

Regional Healthcare Partnership 14

Community Needs Assessment

July 2012

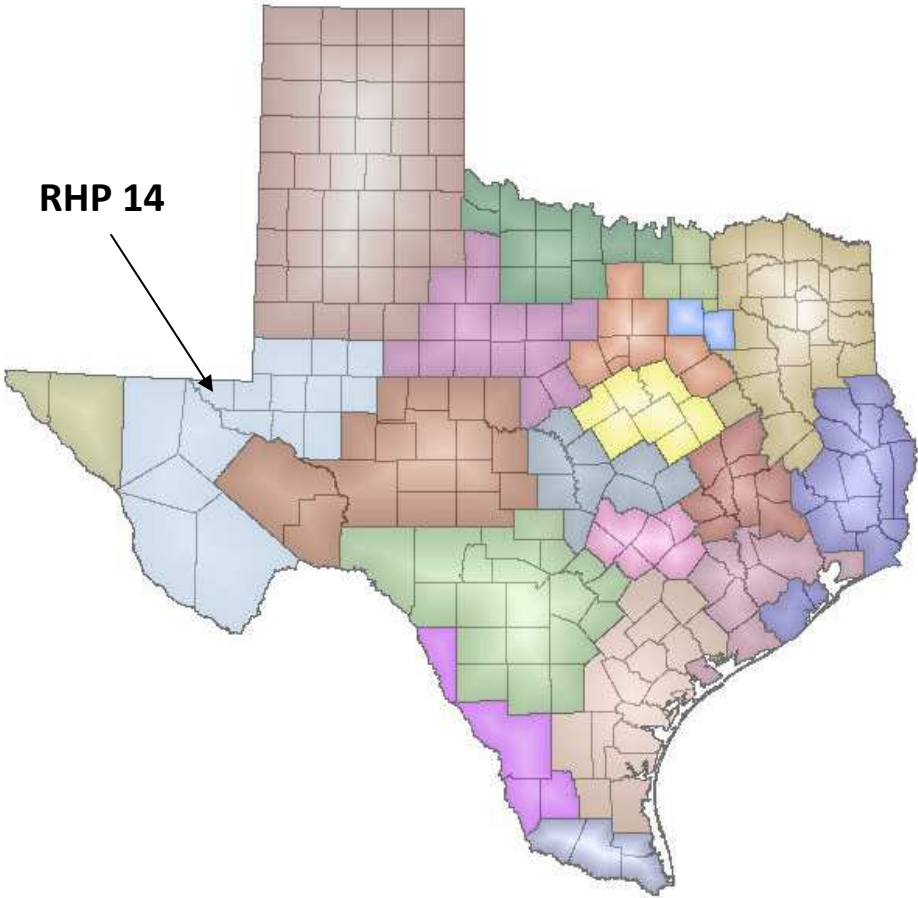


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INTRODUCTION

A community needs assessment often focuses on barriers to accessing care. It can also describe the primary service area of a hospital, a hospital's patients and its services, other healthcare providers in the area, and demand for services. Assessments also aid in planning and improving access to and quality of care. This assessment concerns Regional Healthcare Partnership (RHP) 14 in Texas, which includes 16 counties: Andrews, Brewster, Crane, Culberson, Ector, Glasscock, Howard, Jeff Davis, Loving, Martin, Midland, Presidio, Reeves, Upton, Ward, and Winkler. The assessment's purpose is to assist RHP 14 as it plans its proposal for the HHSC 1115 Waiver. The Delivery System Reform Incentive Pool (DSRIP) section of the waiver includes four categories:

- Category 1: Infrastructure Development
- Category 2: Program Innovation and Redesign
- Category 3: Quality Improvements
- Category 4: Population-focused Improvements

This assessment contributes supporting data for Categories 1 and 2. Providers in the respective region should contribute specific data to support the need for additional infrastructure, including clinic, emergency department, and inpatient hospital volume and cost data by payer and by condition. If infrastructure is determined to be required for particular disease areas, e.g., diabetes clinics, then provider-specific volume data should be provided as well. Categories 3 and 4 require data supporting high burden areas in particular, some of which are provided in this document, but again, should be strengthened with data from the region's providers. This assessment includes several tables and figures, all of which can be found in the appendices.

DATA SUPPORTING INFRASTRUCTURE AND ACCESS DEVELOPMENT

Primary Service Area and Potential Patients

Population growth, age distribution, and race/ethnicity have a significant impact on community need for healthcare services. Overall population growth and growth by age cohort impact the total demand for healthcare services and demand for specific services, while certain racial/ethnic backgrounds increase the likelihood of some diseases and disorders.

Population and Counties

Total population for RHP 14 grew by over 13% from 2000 to 2011 (Table 1). All but two counties (Ector, Midland) in RHP 14 are considered rural by the 2010 U.S. Census. Population density per square mile for the region is 13.7. Ten counties (Brewster, Crane, Culberson, Glasscock, Jeff Davis, Loving, Martin, Presidio, Reeves, Upton) in RHP 14 are considered Frontier Counties because they have less than seven people per square mile.

Almost 91% of RHP 14 residents identify as white, while 48% of all people, regardless of race, identify as Hispanic (Table 2). Sixty-three percent speak English only. The region's percentage of the population 65 and older (11%) is about the same as Texas' percentage (10%).

Population Projections

The Texas State Data Center and Office of the State Demographer estimated the population in 2012 to be 385,144. According to their estimates, the population will increase by 10% from 2012 to 2030, growing from 385,144 to 424,968. People aged 65 and older will account for a larger percentage of the population in 2030 (Figure 1).

These population projections of growth are conservative as thousands are moving to this area given its recent oil boom.¹ Areas of RHP 14, e.g., Midland (Midland County), Odessa (Ector County), are currently some of the fastest growing cities in the nation.² The local economy is projected to expand by nearly 10% this year,³ and Midland (4.1%) and Odessa (4.9%) report the lowest unemployment rates in Texas.⁴ Businesses in these areas still desperately seek workers. Populations of some of RHP 14's small towns are also rapidly growing. Forbes named Pecos (Reeves County) and Andrews (Andrews County) as the second and ninth fastest growing small towns in America between 2007 and 2010.⁵

Socioeconomic Profile of Residents and Major Employers

Table 3 shows that 26% of adults 25 years or older in RHP 14 did not graduate from high school. About 28% have some kind of college degree. Eighteen percent of all people in the RHP fall below the poverty line. The percentage of children living in poverty is 26%.

The percentages of high school dropouts and poor people are expected to increase in Texas. According to demographer Dr. Steve Murdock, "The state's public schools have more and more low-income kids and persistently high dropout rates, and unless that changes, the future of Texas will contain more long-term unemployment and poverty, and more folks depending on food stamps, Medicaid and CHIP."⁶

Median household income is lower than the median in Texas and the U.S. Per capita income in the RHP is similar to per capita income in Texas and the U.S. (Table 4). The average wage per job has increased since 2006. However, the unemployment rate has also increased over the last five years. (See Table 5 for a list of the major employers in RHP 14.)

¹ We chose to use the "One-Half 1990-2000 Migration (0.5) Scenario" from the Office of the State Demographer. It assumes rates of net migration one-half of those of the 1990s. The reason for including this scenario is that many counties in the State are unlikely to continue to experience the overall levels of relative extensive growth of the 1990s. A scenario which projects rates of population growth that are approximately an average of the zero and the 1990-2000 scenarios is one that suggests slower than 1990-2000 but steady growth. However, the recent oil boom and population boom in this area suggest that the .5 population growth scenario is a conservative estimate.

² "100 leading locations for 2012," Area Development, 2012:55-73. Available: <http://www.areadevelopment-digital.com/areadevelopment/201206#pg1>. August 2012.

³ Warbelow K. "Texas oil boom fueling trucker bonuses propels Odessa," Bloomberg. Available: <http://www.bloomberg.com/news/2012-08-06/texas-oil-boom-fueling-trucker-bonuses-propels-odessa.html>. August 2012.

⁴ McEwen M. "Midland, Odessa report state's lowest unemployment," MyWestTexas.com. Available: http://www.mywesttexas.com/local_newsroom/article_18d407c9-e8aa-55a9-9a58-915843249afd.html. March 2012.

⁵ Greenfield. "America's fastest-growing small towns," Forbes. Available: <http://www.forbes.com/sites/bethgreenfield/2012/01/23/fastest-growing-small-towns/>. January 2012.

⁶ Scharrer, Gary. "Poverty, dropout rates threaten Texas' future," Austin Bureau. Available: <http://www.chron.com/news/houston-texas/article/Report-Poverty-dropout-rates-threaten-Texas-1698327.php>. June 2012.

Access to Healthcare

Rural Healthy People 2010, a companion document to *Healthy People 2010*, examined top rural health priorities and presented promising models to address *Healthy People 2010* objectives. Both public and private health organizations identified access to quality health services (primary care, emergency medical services, insurance, and long-term care) as the leading focus area.

RHP 14 had nine hospitals in the Metropolitan Statistical Areas (MSAs) of Midland and Odessa and twelve hospitals outside the MSA as of 2011 (Table 6). Eleven of the hospitals are public, and ten are for-profit. There are 1,485 acute beds and 264 psychiatric beds among all of the region's hospitals.

