



2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Midland County, Texas

Sponsored by
MIDLAND MEMORIAL HOSPITAL



MIDLAND HEALTH

TABLE OF CONTENTS

INTRODUCTION	3
PROJECT OVERVIEW	4
Methodology	4
IRS Form 990, Schedule H Compliance	9
SUMMARY OF FINDINGS	10
DATA CHARTS & KEY INFORMANT INPUT	21
COMMUNITY CHARACTERISTICS	22
Population Characteristics	22
Social Determinants of Health	24
HEALTH STATUS	34
Overall Health	34
Mental Health	35
DEATH, DISEASE & CHRONIC CONDITIONS	42
Leading Causes of Death	42
Cardiovascular Disease	43
Cancer	49
Respiratory Disease	55
Injury & Violence	59
Diabetes	63
Disabling Conditions	67
BIRTHS	73
Prenatal Care	73
Birth Outcomes & Risks	74
Family Planning	75
MODIFIABLE HEALTH RISKS	78
Nutrition	78
Physical Activity	80
Weight Status	83
Substance Use	88
Tobacco Use	93
Sexual Health	97
ACCESS TO HEALTH CARE	99
Lack of Health Insurance Coverage	99
Difficulties Accessing Health Care	100
Primary Care Services	105
Oral Health	107
LOCAL RESOURCES	110
Perceptions of Local Health Care Services	110
Resources Available to Address Significant Health Needs	111
APPENDIX	115
EVALUATION OF PAST ACTIVITIES	116





INTRODUCTION

PROJECT OVERVIEW

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Midland Memorial Hospital. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

This assessment was conducted on behalf of Midland Memorial Hospital and Midland Health by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

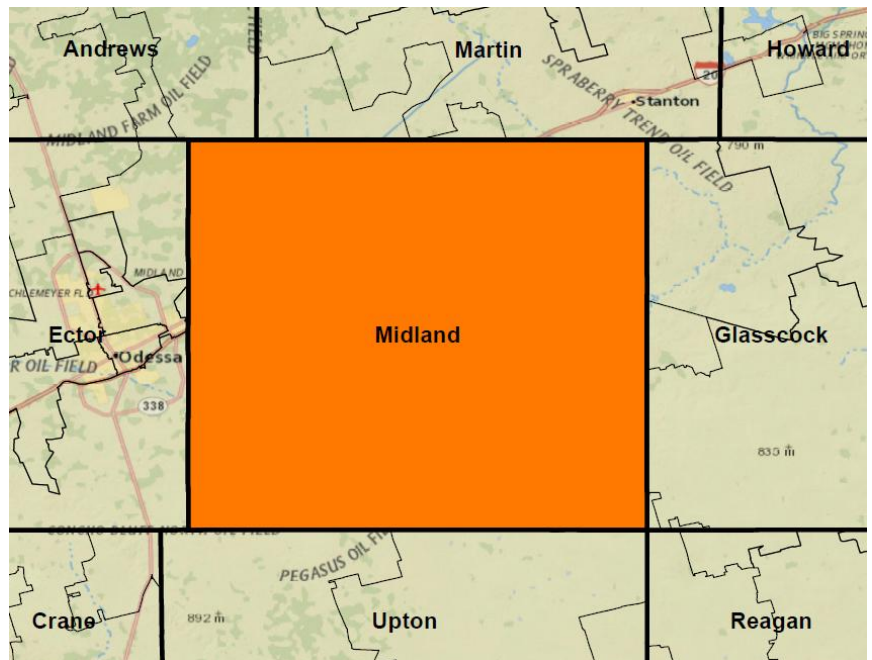
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Midland Health and PRC.

Community Defined for This Assessment

The study area for the survey effort includes all residential ZIP Codes predominantly associated with Midland County, Texas. This community definition was determined based on the residence of recent patients of Midland Memorial Hospital.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 150 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (Midland Health) ► PRC also created a link to an online version of the survey, and Midland Health promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 170 surveys to the overall sample.

In all, 320 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Midland County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

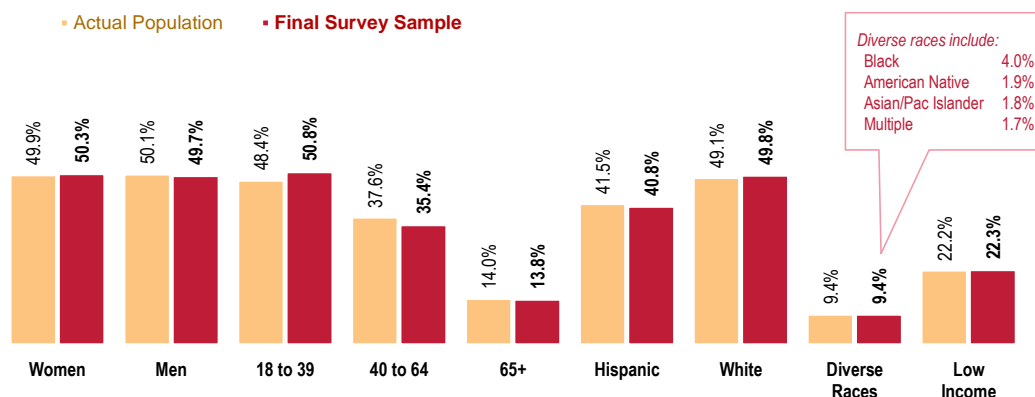
For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 320 respondents is $\pm 5.7\%$ at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias.

