

Community Health Assessment

Midland County

Prepared by:

F. Marie Hall Institute for Rural and Community Health,
Texas Tech University Health Sciences Center,
Earl Survey Research Lab—Department of Political Science- Texas Tech University,
Department of Political Science—Angelo State University

Principal Investigator:

Billy U. Philips, Jr., Ph.D., M.P.H.

West Texas AHEC Director:

Becky Conditt, M.I.S.

Senior Analyst:

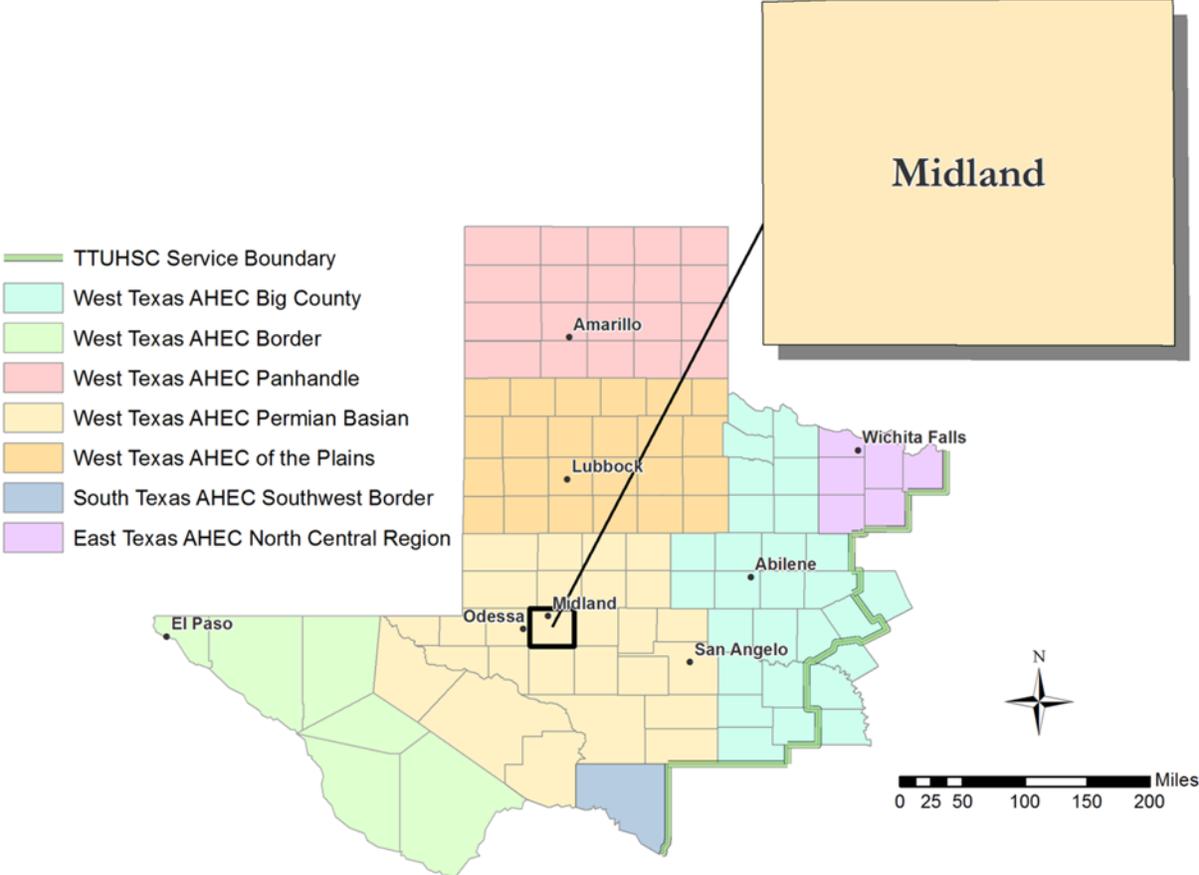
Jim Conditt



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PREFACE

This report has been prepared for Midland County in collaboration with the F. Marie Hall Institute for Rural and Community Health, West Texas Area Health Education Center (WTAHEC) and the community champions of the county. The focus group and random-digit telephone survey were conducted by the Earl Survey Research Lab in the Texas Tech University Department of Political Science. Assessment of the vulnerable populations' health index was prepared by Angelo State University Center for Community Wellness, Engagement, and Development; Community Development Initiatives.

The West Texas AHEC is funded through legislative appropriation to Texas Tech University Health Sciences Center (TTUHSC) to provide direct health planning to West Texas counties, communities and healthcare providers. This Community Health Needs Assessment is a service of the WTAHEC and satisfies the core requirement for the 1115 Waiver (Texas Healthcare Transformation and Quality Improvement Program) and the Internal Revenue Service Form 990 provisions for hospitals. Community education, health career programs, health pipeline education and planning support are other services of the WTAHEC.

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INTRODUCTION

In 2011, Midland County was one of 25 counties selected by West Texas Area Health Education Center (AHEC) staff from the F. Marie Hall Institute of Rural and Community Health to undergo a community health needs assessment. The objective of the project was to assess what the community understood about their healthcare needs and available resources and to identify what community members felt were priority health concerns.

AHEC developed the Community Health Needs Assessment Index as a check-up on the public health conditions in an individual county and to serve as resources for the county to use in their Texas Healthcare Transformation and Quality Improvement Program (1115 Waiver) Regional Health Plan, and the IRS (Form 990) required Community Health Needs Assessment.

