25%	22%	30%	21%	22%	18%	0.8%	23	44	29
Edwards County	25%	29%	4%	0%	19%	29%	0%	26%	24%	35%	23%	21%	18%	0.0%	237	23	240
Ellis County	14%	17%	3%	17%	12%	20%	15%	15%	13%	20%	12%	12%	10%	0.6%	27	227	25
El Paso County	25%	30%	5%	21%	20%	27%	21%	27%	24%	33%	22%	23%	20%	4.7%	6	22	7
Erath County	21%	26%	5%	20%	20%	29%	25%	22%	20%	28%	18%	18%	15%	0.2%	75	71	84
Falls County	20%	29%	9%	24%	17%	25%	20%	21%	18%	27%	19%	18%	16%	0.1%	135	90	135
Fannin County	17%	23%	6%	21%	17%	23%	19%	18%	17%	25%	16%	15%	14%	0.1%	94	181	92
Fayette County	15%	19%	4%	20%	14%	22%	19%	16%	14%	23%	14%	13%	12%	0.1%	121	216	103
Fisher County	18%	26%	8%	20%	17%	22%	22%	19%	17%	26%	17%	15%	14%	0.0%	213	151	207
Floyd County	22%	29%	7%	19%	17%	27%	19%	24%	21%	31%	20%	19%	17%	0.0%	188	55	193
Foard County	27%	29%	2%	35%	25%	33%	32%	28%	26%	35%	24%	23%	21%	0.0%	242	15	244
Fort Bend County	11%	14%	3%	14%	9%	16%	10%	11%	10%	16%	10%	9%	8%	1.8%	9	244	9
Franklin County	17%	24%	7%	21%	16%	24%	21%	17%	16%	24%	15%	14%	12%	0.0%	184	180	175
Freestone County	16%	22%	6%	20%	16%	24%	22%	17%	15%	24%	15%	15%	13%	0.1%	145	204	125
Frio County	23%	33%	10%	21%	18%	25%	22%	25%	21%	31%	21%	20%	18%	0.1%	115	43	133
Gaines County	25%	25%	0%	21%	21%	31%	26%	26%	24%	33%	22%	21%	19%	0.1%	123	21	140
Galveston County	13%	18%	5%	17%	11%	18%	12%	14%	12%	18%	11%	11%	10%	1.1%	18	235	15
Garza County	18%	26%	8%	19%	15%	22%	24%	19%	17%	25%	16%	15%	14%	0.0%	212	150	206
Gillespie County	16%	18%	2%	16%	15%	25%	19%	18%	15%	25%	15%	14%	13%	0.1%	110	203	98
Glasscock County	12%	14%	2%	5%	10%	19%	0%	13%	10%	18%	10%	9%	8%	0.0%	249	239	245
Goliad County	15%	20%	5%	14%	13%	21%	16%	17%	14%	23%	15%	12%	12%	0.0%	193	215	177
Gonzales County	23%	29%	6%	23%	19%	28%	24%	24%	22%	31%	21%	20%	17%	0.1%	102	42	119
Gray County	19%	25%	6%	22%	17%	27%	21%	20%	18%	26%	18%	18%	15%	0.1%	109	118	109
Grayson County	16%	22%	6%	20%	16%	25%	18%	17%	15%	23%	15%	15%	13%	0.5%	32	202	35
Gregg County	17%	23%	6%	22%	15%	25%	18%	18%	16%	23%	16%	16%	13%	0.5%	31	179	36
Grimes County	18%	23%	5%	22%	16%	23%	19%	19%	16%	25%	16%	15%	14%	0.1%	101	149	101
Guadalupe County	13%	17%	4%	13%	11%	19%	13%	14%	13%	19%	12%	12%	11%	0.5%	33	234	27
Hale County	23%	30%	7%	22%	18%	27%	20%	24%	22%	31%	22%	21%	18%	0.2%	74	41	88
Hall County	24%	28%	4%	30%	21%	31%	31%	25%	23%	33%	23%	21%	20%	0.0%	211	30	219
Hamilton County	18%	24%	6%	21%	18%	24%	23%	19%	17%	26%	16%	16%	15%	0.0%	185	148	178
Hansford County	19%	25%	6%	18%	16%	26%	22%	21%	17%	28%	15%	17%	14%	0.0%	198	117	197
Hardeman County	20%	27%	7%	20%	19%	26%	20%	21%	19%	28%	18%	18%	16%	0.0%	207	89	210
Hardin County	14%	20%	6%	19%	14%	18%	17%	15%	13%	21%	13%	12%	11%	0.2%	64	226	53
Harris County	16%	22%	6%	20%	12%	22%	15%	17%	15%	22%	14%	16%	12%	16.1%	1	201	1
Harrison County	18%	22%	4%	24%	16%	26%	19%	19%	17%	26%	15%	15%	14%	0.3%	49	147	47
Hartley County	13%	14%	1%	14%	12%	19%	14%	14%	13%	21%	11%	10%	10%	0.0%	227	233	205
Haskell County	20%	29%	9%	21%	18%	26%	19%	21%	19%	29%	18%	18%	16%	0.0%	195	88	198
Hays County	13%	18%	5%	20%	12%	18%	15%	14%	13%	20%	11%	11%	8%	0.6%	25	232	23
Hemphill County	15%	19%	4%	18%	14%	22%	16%	16%	14%	23%	12%	13%	11%	0.0%	221	214	209
Henderson County	17%	26%	9%	19%	17%	24%	21%	19%	16%	25%	16%	16%	15%	0.3%	48	178	46