The following chart outlines the characteristics of Midland County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics
(Midland County, 2025)



Sources: • US Census Bureau, 2016-2020 American Community Survey.

• 2025 PRC Community Health Survey, PRC, Inc.

Notes: • “Low Income” reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
• All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. “Diverse Races” includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey was also implemented as part of this process. A list of recommended participants was provided by Midland Health; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 70 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	11
Public Health Representatives	2
Other Health Providers	9
Social Services Providers	1
Other Community Leaders	47

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Aphasia Center of West Texas
- Archway Outreach
- Be the Change
- Buckner Family Hope Center
- Case de Amigos
- Chevron
- City of Midland
- Coleman Clinic
- Community Children's Clinic
- Gifts of Hope
- High Sky Children's Ranch
- Midland Hispanic Chamber of Commerce
- Midland Children's Rehabilitation Center
- Midland College
- Midland Community Health Services
- Midland Fire Department
- Midland Health
- Midland Health Board of Directors
- Midland Health Board of Trustees
- Midland Health Medical Executive Committee
- Midland Health Services Health Department
- Midland Memorial Foundation
- Midland Soup Kitchen Ministry
- PermianCare
- Permian Strategic Partnerships
- Pink The Basin
- Senior Life Midland
- Share
- Superior HealthPlan
- Texas Oncology
- Texas Tech
- The Field's Edge
- The Life Center
- The Springboard Center
- Thriving United



In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Texas Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital findings (from various existing resources) are also provided for comparison of secondary data indicators.



Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.



The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Midland Memorial Hospital made its prior Community Health Needs Assessment (CHNA) report publicly available on its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Midland Memorial Hospital had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Midland Memorial Hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS Form 990, Schedule H Compliance

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H		See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility		4
Part V Section B Line 3b Demographics of the community		22
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community		110
Part V Section B Line 3d How data was obtained		4
Part V Section B Line 3e The significant health needs of the community		10
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs		10
Part V Section B Line 3h The process for consulting with persons representing the community's interests		6
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		116



SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none">▪ Barriers to Access<ul style="list-style-type: none">– Cost of Physician Visits▪ Skipping/Stretching Prescriptions▪ Primary Care Physician Ratio
DIABETES	<ul style="list-style-type: none">▪ Diabetes Prevalence▪ Key Informants: <i>Diabetes</i> ranked as a top concern.
DISABLING CONDITIONS	<ul style="list-style-type: none">▪ Alzheimer’s Disease Deaths
HEART DISEASE & STROKE	<ul style="list-style-type: none">▪ Leading Cause of Death▪ Key Informants: <i>Heart Disease & Stroke</i> ranked as a top concern.
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none">▪ Prenatal Care▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none">▪ Motor Vehicle Crash Deaths
MENTAL HEALTH	<ul style="list-style-type: none">▪ Mental Health Provider Ratio▪ Key Informants: <i>Mental Health</i> ranked as a top concern.
SEXUAL HEALTH	<ul style="list-style-type: none">▪ Chlamydia Incidence
SUBSTANCE USE	<ul style="list-style-type: none">▪ Key Informants: <i>Substance Use</i> ranked as a top concern.



Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment (“Areas of Opportunity” above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. MENTAL HEALTH
2. DIABETES
3. SUBSTANCE USE
4. HEART DISEASE & STROKE
5. ACCESS TO HEALTH CARE SERVICES
6. INFANT HEALTH & FAMILY PLANNING
7. SEXUAL HEALTH
8. DISABLING CONDITIONS
9. INJURY & VIOLENCE

Further, the **social determinants of health**, also ranked highly among key informants, are an important lens through which to understand and address all of these issues.

Hospital Implementation Strategy

Midland Memorial Hospital will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital’s action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital’s past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables






















■ In the following tables, Midland County results are shown in the larger, gray column.






■ The columns to the right of Midland County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Midland County compares favorably (☀), unfavorably (☹), or comparably (☺) to these external data.























Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.






Tip: Indicator labels beginning with a “%” symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.






