As of 2009, none of the hospitals in RHP 14 had Teaching Facilities, Burn Care, Other Intensive Care, Alcoholism-Drug Abuse or Dependency Care, Skilled Nursing Care, Intermediate Nursing Care, Other Long Term Care, Other Care, Hospice Program, or Extra-corporeal Shock Wave Lithotripter (Table 7). Big Bend Regional Medical Center, Culberson Hospital, McCamey County Hospital District, Permian Regional Medical Center, Reeves County Hospital District, Scenic Mountain Medical Center, and Ward Memorial Hospital have Medicare Defined Swing Bed Units. (Table 8 lists existing healthcare clinics in the region by county.)

Health Professional Shortage Areas

Texas ranks 42nd in the nation for the ratio of physicians to population, and 47th for the ratio of nurses to population. There is a shortage of every kind of health professional in Texas except Licensed Vocational Nurses. Physicians, registered nurses, physical therapists, clinical laboratory scientists, occupational therapists, pharmacists, dentists, audiologists, and other health care professionals all number less (per 100,000 population) than the national averages.⁷

The 2012-2013 Texas legislative budget allows for some growth in support for health-related institutions of higher education, but many programs sustained significant cuts. State support for Graduate Medical Education has been reduced by almost a third, from \$79 million to \$54 million. Funds for the Professional Nursing Shortage Reduction Program have been cut by 40%, and about three-fourths of funding for both the Family Practice Residency Program and the Physician Education Loan Repayment Program has been eliminated. Other primary care training programs have also been completely eliminated, including the Children's Medicaid Loan Repayment Program.

It is important for Texas to build its healthcare workforce in order to (1) reduce the current shortages and (2) prepare for large increases in demand when more Texans become insured in 2014 through the Affordable Care Act. Over \$250 million in new federal medical education training funds have been allocated since the Affordable Care Act passed in 2010. The Texas legislature did not build on this investment in 2011, but instead made cuts to key health care professional training.⁸

Health Professional Shortage Areas (HPSAs) are designated by the U.S. Department of Health and Human Services, Health Resources and Services Administration (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).

⁷ Dunkelberg, Anne. 2011. *Texas Health Care 2011: What Has Happened and the Work that Remains*, Center for Public Policy Priorities. 2011. Available: http://www.cppp.org/files/2011_11_TexasHealthCare.pdf. June 2012.

⁸ Ibid.

As of 2011, every county but three (Andrews, Loving, Upton) in RHP 14 is considered a Mental Health Professional Shortage Area. Ten counties are considered Primary Care Health Professional Shortage Areas (Table 9). Five counties in the region have special populations with unmet needs. Special populations include: Medicaid eligibles, low-income populations, migrant and seasonal farm workers, homeless, American Indians, Alaska Natives, and other populations isolated by linguistic or cultural barriers. Six counties are designated as shortage areas for dental health professionals; four counties have facilities that treat special populations with limited access to dental care.

Medically Underserved Areas

Medically Underserved Areas designated by HRSA are those with too few primary care providers, high infant mortality, high poverty, or high elderly population. All but three counties (Andrews, Loving, Upton) are designated as full or partial Medically Underserved Areas.

Supply of Physicians and Specialists

Medicaid funding has a large impact on the supply of physicians. For health professionals, Texas Medicaid fees fall well below commercial insurance or Medicare, and sometimes do not even cover the costs of services. The failure of Texas Medicaid rates to keep up with inflation—even before the recent rate cuts made by the legislature—discourages providers from agreeing to take Medicaid patients. For example, the Texas Medical Association’s biennial poll of doctors shows the percentage of doctors taking on new Medicaid patients has dropped steeply over the last decade.⁹ The Hogg Foundation for Mental Health reports that less than one-third of Texas physicians accept Medicaid patients.¹⁰

Rate cuts during the 82nd Legislature were the largest healthcare budget cuts the Texas Legislature made since 2003—even larger than the CHIP cuts. Before the last rate increase in 2007, accumulated Texas Medicaid rate cutbacks had reduced physicians’ fees to 1993 levels for most services. Due to these cuts, we expect the supply of physicians in the region to decrease relative to the population in the next five years.

"Direct Patient Care" (DPC) physicians are those who work directly with patients and do not include researchers, administrators, or teachers. For the region as a whole, the rate of DPCs per 100,000 population ranged from 129.3 in 2008 to 137.3 in 2011 (Table 10). Rates of DPCs in the state of Texas are higher than those of RHP 14.

Table 11 shows the rate of Direct Patient Care physicians by county in the region. Midland has the highest rate; Winkler has the lowest.

"Primary Care" (PC) physicians are those who indicate that they have a primary specialty of General Practice, Family Practice/Medicine, Internal Medicine, Pediatrics, Obstetrics and/or Gynecology, or Geriatrics, and are a sub-set of DPC physicians. For the region as a whole, the rate of PC physicians per 100,000 people varied from 54.1 to 61.0 from 2008 to 2011 (Table 12). Rates of PC physicians in the state of Texas are slightly higher than those in RHP 14. As seen in Table 13, Reeves County has the highest rate of PC physicians per 100,000 people, while Winkler County has the lowest.

⁹ Ibid.

¹⁰ Martinez ON. Behavioral Health Panel: Addressing the Needs of Texas through Best Practices and Innovative Delivery Models. Presentation, Hogg Foundation for Mental Health. Available: <http://www.hhsc.state.tx.us/1115-docs/August-7-8-Summit/7.1-Behavioral-Health-Panel-Martinez.pdf>. August 2012.

Table 14 shows that over the last five years, family medicine doctors have accounted for over one third of all primary care specialists. Percentages of each specialization have remained stable since 2008. According to the Texas Medical Board (2011), there are no primary care physicians in the region specializing in gynecology or geriatrics.

Table 15 compares the percentages of Primary Care Specialists in the region to the state of Texas. The combined percentages of family medicine and family practice physicians in RHP 14 (41%) is higher compared to the state's combined percentage (35%).

Healthcare Coverage

About 40% of people living in RHP 14 have commercial insurance (Table 16). Twenty-nine percent are uninsured, and the remainder relies on Medicare, Medicaid, or CHIP.

People without healthcare coverage are less likely to have a usual source of care, to use preventive or specialty services, to obtain needed prescription medications, or to receive high-quality services. As a result, they are at increased risk of poor health outcomes and death.

The latest data from the U.S. Census Bureau show that in 2010, Texas remained the state with the highest uninsured rate in the nation at 24.6%. The total number of uninsured Texans is 6.2 million—roughly 250,000 fewer than in 2009. Working-age adults saw a small increase in coverage through job-based insurance, which was a slight reverse in the long-term trend in loss of job-based coverage, made even worse by the recession. Despite the modest up-tick, Texas' working-age adults are still nearly twice as likely as children to be uninsured.

Compared to Texas as a whole, RHP 14 has similar percentages of people who lack healthcare coverage (Table 17). Compared to the U.S., the region and Texas have higher percentages of uninsured adults.

Medicaid is the foundation of Texas' health care safety net, providing health care benefits for over 3.3 million low-income Texans in September 2011. Children make up the greatest number of enrollees, but adults with disabilities, low-income seniors, pregnant women, and a small number of parents in poverty also rely on the program for critical medical care and community services and supports. About seven in 10 Texas nursing home residents rely on Medicaid for their care. Table 18 shows Medicaid enrollment for the region and Texas in November 2011.

Disparities in Accessing Healthcare

In recent decades, the U.S. has made much progress in improving health among its residents and in reducing health disparities, yet health disparities by race/ethnicity, income and education, geographic location, and other characteristics still exist. (Tables 19, 20, and 21 describe some of these disparities in accessing healthcare in RHP 14.)

Public Health Administrative Region 9/10, which includes RHP 14 and the state of Texas have similar percentages of adults who could not access healthcare due to cost. RHP 14 and Texas have higher percentages than the U.S.

In the region, the following groups were more likely than their counterparts to report that they could not access healthcare due to cost in the past 12 months: women, blacks and Hispanics, people younger than 65, those with no high school diploma, and people with low incomes.

According to the Texas Behavioral Risk Factor Surveillance System (BRFSS), these groups were more likely than their counterparts to report that they were uninsured: Hispanics, younger adults, and those with no high school diploma, and those with income levels less than \$25,000.

RHP 14 has a small population for its size and many people have to drive long distances for primary and specialty care (refer to Table 1). As said previously, 10 of the 16 counties in RHP 14 are considered Frontier Counties because they have less than seven people per square mile. Nine of the region's twenty-one hospitals are located in the metropolitan areas of Midland and Odessa. Seventy percent of people in the region must travel to Midland and Odessa to access cardiac, neonatal, and pediatric intensive care, other special needs, physical rehabilitation, and acute long-term care in a hospital (refer to Table 7).