Like a personal health check-up a person might have with a physician, the best use of the index is to focus discussions between community leaders and stakeholders about improving the public health. With the help of the local community, Permian Basin AHEC, and the Earl Survey Research Lab at Texas Tech University, information was gathered from a local focus group, telephone surveys, and secondary data to assess the health needs of Midland County.

Vulnerable populations are groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics. This isolation puts members of these groups at risk for not obtaining necessary medical care, and thus constitutes a potential threat to their health. Commonly cited examples of vulnerable populations include racial and ethnic minorities, the rural and urban poor, undocumented immigrants, and people with disabilities or multiple chronic conditions. A large section of rural America has an increased susceptibility to adverse health outcomes. The reasons for disparities are varied.

Persons with disabilities and multiple chronic conditions may find it difficult to obtain insurance coverage. Many employers of small companies cannot afford to add workers to their health plans who are likely to have high medical costs, and finding an affordable insurance plan as an individual with pre-existing conditions is very difficult. The geographic and economic isolation of some rural residents may make access to specialty care difficult, even if they are covered by insurance. Finally, language barriers and fear of being discovered are all factors that may keep undocumented immigrants from seeking coverage and ultimately, care.

Index indicator variables listed in the report are based on downloadable data from public access files available over the internet and originally produced by a variety of state and federal agencies such as the Census Bureau, Department of State Health Services, and Texas Department of Health & Human Services. There are no personal identifiers in any of the public access files.

DEMOGRAPHY AND POPULATION

Population

Midland County estimate population:	136,872
Population Rank among Texas' 254 Counties:	28
Population per Square Mile:	152.0
Area in Square Miles:	900.30

Ethnicity and Race

	% of County
White persons	76.9%
Black persons	6.6%
American Indian/Alaskan	0.7%
Asian	1.3%
Two + Races	2.4%
Hispanic/Latino	37.7%
White Not Hispanic	53.2%

Gender

	% in County
Female	50.9%
Male	49.1%

Age

	% of County
<05 Years	8.0%
<18 Years	27.4%
18-64 Years	53.6%
65+ Years	11.0%

Source: www.census.gov

Socioeconomic Indicators

	County	State
Per Capita Personal Income	\$54,164	\$38,609
Unemployment Rate	5.3%	8.2%
Average Monthly TANF Recipients ¹	18,303	104,693
Average Monthly SNAP Recipients ²	11,554	2,819,469
Unduplicated Medicaid Clients	22,596	4,762,787
Average Monthly CHIP Enrollment	1,968	466,242

Source: <http://www.dshs.state.tx.us/chs/>

¹ Temporary Assistance to Needy Families

² Supplemental Nutrition Assistance Program

Vulnerable Populations

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and target strategies for outreach and case management.

Lack of High School/GED (Adults >24 years old)	16,636
Severely Work Disabled	3,222
Major Depression	6,430
Recent Substance Abuse (within past month)	7,013

Source: <http://www.countyhealthrankings.org>

Less educated persons often require more specialized health education strategies.

Persons Living Below Poverty Level	#County	%County	#State	%State
	16,257	12.5%	4,143,077	17.1%

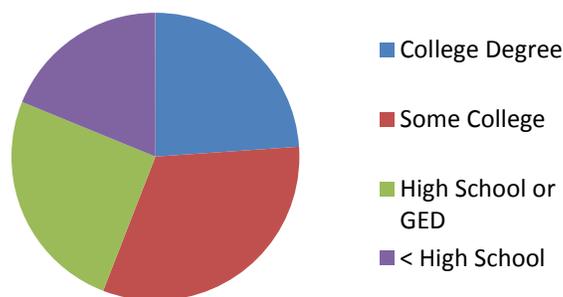
Without Health Insurance	#County	%County	#State	%State
<18	7,720	20.1%	1,375,714	19.5%
<65	28,999	25.4%	5,765,126	26.8%

Source: <http://www.dshs.state.tx.us/chs/>

Education

College Degree	23.9
Some College	32.0
High School/GED	25.3
Less Than High School	18.8

Source: US Census American Community Survey



Access to Care

Average Monthly Medicare Enrollment	
Age 65+	13,647
Disabled	2,262
Average Monthly Medicaid Enrollment	20,762
Primary Care Physicians	202
Dentists	59
Physician Assistants	38
Registered Nurses	957
Licensed Vocational Nurses	443
Pharmacists	87
Community/Migrant Health Centers	Yes
Rural Health Clinics	0

Source: www.communityhealth.hhs.gov

Community Health Indicators

Hospital Information

# of Hospitals	4
Ownership	1 Public
Staffed Beds	356
Admissions	11,330
Average Length of Stay	6 Days
Bad Debt Charges	\$37,948,334
Charity Charges	\$16,793,828
Total Uncomp Care	\$54,742,162
Gross Patient Revenue	\$507,816,904
Uncomp Care as % of Gross Patient Revenue	10.8
Emergency Room Visits	54,257

Source: 2010 Cooperative DSHS/AHA/THA Annual Survey of Hospitals and Hospital tracking database

Designated Health Professional Shortage Areas

Midland Community Healthcare Services, Inc.