SOCIAL DETERMINANTS	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	4.9	 6.2	 3.9	
Population in Poverty (Percent)	10.6	 13.8	 12.4	 8.0
Children in Poverty (Percent)	12.8	 18.9	 16.3	 8.0
No High School Diploma (Age 25+, Percent)	13.8	 14.3	 10.6	
Unemployment Rate (Age 16+, Percent)	2.6	 4.1	 4.4	
% Unable to Pay Cash for a \$400 Emergency Expense	21.9		 34.0	
% Worry/Stress Over Rent/Mortgage in Past Year	36.9		 45.8	
% Unhealthy/Unsafe Housing Conditions	14.9		 16.4	
Population With Low Food Access (Percent)	25.1	 25.0	 22.2	
% Food Insecure	32.9		 43.3	
		 better	 similar	 worse











OVERALL HEALTH	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	9.0	 21.9	 15.7	
		 better	 similar	 worse











ACCESS TO HEALTH CARE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	3.2	 22.0	 8.1	 7.6
% Difficulty Accessing Health Care in Past Year (Composite)	59.1		 52.5	
% Cost Prevented Physician Visit in Past Year	30.4	 18.3	 21.6	
% Cost Prevented Getting Prescription in Past Year	20.8		 20.2	
% Difficulty Getting Appointment in Past Year	32.8		 33.4	
% Inconvenient Hrs Prevented Dr Visit in Past Year	23.2		 22.9	
% Difficulty Finding Physician in Past Year	27.3		 22.0	
% Transportation Hindered Dr Visit in Past Year	6.8		 18.3	
% Language/Culture Prevented Care in Past Year	7.0		 5.0	
% Stretched Prescription to Save Cost in Past Year	25.0		 19.4	
% Difficulty Getting Child's Health Care in Past Year	13.0		 11.1	
Primary Care Doctors per 100,000	55.3	 90.5	 116.5	
% Have a Specific Source of Ongoing Care	64.2		 69.9	 84.0
% Routine Checkup in Past Year	70.5	 73.3	 65.3	
% [Child 0-17] Routine Checkup in Past Year	87.8		 77.5	
% Two or More ER Visits in Past Year	16.5		 15.6	



















ACCESS TO HEALTH CARE (continued)	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% Low Health Literacy	23.5		 25.1	
% Rate Local Health Care "Fair/Poor"	15.1		 11.5	
		 better	 similar	 worse













CANCER	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Cancer Deaths per 100,000	116.8	 144.4	 182.5	 122.7
Lung Cancer Deaths per 100,000	22.2	 27.9	 39.8	 25.1
Female Breast Cancer Deaths per 100,000	20.5	 21.4	 25.1	 15.3
Prostate Cancer Deaths per 100,000	13.3	 14.7	 20.1	 16.9
Colorectal Cancer Deaths per 100,000	11.6	 14.6	 16.3	 8.9
Cancer Incidence per 100,000	368.5	 412.2	 442.3	
Lung Cancer Incidence per 100,000	42.1	 46.5	 54.0	
Female Breast Cancer Incidence per 100,000	108.4	 116.3	 127.0	
Prostate Cancer Incidence per 100,000	71.0	 103.4	 110.5	
Colorectal Cancer Incidence per 100,000	33.8	 37.1	 36.5	
% Cancer	8.4	 8.0	 7.4	
% [Women 50-74] Breast Cancer Screening	82.9		 64.0	 80.5
% [Women 21-65] Cervical Cancer Screening	81.2		 75.4	 84.3












CANCER (continued)	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% [Age 45-75] Colorectal Cancer Screening	70.3		 71.5	 74.4
		 better	 similar	 worse




DIABETES	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Diabetes Deaths per 100,000	30.0	 26.7	 30.5	
% Diabetes/High Blood Sugar	18.2	 12.7	 12.8	
% Borderline/Pre-Diabetes	17.3		 15.0	
Kidney Disease Deaths per 100,000	12.2	 15.3	 13.0	
		 better	 similar	 worse













DISABLING CONDITIONS	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% 3+ Chronic Conditions	34.6		 38.0	
% Activity Limitations	21.1		 27.5	
% High-Impact Chronic Pain	18.0		 19.6	 6.4
Alzheimer's Disease Deaths per 100,000	66.3	 34.7	 35.8	
% Caregiver to a Friend/Family Member	25.8		 22.8	
		 better	 similar	 worse




HEART DISEASE & STROKE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	147.9	 169.4	 209.5	 127.4
% Heart Disease	7.5	 5.4	 10.3	
Stroke Deaths per 100,000	35.8	 40.4	 49.3	 33.4
% Stroke	3.5	 3.3	 5.4	
% High Blood Pressure	36.6	 32.3	 40.4	 42.6
% High Cholesterol	36.1		 32.4	
% 1+ Cardiovascular Risk Factor	89.0		 87.8	
		 better	 similar	 worse




