Screenings and the utilization of other preventative services are other access to care measures. The region has higher percentages of adults who did not access most of these specific aspects of preventative care than Texas and the U.S. (Table 21). The percentage of people 50 years and older who had a blood stool test was similar for the RHP, Texas, and the U.S. In the region, women aged 50 and older are less likely than their male counterparts to have had a blood stool test. Hispanic women are just as likely as white women to have had a mammogram or a pap smear. Those with lower levels of education and income are less likely than adults with higher education and income levels to receive most of these preventative services.

DATA SUPPORTING FOCUS ON HIGH BURDEN CONDITIONS: HEALTH FACTORS AND BEHAVIORS

Mental Health and Substance Abuse

In Texas, between 2001 and 2010, the number of psychiatric hospitals in Texas increased by 5% and the number of beds increased by 8%. Admissions for mental conditions increased by 22% across the State, indicating that the growth in services may not meet the growth in need.¹¹ Nearly 500,000 Texas adults have serious and persistent mental illness, with one in three receiving services from the community mental health system.¹² Less than half patients receiving referrals for specialty mental health services seek treatment from the referred specialists. As of 2009, Texas had less than seven psychiatrists and less than 70 social workers per 100,000 residents (ratios have fallen since 2000).¹³

In addition, of the almost 155,000 children diagnosed with severe emotional disturbances, only one-fourth are treated in the community mental health system. Suicide is the second leading cause of death

¹¹ Texas Hospitals: Utilization and Financial Trends. 2001-2010. Available: <http://www.dshs.state.tx.us/chs/hosp/hosp5>. July 2012.

¹² Martinez ON. Behavioral Health Panel: Addressing the Needs of Texas through Best Practices and Innovative Delivery Models. Presentation, Hogg Foundation for Mental Health. Available: <http://www.hhsc.state.tx.us/1115-docs/August-7-8-Summit/7.1-Behavioral-Health-Panel-Martinez.pdf>. August 2012.

¹³ Ibid.

in Texans 15 to 19 years of age.¹⁴ The number of youth admitted to substance abuse treatment programs and have interacted with the criminal justice system increased in Texas from 4,305 in 2008 to 4,803 in 2011.¹⁵

Texas ranks 50th in per capita funding for mental health services.¹⁶ Funding for community mental health services in the Texas Department of State Health Services budget escaped deep cuts in 2010-2011. However, no funding was provided to allow for inflation or population growth, so service levels per person will likely be reduced in some programs. For example,

- The number of children receiving community mental health services in 2012-2013 is projected to be the same as in 2011, though lower than in 2010. The 2012-2013 number represents a 6% gain over children served in 2003, though not enough to keep up with population growth.
- The number of adults receiving community mental health services has been flat since 2009 and remains at essentially the same number served in 2003. However, the population in Texas has grown by 3.3 million (15%), and the number of uninsured Texans has grown by nearly 1 million.
- The Legislature showed intent to maintain state and community mental health hospital bed capacity, contingent on DSHS implementing \$15 million in cost-containment policy changes in the state facilities.
- The number of adults and youth receiving substance abuse treatment is held at the 2010 level.¹⁷

Mortality

Table 22 shows age-adjusted death rates. RHP 14 has higher death rates than Texas for heart disease, chronic lower respiratory disease, accidents, Alzheimer's disease, motor vehicle accidents, influenza/pneumonia, cancers of colon, rectum, anus, and suicide.

Fertility and Natality

Like every state, Texas funds family planning through both federal block grants and Medicaid coverage. These programs provide not only birth control, but also preventive care and basic check-ups to low-income and largely uninsured women (one-third of Texas' working age adults are uninsured). The 82nd Texas Legislature passed deep cuts in block-grant-funded family planning care that will reduce the total number of Texas women served with birth control by at least 70% in 2012-2013.

The appropriations act for 2012-13 says that the Department of State Health Services (DSHS) Family Planning programs will serve 61,135 Texas women in each year of the budget; this is down from the actual 211,980 served in 2010—a 71% reduction (150,845 less) in clients served by DSHS programs.

The Texas Legislative Budget Board estimated the 2010-2011 DSHS Family Planning spending at over \$111 million, compared to appropriations for 2012-2013 of \$37.9 million for the biennium. This results in a 66% reduction (\$73.2 million) from 2010-2011—a two-thirds cut.¹⁸

¹⁴ Ibid.

¹⁵ DSHS, Behavioral Health Data Book, FY 2012 Qtr 1, Jan 9, 2012. BHIPS and CMBHS.

¹⁶ Martinez ON. Behavioral Health Panel: Addressing the Needs of Texas Through Best Practices and Innovative Delivery Models. Presentation, Hogg Foundation for Mental Health. Available: <http://www.hhsc.state.tx.us/1115-docs/August-7-8-Summit/7.1-Behavioral-Health-Panel-Martinez.pdf>. August 2012.

¹⁷ DSHS, Behavioral Health Data Book, FY 2012 Qtr 1, Jan 9, 2012. BHIPS and CMBHS.

¹⁸ Ibid.

Access is critical to reducing several Texas challenges: high and growing rates of pre-term births, births too close together causing medical risks for the newborn, and births to unmarried teen moms. More than half of all Texas births are reported unplanned, and maintaining access to family planning services is essential to reducing unplanned pregnancies.

Most of the fertility and natality-related rates are similar between the region and Texas (Table 23).

Communicable Diseases

Table 24 shows the number of communicable disease cases and corresponding rates for RHP 14 and Texas as a whole. The Varicella rate is much higher in RHP 14 than in Texas; the rate for AIDS is somewhat higher in the region.

Health Rankings

Health Factors

There are many different variables that measure health behaviors and other factors related to health. We have chosen obesity, excessive drinking, motor vehicle crash death rate, Chlamydia rate, and teen birth rate for illustrative comparison. Obesity is a risk factor for adult-onset diabetes, coronary heart disease, and several other serious medical conditions that can lead to poor health and premature death. Chlamydia is the most common bacterial sexually transmitted infection (STI) in North America and is one of the major causes of tubal infertility, ectopic pregnancy, pelvic inflammatory disease, and chronic pelvic pain. STIs in general are associated with a significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, involuntary infertility, and premature death.

RHP 14 has a lower excessive drinking rate than Texas and a higher teen birth rate than Texas (Table 25).

Health Outcomes

Among the many health outcomes, we include mother/baby issues of low birth weight and birth defects, and the chronic disease diabetes. In 2006, the leading causes of death in Texas were 1) cardiac conditions, 2) cancer, 3) cerebrovascular diseases, 4) accidents, 5) chronic respiratory disease, and 6) diabetes. These rankings vary by race and ethnicity. However, as care for cardiac, cerebrovascular, and chronic respiratory conditions is largely covered by Medicare, we focus here on diabetes as a leading driver of costs in the Medicaid population. Other health conditions are worth exploring in future drill-down analyses with provider-specific data recommended at the Introduction of this assessment.

Low birth weight represents two factors: maternal exposure to health risks and an infant's current and future morbidity and premature mortality risk. Diabetes is one of the major causes of premature death in the U.S. and disproportionately affects some racial and ethnic populations. Among the Type I diabetic population in Texas, almost 19% of primary payment for hospitalizations in 2006 was provided by Medicaid, compared to 15% by Medicare. Among Type II diabetics, Medicaid was the primary payment source for 10% of discharges in 2008, compared to 43% by Medicare.

The percentages of low birth weight babies and diabetes among adults are similar for the region and Texas (Table 26). The region has a higher rate of premature death than Texas.

RHP 14 has identified a number of areas for improvement, including cardiovascular disease, diabetes, palliative care, prenatal and perinatal care, and adolescent health. As previously mentioned,

cardiovascular disease is the number one cause of death in Texas. Nearly one-third of all deaths in 2005 were related to heart disease and stroke.¹⁹ The state has identified two priorities regarding the improvement of cardiovascular care: (1) reduce the incidence of stroke in Texas and (2) prevent, treat, and control heart disease and heart attacks. RHP 14 has a higher rate of heart disease-related death than the state overall (Table 22). Nearly 10% of Texas adults (1.8 million) in 2010 had been diagnosed with **diabetes**.²⁰ A total of 16.5% of African Americans in Texas, 11.0% of Hispanics, and 8.2% of whites have the disease, and prevalence has an inverse relationship with education level (14.4% in those with less than a high school education vs. 7.1% with a college education). Overall, Texas has improved in access to **palliative care** over the last few years with 42% of hospitals having palliative care programs in 2011 (up from 33% in 2008).²¹ However, 43 states perform better on this measure. Proper **prenatal and perinatal care** is associated with successful fetal outcomes (e.g., live births, lower rates of preterm births and low birth weights). In RHP 14, 40% of pregnant women do not receive prenatal care in the first trimester of pregnancy and 9% of babies are born with low birth weights (Table 23). The state of **adolescent health** in Texas is problematic. In 2008, Texas had the third highest teen birth rate (ages 15-19) in the nation, and ranked fourth for teen pregnancy rate.²² High school students report that in the past 12 months, 14% have seriously considered suicide and 7% have attempted it one or more times. Texas obesity rates among adolescents are slightly higher than national averages (14% vs. 12%).