Hidalgo County	33%	37%	4%	28%	25%	34%	27%	35%	31%	41%	29%	31%	26%	5.0%	5	4	10
Hill County	19%	25%	6%	23%	18%	26%	22%	20%	18%	27%	17%	17%	15%	0.2%	81	116	83
Hockley County	19%	26%	7%	18%	15%	24%	18%	20%	18%	26%	17%	16%	14%	0.1%	100	115	105
Hood County	16%	19%	3%	15%	15%	23%	17%	17%	14%	23%	15%	15%	12%	0.2%	60	200	55
Hopkins County	20%	24%	4%	22%	19%	28%	24%	21%	19%	27%	17%	18%	16%	0.2%	86	87	87
Houston County	21%	27%	6%	24%	20%	29%	26%	22%	20%	30%	19%	19%	17%	0.1%	108	70	117
Howard County	21%	28%	7%	21%	18%	26%	21%	22%	19%	28%	19%	19%	16%	0.2%	87	69	91
Hudspeth County	32%	34%	2%	24%	26%	36%	34%	33%	31%	42%	30%	26%	23%	0.0%	220	5	232
Hunt County	17%	22%	5%	21%	16%	25%	19%	19%	16%	24%	16%	16%	14%	0.4%	45	177	44
Hutchinson County	17%	23%	6%	20%	16%	24%	19%	18%	16%	24%	16%	15%	13%	0.1%	112	176	107
Irion County	19%	23%	4%	13%	17%	26%	33%	20%	18%	27%	17%	14%	13%	0.0%	235	114	235
Jack County	17%	24%	7%	17%	16%	23%	22%	18%	17%	24%	15%	15%	14%	0.0%	191	175	181
Jackson County	17%	22%	5%	21%	15%	22%	19%	18%	16%	24%	15%	15%	13%	0.1%	154	174	139
Jasper County	18%	27%	9%	22%	17%	24%	21%	19%	17%	25%	16%	16%	14%	0.1%	89	146	86
Jeff Davis County	20%	23%	3%	17%	18%	27%	19%	21%	19%	32%	19%	17%	15%	0.0%	232	86	230
Jefferson County	18%	26%	8%	23%	15%	25%	21%	20%	17%	25%	17%	17%	15%	1.1%	15	145	19
Jim Hogg County	25%	36%	11%	28%	23%	26%	26%	28%	23%	33%	22%	21%	19%	0.0%	179	20	191
Jim Wells County	24%	31%	7%	22%	18%	26%	21%	25%	22%	32%	22%	21%	18%	0.2%	54	29	69
Johnson County	16%	19%	3%	17%	15%	22%	18%	17%	15%	22%	14%	15%	12%	0.6%	24	199	26
Jones County	19%	26%	7%	20%	18%	25%	23%	20%	18%	27%	17%	17%	16%	0.1%	134	113	130
Karnes County	17%	28%	11%	21%	14%	22%	16%	19%	16%	25%	16%	15%	13%	0.1%	157	173	144
Kaufman County	14%	17%	3%	20%	14%	19%	17%	15%	14%	21%	12%	13%	12%	0.4%	39	225	37
Kendall County	10%	14%	4%	11%	9%	16%	10%	11%	10%	17%	9%	8%	7%	0.1%	105	248	75
Kenedy County	18%	28%	10%	0%	15%	19%	20%	19%	16%	24%	13%	13%	12%	0.0%	251	144	252
Kent County	17%	24%	7%	15%	16%	22%	14%	17%	16%	23%	14%	14%	13%	0.0%	248	172	250
Kerr County	18%	22%	4%	18%	16%	24%	21%	19%	16%	26%	16%	16%	13%	0.2%	67	143	62
Kimble County	20%	26%	6%	18%	19%	27%	25%	22%	19%	30%	19%	19%	16%	0.0%	208	85	211
King County	8%	14%	6%	0%	8%	14%	0%	9%	8%	15%	8%	6%	5%	0.0%	254	253	253
Kinney County	20%	32%	12%	27%	16%	24%	24%	21%	19%	28%	17%	17%	14%	0.0%	225	84	226
Kleberg County	22%	33%	11%	21%	19%	24%	23%	24%	21%	30%	20%	20%	17%	0.2%	77	54	89
Knox County	23%	27%	4%	25%	20%	29%	30%	25%	22%	32%	21%	21%	18%	0.0%	203	40	214
Lamar County	18%	22%	4%	23%	17%	24%	22%	19%	17%	25%	16%	16%	15%	0.2%	61	142	59
Lamb County	24%	31%	7%	21%	19%	29%	27%	25%	23%	32%	22%	22%	19%	0.1%	139	28	149
Lampasas County	17%	23%	6%	17%	16%	23%	18%	18%	16%	25%	16%	15%	14%	0.1%	116	171	110
La Salle County	25%	35%	10%	24%	21%	27%	21%	27%	24%	34%	23%	22%	20%	0.0%	176	19	188
Lavaca County	16%	21%	5%	20%	15%	23%	19%	17%	15%	23%	15%	14%	13%	0.1%	127	198	114
Lee County	15%	19%	4%	18%	14%	23%	17%	17%	14%	23%	14%	14%	12%	0.1%	152	213	131
Leon County	18%	21%	3%	20%	18%	26%	22%	19%	18%	27%	17%	16%	14%	0.1%	137	141	127
Liberty County	20%	23%	3%	22%	19%	27%	23%	21%	19%	27%	18%	18%	16%	0.3%	47	83	49
Limestone County	19%	27%	8%	21%	18%	25%	22%	20%	18%	26%	18%	17%	14%	0.1%	111	112	113
Lipscomb County	19%	21%	2%	24%	17%	29%	23%	20%	18%	27%	17%	15%	13%	0.0%	224	111	221
Live Oak County	19%	25%	6%	20%	16%	24%	22%	20%	17%	27%	18%	15%	14%	0.0%	166	110	167
Llano County	15%	20%	5%	16%	14%	23%	19%	16%	14%	23%	15%	14%	11%	0.1%	144	212	120
Loving County	19%	25%	6%	0%	18%	27%	0%	20%	19%	28%	19%	18%	15%	0.0%	253	109	254
Lubbock County	15%	22%	7%	21%	12%	20%	15%	16%	14%	20%	13%	14%	11%	1.0%	20	211	18
Lynn County	20%	25%	5%	22%	16%	26%	24%	22%	19%	29%	18%	17%	16%	0.0%	194	82	194
McCulloch County	20%	27%	7%	22%	18%	25%	18%	21%	18%	28%	17%	18%	16%	0.0%	169	81	176
McLennan County	16%	22%	6%	21%	14%	23%	16%	17%	15%	22%	14%	15%	12%	0.9%	21	197	20
McMullen County	17%	23%	6%	13%	15%	19%	0%	17%	16%	25%	15%	14%	13%	0.0%	247	170	247
Madison County	18%	24%	6%	20%	17%	25%	24%	19%	17%	26%	17%	16%	15%	0.0%	160	140	155
Marion County	20%	26%	6%	20%	20%	25%	20%	21%	19%	28%	19%	18%	17%	0.0%	161	80	164
Martin County	21%	25%	4%	14%	18%	27%	17%	22%	20%	29%	19%	17%	14%	0.0%	214	68	215
Mason County	19%	20%	1%	24%	17%	27%	25%	20%	18%	29%	16%	16%	14%	0.0%	216	108	213
Matagorda County	20%	28%	8%	20%	17%	25%	20%	21%	19%	28%	19%	18%	15%	0.2%	78	79	85
Maverick County	34%	36%	2%	29%	29%	34%	30%	36%	32%	43%	29%	30%	27%	0.4%	36	3	57
Medina County	17%	25%	8%	17%	14%	22%	18%	18%	17%	25%	16%	15%	13%	0.2%	69	169	64
Menard County	25%	22%	-3%	0%	22%	33%	33%	26%	24%	35%	23%	22%	20%	0.0%	231	18	237
Midland County	16%	20%	4%	19%	12%	23%	16%	17%	15%	21%	14%	15%	11%	0.6%	28	196	28
Milam County	18%	24%	6%	21%	16%	24%	20%	19%	17%	25%	16%	16%	14%	0.1%	107	139	106

Mills County	19%	22%	3%	15%	18%	28%	13%	20%	18%	29%	18%	16%	15%	0.0%	202	107	203
Mitchell County	19%	30%	11%	17%	17%	24%	24%	21%	18%	27%	18%	18%	15%	0.0%	183	106	179
Montague County	18%	23%	5%	17%	18%	25%	18%	19%	17%	26%	16%	16%	15%	0.1%	117	138	115
Montgomery County	11%	15%	4%	13%	10%	17%	10%	11%	10%	16%	10%	10%	8%	1.4%	14	243	11
Moore County	21%	26%	5%	21%	17%	27%	28%	23%	20%	29%	19%	19%	16%	0.1%	114	67	124
Morris County	17%	25%	8%	17%	18%	24%	19%	19%	17%	26%	16%	16%	13%	0.1%	159	168	146
Motley County	19%	21%	2%	18%	18%	28%	0%	19%	19%	27%	16%	16%	16%	0.0%	245	105	249
Nacogdoches County	18%	25%	7%	22%	17%	25%	20%	19%	17%	24%	16%	16%	14%	0.2%	53	137	54
Navarro County	20%	25%	5%	22%	18%	27%	24%	21%	19%	28%	19%	19%	16%	0.2%	62	78	68
Newton County	18%	28%	10%	17%	18%	22%	18%	19%	17%	25%	17%	15%	14%	0.0%	173	136	173
Nolan County	21%	29%	8%	23%	18%	26%	22%	22%	20%	28%	20%	19%	17%	0.1%	132	66	136
Nueces County	17%	25%	8%	17%	13%	20%	14%	18%	16%	23%	16%	16%	13%	1.4%	13	167	14
Ochiltree County	21%	28%	7%	18%	18%	27%	27%	22%	20%	28%	18%	20%	15%	0.1%	158	65	162
Oldham County	14%	18%	4%	31%	13%	21%	19%	14%	13%	21%	12%	11%	10%	0.0%	239	224	228
Orange County	16%	21%	5%	20%	16%	21%	20%	17%	15%	23%	15%	15%	13%	0.4%	44	195	41
Palo Pinto County	22%	26%	4%	25%	20%	30%	28%	23%	21%	31%	20%	20%	17%	0.2%	85	53	93
Panola County	17%	23%	6%	18%	16%	24%	21%	18%	16%	24%	15%	15%	13%	0.1%	103	166	99
Parker County	12%	15%	3%	11%	17%	17%	12%	12%	11%	17%	10%	10%	9%	0.4%	38	238	31
Parmer County	22%	29%	7%	19%	18%	28%	23%	24%	21%	32%	20%	21%	16%	0.0%	164	52	174
Pecos County	23%	31%	8%	22%	18%	26%	25%	25%	22%	32%	21%	20%	16%	0.1%	130	39	141
Polk County	21%	25%	4%	23%	21%	26%	26%	23%	20%	30%	20%	19%	17%	0.2%	57	64	67
Potter County	21%	28%	7%	26%	18%	27%	25%	22%	20%	27%	19%	20%	17%	0.5%	29	63	39
Presidio County	34%	33%	-1%	18%	24%	38%	38%	36%	33%	45%	31%	27%	25%	0.0%	174	2	200
Rains County	18%	25%	7%	17%	17%	24%	18%	18%	17%	25%	17%	16%	14%	0.0%	167	135	165
Randall County	11%	15%	4%	12%	10%	16%	12%	12%	10%	16%	10%	9%	8%	0.4%	42	242	30
Reagan County	22%	26%	4%	22%	17%	26%	23%	23%	20%	31%	20%	19%	16%	0.0%	209	51	216
Real County	20%	24%	4%	13%	18%	27%	16%	21%	19%	29%	19%	17%	15%	0.0%	222	77	224
Red River County	19%	27%	8%	22%	18%	25%	18%	21%	18%	27%	17%	17%	16%	0.1%	156	104	150
Reeves County	28%	36%	8%	22%	23%	29%	28%	30%	26%	36%	26%	25%	22%	0.1%	128	11	154
Refugio County	18%	26%	8%	21%	15%	21%	25%	19%	17%	25%	17%	15%	14%	0.0%	187	134	180
Roberts County	10%	16%	6%	7%	10%	17%	0%	11%	10%	16%	9%	9%	7%	0.0%	250	247	246
Robertson County	19%	24%	5%	21%	17%	24%	22%	20%	18%	26%	17%	16%	15%	0.1%	126	103	122
Rockwall County	9%	12%	3%	9%	8%	13%	10%	9%	8%	14%	8%	7%	6%	0.2%	65	251	40
Runnels County	18%	26%	8%	19%	16%	24%	21%	19%	17%	26%	18%	16%	15%	0.0%	163	133	160
Rusk County	17%	23%	6%	20%	16%	24%	19%	18%	16%	24%	16%	15%	13%	0.2%	70	165	65
Sabine County	18%	25%	7%	18%	18%	23%	22%	19%	17%	27%	17%	16%	14%	0.0%	168	132	166
San Augustine County	21%	30%	9%	24%	19%	26%	28%	22%	20%	29%	19%	19%	16%	0.0%	180	62	182
San Jacinto County	18%	24%	6%	19%	18%	24%	22%	19%	17%	26%	17%	17%	14%	0.1%	97	131	96
San Patricio County	18%	25%	7%	17%	14%	22%	16%	19%	17%	25%	16%	16%	14%	0.3%	51	130	50
San Saba County	20%	26%	6%	20%	19%	27%	22%	21%	19%	30%	18%	18%	16%	0.0%	195	76	198
Schleicher County	21%	28%	7%	33%	18%	26%	23%	22%	20%	31%	20%	17%	15%	0.0%	229	61	227
Scurry County	19%	25%	6%	18%	16%	25%	24%	20%	18%	26%	17%	17%	14%	0.1%	133	102	129
Shackelford County	16%	21%	5%	15%	16%	23%	21%	18%	15%	24%	15%	14%	13%	0.0%	226	194	217
Shelby County	22%	29%	7%	25%	21%	30%	28%	24%	22%	31%	20%	20%	18%	0.1%	95	50	104
Sherman County	23%	25%	2%	26%	20%	33%	21%	25%	22%	33%	19%	17%	17%	0.0%	230	38	233
Smith County	16%	21%	5%	21%	14%	25%	17%	17%	15%	22%	14%	15%	12%	0.9%	22	193	22
Somervell County	14%	17%	3%	14%	13%	20%	16%	15%	14%	22%	13%	12%	10%	0.0%	189	223	172
Starr County	34%	39%	5%	26%	30%	34%	31%	36%	32%	42%	30%	30%	26%	0.4%	37	1	58
Stephens County	20%	25%	5%	18%	19%	27%	25%	21%	19%	28%	19%	18%	16%	0.0%	165	75	170
Sterling County	17%	21%	4%	21%	15%	25%	16%	18%	17%	26%	15%	14%	12%	0.0%	244	164	242
Stonewall County	18%	25%	7%	15%	17%	25%	0%	19%	16%	26%	17%	15%	13%	0.0%	243	129	243
Sutton County	18%	27%	9%	13%	14%	23%	18%	20%	17%	26%	17%	16%	14%	0.0%	210	128	204
Swisher County	20%	29%	9%	20%	17%	26%	16%	22%	19%	28%	18%	18%	16%	0.0%	186	74	185
Tarrant County	14%	18%	4%	18%	12%	21%	14%	15%	13%	19%	12%	13%	10%	6.6%	3	222	3
Taylor County	16%	21%	5%	19%	14%	22%	17%	17%	15%	21%	15%	14%	12%	0.5%	30	192	32
Terrell County	18%	17%	-1%	0%	16%	20%	14%	19%	16%	27%	16%	14%	12%	0.0%	246	127	248
Terry County	23%	30%	7%	25%	19%	28%	23%	25%	22%	32%	22%	21%	18%	0.1%	147	37	153
Throckmorton County	23%	23%	0%	20%	23%	29%	0%	25%	22%	32%	22%	19%	19%	0.0%	233	36	238
Titus County	24%	29%	5%	24%	21%	32%	26%	25%	22%	32%	21%	22%	18%	0.2%	84	27	95