Source: <http://hpsafind.hrsa.gov/>

Type

Comprehensive Health Center 2

Score

Health Outcomes

	County	Texas
Diabetes	8%	9%
HIV Rate per 100,000 population	123	319

Midland County is heading in the right direction with these health indicators strategies.

Measures of Birth and Death

	County	USA
<i>% Of All Births</i>		
Low Birth Weight	8.4	8.2
Premature Births	13.1	12.7
<i>Deaths per 1000 live births</i>		
Infant Mortality	5.0	6.9
<i>Deaths per 100,000 population</i>		
Breast Cancer	27.4	24.1
Colon Cancer	16.6	17.5
Heart Disease	150.5	154.0
Lung Cancer	48.4	52.6
Vehicle Injuries	12.8	14.6
Stroke	39.1	47.0
Suicide	9.9	10.9
Other Injury	20.7	39.1

Midland County's health measures are generally better than the overall state measures, but a breast cancer DSRIP project might help bring breast cancer rates below average as well.

Source: www.communityhealth.hhs.gov

Business and Employment

Type of Business	# Employed
Total, All Industries	67,992
Mining	12,357
Construction	3,357
Manufacturing	2,650
Transportation	13,894
Information	1,160
Financial	3,264
Professional	7,430
Education & Health	12,037
Leisure/Hospitality	7,222
Public Administration	1,965

of Large Employers (50+ Employees) 251

Source: Texas Association of Counties

Compressor Systems Inc. 500+ employees

Midland College 500+ employees

Midland Memorial Hospital 500+ employees

Source: www.texasindustryprofiles.com

METHODS

Telephone Surveys

Telephone surveys were conducted by the Earl Research Survey Lab. The goal was to complete 100 random-digit telephone surveys from residents living in Midland County owning a land-line. In Midland County 101 surveys were completed out of 632 attempts with a response rate of 11.32%. Surveys were conducted in Spanish and English. The survey instrument contained questions regarding basic demographics, health care access and various health and behavior indicators.

County telephone survey results

Trusted Sources of Information

When asked where they typically received their health information; 27% said health related posters offered them useful information. 79% said their health care provider was a regular source. When asked about media; 60% used the internet to get health information; 25% received health information from the radio; 49% stated that they received health information from local newspapers; and 70% received health information from the television news shows. 14% of respondents received information from bulletin boards; and 46% got some health care information from various newsletters. 80% received information from friends and family. Only 21% reported getting health related information from grocery stores, but 6% stated that WIC was one of their resources for information. 33% reported getting health information from their church, while social services

offices provided health information to only 11% of respondents. Other resources mentioned were doctors, and television health programs like the Dr. Oz show.

When asked which of those resources their most trusted source of health information was, their healthcare provider was cited as the number one choice, followed by friends and family. The internet, followed by television was a close third and fourth choice among respondents.

Health Insurance Coverage and Health Care Access

When asked if anyone in their household had been without health insurance at any time during the past 12 months, 26% answered yes. When asked the reason why someone in their household did not have insurance, employers not offering insurance (41%) and when offered, was too expensive to purchase (35%), were two of the main reasons mentioned. 10% of respondents also reported a household member having been dropped due to a pre-existing condition.

When asked if anyone in their household was currently having difficulty in getting medical care; cost of services was an issue for 30% and 29% stated that while having some form of insurance, their deductible was too expensive. 13% lamented a lack of information around what services might be available. Coverage denial was mentioned by 13% of respondents; 27% said their insurance coverage was inadequate to their healthcare needs, and 24% cited a lack of insurance coverage overall. The high cost of prescription drugs was an issue to 24% of the persons queried. Lack of transportation was mentioned by 2%, and 2% reported a cultural and or language barrier to their accessing medical care.

When asked where they most often go for help when they are sick or need healthcare advice, 83% went to their local clinic, doctor, or hospital and 9% went to a hospital or clinic in a town outside of the one they live in. About 2% of respondents utilized the emergency rooms of their local hospital and hospitals outside of their community.

Young Children, Youth and Family

28% of the respondents stated that they currently have children less than 18 years old living in their household. Of this cohort 5% of the respondents reported that they had a child with developmental delays, and 8% reported a child with behavioral delays. 5% reported children with some mental health issue and 2% mentioned some physical limitation their child labored under. When asked about teenage sexual activity 4% of the respondents thought their children might be sexually active, but no cases of teenage pregnancy were cited by the parental cohort. 9% of the parents queried mentioned a need for more screening and diagnosis resources for children in their community, and 2% accessed some form of home care for special needs children.

Around the issues of family planning; 3% of all respondents reported an unplanned pregnancy, a lack of family planning information, an inability to receive birth control systems, and other reproductive health services.

Chronic Disease Burden

When asked about chronic diseases in the household; 29% reported a household member with some form of heart disease; 2% cited someone in their household having had a stroke; and high blood pressure was cited by 53% as being prevalent in their household. 24% reported a member with asthma and 7% reported severe breathing issues. Cancer in the household was reported by 15%, and 31% stated that someone in their household was diabetic. Anecdotally, arthritis was also mentioned as chronic illnesses in these households.

Behavioral and Mental Health Needs

Respondents were next asked to report on mental health issues present in their households during the previous 5 year period. 22% reported a household member affected by depression or anxiety. 2% of respondents had a family member attempt suicide. 3% had a household member who had been diagnosed with a mental illness other than depression/anxiety, and but none stated the condition was too severe for the member to maintain employment. Stress was a mental health issue reported by 24% of persons surveyed, and eating disorders were reported by 4% of respondents. When asked about their ability to receive help and support for these mental health issues, only 8% stated they were completely lacking a resource that would meet their needs.