Counties in RHP 14 Ranked

The Population Health Institute at the University of Wisconsin produces *County Health Rankings* for almost all counties in the U.S. 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. The Population Health Institute examined data for 223 Texas counties. Each received a rank from 1 to 223.

Our Community Needs Assessment examined data for the counties in RHP 14. Using the percentile rank for each county, we determined the quartile in which the counties fell. Comparing the counties in RHP 14 to 223 Texas counties, the lower quartile (up to 24%) represents the *highest, or relatively better*, scores for health factors and outcomes. The upper quartile (75% to 100%) represents the *lowest, or relatively worse*, scores for factors and outcomes.

Looking at the rankings for health factors, 53% of RHP 14 counties ranked relatively well in health behaviors; 47% ranked relatively poorly (Figures 2 and 3). Sixty-one percent scored relatively well for social and economic factors. There is great opportunity for improvement in clinical care, where about 69% of the counties were relatively worse off than other Texas counties. Thirty-one percent of RHP 14's counties ranked relatively well in mortality; 46% ranked relatively well in morbidity.

¹⁹ Texas Department of State Health Services. Texas Plan to Reduce Cardiovascular Disease and Stroke, 2008.

Available:

<http://www.dshs.state.tx.us/Layouts/ContentPage.aspx?PageID=34551&id=34608&terms=heart+disease>. August 2012.

²⁰ Texas Department of State Health Services. Texas Diabetes Prevention and Control Program: Diabetes Status in Texas, 2012. Available: <http://www.dshs.state.tx.us/diabetes/tdcdata.shtm>. August 2012.

²¹ Morrison RS, Meier DE. America's Care of Serious Illness: A State-by-State Report Card on Access to Palliative Care in Our Nation's Hospitals. Center to Advance Palliative Care and the National Palliative Care Research Center. Available: <http://reportcard-live.capc.stackop.com/pdf/state-by-state-report-card.pdf>. August 2011.

²² Office of Adolescent Health. Facts About Adolescent Health in Texas. Available:

<http://www.hhs.gov/ash/oah/adolescent-health-topics/pdfs/tx.pdf>. September 2012.

Preventable Hospitalizations

Hospital admissions increased across Texas by 8% between 2001 and 2010, and inpatient days increased by 7%. Also across Texas, emergency room visits increased by 29%, and inpatient surgical operations increased by 11%. Public Health Region 9, which covers 12 of RHP 14's 16 counties, has a similar hospital utilization rate (548 inpatient days per 1,000) than the state average of 546 inpatient days per 1,000 population.

In Public Health Region 9, bad debt charges totaled \$16.1 million and charity charges totaled \$3.1 million, for total uncompensated care charges of \$34.6 million. As a percent of gross patient revenue, uncompensated care was 14.4% in PHR 9 in 2010, similar to the state's average of 14%.²³

According to a recent analysis of THCIC data, RHP 14 received \$461,193,683 between 2005 and 2010 for hospitalizations that may have been preventable. The two most costly hospitalizations per county resident were congestive heart failure (\$115,444,073 per adult resident) and pneumonia (\$99,814,350 per adult resident) (Table 27). These conditions in particular may be focus areas for quality improvement. Provider-specific data regarding volume and other burden to the current healthcare infrastructure may be supplemented here to drive initiatives in these two high-burden conditions.

SUMMARY: DEMAND AND NEED FOR SERVICES

Regional Healthcare Partnership 14, compared to Texas as a whole, has similar percentages of White and Hispanics and people 65 years or older. RHP 14's percentage of older adults is expected to grow in the next 20 years, meaning that the expansion of services for chronic conditions related to coronary and cerebrovascular disease may be as cost-beneficial as those related to pre-natal and infant care, diabetes, and acute illnesses. Conditions of focus to reduce potentially avoidable hospitalizations, with both inpatient and outpatient efforts, may be congestive heart failure and bacterial pneumonia. These two conditions have the highest rate of reimbursement per county resident from 2005 to 2010.

The median household income of RHP 14 residents is lower than that of Texas and the U.S. Thirty-two percent of the RHP's adults are uninsured, and 19% of its children are uninsured. An analysis of ED overutilization may reveal an opportunity to shift ED visits among the poor to community based care. Additionally, with market reforms underway and expanded coverage in 2014 under the Affordable Care Act, the percentage of uninsured is expected to decrease.

The population of much of the region is inadequate to support full-time specialty physicians, so the community must rely on satellite clinics, telemedicine, and travel to secure specialty care. As of 2011, all but two counties in the region are considered full or partial Medically Underserved Areas. Medically Underserved Areas are areas designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or high elderly population. All but two of the counties in RHP 14 are designated as "whole county" Mental Health Professional Shortage Areas. The two have special populations designated as Mental Health Professional Shortage Areas. All of the counties are designated as "whole" or "partial" shortage areas for primary care health professionals. All but two are designated as "whole" or "partial" Dental Health Professional Shortage Areas. These shortages are expected to worsen in the short-term future.

²³ Texas Hospitals: Utilization and Financial Trends. 2001-2010. Available: <http://www.dshs.state.tx.us/chs/hosp/hosp5>. July 2012.

Texas' health challenges have also been made more severe by a deep revenue shortfall from the global recession and the 82nd Texas Legislature's Budget for 2012-2013, which made deep cuts in health care investment. Cost-effective healthcare is a priority for RHP 14.

DATA SOURCES

This report presents the current data available from national, state, public, and private databases. Data are based on estimates, projections or self-reported information from different time periods. Data such as population and socioeconomic characteristics are not comparable among different sources. Please refer to the specific data source for complete description of methodologies:

- American Hospital Association Annual Survey of Hospitals 2009
- American Association of Medical Colleges
- Behavioral Risk Factor Surveillance System
- Bureau of Economic Analysis, U.S. Department of Commerce
- Center for Health Statistics, Texas Department of State Health Services
- County Health Rankings, University of Wisconsin and Robert Wood Johnson Foundation
- County Information Project, Texas Association of Counties
- eHealthScores.com
- Environmental Protection Agency
- Hogg Foundation for Mental Health
- Kids Count Data Center, Annie E. Casey Foundation
- National Center for Health Statistics
- Rural Policy Research Institute
- Texas Department of Health and Human Services
- Texas Department of State Health Services, Center for Health Statistics, Health Professions Resource Center
- Texas Department of State Health Services, Texas Health Care Information Collection, Center for Health Statistics
- Texas Department of State Health Services, Texas Hospital List
- Texas Health and Human Services Commission
- Texas Medical Board
- Texas Population Estimates Program and Texas Population Projections Program, Texas State Data Center and Office of the State Demographer
- Texas Workforce Commission
- U.S. Census Bureau 2005-2009, 2009, 2010, 2011
- U.S. Department of Commerce, Bureau of Economic Analysis
- U.S. Department of Health and Human Services, Health Resources and Services Administration

APPENDIX A: Tables

Table 1. Population Density

Population and Size, RHP 14, Texas	
Population	
2000	349,953
2010	390,978
2011	398,463
Population of RHP's counties (2011)	
Midland	140,308
Ector	140,111
Howard	35,122
Andrews	15,445
Reeves	13,757
Ward	10,716
Brewster	9,386
Presidio	7,761
Winkler	7,178
Martin	4,934
Crane	4,383
Upton	3,346
Culberson	2,383
Jeff Davis	2,288
Glasscock	1,251
Loving	94
Size in square miles	
Land area	29,138
Water area	37
Total area	29,175
Population density per square mile (2011)	13.7

Source: Census Bureau and Environmental Protection Agency

Table 2. Resident Demographics

Age, Race/Ethnicity, and Language, RHP 14, Texas		
	n	%
Age (2011)		
17 and under	106,788	27%
18 to 64	246,902	62%
65 and older	44,773	11%
85 and older (2011)	5,484	1%
Hispanic (2011)	190,355	48%
Race (2011)		
White Alone	362,037	91%
African American Alone	21,594	5%
American Indian and Alaska Native Alone	5,155	1%
Multi-Racial	5,155	1%
Asian Alone	4,189	1%
Native Hawaiian and Other Pacific Islander Alone	334	0%
Language Spoken among People 5 Years and Older (2006-2010)		
English only	220,109	63.1%
Spanish and English "very well"	79,554	22.8%
Spanish and English less than "very well"	44,115	12.7%
Other Language and English "very well"	3,153	0.9%
Other language and English less than "very well"	1,633	0.5%

Source: Census Bureau

Table 3. Education and Poverty

Educational Attainment and Poverty, RHP 14, Texas		
	n	%
Educational Attainment for People 25 and Over (2006-2010)		
No HS diploma or equivalent	59,918	26%
HS diploma or equivalent	65,745	28%
Some college	55,460	24%
Associate's degree	13,858	6%
Bachelor's degree	28,118	12%
Graduate or professional degree	11,450	5%
Population Living in Poverty (2010)		
Total population	70,348	18%
Population aged 0 to 17	28,216	26%