Tom Green County	17%	23%	6%	18%	14%	22%	17%	18%	16%	23%	15%	16%	13%	0.4%	35	163	38
Travis County	11%	19%	8%	15%	10%	17%	12%	12%	11%	16%	10%	10%	8%	3.2%	7	241	5
Trinity County	19%	23%	4%	20%	19%	26%	26%	20%	18%	28%	18%	17%	16%	0.1%	151	101	143
Tyler County	18%	26%	8%	22%	18%	22%	19%	19%	17%	26%	17%	16%	15%	0.1%	129	126	121
Upshur County	17%	22%	5%	20%	17%	23%	20%	18%	16%	25%	16%	15%	13%	0.2%	76	162	74
Upton County	23%	26%	3%	21%	20%	27%	25%	24%	21%	31%	21%	18%	16%	0.0%	206	35	218
Uvalde County	24%	33%	9%	21%	18%	26%	24%	25%	22%	32%	22%	21%	17%	0.1%	90	26	102
Val Verde County	27%	33%	6%	21%	21%	29%	24%	28%	25%	34%	24%	24%	21%	0.3%	50	14	66
Van Zandt County	19%	24%	5%	21%	19%	26%	22%	20%	18%	27%	17%	16%	15%	0.2%	63	100	63
Victoria County	17%	23%	6%	20%	14%	22%	15%	18%	16%	24%	16%	16%	13%	0.4%	43	161	43
Walker County	18%	22%	4%	20%	17%	25%	23%	19%	17%	25%	17%	16%	13%	0.2%	55	125	56
Waller County	19%	22%	3%	22%	18%	24%	21%	20%	18%	26%	16%	15%	13%	0.2%	59	99	60
Ward County	21%	29%	8%	20%	18%	25%	23%	22%	20%	28%	20%	19%	16%	0.1%	155	60	156
Washington County	16%	19%	3%	19%	14%	23%	19%	17%	15%	23%	14%	14%	12%	0.1%	91	191	82
Webb County	28%	34%	6%	25%	22%	28%	23%	30%	26%	36%	24%	26%	22%	1.6%	11	10	21
Wharton County	20%	25%	5%	23%	17%	26%	23%	22%	19%	28%	18%	18%	16%	0.2%	68	73	76
Wheeler County	19%	23%	4%	21%	18%	27%	21%	20%	17%	27%	16%	16%	14%	0.0%	197	98	196
Wichita County	15%	21%	6%	21%	14%	21%	16%	16%	14%	21%	14%	14%	12%	0.5%	34	210	34
Wilbarger County	19%	25%	6%	22%	17%	24%	22%	20%	18%	26%	18%	17%	15%	0.1%	149	97	142
Willacy County	30%	43%	13%	40%	23%	31%	30%	30%	29%	37%	27%	27%	25%	0.1%	99	6	137
Williamson County	9%	13%	4%	10%	8%	13%	8%	9%	8%	14%	8%	7%	7%	1.1%	16	250	12
Wilson County	13%	18%	5%	12%	11%	18%	14%	14%	12%	20%	12%	11%	10%	0.1%	88	231	61
Winkler County	22%	31%	9%	21%	19%	27%	25%	24%	21%	30%	21%	20%	17%	0.0%	178	49	184
Wise County	15%	19%	4%	14%	14%	21%	17%	15%	14%	22%	13%	13%	11%	0.2%	56	209	51
Wood County	17%	24%	7%	20%	17%	25%	21%	18%	17%	25%	16%	15%	14%	0.2%	82	160	79
Yoakum County	22%	27%	5%	13%	17%	26%	23%	23%	21%	30%	20%	19%	16%	0.0%	177	48	183
Young County	18%	23%	5%	21%	18%	25%	19%	19%	17%	26%	16%	16%	14%	0.1%	119	124	116
Zapata County	29%	35%	6%	24%	25%	29%	24%	31%	27%	37%	25%	24%	22%	0.1%	125	8	152
Zavala County	27%	38%	11%	21%	24%	28%	25%	30%	25%	34%	25%	24%	22%	0.1%	142	13	161



FAMILY HEALTH CLINIC SURVEY



Family Health Clinic Patient Survey

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

	Total	Problems seeing a doctor?							Likelihood of using Medical Center Hospital Family Health Clinic?					Language:		
		Cost	No insurance	Limited insurance	Language barriers	Transportation	Lack of extended hours	Other:	No problems	Extremely likely	Some what likely	Some what unlikely	Very unlikely	Unsure	Spanish	English
Total Respondents	304	60	103	7	3	9	8	4	161	245	32	8	9	10	121	183
a. I don't usually go to the doctor.	56 18.4%	13 21.7%	23 22.3%	1 14.3%	0 0.0%	2 22.2%	1 12.5%	2 50.0%	22 13.7%	39 15.9%	11 34.4%	2 25.0%	1 11.1%	3 30.0%	17 14.0%	39 21.3%
b. I see a doctor at a different facility.	24 7.9%	3 5.0%	8 7.8%	0 0.0%	1 33.3%	0 0.0%	0 0.0%	0 0.0%	15 9.3%	17 6.9%	3 9.4%	1 12.5%	3 33.3%	0 0.0%	12 9.9%	12 6.6%
c. I go to the Medical Center Hospital Family Health Clinic.	205 67.4%	37 61.7%	60 58.3%	6 85.7%	1 33.3%	6 66.7%	6 75.0%	3 75.0%	117 72.7%	172 70.2%	17 53.1%	7 87.5%	4 44.4%	5 50.0%	87 71.9%	118 64.5%
d. I use the Emergency Department	38 12.5%	15 25.0%	24 23.3%	2 28.6%	1 33.3%	1 11.1%	2 25.0%	0 0.0%	10 6.2%	29 11.8%	5 15.6%	0 0.0%	1 11.1%	3 30.0%	14 11.6%	24 13.1%
e. Other:	10 3.3%	3 5.0%	4 3.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	6 3.7%	10 4.1%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.5%	7 3.8%

b. Doctor's Name:

Dr. Urteaga

Dr. Sam Dagubatti

no name given

Dr. Sheridan

Dr. Wan

Dr. Steve Ziegler

Shaamsuddin Peppmawala MD

Belinda Robinson

Dr. Bello

Dr. Chavel

Dr. Bree Hughes

East University Clinic

Navgunan

no name given

Juan Hernandez

Juarez

Dr. Delia Casanova

Choumarv

no name given

b. Doctor's Name:

Dr. Godey & Sheridan

Olidar, Sheridan

patel

K. Benson

Dr. Salcida

e. Other:

VA

Odessa Regional

My Dr. was in Friona Tx and moved east

Usually go anywhere depending where I am located.