Unintended injuries are a major cause of mortality and morbidity, especially in rural areas. When asked about household members being affected by certain injury precursors in a previous 5 year period; 3% cited someone receiving a DUI and 1% mentioned an episode of domestic violence. On the job injuries were reported by 1% of respondents. 13% reported an injury caused by a fall. When queried about children's injuries, a lack of community child injury prevention programs was not mentioned. Injuries of older children were reported by 4% as a result of some sports participation, and 1% reported a child injury due lack of helmet use when riding a bicycle, motorcycle, or ATV. Anecdotally, car and motorcycle accidents, accidental gun shots, and tree climbing mishaps were mentioned as a cause of injury in the households queried.

Reportable Health Condition

When asked about certain reportable diseases within the previous 5 year period, 1% of respondents reported a household member having had chicken pox (varicella); MRSA (Methicillin-resistant Staphylococcus aureus), and hepatitis. Food and or water borne illnesses, such as giardia and salmonella had affected 2% of respondents during the period in question. 27% reported a household member having had influenza and 13% reported a case or more of pneumonia. Insect borne diseases were less than 1%. Anecdotally, mononucleosis, stomach ailments, and sinus infections were mentioned as being health issues amongst this cohort.

Next the respondents were asked about problems relating to immunizations and household members over the past 5 years. A lack of availability of certain vaccines in the community was cited by 7% of respondents. 7% stated that their insurance carrier did not cover the immunization. 6% cited issues around adults having access to the vaccines, and only 3% of respondents were unaware of resources for free or reduced cost immunizations. 1% reported not getting a child immunized for some reason other than religious beliefs.

Health Promotion

Lack of physical activity and poor nutrition are regularly cited as early indicators of future health issues. When asked about household members and physical activity in the previous 5 year period; 37% cited an overall lack of enough physical activity among household members. 17% reported some physical limitation as preventing a household member from getting enough physical activity. 14% stated a lack of available time for physical activity. 4% lamented a lack of community recreation programs and facilities for adults and 2% reported a lack of accessible neighborhood playgrounds for children. 5% reported a need for paved trails and sidewalks in their community, and 1% commented on the general overall lack of parks and open public spaces. 28% allowed that laziness might be a factor keeping their household member dormant. 26% of respondents reported an obese household member, but only 3% reported a general lack of knowledge about nutrition. 14% stated they did not plan meals, and 6% blamed the cost of healthier nutrition habits. 34% of respondents reported unhealthy eating habits, and 8% were concerned about the availability of junk food and soda in the school.

Environmental Issues

Many environmental issues can impact a person's overall health and quality of life. Respondents were asked about certain environmental issues during the previous 5 year period. 22% of respondents reported that poor outdoor air quality (dust, feed lot organic materials, smoke from grass fires, etc.) had been an issue, and 18% also reported poor water quality. Less than 1% of respondents cited some form of insect or rodent infestation. 17% reported issues around sun exposure, and issues of mold were cited at less than 1%. Noise pollution was a concern to 6% of respondents, and 1% of respondents stated that they were exposed to hazardous materials in their employment. Other quality of life issues queried included such things as a lack of transportation which affected 7% of respondents, lack of affordable housing which affected 13%, and 11% reported trouble affording the cost for heating their home. Handicap accessibility issues were cited by 5% of respondents.

Substance Abuse

Health issues surrounding drugs, alcohol, and tobacco use are a major cause of illness and burden on the healthcare infrastructure. When asked about perceptions around tobacco use, 52% of respondents thought tobacco use was a problem, with 90% citing youth smoking as their basis, and 65% including use of smokeless tobacco and youth. 62% believed that the number of pregnant women who smoke is too high. 81% of respondents believed that the number of adults who smoke is too high. Lack of local enforcement of smoking bans was considered to be a problem by 55% of respondents and 47% of respondents were concerned about enforcement of minors purchasing tobacco products. 67% of respondents thought that smoking in cars and homes was a health issue for members of those households. 35% of respondents were concerned about an overall lack of education, and 21% believed resources available to facilitate more smoking cessation was lacking. 73% of respondents believe that drugs and alcohol are a problem in their community. 87% blame the perception of acceptability around the use of drugs and alcohol by adults and youth, and 29% cited the rural nature of the county as being a factor. 57% thought that current drug laws were not being enforced, while 23% cited a lack of education as being a contributing factor to alcohol and drug use.

Focus Group

A focus group was conducted to gain a better understanding of community health needs and available resources. Subjects were recruited by West Texas AHEC staff in collaboration with the community champion. Focus group participants consisted of local government officials, local health care providers, and other community members who had a stake in public health. The focus group was conducted by a moderator from the Earl Research Survey Lab on April 14, 2011.

Observations from the Midland County Focus Group

What do you feel your county needs assistance with regarding health issues?