Source: Census Bureau

Table 4. Income and Economic Indicators

Income and Economic Indicators, RHP 14, Texas	
Median household income (2009)	
RHP (average of counties)	\$43,574
Texas	\$49,123
U.S.	\$51,190
Per Capita Income (2010)	
RHP	\$38,937
Texas	\$39,493
U.S.	\$40,584
Average Wage Per Job averaged among RHP's counties	
2006	\$33,428
2007	\$36,247
2008	\$39,753
2009	\$38,884
2010	\$40,481
Annual Unemployment Rate among RHP's counties, not adjusted	
2007	4.1
2008	4.5
2009	7.5
2010	7.4
2011	6.7

*Sources: Census Bureau and U.S. Department of Commerce,
Bureau of Economic Analysis, and Texas Workforce
Commission*

Table 5. Major Employers

Major Employers, in and around Odessa and Midland, RHP 14, Texas		
Employer	Product/Service	Employees
Private Employers		
Warren Equipment Companies	Compressor Systems	1,920
Saulsbury Companies	Electric & Construction	1,350
Dawson Geophysical	Oil & Gas	1,200
Halliburton Services	Oil & Gas	997
Odessa Regional Medical Center	Medical	900
Walmart	Retail	895
Patterson Drilling UTI	Oil & Gas	750
AT&T Wireless	Communications	600
Nurses Unlimited, Inc.	Medical	584
Weatherford CPS	Oil & Gas	510
Key Energy Services	Oil & Gas	500
Government, Healthcare, and Educational		
Ector County I.S.D.	Public Education	3,317
Midland Independent School District	Public Education	2,826
Medical Center Hospital	County Hospital	1,598
Midland Memorial Hospital and Medical Center	Midland County Hospital District	1,500
Midland College	Education	1,200
City of Midland	City Government	962
City of Odessa	City Government	833
Ector County	Government	659
Reeves County Detention Center	Government	656
Midland County	Government	583
Texas Tech University Health Sciences Center	Education/Medical	453
The University of Texas Permian Basin	Education	345
Odessa College	Education	343

Source: *People, Place, Time: Odessa*. Available: <http://www.odessatex.com/node/8>. July 2012 and *City of Midland's 2008 Comprehensive Annual Financial Report*

Table 6. Hospitals in RHP 14

Hospitals in RHP 14, Texas, 2011					
MSA and Hospital Name	County	Hospital Type	Acute Beds	Psychiatric Beds	
Midland, Texas					
Midland Memorial Hospital	Midland	Public	320	0	
HEALTHSOUTH Rehabilitation Hospital of Midland/Odessa	Midland	For Profit	60	0	
Allegiance Health Center Permian Basin	Midland	For Profit	48	0	
Select Specialty Hospital - Midland, Inc.	Midland	For Profit	29	0	
BCA Permian Basin	Midland	For Profit	0	64	
Odessa, Texas					
Medical Center Health System	Ector	Public	362 ^a	0	
Odessa Regional Medical Center	Ector	For-profit	230	0	
Regency Hospital of Odessa	Ector	For-profit	36	0	
Basin Healthcare Center	Ector	For-profit	14	0	
Non-Metropolitan					
Scenic Mountain Medical Center	Howard	For-profit	150	0	
Permian Regional Medical Center	Andrews	Public	49	0	
Big Bend Regional Medical Center	Brewster	For-profit	25	0	
Crane Memorial Hospital	Crane	Public	25	0	
Martin County Hospital District	Martin	Public	25	0	
Reeves County Hospital	Reeves	Public	25	0	
Ward Memorial Hospital	Ward	Public	25	0	
Winkler County Memorial Hospital	Winkler	Public	19	0	
Rankin County Hospital District	Upton	Public	15	0	
Culberson Hospital	Culberson	For-profit	14	0	
McCamey Hospital	Upton	Public	14	0	
Big Spring State Hospital	Howard	Public	0	200	
Total			1,485	264	

Source: Texas Health Care Information Collection, Center for Health Statistics, Indicators of Inpatient Care in Texas Hospitals, 2011. Available: <http://www.dshs.state.tx.us/chs/hosp/Hosp2.shtm>. June 2012.

^aReports 402 beds, September 2012.

Table 7. Hospital Characteristics

Hospital Characteristics, RHP 14, Texas, 2009																
MSA and Hospital Name**	Gen Med-Surg Care	Ped Med-Surg Care	OB	Med-Surg Intensive Care	Cardiac Intensive Care	Neonatal Intensive Care	Neonatal Intermediate Care	Pediatric Intensive Care	Other Special Needs	Physical Rehabilitation	Psychiatric Care	Acute Long Term Care	Emergency Dept	Trauma Ctr	Pain Managemt	Palliative Care
Midland, Texas																
BCA Permian Basin											X					
HEALTHSOUTH Rehabilitation Hospital										X						
Midland Memorial Hospital	X	X	X	X	X		X	X	X	X			X	X	X	
Select Specialty Hospital - Midland, Inc.												X				
Odessa, Texas																
Medical Center Hospital	X	X	X	X	X	X				X			X	X		
Odessa Regional Medical Center	X	X	X		X	X				X			X	X		
Regency Hospital of Odessa										X		X				
Non-Metropolitan																
Big Bend Regional Medical Center	X		X										X	X		
Big Spring State Hospital											X		X			
Crane Memorial Hospital	X												X			
Culberson Hospital	X												X	X		
Martin County Hospital District	X		X										X	X		
McCamey Hospital	X												X			
Permian Regional Medical Center	X	X	X	X			X						X	X	X	X
Rankin County Hospital District	X												X			
Reeves County Hospital	X	X	X	X									X	X		
Scenic Mountain Medical Center	X		X	X									X	X		
Ward Memorial Hospital	X												X	X		

** No hospitals in region have Teaching Facilities, Burn Care, Other Intensive Care, Alcoholism-Drug Abuse or Dependency Care, Skilled Nursing Care, Intermediate Nursing Care, Other Long Term Care, Other Care, Hospice Program, or Extra- corporeal Shock Wave Lithotripter. Medical Center Hospital, Odessa reports the hiring of a pain management physician, starting September 2012. Reeves County Hospital reports providing physical therapy.

Source: American Hospital Association Annual Survey of Hospitals 2009, American Association of Medical Colleges, Council of Teaching Hospitals and Health Systems, Geographical Listing of Member Hospitals, 2009.

Table 8. Clinics

Clinics in RHP 14, Texas	
Andrews County Clinic	Andrews
Alpine Medical Center	Brewster
Big Bend Health Center	Brewster
Pearce Clinic, Alpine	Brewster
West Texas Medical Clinic, Alpine	Brewster
Crane County Rural Health Clinic	Crane
Van Horn Rural Health Clinic	Culberson
Ector County Hospital District*	Ector
Planned Parenthood, Odessa Center	Ector
East University Family Medicine	Ector
Permian Basin Community Center	Ector
Odessa Clinic	Ector
Stanton Family Health Clinic	Glasscock
Federal Correctional Institution	Howard
Howard County Community Health Center	Howard
Ft. Davis Family Practice	Jeff Davis
Martin County Family Clinic	Martin
Midland Community Healthcare Services, Inc.	Midland
Presidio County Health Clinic	Presidio
Pecos Valley Rural Health Clinic	Reeves
West Texas Centers, McCamey	Upton
Upton County Mental Health Center	Upton
Sandhills Family Clinic	Ward
West Texas Centers, Monahans	Ward
Winkler County Rural Health Clinic	Winkler
<i>*operates numerous clinics</i>	

Table 9. HPSAs and MUAs

X" Denotes "Entire County" as Health Professional Shortage Area or Medically Underserved Area, RHP 14, Texas, September 2011

	Primary Care	Mental	Dental	Medically Underserved Area
Andrews	Low-income	X		
Brewster	Low-income	X		X
Crane	X	X		X
Culberson	X	X	X	X
Ector	Facility	Facility	Facility	Partial
Glasscock	X	X	X	X
Howard	Low-income, facility	X	Facility	X
Jeff Davis	X	X	X	X
Loving	X	X	X	
Martin		X		Partial
Midland	Service area, facility	Low-income, facility	Facility	Partial
Presidio	X	X	Facility	X
Reeves	X	X	X	X
Upton	X	X		
Ward	X	X	X	X
Winkler	X	X		X

Sources: U.S. DHHS, Health Resources and Services Administration, Professional Shortage Areas, Designated on September 1, 2011. Texas DSHS. MUA and MUP Designations, Medically Underserved Area, 2010.

Table 10. Direct Patient Care Physicians

Direct Patient Care Physicians (DPC), RHP 14, Texas, 2008-2011			
	Population	DPC Total	Rate per 100,000 Population
RHP			
2011	378,862	520	137.3
2010	375,969	499	132.7
2009	373,123	491	131.6
2008	371,218	480	129.3
Texas			
2011	25,883,999	42,716	165.0
2010	25,373,947	41,191	162.3
2009	24,873,773	39,374	158.3
2008	24,178,180	38,387	158.8

Source: Texas Medical Board - September 1, 2011. Texas DSHS, Center for Health Statistics.

*Note: Any changes in 2012 are not yet available from DSHS. Therefore, different counts may be provided in the region's proposal.