Call help line for advice

Texas Tech

Clinic on University and 1936

voy al medico en mexico - I go to the doctor in Mexico

Mexico

llego aqur-To come here

Clemens Hospital Center

Family Health Clinic Patient Survey

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

	Total	Problems seeing a doctor?							Likelihood of using Medical Center Hospital Family Health Clinic?					Language:		
		Cost	No insurance	Limited insurance	Language barriers	Transportation	Lack of extended hours	Other:	No problems	Extremely likely	Some what likely	Some what unlikely	Very unlikely	Unsure	Spanish	English
Total Respondents	304	60	103	7	3	9	8	4	161	245	32	8	9	10	121	183
a. Cost	60 19.7%	60 100.0%	36 35.0%	3 42.9%	2 66.7%	4 44.4%	3 37.5%	0 0.0%	0 0.0%	53 21.6%	5 15.6%	1 12.5%	0 0.0%	1 10.0%	24 19.8%	36 19.7%
b. No insurance	103 33.9%	36 60.0%	103 100.0%	1 14.3%	1 33.3%	6 66.7%	0 0.0%	0 0.0%	0 0.0%	88 35.9%	10 31.3%	0 0.0%	3 33.3%	2 20.0%	43 35.5%	60 32.8%
c. Limited insurance	7 2.3%	3 5.0%	1 1.0%	7 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	6 2.4%	1 3.1%	0 0.0%	0 0.0%	0 0.0%	3 2.5%	4 2.2%
d. Language barriers	3 1.0%	2 3.3%	1 1.0%	0 0.0%	3 100.0%	0 0.0%	1 12.5%	0 0.0%	0 0.0%	3 1.2%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.5%	0 0.0%
e. Transportation	9 3.0%	4 6.7%	6 5.8%	0 0.0%	0 0.0%	9 100.0%	0 0.0%	0 0.0%	0 0.0%	9 3.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 2.5%	6 3.3%
f. Lack of extended or weekend hours	8 2.6%	3 5.0%	0 0.0%	0 0.0%	1 33.3%	0 0.0%	8 100.0%	0 0.0%	0 0.0%	8 3.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	5 4.1%	3 1.6%
g. Other:	4 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	4 100.0%	0 0.0%	3 1.2%	1 3.1%	0 0.0%	0 0.0%	0 0.0%	1 0.8%	3 1.6%
No problems seeing a doctor	161 53.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	161 100.0%	123 50.2%	17 53.1%	7 87.5%	6 66.7%	8 80.0%	59 48.8%	102 55.7%

g. Other:

Medicare

lack of doctors taking medicaid

It's hard to walk at times, always in pain

falta de uncarne - Lack of ?

Family Health Clinic Patient Survey

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

	Total	Problems seeing a doctor?							Likelihood of using Medical Center Hospital Family Health Clinic?					Language:		
		Cost	No insurance	Limited insurance	Language barriers	Transportation	Lack of extended hours	Other:	No problems	Extremely likely	Some what likely	Some what unlikely	Very unlikely	Unsure	Spanish	English
Total Respondents	304	60	103	7	3	9	8	4	161	245	32	8	9	10	121	183
a. Extremely likely	245 80.6%	53 88.3%	88 85.4%	6 85.7%	3 100.0%	9 100.0%	8 100.0%	3 75.0%	123 76.4%	245 100.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	104 86.0%	141 77.0%
b. Somewhat likely	32 10.5%	5 8.3%	10 9.7%	1 14.3%	0 0.0%	0 0.0%	0 0.0%	1 25.0%	17 10.6%	0 0.0%	32 100.0%	0 0.0%	0 0.0%	0 0.0%	6 5.0%	26 14.2%
c. Somewhat unlikely	8 2.6%	1 1.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	7 4.3%	0 0.0%	0 0.0%	8 100.0%	0 0.0%	0 0.0%	2 1.7%	6 3.3%
d. Very unlikely	9 3.0%	0 0.0%	3 2.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	6 3.7%	0 0.0%	0 0.0%	0 0.0%	9 100.0%	0 0.0%	5 4.1%	4 2.2%
e. Unsure	10 3.3%	1 1.7%	2 1.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	8 5.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	10 100.0%	4 3.3%	6 3.3%

a. Please explain:

Everyone is very nice, friendly and actually know how to do their jobs.

I feel very comfortable here.

Dr. Sheridan is my son's pediatriscian. I would not take him anywhere else. By far Eunice has been very gracious. You have a great customer service rep.
good with my son

Because of the medical assistance

I am pleased with it

Always helpful when you come in. I am grateful for the assistance I get from here.

I have not been to the doctors in years. I need to take care of myself.

I was told you would work with my financial situation and need medication to live.

I have COPD and throat problems and breathing problems.

Home here, enrolled for 13 years

Very easy setting up apointments

Because if I'm feeling sick or anything I will get checked out as soon as possible.

fast process on seeing patients

When my baby gets sick or have a dr. appt.\

Received financial assistance

Insured here, easier

Because I get help now from family assistance plan

Awesome staff and very fast service

a. Please explain:

Primary physician

Love the care that Dr. Sheridan gives her patients as well as Karen Walsh.

Convenience

I've always come here or the one on Clements

This is where I bring my daughter to see the doctor. She has medicaid. However I do not have insurance but still would come here. Everyone is nice and helpful.

Because this is where I come when I don't feel good or when I need a check up

I really like the doctor and good friendly staff

I love my doctor. Dr. Burdex is the first doctor I have felt comfortable around.

It's faster

Very nice staff that also understand your circumstances.

They are vey nice and understanding when I don't have money. Also very friendly and great doctors and nurses.

Good services

Good care for my granddaughter

Great people at this clinic

I always come here and love it.

They know what they are doing.

My doctor sees me right away and helps me with my meds.

Ladies at front desk are real polite and friendly.

I like coming here because doctor listens to me and explains everything thoroughly.

a. Please explain:

I would come here again because they treat me with respect.

I love Dr. Sheridan and the staff at FHC. I've been bringing all my kids here since they were little and my oldest is 16 yrs old.

No insurance/cost

Creo que es la mejor opcion - I think it is the best option.

Porque es rapida la atencion - Because they provide quick attention

por que en medical center hospital tengo mi doctora y me atiende muy bien gracias por su ayuda y su trato con la gente - At the medical center the doctor served me very well, thanks for his help.

accessible, personal amamble - Accessible, personal attention

En caso necesario - If necessary

Aqui esta la pediatra de mis hijos - The doctor is here for my children

cuando necesito o nesecito mis medicinas o estoy malo - When I need my medication and feeling bad.

Me queda como me atienden es muy bueno - I like how they serve me, very good.

buena atencion y se agustan a nuestro prosupuesto - Good attention, like they are supposed to.

Pues es muy probable estar enfermo de nuevo pues me atienden muy bien en FHC y estoy contento con ustedes - I'm likely to come again because their service is good and I'm content with them.

Por la facilidad de pago y porque no tengo aseguranza medica y me atienden muy bien gracias por la atencion - East of payment, because I don't have insurance, they serve me very well, thank you.

porque en FHC me atienden muy vien a mi familia y a mi - The FHC provides very good attention for me and my family.

porque me an atendido muy bien - Because the provided very good care.

es muy buena clinica y esta mas sercas de nuestra casa. y ablan espanol y siempre eta a nuestro servisia - It's a very good clinic, close to our house, they speak spanish and always good service.

a. Please explain:

me gusta la forma de atencion del personal, la amabilidad etc - I like the personal attention of the staff, friendly, etc.

Muchas porque a FHC es nos atienden muy bien - The FHC provides very good service and attention.

Es la mejor peditra que he conocido Dr. Sheridan! - Dr. Sheridan is the best doctor I ever met.

para examen de la sangre para seguir con mis pastillas de la precian etc. - I take pills now based on the blood test results.

porque me dan plan de existencia fliar - Because they gave me a care plan.

no tengo problemas para venir solamente que no tenga dinero para pagar - No problems, just no money to pay.