- A. Many participants said the biggest issue is the lack of knowledge and awareness in the community.
 - a. Many people do not understand their options and resources. For example, people can find a doctor and but do not know the appropriate level to seek care. Therefore, many people go to the emergency room (ER).
 - b. One example that was raised is the lack of knowledge within the Hispanic Community. In Mexico, Red Cross provides medical services, but they do not in the United States. Many Hispanics call the Red Cross in Midland for medical services because they lack the knowledge of the structure of health care services in the US.
 - i. The Red Cross is helping to raise awareness by getting the community involved. They are teaching people how and when to call 911, and basic issues on health awareness such as CPR.
 - c. Citizens believe hospices hasten the death process rather than providing care.
 - i. In rural areas, assisted living is an issue and people are lucky to get home healthcare because of limited availability. In some areas in far West Texas there is only one hospice.
 - d. People do not think to look for non-profit organizations for help.
- B. There have been attempts by the county to help raise health awareness and knowledge of health care services to the public.
 - a. United Way made and distributed a book to the community with the various organizations in town. There is an electronic version as well. While the information is in a central place, not everyone has a copy of the directory. In addition, it may be that some households will not be able to use the directory effectively without some information about how the health care system in the area is structured
 - b. Texas Health and Human Services administers the 211 service, which offers information on non-emergency resources such as community programs, counseling services, donations and volunteering, financial assistance, and shelter. Focus group participants believe this service is underutilized.
 - c. Another way that the county has tried to raise awareness and knowledge is initiating a nurse triage system. In Midland, residents can speak with a registered nurse about health concerns by dialing 68-NURSE. People can explain their symptoms and the nurse can tell the person where to go or what to do, such as whether to go to the emergency room, wait to see a doctor during normal hours, or other treatment options. 68-NURSE does call back and they have the capability to talk to Spanish-speaking households. The 68NURSE hotline is administered by the Midland County hospital.
 - d. Most of the participants were aware of the nurse triage system, but a few were not. This raised the issue of community awareness of the service. When the service was launched there

was a large marketing campaign to raise awareness of the issue, but there has been limited marketing of the service since the initial launch.

- i. Some participants thought of ways to expand 68-NURSE through various marketing techniques. There should be ongoing reinforcement techniques in the county. Some ideas included creating television and radio advertisements.
 - ii. Another participant said that an 800 phone number could be provided for rural areas because the 68-NURSE number is long distance for some people who are in areas outside the city.
 - iii. The question was raised on whether it would be beneficial to speak to students in school as a way to raise awareness of this issue.
 1. One participant said the usefulness would be limited and it is really informed parents that are needed to make a difference
 2. Another participant noted that children are bilingual and often translate for their parents. Speaking to children in schools could raise awareness in general, but in particular among this group.
- C. An issue of concern that was raised is regarding the segment of the population that had insufficient insurance or no insurance. A question was raised as to what the best approach to reach them to raise health awareness and knowledge.
- a. A participant noted that handouts in the emergency room would be helpful or increased awareness of the 68NURSE system.
- D. Another participant said that transportation from rural communities to the Midland hospital is a major issue.
- a. A few communities offer bus service to Midland a few times a week, but services are limited.

What do you feel are the primary health concerns in your area? These can be structural, fiscal, or related to specific health issues.

- A. A primary health concern is the Medicaid process. For patients on Medicaid, a person must have a doctor's approval to receive certain services or medications, but the paperwork process could take a few days. However, this relates a lot to physician knowledge and agency knowledge of the process. Medicaid HMOs have problems with providers and the process, such as patients do not know what doctors to go to and doctors do not know when patients are transferred to another doctor.
- B. For adults on Medicaid, upper respiratory infections and asthma are common. In addition, few dentists accept Medicaid for adults, but they do accept it for children.
- C. Also, a participant provided an example of a community based referral system, located in Ft. Collins, Colorado. Poudre Valley is a program that coordinates care within the community by setting appointments. Because it is community-based, there are no transfer issues.
- D. People are not responsible to the extent that they need to be about healthcare. Some people who qualify for Medicaid will not go through the eligibility process to enroll themselves or their children
- E. People show up to the emergency room or to community non-profit clinics and will not pay.
 - a. The question was raised on how to fix the problem and whether it was a lack of health knowledge and education.
 - i. There is a misconception that hospitals or companies must treat people for free.
 - ii. Many participants said there should be consequences for failure to follow through on care maintenance because there currently are no consequences. People on Medicaid do not need to keep appointments to maintain eligibility and many do not keep appointments. For example, if people should be charged if they miss an appointment; however, how can they be charged if they have no money?

1. If there are critical issues that the law requires treatment, but if it is not an emergency a person must pay to be seen or wait until the next day.
- F. In rural areas, certain insurance companies do not cover treatment outside network even when it is the closest care available.
- a. For example, a patient in a rural area may need medical treatment outside of the network. This causes problems with contractual agreements of insurance companies and hospitals. If the person needs treatment and it is out of their network, it can take a few days to negotiate and get approval from the insurance company. In addition, insurance companies may overcharge in case they will not get their full payments.
 - b. When patients are discharged from the hospital they must pay. Insurance providers are dealing with contractual agreements because the patients need care outside of the hospital and it takes days to get the necessary approvals.
 - c. Physicians are beginning to charge for services that were once considered standard, like prescriptions. Doctors are trying to make up for low reimbursements from Medicaid, Medicare, and private health insurance companies.
 - i. There are no laws against this and people are being charged by a doctor for a prescription, then they are charged by a pharmacy to fill the prescription.
 1. A way to fix the problem is allowing patients to have more access to contractual agreements. Another way to fix the problem is if a patient is forced to receive care outside of the network due to a lack of availability locally, the patient should get the network rate.