Table 11. DPCs by County

**Direct Patient Care Physicians (DPC) by County of
Practice, RHP 14, Texas, September, 2011**

	Population	DPC Total	Rate per 100,000 Population
Midland	131,349	224	170.5
Ector	134,087	206	153.6
Howard	33,487	37	110.5
Brewster	9,527	10	105.0
Reeves	10,862	11	101.3
Andrews	14,413	13	90.2
Culberson	2,685	2	74.5
Upton	3,131	2	63.9
Martin	5,368	3	55.9
Ward	9,804	5	51.0
Crane	4,331	2	46.2
Presidio	8,792	4	45.5
Jeff Davis	2,921	1	34.2
Glasscock	1,534	0	0.0
Loving	65	0	0.0
Winkler	6,506	0	0.0
RHP	378,862	520	137.3

Population estimates in this table are lower than Table 1 because Table 1 uses estimates from the Census Bureau's American Community Survey (2011). Center for Health Statistics does not specify the source for its estimates used in constructing this table published in September 2011.

*Note: these totals are based on data publically available as of 2011. 2012 numbers may have changed, and will be reflected in the RHP's proposal.

Table 12. Primary Care Physicians

Primary Care Physicians (PC), RHP 14, Texas, 2008-2011			
	Population	PC Total	Rate per 100,000 Population
RHP			
2011	378,862	231	61.0
2010	375,969	220	58.5
2009	373,123	210	56.3
2008	371,218	201	54.1
Texas			
2011	25,883,999	17,996	69.5
2010	25,373,947	17,526	69.1
2009	24,873,773	16,830	67.7
2008	24,178,180	16,528	68.4

Source: Texas Medical Board - September 1, 2011. Texas DSHS, Center for Health Statistics.

*Note: these totals are based on data publically available as of 2011. 2012 numbers may have changed, and will be reflected in the RHP's proposal.

Table 13. PCPs by County

**Primary Care Physicians (PC) by County of Practice,
RHP 14, Texas, September, 2011**

	2011 Population	PC Total	Rate per 100,000 Population
Reeves	10,862	8	73.7
Midland	131,349	88	67.0
Ector	134,087	86	64.1
Andrews	14,413	9	62.4
Howard	33,487	19	56.7
Martin	5,368	3	55.9
Ward	9,804	5	51.0
Crane	4,331	2	46.2
Presidio	8,792	4	45.5
Brewster	9,527	4	42.0
Culberson	2,685	1	37.2
Jeff Davis	2,921	1	34.2
Upton	3,131	1	31.9
Glasscock	1,534	0	0.0
Loving	65	0	0.0
Winkler	6,506	0	0.0
RHP	378,862	231	61.0

Population estimates in this table are lower than Table 1 because Table 1 uses estimates from the Census Bureau's American Community Survey (2011). Center for Health Statistics does not specify the source for its estimates used in constructing this table published in September 2011.

*Note: These numbers are based on data publically available. As of 2012, counts may have changed. For example, Ward County reports 2 primary care physicians as of September 2012.

Table 14. PCPs by County and Specialty

Primary Care Physicians by Specialty, RHP 14, Texas, 2008-2011								
	2011		2010		2009		2008	
	N	%	N	%	N	%	N	%
Family Medicine	84	36%	76	35%	71	34%	69	34%
Internal Medicine	66	29%	64	29%	64	30%	59	29%
OB/GYN	32	14%	31	14%	31	15%	30	15%
Obstetrics	29	13%	27	12%	27	13%	26	13%
Pediatrics	10	4%	11	5%	11	5%	13	6%
Family Practice	9	4%	8	4%	3	1%	1	-
General Practice	1	-	3	1%	3	1%	3	1%
Gynecology	0	-	0	-	0	-	0	-
Geriatrics	0	-	0	-	0	-	0	-
Total	231	100%	220	100%	210	100%	201	100%

- Less than .5 percent

Source: Texas Medical Board - September 1, 2011. Texas DSHS, Center for Health Statistics.

*Note: these totals are based on data publically available as of 2011. 2012 numbers may have changed, and will be reflected in the RHP's proposal.

Table 15. PCPs by County by RHP and Texas

Primary Care Physicians by Specialty, RHP 14 and Texas, 2011				
	RHP		Texas	
	N	%	N	%
Family Medicine	84	37%	1,053	6%
Internal Medicine	66	29%	5,293	29%
OB/GYN	32	14%	2,188	12%
Obstetrics	29	13%	21	-
Pediatrics	10	4%	3,321	18%
Family Practice	9	4%	5,216	29%
General Practice	1	-	664	4%
Gynecology	0	-	207	1%
Geriatrics	0	-	33	-
Total	230	100%	17,996	100%

- Less than .5 percent

Source: Texas Medical Board - September 1, 2011. Texas DSHS, Center for Health Statistics.

*Note: these totals are based on data publically available as of 2011. 2012 numbers may have changed, and will be reflected in the RHP's proposal.

Table 16. Types of Healthcare Coverage

Estimating Type of Healthcare Coverage, RHP 14, Texas, 2009		
	N	%
Commercial insurance	158,037	42%
Uninsured	109,322	29%
Medicaid	58,552	15%
Medicare	47,994	13%
CHIP	5,887	2%

Estimates made using Texas Health Fact Profiles, 2009 and HHSC Medicaid Enrollment.

Table 17. Uninsured Residents

Uninsured, 2009, RHP 14, Texas		
	n	%
RHP		
Under 19 years	21,301	19%
18 to 64	70,144	32%
Texas		
Under 19 years	1,205,358	17%
18 to 64	4,607,980	31%
U.S.		
Under 19 years	45,041,840	17%
18 to 64	38,791,372	21%

Source: Census Bureau. 2009 Health Insurance Coverage Status for Counties and States

Table 18. Medicaid Enrollment, RHP vs Texas

Medicaid Enrollment, November 2011, RHP 14, Texas and State of Texas		
	RHP	Texas
Total Enrollment	54,042	3,656,230
Total Children Under Age 19 Enrolled in Medicaid	39,121	2,794,610
Total Enrollment in Children's Medicaid	37,428	2,649,417
Children Age 6-18	15,437	1,182,660
Children Age 1-5	11,644	841,996
TANF Children	5,859	370,841
Newborns	3,998	217,927
Foster Care Children	490	35,993
Disabled & Blind	7,514	524,163
Aged	4,686	243,424
Pregnant Women	2,701	123,218
TANF Adults	1,667	112,872
Medically Needy	46	3,136

Source: Texas HHSC. Monthly Medicaid Eligibles File Extract and Texas Medicaid Historical (8-Month) Enrollment File.

Table 19. Lack of Access to Care

Percentage of People 18 Years and Older who Report that They Could not See a Doctor in Past 12 Months Because of Cost, Texas, 2007-2010				
	2007	2008	2009	2010
Geographic Area				
Texas	20%	21%	20%	19%
Nationwide	14%	14%	15%	15%
Public Health Region 9/10, Including RHP 14	25%	27%	22%	23%
Gender				
Male	22%	23%	16%	18%
Female	27%	31%	28%	28%
Race/Ethnicity				
White	13%	13%	13%	14%
Black	41%	-	31%	12%
Hispanic	30%	35%	27%	31%
Age Group				
18-29 Years	31%	31%	22%	25%
30-44 Years	27%	33%	25%	29%
45-64 Years	24%	27%	26%	25%
65+ Years	9%	6%	10%	6%
Education				
No High School Diploma	32%	50%	31%	41%
H. S. Graduate	26%	26%	17%	25%
Some College	29%	25%	27%	19%
College +	12%	8%	16%	12%
Income				
Less Than \$25,000	36%	49%	37%	39%
\$25,000 thru \$49,999	27%	19%	25%	24%
\$50,000 or more	10%	5%	8%	5%

Source: Texas Behavioral Risk Factor Surveillance System (BRFSS).

Table 20. Percentage of Adults with No Health Insurance

Percentage of People 18 Years and Older Who Report that They Have No Health Insurance, Texas, 2007-2010				
	2007	2008	2009	2010
Geographic Area				
Texas	26%	26%	25%	23%
Nationwide	15%	15%	15%	15%
Public Health Region 9/10, Including RHP 14	33%	34%	32%	31%
Gender				
Male	32%	30%	32%	30%
Female	33%	38%	33%	33%
Race/Ethnicity				
White	17%	15%	15%	15%
Black	17%	-	29%	11%
Hispanic	41%	45%	44%	45%
Age Group				
18-29 Years	48%	42%	50%	39%
30-44 Years	38%	41%	38%	38%
45-64 Years	29%	34%	33%	35%
65+ Years	5%	1%	3%	3%
Education				
No High School Diploma	52%	53%	54%	54%
H. S. Graduate	39%	36%	33%	39%
Some College	31%	35%	32%	21%
College +	12%	10%	15%	16%
Income				
Less Than \$25,000	48%	58%	50%	50%
\$25,000 thru \$49,999	36%	28%	34%	38%
\$50,000 or more	12%	7%	10%	7%

Source: Texas Behavioral Risk Factor Surveillance System (BRFSS).