Other comments:

Long wait
with my son
appointments
I try not to come if I don't need to.
This is my primary care facility.
I like them.
Whenever I get sick
check up and when sick
When able to come
Need to get more familiar with services available and cost for visits.
For assistance for now
well taken care of
long wait
Vision is very expensive even if you have insurance. You wind up paying like a regular visit at regular opdometrlist. Big difference in dental on cost good.
This is where I've been going for at least 17 or 18 years.
Si estory de medico enfermo y no puede atender el medico de siempre - When I'm sick , the doctor always looks after me.
porque esta cerca de me casa
Voy a la emergencia cuando me enfermo solamente de algo importante
aqui me gusta venir porque me atienden bien - The service and attention is very good here.

Other comments:

por que no tengo seguro medico - Because I don't have medical insurance.

Family Health Clinic Patient Survey

Language:

	Total	Problems seeing a doctor?							Likelihood of using Medical Center Hospital Family Health Clinic?					Language:		
		Cost	No insurance	Limited insurance	Language barriers	Transportation	Lack of extended hours	Other:	No problems	Extremely likely	Some what likely	Some what unlikely	Very unlikely	Unsure	Spanish	English
Total Respondents	304	60	103	7	3	9	8	4	161	245	32	8	9	10	121	183
Spanish	121 39.8%	24 40.0%	43 41.7%	3 42.9%	3 100.0%	3 33.3%	5 62.5%	1 25.0%	59 36.6%	104 42.4%	6 18.8%	2 25.0%	5 55.6%	4 40.0%	121 100.0%	0 0.0%
English	183 60.2%	36 60.0%	60 58.3%	4 57.1%	0 0.0%	6 66.7%	3 37.5%	3 75.0%	102 63.4%	141 57.6%	26 81.3%	6 75.0%	4 44.4%	6 60.0%	0 0.0%	183 100.0%



HPSA AND MUA/P INFORMATION



Medically Underserved Areas / Populations

- Medically Underserved Areas/Populations (MUA/P) are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- The Index of Medical Underservice (IMU) is applied to data on a service area to obtain a score for the area.
- 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.
- **Ector County**
 - County Name: Ector County
 - County FIPS Code: 135
 - Service Area Name: Ector Service Area
 - MUA/P Source ID Number: 03503
 - Designation Type: Medically Underserved Area
 - Index of Medical Underservice Score: 53.04
 - MUA/P Designation Date: 05/11/1994
 - MUA/P Update Date: 05/11/1994



HELP WHERE HOSPITALS NEED IT

Health Professional Shortage Areas

- Health Professional Shortage Area (HPSA) designations are based on general HPSA designation criteria, plus additional criteria and guidelines specific to each of the three types of designations:
 - Primary Care
 - Dental
 - Mental Health
- All Federally Qualified Health Centers and those Rural Health Clinics that provide access to care regardless of ability to pay receive automatic facility HPSA designation.
- HPSA Scores range from 1 to 26, where the higher the score, the greater the priority for assignment of clinicians.



HELP WHERE HOSPITALS NEED IT

Ector County

Ector County Hospital District

- **County Name:** Ector County
 - **County FIPS Code:** 135
 - **HPSA Name:** Ector County Hospital District
 - **Designation Type:** Federally Qualified Health Center Look A Like
 - **HPSA Status:** Designated
- | | | |
|---|---|---|
| – <u>HPSA Discipline Class:</u> Primary Care | – <u>HPSA Discipline Class:</u> Dental Health | – <u>HPSA Discipline Class:</u> Mental Health |
| ○ <u>HPSA ID:</u> 14899948G5 | ○ <u>HPSA ID:</u> 64899948ME | ○ <u>HPSA ID:</u> 74899948M8 |
| ○ <u>HPSA Score:</u> 12 | ○ <u>HPSA Score:</u> 11 | ○ <u>HPSA Score:</u> 19 |
| ○ <u>HPSA Designation Last Update Date:</u> 09/21/2011 | ○ <u>HPSA Designation Last Update Date:</u> 09/21/2011 | ○ <u>HPSA Designation Last Update Date:</u> 09/21/2011 |



HELP WHERE HOSPITALS NEED IT



INTERVIEWEE BIOGRAPHIES



Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Interviewee Biographies

Organization	Name/s	Interview Date	Title	County	Interviewer	A	B	C
Medical Center Health System Foundation	David Boutin	10/6/2015	Board President	Ector County	Valerie Hayes		x	
David Boutin is the President of the Medical Center Health System Foundation, and has served in his current role for a little over 1 year. He previously served on the hospital board of directors from 1996 to 2000, and has lived in the area since 1953.								
Meals on Wheels of Odessa	Margaret Burton	3/23/2016	Director	Ector County	Valerie Hayes		x	
Margaret Burton is the Director of the Meals on Wheels of Odessa, and has served in her current role for over 20 years. She has lived in the community for over 50 years.								
Ector County Independent School District	Tom Crowe	10/9/2015	Superintendent	Ector County	Valerie Hayes		x	
Tom Crowe is the Superintendent of the Ector County Independent School District, and has served in his current role for almost 3 years. He has lived in the community for nearly 3 years as well, and was previously retired.								
Odessa Chamber of Commerce	Mike George	10/5/2015	President and Chief Executive Officer	Ector County	Valerie Hayes			x
Mike George is the President and Chief Executive Officer of the Odessa Chamber of Commerce, and has served in his current role for over 22 years. He previously managed a diagnostic imaging center, as well as a lubricant distributorship, before starting his position at the Chamber of Commerce. He is originally from Odessa.								
Family Health Clinic	Dr. Sreedevi Godey	3/24/2016	Medical Director	Ector County	Valerie Hayes		x	
Dr. Sreedevi Godey is the Medical Director for the Family Health Clinic, and has served in her current role since 2014. She completed her residency in India, and began working at the Family Health Clinic in 2010.								
Medical Center Health System	Judy Hayes	3/15/2016	Board Member	Ector County	Valerie Hayes			x
Judy Hayes is an active Board Member for the Medical Center Health System and has served as a Board Member since 1992. She is the owner of a Life and Health Insurance Agency in the area, and has lived in the community since 1961.								
Ector County Independent School District	Laura Mathew	9/28/2015	Director of Nursing	Ector County	Valerie Hayes		x	
Laura Mathew is the Director of Nursing for the Ector County Independent School District, and has served in her current role for over 13 years. She has also lived in the area for a little over 13 years.								
City of Odessa	Richard Morton	10/13/2015	City Manager	Ector County	Valerie Hayes			x
Richard Morton is the City Manager for the City of Odessa, and has served in his current role for over 14 years. He has lived in the area since 1998.								
Ector County Hospital District	David Nelson	9/30/2015	Chairman of the Board	Ector County	Valerie Hayes			x
David Nelson is the Ector County Hospital District Chairman of the Board, and has served in his current role for 2 years. He also holds the position of Chief Financial Officer of the Home Health Agency. He is originally from the area.								
ProCare Internal Medicine	Dan O'Hearn	10/9/2015	Physician	Ector County	Valerie Hayes		x	
Dr. Dan O'Hearn is a physician at ProCare Internal Medicine. He received his degree from the University of California, Los Angeles, and has practiced Internal Medicine for 34 years. He has lived in the area for 33 years.								
United Way of Odessa	Tom Pursel	9/30/2015	Executive Director	Ector County	Valerie Hayes		x	
Tom Pursel is the Executive Director of the United Way of Odessa, and has served in his current role for over 6 years. He has lived in the community for over 15 years.								
Medical Center Health System	Diana Ruiz	3/22/2016	Director of Population and Community Health	Ector County	Valerie Hayes		x	
Diana Ruiz is the Director of Population and Community Health for the Medical Center Health System, which covers Ector County. She has served within her current role for 3 years, and has lived in the area for 33 years.								
Family Health Clinic	Dr. Eileen Sheridan-Shayeb	3/22/2016	Pediatric Director	Ector County	Valerie Hayes		x	
Dr. Eileen Sheridan-Shayeb is the Pediatric Director of the Family Health Clinic, and has served in her current role for over 19 years. She completed her residency at the Mayo Clinic, and has her Master of Public Health degree from UT Houston. She has lived in the community since 1993.								
Basin Emergency Physicians	Dr. Greg Shipkey	10/5/2015	Vice Chief of Staff	Ector County	Valerie Hayes			x
Dr. Greg Shipkey is the Vice Chief of Staff of MCH and has been running the Emergency Department for nearly 8 years. He is originally from Buffalo, New York, and has lived in the area for over 12 years.								

Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Interviewee Biographies

Organization	Name/s	Interview Date	Title	County	Interviewer	A	B	C
Ector County Health Department	Gino Solla	9/28/2015	Director	Ector County	Valerie Hayes	x		
Gino Solla is the Director of the Ector County Health Department, and has served in his current role since 2003. He has lived in the immediate area since 1977.								
Family Health Clinic	Willie Taylor	3/21/2016	Board President	Ector County	Valerie Hayes		x	
Willie Taylor is the President of the Family Health Clinic Board, and has served as president for over 4 years. He is also the Workforce Chief Executive Officer of the Permian Workforce Board, where he has served within that specific role for over 45 years. He is originally from the area.								
Odessa Links	Erika Thomas	3/21/2016	Executive Director	Ector County	Valerie Hayes		x	
Erika Thomas is the Executive Director of Odessa Links, which covers mainly Ector County. She has served within her current role for nearly 3 years, and is originally from the area.								
Permian Basin Community Center	Ramona Thomas	10/13/2015	Chief Executive Officer	Ector County	Valerie Hayes		x	
Ramona Thomas is the Chief Executive Officer of the Permian Basin Community Center. She has served in her current role for almost 1 year, but has been with the agency for over 25 years. She has lived in the area for 25 years.								
University of Texas of the Permian Basin	Dr. David Watts	9/28/2015	President	Ector County	Valerie Hayes			x
David Watts is the President of the University of Texas of the Permian Basin, which covers the 17 counties included within the Permian Basin region. He has served within his current role for over 14 years, and has lived in the area for over 14 years as well.								