Perception of infrastructure: How would you deal with a particular health concern?

- A. Several participants said that because of Midland hospital's reputation and personal experiences, they seek treatment elsewhere.
- a. For example, a participant chose to seek treatment in Stanton because they have a good reputation and no problems with paperwork, and it was faster to get in.
 - b. Another participant said that people are going to Odessa because they are treated better and the Odessa hospital accepts their insurance.
 - c. One participant chose to seek treatment in Lubbock because of a bad personal experience with Midland Hospital. The perception was that Midland staff was more worried about liability issues than proper care. In addition, the Lubbock hospital greeted patients and was well trained and friendlier than the Midland hospital.
 - d. Another participant said that although people choose to go elsewhere, the Midland hospital has capabilities but they do not see the same people.

How does it vary based upon condition – routine physical v. broken leg?

- A. Most see someone local for minor treatments, but sometimes traveling to another location is needed because of the doctors.
- a. For example, one participant takes her child to a pediatric dentist in Odessa because of the local reputation of the pediatric dentist in Midland.
 - b. For more pressing treatments, such as cancer, there is a community perception that it is better to seek care in facilities with a national reputation, like MD Anderson.
 - c. Once patients are diagnosed in Midland, they seek a second opinion in another town but they might come back for treatment in Midland.
 - d. In Odessa, people have a choice between 3 or 4 hospitals and that gives them a choice. Even if the level of care is the same, the perception of choice can make patients more satisfied. This is important for parents in particular because they can choose the best care for their child.

How does distance affect the decision to deal with a particular health concern?

- A. Many of the participants said people will go to Dallas or Houston for certain conditions, such as cancer, because they have newer treatments. However, people that do not have the resources to go out of town receive average care.
 - a. One participant said that an issue is that people will go out of town but not everyone can, especially for people in the surrounding rural areas. Those who cannot go out of town for treatment must stay in Midland for treatment.
 - b. Doctors in small rural counties are not the best rated doctors, but people in that community have no choice. There is a lack of health resources, which can lead to a lack of quality in these communities.

What is the most prevalent or problematic health issue in your area? Top 5 (Heart disease, cancer, stroke, trauma, diabetes/metabolic syndrome)

- A. The most problematic health issues are diabetes, cardiovascular problems, teen pregnancy, and mental health. Many participants agreed that mental health was the biggest health issue.
 - a. Local treatment for diabetes and cardiovascular problems are aligned.
 - b. Midland has three new facilities that deal with mental health and substance abuse. Before Midland had these facilities, people would travel to Desert Springs for treatment. However, the local facilities are limited and for short-term care. They provide adequate care for adults but a specialized program is needed for children. The programs for children that are available are “one program fits all” so an attempted suicide patient and a drug addict receive the same treatment if they are juveniles. Because of the limitations, people do leave when they have the resources to do so. There is limited help in the Permian Basin. Although treatment is limited, buses do pick patients for treatment.
- B. The question was raised if people are referred to mental health services by local governments.
 - a. Those referrals exist but are unsure how often it occurs. For example, a judge may order a person to complete a substance abuse program. Usually in those cases, people are past a certain point and need must be ordered to complete treatment. There is a strong need for facilities for children, like those that can handle a child who is getting into trouble at school or needs counseling.
 - i. There is a grief program administered through a hospice in Midland. The program is called Rays of Hope. Volunteers help facilitate children and it is a free service with specific groups for specific needs. For example, a child who is experiencing a loss from a divorce will not be in the same group a child who is experiencing a loss from a death.

HEALTH INDICATORS

There are many aspects of health that affect a community. To determine if residents of Midland County are having difficulties with any of these aspects, survey respondents were asked questions regarding health. Twenty-one indicators comprise the Community Health Needs Assessment Index. Each indicator is based on a ratio measurement using the most recent available data for each Texas county and the overall state. The Index also scores each indicator measurement in a manner that compares to Midland County with all other counties and with the overall state. AHEC uses a 100-point scaling method for this. The method assigns the county with the most positive indicator measurement, a score of 100, while other counties and the state get lesser scores ranging down to zero. Counties with better measurement outcomes get higher indicator scores.