Table 21. Percentage of Residents without Preventative Care

Percentage of People without Specific Aspects of Preventative Care, Texas, 2010							
Geographic Area	50 Yrs & Older		65 Yrs & Older		Men 40 yrs &	Women	
	No Blood Stool Test in past 2 yrs	Never had Sigmoidoscopy or Colonoscopy	Never had pneumonia shot	No Flu vaccine in past 12 mths	older: No Digital Rectal Exam in past 5 yrs	40 yrs & older: No mammogram in past 2 yrs	18 yrs & older: No pap smear in past 3 yrs
Texas	85%	39%	32%	33%	40%	30%	21%
Nationwide	82%	-	32%	34%	37%	25%	18%
Public Health Region 9/10, Including RHP 14	84%	50%	36%	41%	48%	35%	29%
Gender							
Male	81%	50%	37%	43%	-	-	-
Female	87%	50%	35%	39%	-	-	-
Race/Ethnicity							
White	83%	43%	32%	38%	40%	37%	29%
Black	69%	41%	-	-	-	-	-
Hispanic	86%	58%	43%	46%	61%	34%	29%
Education							
No High School Diploma	87%	68%	46%	51%	63%	39%	33%
H. S. Graduate	85%	50%	36%	40%	54%	42%	20%
Some College	79%	42%	26%	34%	40%	34%	31%
College +	85%	39%	33%	35%	39%	24%	48%
Income							
Less Than \$25,000	86%	61%	39%	44%	60%	43%	37%
\$25,000 thru \$49,999	87%	45%	35%	39%	45%	43%	23%
\$50,000 or more	79%	38%	27%	26%	40%	22%	17%

Source: Texas Behavioral Risk Factor Surveillance System (BRFSS).

Table 22. Age-Adjusted Mortality Rates

Age-Adjusted Mortality Rates, RHP 14, Texas, 2009

	N	Rate	
		Average among RHP's Counties	Texas
All-Cause Deaths	3,085	748.7	781.2
Heart Disease	777	205.7 *	186.7
All Cancer	608	168.4	167.6
Chronic Lower Resp Disease	259	73.8 *	43.4
Accidents	195	49.9 *	40.0
Cerebrovascular disease	169	49.1	45.8
Resp/Lung	150	41.1	45.7
Alzheimer's	125	35.6 *	26.9
Motor Vehicle Accidents	92	26.1 *	14.0
Influenza/Pneumonia	87	24.5 *	16.7
Colon, Rectum, Anus	60	24.4 *	15.9
Diabetes	96	23.1	23.1
Liver	60	19.2 *	11.6
Suicide	49	18.6 *	11.4
Septicemia	61	15.7	15.0
Female Breast	46	-	21.6
Male Prostrate	41	-	19.9
Nephrology	44	-	18.2
Infant Deaths	44	-	6.0
Assault	17	-	5.9
Fetal Deaths	17	-	5.2

* Higher rate than Texas by at least 4 data points

Source: Texas DSHS Health Facts Profile 2009

Table 23. Fertility and Natality

Fertility and Natality, RHP 14, Texas, 2009			
	N	Percentages	
		Average among RHP's Counties	Texas
Live births	6,764	-	-
Prenatal in 1st trimester	4,525	60%	59%
Unmarried	3,301	44%	43%
Low birth weight	621	9%	9%
Adolescent	485	7%	5%

Source: Texas DSHS Health Facts Profile 2009

Table 24. Communicable Disease Rates

Communicable Disease Rates, RHP 14, Texas, 2009			
	N	Rate	
		Average among RHP's Counties	Texas
Chlamydia	1,845	334.3	419.0
Gonorrhea	532	95.3	116.1
Varicella	123	44.6 *	17.9
AIDS	20	15.7 *	9.2
Pertussis	13	13.1	13.5
TB	11	6.3	5.9
Syphilis	6	2.3	6.6

* Higher rate than Texas by at least 4 data points

Source: Texas DSHS Health Facts Profile 2009

Table 25. Health Factors and Behaviors

Health Factors and Behaviors, RHP 14, Texas			
	RHP-Wide Average	Texas	National Benchmark (90th percentile)
Adult obesity (2008)	29%	27%	25%
Excessive drinking (2003-2009)	10%	16%	8%
Motor vehicle crash death rate (2001-2007)	22.7	17.0	12.0
Chlamydia rate per 100,000 (2008)	341.5	405.8	83.0
Teen birth rate (2001-2007)	74.0	64.0	22.0

Source: County Health Rankings, University of Wisconsin, Robert Wood Johnson Foundation and 2008 Selected Health Facts, DSHS

Table 26. Health Outcomes

RHP 14, Texas: Health Outcomes			
	RHP-Wide Average	Texas	National Benchmark (90th percentile)
Low birth weight babies (2001-2007)	9%	8%	6%
Diabetes among adults 20 years and older (2008)	10%	10%	-
Premature death, or years of potential life lost before 75 per 100,000 (2005-2007)	8,727	7,289	5,564

Source: County Health Rankings, University of Wisconsin, Robert Wood Johnson Foundation, Centers for Disease Control

Table 27. Potentially Preventable Hospitalizations

Potentially Preventable Hospitalizations for Adult Residents of RHP 14, Texas											
Potentially Preventable Hospitalizations for Adult Residents of RHP 14, Texas	Number of Hospitalizations							2005-2010	2005-2010		
	2005	2006	2007	2008	2009	2010	Average Hospital Charge		Hospital Charges	Hospital Charges Divided by 2010 Adult RHP Population	
Bacterial Pneumonia	1,049	913	755	757	621	621	4,716	\$21,165	\$99,814,350	\$386	
Dehydration	247	287	255	247	280	182	1,498	\$12,421	\$18,606,949	\$72	
UTI	491	429	440	410	458	498	2,726	\$14,256	\$38,862,188	\$150	
Angina (w/o proc)	57	55	34	31	22	44	243	\$15,359	\$3,732,331	\$14	
CHF	1,061	1,125	914	958	893	796	5,747	\$20,088	\$115,444,073	\$447	
HTN	91	144	128	97	117	160	737	\$14,863	\$10,953,756	\$42	
Asthma	327	325	300	278	262	252	1,744	\$15,667	\$27,322,412	\$106	
COPD	727	689	638	655	680	653	4,042	\$19,889	\$80,392,665	\$311	
Diabetes short-term complications	146	139	134	172	139	146	876	\$14,647	\$12,830,749	\$50	
Diabetes long-term complications	347	373	340	379	348	348	2,135	\$24,934	\$53,234,210	\$206	
Total	4,543	4,479	3,938	3,984	3,820	3,700	24,464	\$18,852	\$461,193,683	\$1,784	

Source: Center for Health Statistics, Texas Department of State Health Services. Available: www.dshs.state.tx.us/ph. June 2012.

From 2005-2010, adult residents (18+) of RHP 14 received \$461,193,683 in charges for hospitalizations that were potentially preventable.

Hospitalizations for conditions in the table are called "potentially preventable," because if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred.