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 leader

Source: Medical Center Hospital and Family Health Clinic Community Health Needs Assessment Phone Interviews Conducted by Community Hospital Consulting, September 28, 2015 – March 24, 2016



PRIORITY BALLOT



Medical Center Hospital (MCH) and Family Health Clinic (FHC) Community Health Needs Assessment Prioritization Ballot

- Please review the primary criteria we will use to identify the top community health priorities for MCH and FHC
- Then cast 3 votes for each priority
- Please scan and email to yhayes@communityhospitalcorp.com or fax to 972-943-6401

1. Size and Prevalence of the Issue
<ul style="list-style-type: none"> a. How many people does this affect? b. How does the prevalence of this issue in our communities compare with its prevalence in other counties or the state? c. How serious are the consequences? (urgency; severity; economic loss)
2. Effectiveness of Interventions
<ul style="list-style-type: none"> a. How likely is it that actions taken will make a difference? b. How likely is it that actions will improve quality of life? c. How likely is it that progress can be made in both the short term and the long term? d. How likely is it that the community will experience reduction of long-term health cost?
3. MCH and FHC Capacity
<ul style="list-style-type: none"> a. Are people at MCH and FHC 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)

Using the criteria listed above, please indicate how important you believe this priority is for the communities we serve, with #5 indicating the highest importance and #1 indicating the lowest importance. To cast your votes, just fill in one circle in every row.

Access to Affordable Care and Health Disparities Among Specific Populations					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Mental and Behavioral Health Care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Access to Primary Care Services					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Need for Increased Emphasis on a Collaborative Continuum of Care					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Education and Services Surrounding Maternal, Fetal, and Early Development Needs					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles					
Size and Prevalence of the issue	①	②	③	④	⑤
Effectiveness of Interventions	①	②	③	④	⑤
MCH and FHC Capacity	①	②	③	④	⑤

←Less Important ----- More Important→

Section 2: **Implementation Plan**

Family Health Clinic

FY 2017 - FY 2019 Implementation Plan

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

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

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

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

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

FHC leadership has developed the following implementation plan that addresses the top five of the six identified priorities. “Access to Mental and Behavioral Health Care” is not addressed largely due to the fact that the clinic has existing partnerships with local organizations to provide these services. Clinic leadership developed its implementation plan to identify specific activities and services which directly address the top five priorities. The objectives were identified by studying the prioritized health needs, within the context of the clinic's overall strategic plan and the availability of finite resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual updates and progress, and key results (as appropriate).

The FHC Board reviewed and adopted the 2016 Community Health Needs Assessment and Implementation Plan on August 31, 2016.

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

Rationale:

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

Objective:

Engage in efforts to improve the fragmented continuum of care

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.A. FHC collaborates with MCH to establish a primary care visit for hospital patients upon discharge that do not have a primary care physician and who are uninsured.	X	X	X		
1.B. FHC will continue to connect patients to existing community resources in order to promote health and wellness in the community. These resources include referrals to places such as Adult Protective Services, Catholic Charities, Odessa Links, and other community-based resources.	X	X	X		
1.C. FHC participates in the electronic health record (EHR). FHC physicians can access the MCH EHR as necessary to properly care for patients discharged from the hospital and need follow up care at FHC. Patients are able to access the portal to access their health information as necessary.	X	X	X		

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
1.D. FHC will continue to provide patients' other physicians with a copy of their visit summaries upon request and to guide patients through the continuum of care, making sure that they are prepared for any upcoming appointments.	X	X	X		
1.E. FHC will continue to operate a MCH lab to provide access to lab services for patients within the clinic. Additionally, critical lab results are reported to the hospital outside of normal hours in order to quickly communicate with patients and instruct them on next steps throughout the continuum of care whenever necessary.	X	X	X		

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

Rationale:

- Overall mortality rates in Ector County remained higher than the state rate in 2011, 2012, and 2013.
- Heart disease is the leading cause of death in both Ector County and the state (2013). In 2013, the heart disease mortality rate in Ector County was substantially higher (223.7 per 100,000) than the heart disease mortality rate in Texas (170.7 per 100,000).
- In comparison to peer counties, Ector County (209.6 per 100,000) ranked at the very top of the least favorable quartile for coronary heart disease deaths between 2005 and 2011, and above the Healthy People 2020 Target (103.4 per 100,000) and the U.S. median (126.7 per 100,000).
- Cancer is the second leading cause of death in both Ector County and the state (2013). In 2013, the cancer mortality rate in Ector County was slightly higher (160.4 per 100,000) than the cancer mortality rate in Texas (156.1 per 100,000).
- In comparison to peer counties, Ector County (193.9 per 100,000) ranked within the upper end of the two middle quartiles for cancer death rates between 2005 and 2011, and also ranked above the Healthy People 2020 Target (161.4 per 100,000) and the U.S. median (185.0 per 100,000).
- Ector County has higher colon and rectum, female breast, lung and bronchus, and male prostate cancer mortality rates than the state (2008-2012).
- Ector County has a significantly higher rate of lung and bronchus cancer mortality rates (54.7 per 100,000) than the state (43.4 per 100,000) (2008-2012).
- In comparison to peer counties, Ector County (454.2 per 100,000) ranked within the upper end of the two middle quartiles for cancer incidence rates between 2006 and 2010, and also ranked just below the U.S. median (457.6 per 100,000).
- Ector County has higher colon and rectum, female breast, and lung and bronchus cancer incidence rates than the state (2008-2012).
- Between 2008 and 2012, Ector County had significantly higher rates of lung and bronchus cancer incidence (72.3 per 100,000) than the state (58.1 per 100,000).
- In comparison to peer counties, Ector County ranked within the least favorable quartile for colon and rectum (53.8 per 100,000) and female breast (118.7 per 100,000) cancer incidence rates between 2006 and 2010.
- Ector County (77.5 per 100,000) ranked within the two middle quartiles for lung and bronchus cancer incidence rates and within the most favorable quartile for male prostate cancer incidence rates (95.8 per 100,000) between 2006 and 2010.
- Chronic lower respiratory disease is the third leading cause of death in both Ector County and the state (2013). In 2013, Ector County ranked 17th in the state for chronic lower respiratory disease deaths, as compared to all other counties in Texas. In 2013, the chronic lower respiratory disease mortality rate in Ector County was substantially higher (70.6 per 100,000) than the rate in Texas (42.3 per 100,000).
- In comparison to peer counties, Ector County (89.9 per 100,000) ranked at the very top of the least favorable quartile for chronic lower respiratory disease rates between 2005 and 2011, and also ranked above the U.S. median (49.6 per 100,000).
- In 2013, Ector County ranked 7th in the state for accident mortality rates, as compared to all other counties in Texas. Ector County (65.5 per 100,000) accident mortality rates remain higher than the state (36.8 per 100,000) (2013). In 2013, the leading cause of fatal accidents in Ector County was motor vehicle accidents.
- In comparison to peer counties, Ector County (59.0 per 100,000) ranked within the upper end of the least favorable quartile for unintentional injury deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (36.0 per 100,000) and the U.S. median (50.8 per 100,000).
- Ector County has the 18th highest rate in the state for cerebrovascular disease mortality, as compared to all other counties in Texas (2013). In 2013, Ector County's cerebrovascular disease mortality rate (51.8 per 100,000) was higher than the state's rate (40.1 per 100,000).