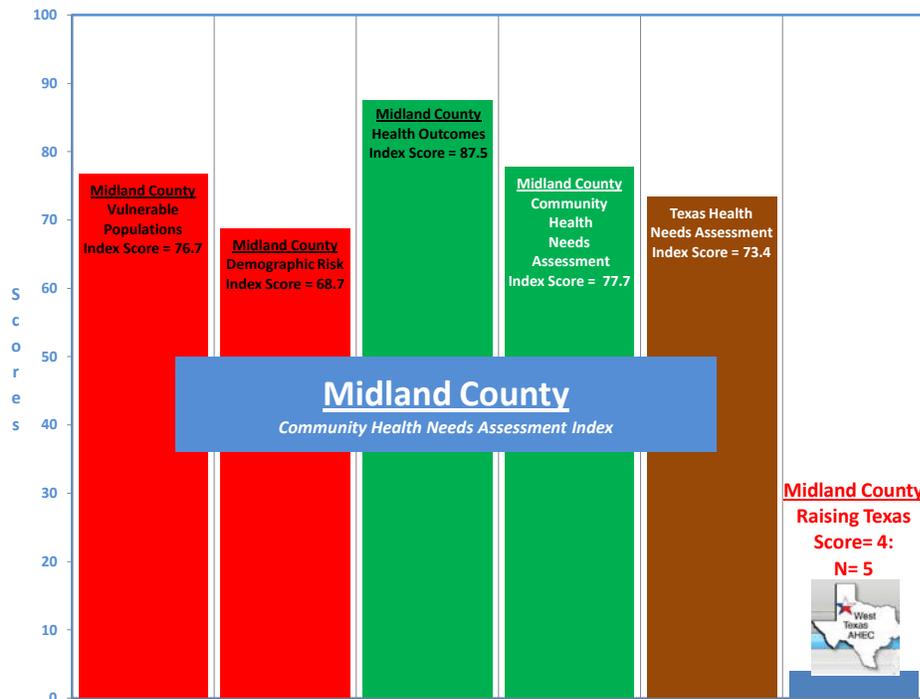


Table 1: Community Health Needs Assessment Index

Table 1 provides a Community Health Needs Assessment Summary for Midland County. Moving from left to right, the first three columns in this chart give your county's average score on the 7 indicators making up each of the three previously explained categories. The fourth and fifth columns to the right represent the average of all 21 Indicator Scores for your county and the state respectively. The color coding follows the same protocol as the previous categorical charts:

- The Texas column is consistently coded burnt orange to signify the statewide average as a benchmark.
- The column representing the county average is coded red if it falls below the statewide average on the combination of the 21 indicators.
- The column representing the county average is coded green if it exceeds the statewide average, indicating that your county scores better than the state on the combination of the 21 indicators.
- Indicator category columns are coded red if the category average is below the 21 indicator summary average for the county. Code red categories are bringing down the county summary average.
- Indicator category columns are coded green if the category average exceeds the 21 indicator summary average for the county. Code green categories are bringing up the county summary average.

The “Raising Texas Score” column on the far right summarizes the “Raising Texas Goals” for specific indicators in the category charts. This tells you the average difference between the county and state scores for indicators on which the county scores lower. The “N” gives the number of indicators involved.

Each of the charts for these categories includes a color-coded set of columns. The indicator scores for the county determine the height of the colored columns in the charts. Exact scores are reported in the black-colored text notations at the top of the columns. Some of the indicator columns have red-colored “Raising Texas Goal” notations above the column. These notes tell you that Midland County scores lower than the overall state on this specific indicator. By working on improving the areas indicated, a community can better its public health and that of the State of Texas.

The 21 indicators that make up the community health needs assessment Index are grouped into three distinct categories. The Index report for Midland County includes a chart for each category. The categories are:

- **Vulnerable Populations:** Seven indicators measure the prevalence of vulnerable populations. Vulnerable populations are social groups whose members are likely to “fall through the cracks” when it comes to providing health and social services that help maintain or improve public health. The indicators measuring the prevalence of these groups are the percent of children enrolled in CHIP, the percent of population (excluding elders) on Medicaid, the percent of children on SNAP, the percent of the working-age population that is disabled, the rate of child abuse and the rate of abuse for elders and disabled persons in your county. (Table 2)
- **Demographic Risk:** These seven indicators focus on the prevalence of population that shares demographic characteristics that create risk of lower health outcomes at both the personal and community level. The indicators measure the poverty rate in your county, the percent of medically uninsured population (excluding elders), the percentage of households that are headed by females with children, the percentage of mothers giving birth who are unwed, the percent of population age 25 and over who did not complete high school, and the percent of households burdened by housing costs that consume 30 or more percent of the household income. (Table 3)
- **Health Outcomes:** Measurements of public health outcomes are the basis of these seven indicators. They include the death rate from the five leading causes of death in Texas, the combined rate of infant, fetal, and maternal deaths, the suicide rate, and the rate of traumatic injury, the rate of substance abuse treatment admissions, the rate of death resulting from diabetic conditions, and the incidence rate of family violence in your county. (Table 4)