APPENDIX B: Figures

Figure 1. Population Projections

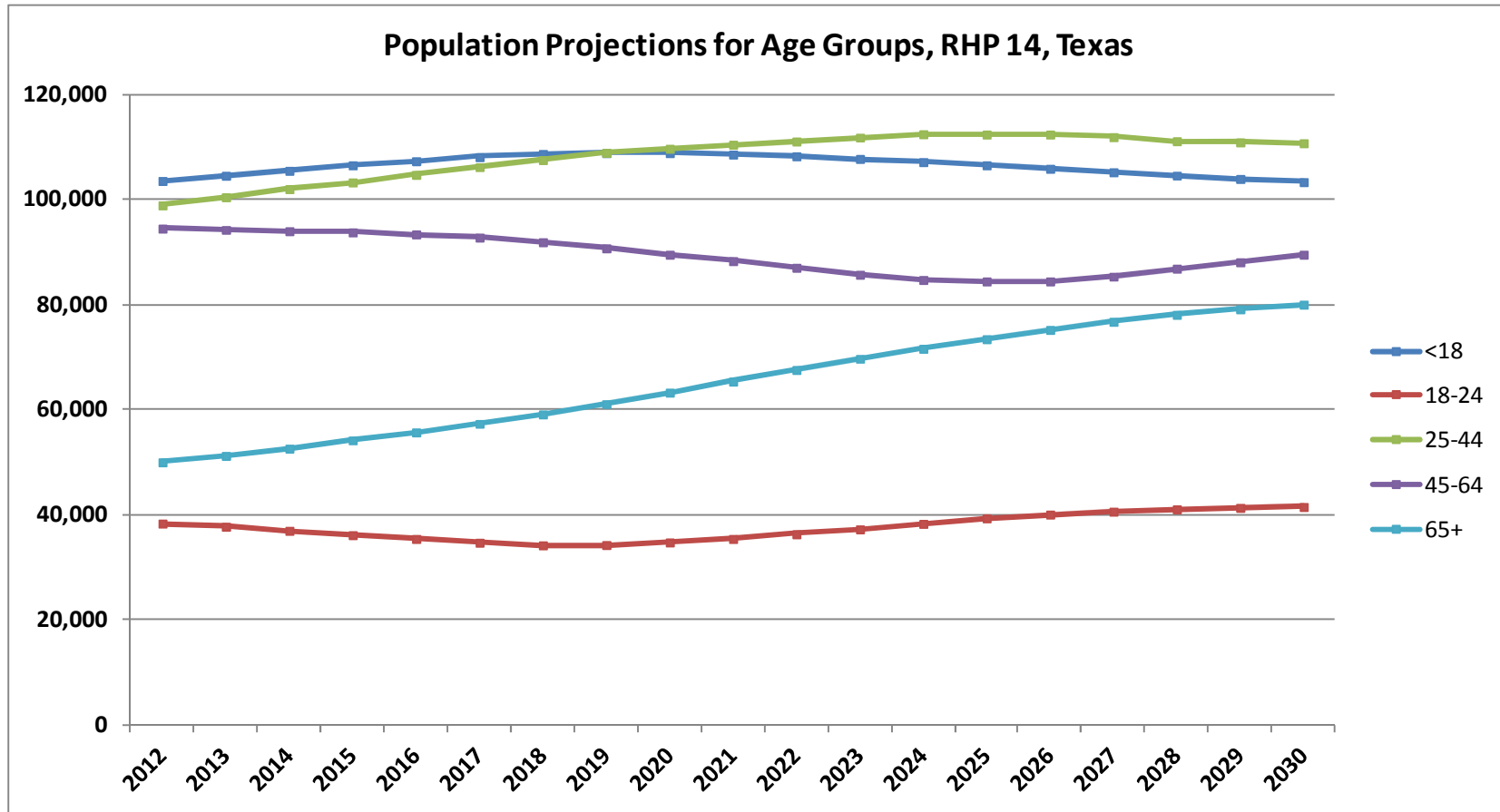
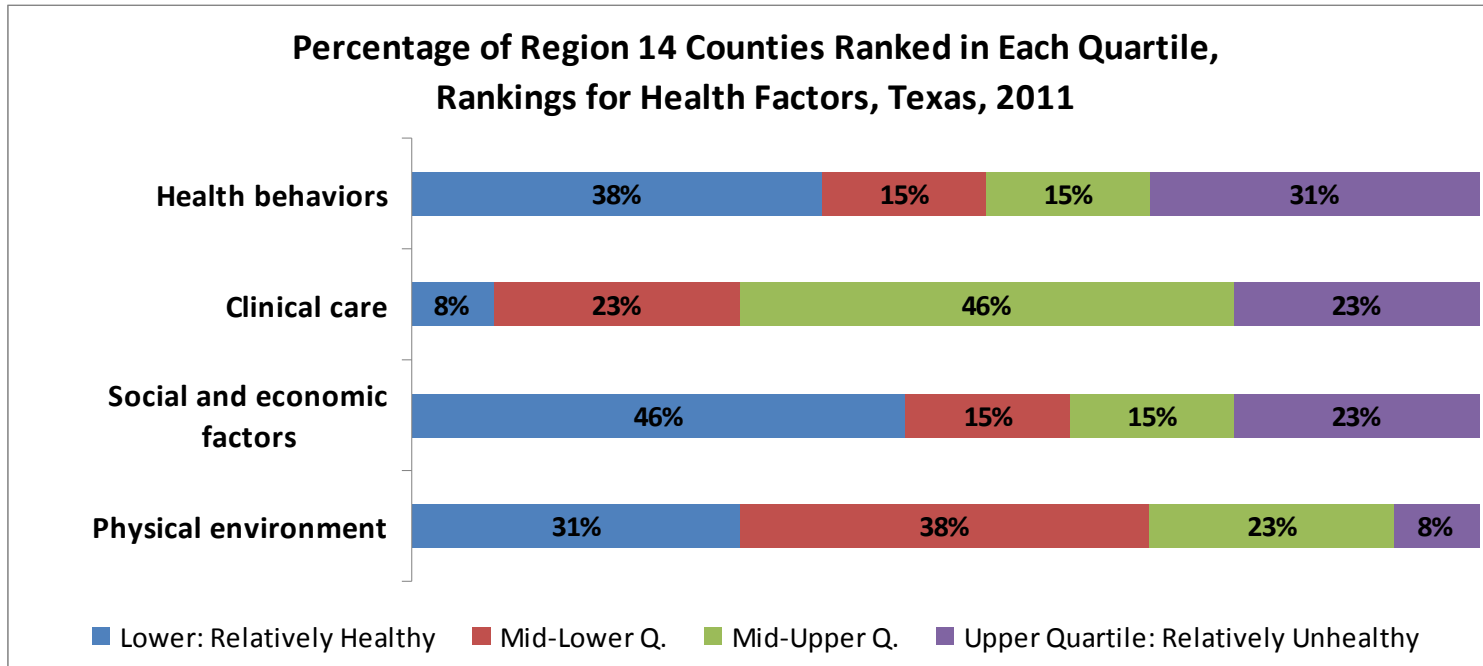
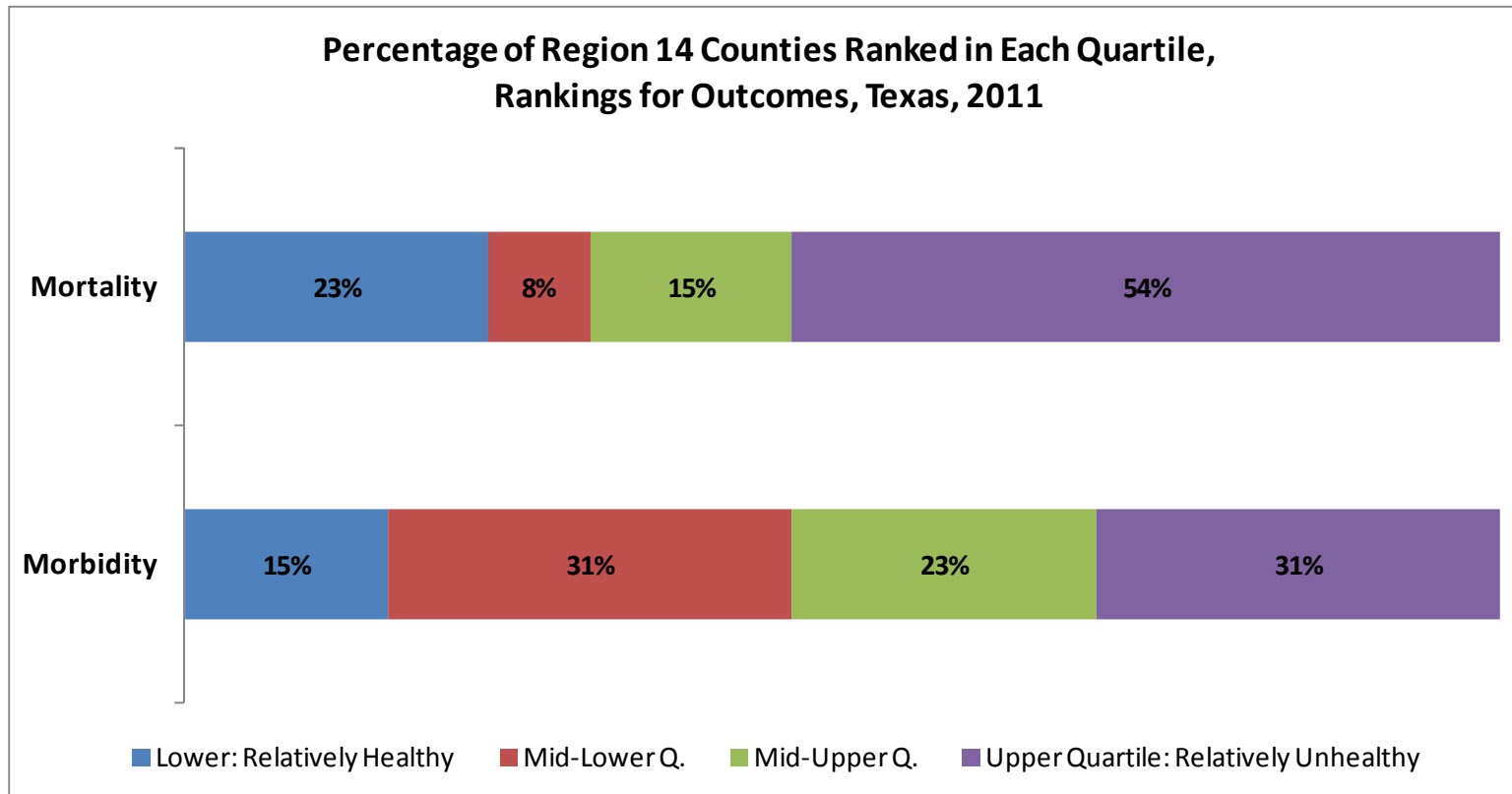


Figure 2. Percentage of RHP 14 Rankings for Health Factors



Source: *County Health Rankings, University of Wisconsin, Robert Wood Johnson Foundation*

Figure 3. Percentage of RHP 14 Rankings by Quartile



Source: County Health Rankings, University of Wisconsin, Robert Wood Johnson Foundation