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

Continued

Rationale:

- In comparison to peer counties, Ector County (60.6 per 100,000) ranked at the very top of the least favorable quartile for stroke deaths between 2005 and 2011, and also ranked above the Healthy People 2020 Target (34.8 per 100,000) and the U.S. median (46.0 per 100,000).
- In 2012, the percent of adults (age 20+) ever diagnosed with diabetes by a doctor in Ector County (10.4%) was higher than the state (9.2%) and national (9.1%) rates.
- In 2014, Health Service Region (HSR) 9/10 (13.5%) had a higher prevalence rate of diabetes than the state (11.0%), as well as the majority of other regions.
- In comparison to peer counties, Ector County (12.3%) ranked within the least favorable quartile for the percent of adults (age 20+) living with diagnosed diabetes between 2005 and 2011, and ranked above the U.S. median (8.1%).
- In 2012, nearly one-third (30.6%) of adults (age 20+) in Ector County reported that they have a Body Mass Index (BMI) greater than 30.0 (obese), as compared to 28.2% in the state and 27.1% in the nation.
- Obesity prevalence rates in adults (age 18+) in HSR 9/10 have recently increased in 2014, while rates in the state appear to be steadily increasing (2012-2014). In 2014, HSR 9/10 (39.9%) had a higher prevalence rate of obesity than the state (31.9%) and the majority of other regions.
- In comparison to peer counties, Ector County (37.8%) ranked within the least favorable quartile for the percent of obese adults between 2006 and 2012, and also ranked above the U.S. median (30.4%).
- In 2011-2012, the percent of adults (age 18+) in Ector County (16.9%) that had ever been told by a health professional that they had asthma was higher than the state (11.6%) and national rate (13.4%).
- In comparison to peer counties, Ector County (5.1%) ranked within the two middle quartiles for the percent of older adults (age 65+) living with asthma in 2012, and also ranked above the U.S. median (3.6%).
- In 2014, HSR 9/10 had one of the highest rates of adult arthritis (22.3%) compared to all other regions and the state (19.4%).
- In 2012, the percent of the adult population (age 20+) in Ector County (31.5%) that self-reported no leisure time for activity was higher than the state (24.0%) and national rate (22.6%).
- The percent of adults (age 18+) that do not participate in leisure time physical activity in HSR 9/10 increased between 2012 and 2014, while state rates remained steady. In 2014, the prevalence of adults that do not participate in physical activity HSR 9/10 (31.5%) was higher than the state (27.6%).
- In comparison to peer counties, Ector County (35.4%) ranked at the very top of the least favorable quartile for the percent of adults who reported no leisure time physical activity between 2006 and 2012, and also ranked above the Healthy People 2020 Target (32.6%) and the U.S. median (25.9%).
- In 2014, HSR 9/10 (19.4%) had the highest percent of adults at risk of binge drinking, as compared to all other regions and the state (16.3%).
- The percent of the adult population (age 18+) in Ector County (21.5%) that self-reported currently smoking some days or every day was higher than the state (16.5%) and national rate (18.1%) (2006-2012).
- In 2014, the prevalence of current, every day smokers in HSR 9/10 (9.8%) was slightly higher than the state (8.7%).
- In comparison to peer counties, Ector County (21.5%) ranked within the least favorable quartile for the percent of adults (age 18+) smoking cigarettes some days or every day between 2006 and 2012, and also ranked above the Healthy People 2020 Target (12.0%) but below the U.S. median (21.7%).

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

Rationale:

-In 2012, the percent of female Medicare Enrollees (age 67-69) in Ector County (46.9%) that received one or more mammograms in the past two years was lower than the state (58.9%) and national (63.0%) rates.

-In 2014, the percent of female adults (age 40+) in HSR 9/10 (36.7%) that did not receive a mammogram in the past 2 years was higher than the state (29.0%), as well as the majority of other regions.

-Between 2006 and 2012, the percentage of adults (age 50+) who self-reported that they have ever had a sigmoidoscopy or colonoscopy in Ector County (35.9%) was significantly lower than the state (57.3%) and national rate (61.3%).

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

-In 2014, the percent of adults in HSR 9/10 (72.1%) that did not receive a flu shot in the past year was higher than the state (66.2%) and many other regions.

-Between 2012 and 2014, the percent of adults (age 65+) that did not receive a flu shot in the past year in HSR 9/10 increased, while rates in the state remained steady. In 2014, HSR 9/10 (58.1%) had the highest percentage of adults (age 65+) that did not receive a flu shot in the past year, as compared to all other regions and the state (41.2%).

-Between 2006 and 2012, the percent of the population (age 65+) in Ector County (67.6%) that self-reported ever having received the pneumonia vaccine was consistent with the state (67.7%) and national (67.5%) rates.

-The vast majority of interviewees stated that if they were king or queen for a day in Ector County, they would place an increased emphasis on healthy lifestyle education. Interviewees overwhelmingly agreed that participation in unhealthy behaviors, such as physical inactivity and poor diet, contribute to the higher rates of chronic conditions and diseases in the community. One interviewee specifically stated: "We need general health education, there is lots of room for improvement. Lots of obesity. Lots of diabetes. Lots of inactivity. Lots of drug and alcohol abuse. Lots of teen pregnancy. So, all encompassing education."

-Many interviewees recommended increased emphasis on preventive care for specific populations, such as the Hispanic, youth, and low income populations, that may have limited access and may be more at risk of unhealthy lifestyles. One interviewee stated: "We have higher than normal childhood obesity rates. So that just carries on. That's just a cycle of residents that we have that end up being really unhealthy, chronically ill adults."

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

Objective:

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

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
2.A. FHC will continue to participate in several community events and health fairs throughout the year held at various locations. Blood pressure checks are provided free of charge, and are available to everyone. At certain events, low cost flu shots are provided (free for Medicare patients), free back to school vaccinations, and free dental and vision screenings.	X	X	X		
2.B. FHC will continue to follow up with patients referred to the clinic by MCH upon discharge in order to prevent readmission within 30 days. As part of the future plan to pursue the Primary Medical Home Certification Process, FHC is focusing on 30 day readmission rates.	X	X	X		
2.C. FHC will continue to host free diabetic education classes on a weekly basis at each of the locations.	X	X	X		
2.D. FHC is available to speak at any community events, provide information, or participate in other educational opportunities upon request.	X	X	X		
2.E. FHC partners with MCHS to participate in community based health promotion initiatives such as Sweet Expectations, A Tu Salud, and the Faith & Health Network, which offers church-based health promotion education and activities geared towards improving the overall health and wellness of the community.	X	X	X		
2.F. FHC is a tobacco free facility.	X	X	X		
2.G. FHC will engage in a variety of employee wellness initiatives, including: <ul style="list-style-type: none"> ◦Discounted rates to access the on-campus, medically-integrated fitness center, Mission Fitness. Additional use discounts are included to encourage frequent exercise ◦The tobacco-free new hire policy ◦Providing healthy food options and calorie counts in the hospital cafeteria ◦Physical activity opportunities and social clubs 	X	X	X		

Priority #3: Access to Primary Care Services

Rationale:

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

Objective:

Provide access to primary care services in the community

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.A. As changes in physician staffing levels occur, FHC will evaluate the need for additional primary care physician recruitment.	X	X	X		
3.B. FHC is currently working with the Texas Association of Community Health Centers (TACHC) to prepare for future plans in pursuing Primary Medical Home Certification.	X				
3.C. FHC partners with local colleges and universities to support area residents pursuing education and future careers in providing health care services. For example, clinical nursing students and dental assistants from Odessa College, as well as Nurse Practitioner students from various schools, rotate through FHC.	X	X	X		

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
3.D. Upon request, FHC staff and providers are available to discuss health care careers with students interested in pursuing that path.	X	X	X		
3.E. FHC partners with the local health department to provide free vaccinations through the Texas Vaccines for Children Program for children and various adult immunizations.	X	X	X		

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

Rationale:

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

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

Rationale:

-A few interviewees mentioned a lack of Pediatricians in the community that limits children in their options for seeking health care. One interviewee stated: "We struggle with the youth population. We don't have nearly enough pediatricians, and a lot of people just don't want to take care of kids here."

-Three interviewees discussed the lack of pediatric specialists in the community, which disproportionately affects children with diabetes or asthma. One of those interviewees stated: "We have a good number of walk in clinics and some pediatricians or family doctors, but it's very difficult for parents with special needs children or diabetic children or asthmatic children to get access to specialists."

-Many of the interviewees raised concern surrounding the significantly higher rates of teen pregnancy and sexually transmitted infections in the community, as well as a need for sexual education for youth and parenting education for young parents.

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

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

Objective:

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

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
4.A. FHC will continue to participate in the MCH annual community-wide event, "Sweet Expectations," focused on the maternal population to provide education and support to women of all ages with children and expectant mothers. Participation by FHC surrounds the opportunity to promote services, promote providers, promote the fact that FHC accepts Medicaid and the sliding fee scale program for uninsured.	X	X	X		
4.B. FHC provides full OB/GYN coverage at both clinic locations 5 days per week.	X	X	X		
4.C. FHC is exploring providing low cost physicals for students enrolled in the local Head Start Program.	X	X	X		
4.D. FHC offers low cost sports physicals for local students.	X	X	X		

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
4.E. In conjunction with the health system, FHC provides extremely low cost services to un/underinsured families needing pediatric health care.	X	X	X		
4.F. FHC will continue to participate in Texas Health Steps and Texas Vaccine for Children to provide care for children from birth through adolescence.	X	X	X		
4.G. FHC employees will continue to participate in conferences focused around their patient population's needs, such as the Texas Health Steps conference and Texas Vaccine for Children training/conference, thus allowing FHC to continue involvement and participation in these programs.	X	X	X		
4.H. FHC is currently exploring Telehealth opportunities with the Ector County Independent School District.	X				
4.I. FHC will continue to host the annual Healthy Kids Fun Day event in partnership with MCHS. Back to school vaccinations are provided free of charge.	X	X	X		
4.J. FHC will continue to provide free pregnancy tests.	X	X	X		

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

Rationale:

- The median age across Ector County and the state has remained relatively consistent since 2012, and between 2012 and 2014, Ector County had a median age that was lower than the state. In 2014, the median age in Ector County was 30.9 years, as compared to 33.9 years in the state.
- Ector County consists of a majority Hispanic (57.8%) racial/ethnic population, and a majority 19 years and under age group (2016). Over the next five years, the majority of growth is projected to come from the Hispanic population and the 65 years and older age group (2016-2021).
- Ector County (4.6%) has a slightly higher unemployment rate than the state (4.5%) (2015).
- Ector County (14.3%) has a lower percent of residents with a bachelor or advanced degree than the state (27.1%) (2014).
- Ector County (81.0%) has a lower percent of students that received their high school degree within four years than the state (89.6%) and the nation (84.3%) (2013-2014).
- Between 2010 and 2014, the percent of the population (all ages) in Ector County (26.1%) that were uninsured was higher than the state (21.9%) and national (14.2%) rates.
- As of 2015, Ector County (23.0%) has a significantly higher rate of uninsured adults (age 18-64) as compared to the state (16.0%) and nation (10.7%).
- Between 2010 and 2014, the majority of tracts in Ector County had over 25.0% of its population receiving Medicaid or other means-tested public health insurance. The majority of residents in Ector County receiving Medicaid are under age 18 (59.3%), followed by the age 18-64 group (29.9%) and the age 65 and older group (10.8%) (2010-2014).
- In comparison to peer counties, Ector County (27.2%) ranked within the least favorable quartile for the percent of adults (under age 65) living without health insurance in 2011, and also ranked above the U.S. median (17.7%).
- In 2014, Ector County (12.8%) had a lower percent of people (all ages) living below poverty as compared to Texas (17.2%) and the United States (15.5%).
- Ector County (18.6%) has a lower percentage of children (<18 years) in poverty than the state (24.5%) and the nation (21.7%) (2014).
- In 2014, the percent of adults that reported experiencing a medical cost barrier in the past 12 months in HSR 9/10 (22.0%) was significantly higher than the state rate (17.6%), and higher than many other regions.
- In comparison to peer counties, Ector County (25.2%) ranked within the least favorable quartile for the percent of adults (age 18+) who did not see a doctor due to cost between 2006 and 2012, and also ranked above the Healthy People 2020 Target (9.0%) and the U.S. median (15.6%).
- The majority of interviewees noted that while there is access to high quality services in the area, health care costs may inhibit residents from seeking care.
- Interviewees overwhelmingly agreed that poverty was a major determinant of health status in Ector County, and many discussed affordability and cost barriers as major concerns. One interviewee stated: "For folks who can afford to pay, [health care] services are adequate. For the impoverished folks, they are inaccessible."
- Interviewees emphasized the disproportionate medical cost barrier upon the low income and working poor groups in the area, that may exacerbate adverse health outcomes for those subpopulations.
- Two interviewees mentioned that some parents avoid taking their child in for care due to the cost of health care services.
- A few interviewees noted that the lack of options in the area for low income residents leads to overcrowding in the Emergency Room. One interviewee stated: "Overutilization of ER is due to a lack of alternatives for low income people."

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

Rationale:

- Interviewees expressed concern surrounding health disparities that disproportionately affect specific populations, including: children and adolescent, elderly, Hispanic, homeless, low income/working poor, transient, and uninsured population groups.
- Interviewees raised concern surrounding the higher rates of uninsured residents in Ector County. Many interviewees noted that the providers are there, but insurance coverage is another barrier that inhibits residents from accessing those providers.
- Interviewees agreed that those without insurance coverage tend to overuse the Emergency Room due to lack of a medical home. One interviewee stated: "We have a very large undocumented population. So, they use ER care as opposed to primary care and to use the health system as designed. There's just so much indigent health care."
- A few interviewees mentioned that those without insurance tend to delay seeking care, which may put them at risk for an adverse health event or outcome.
- One interviewee emphasized the fact that specialty care is inaccessible for those who are uninsured, unable to pay, or self-pay, stating: "Very, very few specialists are willing to take uninsured, unfunded, or even self pay."
- The vast majority of interviewees mentioned that significant language barriers exist in the community that disproportionately affect non-English speaking residents. Many interviewees noted that there is a particularly large Hispanic population in the area that does not speak English, and that there are limited bilingual providers in the area to address the existing language barriers. One interviewee specifically stated: "Due to quite a bit of the population being Hispanic and speaking only one language that is not English, the inability to communicate well enough to access the medical system within our community [is a challenge]."
- A few interviewees agreed that there is an education barrier associated with the existing language barrier, and that causes the non-English speaking populations to be disproportionately challenged by a lack of awareness of existing health care resources.
- One interviewee mentioned that the language and education barriers that exist may cause the Hispanic population to utilize the Emergency Room as their primary care provider due to lack of awareness or understanding of services, stating: "The Hispanic population in particular uses the Emergency Room instead of having their own personal physician. For anything that comes up, they do that."
- The majority of interviewees raised concern surrounding the unmet needs of the elderly population in Ector County. Many interviewees mentioned that the aging population requires an increased emphasis on elderly residents, including improvements within post acute care and follow up care as well as family involvement.
- A few interviewees mentioned the lack of health care options for the lower income elderly populations as a concern in the community. One interviewee stated: "We have several nursing homes but they're not necessarily adequate or affordable for lower income individuals."
- One interviewee mentioned that primary care services are more inaccessible for the elderly population living within nursing homes or assisted living facilities.
- The majority of interviewees raised concern surrounding the transient populations associated with oil booms and oil busts. Interviewees discussed the oil field workers that may not have insurance coverage and tend to overcrowd the Emergency Room due to a lack of preventive care and a lack of a medical home. One interviewee specifically stated: "[The mobile residents] only go to a doctor when it's absolutely necessary and since they don't have a PCP, they just go to the ER."

Objective:

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

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.A. FHC will continue to partner with the Ector County Assistance Program to connect patients to affordable specialty care resources in the community.	X	X	X		
5.B. FHC will continue to offer transportation assistance (i.e., bus or taxi vouchers) as appropriate.	X	X	X		
5.C. FHC will continue to participate in the annual Permian Basin Health Fair, a community-wide health event for the population of Ector County. Low cost flu shots (free for Medicare patients) and free dental and vision screenings are provided.	X	X	X		
5.D. FHC will continue to host onsite financial counselors that offer payment plan education and/or financial education for patients who require assistance, as well as education for those that are eligible for CHIP or Medicaid.	X	X	X		
5.E. FHC works in conjunction with Texas Tech University to assist with the underserved populations, such as the uninsured and elderly. For example, FHC works with Texas Tech regarding their women's health funding programs for uninsured patients when they are not able to afford services.	X	X	X		
5.F. FHC provides education regarding medication management services for elderly patients, and refers patients to home health as needed.	X	X	X		
5.G. FHC continues to expand to interpretation services through a video-conferencing service, My Accessible Real Time Trusted Interpreter (Martti™) from the Language Access Network. Martti™ is a dedicated service that provides patients with access to a wide variety of language interpretation at the touch of a button.	X	X	X		
5.H. In conjunction with pharmaceutical vendors in Ector County, FHC provides a prescription assistance program for eligible patients at no charge to assist with the cost of prescriptions.	X	X	X		

Implementation Activity	Estimated Year			Progress	Key Results (As Appropriate)
	FY 2017	FY 2018	FY 2019		
5.I. In conjunction with the Ector County Health Department, FHC will continue to report and assist patients with special conditions (i.e., tuberculosis) to the county in order for the health department to follow up with those patients and manage their required medications as necessary.	X	X	X		
5.J. In conjunction with MCH for the Pink the Basin program, FHC offers vouchers to assist uninsured patients that are unable to afford a mammogram or breast imaging services.	X	X	X		
5.K. FHC participates in annual donation drives to benefit the community, such as free school supplies provided at the Healthy Kids Fun Day event, adoption of and donations towards a family in need during the holidays, coat drives at FHC to donate to those in need, and employee pay check deductions towards the United Way of Odessa.	X	X	X		
5.L. FHC is exploring the feasibility of starting a Texas Tech Family Medicine residency program through the clinic to enhance access to care for its patient population.	X	X	X		
5.M. FHC will continue to promote its available primary care physicians or services through local media outlets, such as billboards, print media, radio spots on various health topics in both Spanish and English (i.e., optometry, dental care), and television interviews on varying topics such as access to dental care for the uninsured and vision care and optometry services provided by the clinic.	X	X	X		

Section 3: **Feedback, Comments and Paper Copies**



INPUT REGARDING THE CURRENT CHNA





CHNA Feedback Invitation

- Family Health Clinic invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan.
- To provide input on this or the previous CHNA, please see details at the end of this report or respond directly to the hospital online at the site of this download.



HELP WHERE HOSPITALS NEED IT

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:

Family Health Clinic
David Garcia, Executive Director
Email: dgarcia@echd.org
Phone: (432) 640 - 4868

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

<http://mchodessa.com/mch-family-health-clinic/>



HELP WHERE HOSPITALS NEED IT



Thank you!

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

www.communityhospitalcorp.com

Cindy Matthews - cmatthews@communityhospitalcorp.com

Lisette Hudson - lhudson@communityhospitalcorp.com

Valerie Hayes - vhayes@communityhospitalcorp.com



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