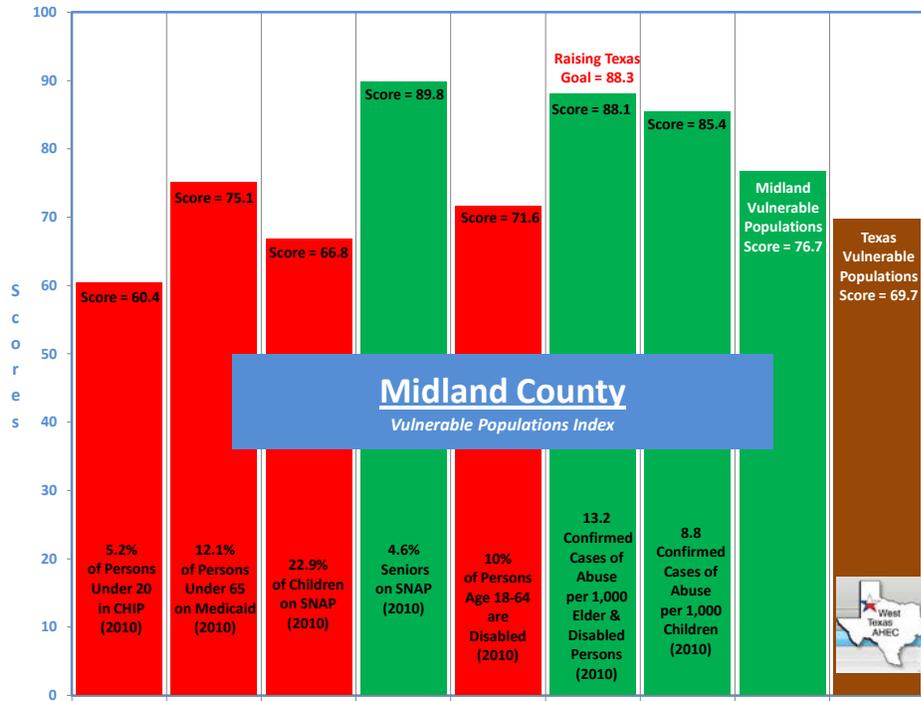


Table 2: Vulnerable Population Index

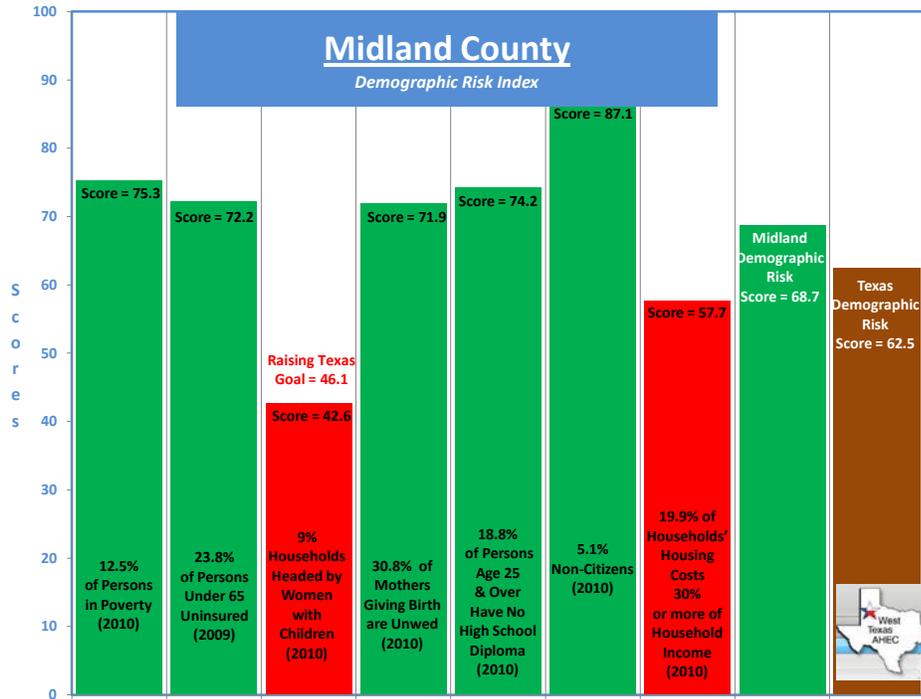


Table 3: Demographic Risk Index

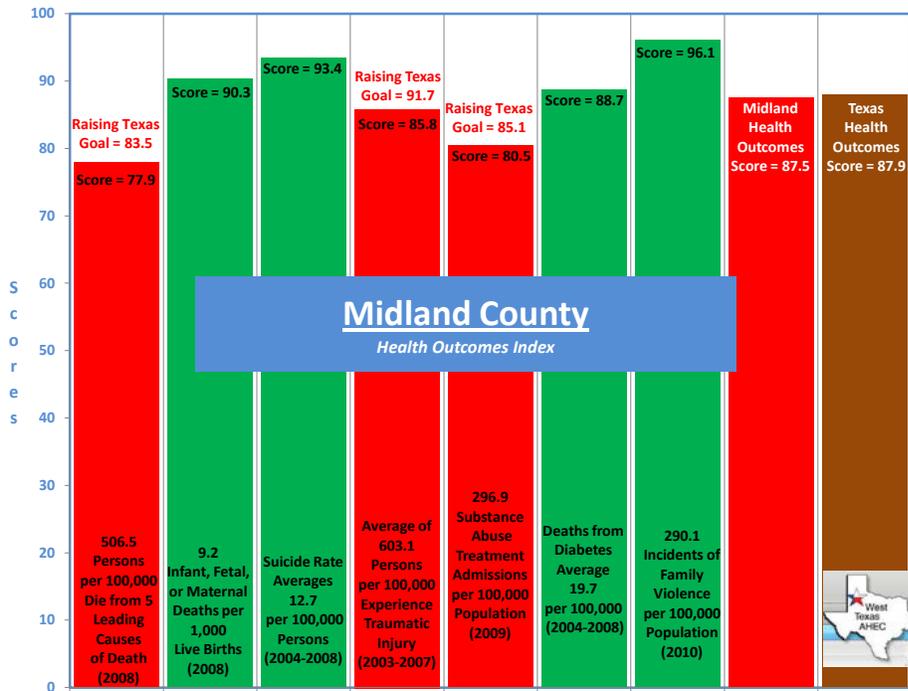


Table 4: Health Outcomes Index

For more information or if there are additional questions not answered by this Community Health Needs Assessment, please contact:

Jim Conditt
 Texas Tech University Health Sciences Center
 F. Marie Hall Institute for Rural and Community Health
 3601 4th Street M.S. 6232
 Lubbock, Texas 79430
 806-743-1338
 Jim.Conditt@ttuhsc.edu