INFANT HEALTH & FAMILY PLANNING	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
No Prenatal Care in First Trimester (Percent of Births)	27.9	 23.4	 22.3	
Teen Births per 1,000 Females 15-19	35.9	 24.3	 16.6	
Low Birthweight (Percent of Births)	8.3	 8.5	 8.3	
Infant Deaths per 1,000 Births	4.6	 5.3	 5.5	 5.0
		 better	 similar	 worse











INJURY & VIOLENCE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	53.0	 50.3	 67.8	 43.2
Motor Vehicle Crash Deaths per 100,000	24.8	 14.7	 13.3	 10.1
Homicide Deaths per 100,000	7.7	 7.8	 7.6	 5.5
% Victim of Violent Crime in Past 5 Years	7.2		 7.0	
% Victim of Intimate Partner Violence	13.3		 20.3	













 better
  similar
  worse










MENTAL HEALTH	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	15.9		 24.4	
% Diagnosed Depression	20.3	 19.7	 30.8	
% Symptoms of Chronic Depression	38.9		 46.7	
% Typical Day Is "Extremely/Very" Stressful	20.0		 21.1	
Suicide Deaths per 100,000	16.8	 14.4	 14.7	 12.8
Mental Health Providers per 100,000	104.7	 178.3	 315.8	
% Receiving Mental Health Treatment	14.0		 21.9	
% Unable to Get Mental Health Services in Past Year	9.4		 13.2	













 better
  similar
  worse




NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% "Very/Somewhat" Difficult to Buy Fresh Produce	24.4		 30.0	
% No Leisure-Time Physical Activity	27.9	 27.8	 30.2	 21.8
% Meet Physical Activity Guidelines	29.9	 30.9	 30.3	 29.7
% [Child 2-17] Physically Active 1+ Hours per Day	33.7		 27.4	
% Overweight (BMI 25+)	63.9	 69.4	 63.3	
% Obese (BMI 30+)	35.9	 34.4	 33.9	 36.0
% [Child 5-17] Overweight (85th Percentile)	41.7		 31.8	
% [Child 5-17] Obese (95th Percentile)	29.7		 19.5	 15.5
		 better	 similar	 worse







ORAL HEALTH	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% Have Dental Insurance	80.3		 72.7	 75.0
% Dental Visit in Past Year	50.8	 57.9	 56.5	 45.0
% [Child 2-17] Dental Visit in Past Year	81.6		 77.8	 45.0
		 better	 similar	 worse




RESPIRATORY DISEASE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	33.8	 33.5	 43.5	
Pneumonia/Influenza Deaths per 100,000	7.9	 10.0	 13.4	
% Asthma	14.9	 8.5	 17.9	
% [Child 0-17] Asthma	13.1		 16.7	
% COPD (Lung Disease)	8.1	 5.1	 11.0	
		 better	 similar	 worse

SEXUAL HEALTH	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
HIV Prevalence per 100,000	182.8	 425.2	 386.6	
Chlamydia Incidence per 100,000	612.6	 491.9	 492.2	
Gonorrhea Incidence per 100,000	142.9	 176.4	 179.0	
		 better	 similar	 worse

SUBSTANCE USE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
Alcohol-Induced Deaths per 100,000	13.5	 11.4	 15.7	
Cirrhosis/Liver Disease Deaths per 100,000	18.6	 17.2	 16.4	 10.9
% Excessive Drinking	30.0	 18.2	 34.3	
Unintentional Drug-Induced Deaths per 100,000	13.7	 16.4	 29.7	
% Used an Illicit Drug in Past Month	8.8		 8.4	
% Used a Prescription Opioid in Past Year	13.6		 15.1	
% Personally Impacted by Substance Use	46.6		 45.4	

 better
  similar
  worse

TOBACCO USE	Midland County	MIDLAND COUNTY vs. BENCHMARKS		
		vs. TX	vs. US	vs. HP2030
% Smoke Cigarettes	23.9	 11.3	 23.9	 6.1
% Someone Smokes at Home	15.0		 17.7	
% Use Vaping Products	19.5	 7.9	 18.5	

 better
  similar
  worse



DATA CHARTS & KEY INFORMANT INPUT

The following sections present data from multiple sources, including the population-based PRC Community Health Survey, public health and other existing data sets (secondary data), as well as qualitative input from the Online Key Informant Survey.

Data indicators from these sources are intermingled and organized by health topic. To better understand the source data for specific indicators, please refer to the footnotes accompanying each chart.

COMMUNITY CHARACTERISTICS

Population Characteristics

Land Area, Population Size & Density

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Midland County	171,496	900.36	190
TX	29,640,343	261,270.04	113
United States	332,387,540	3,533,298.58	94

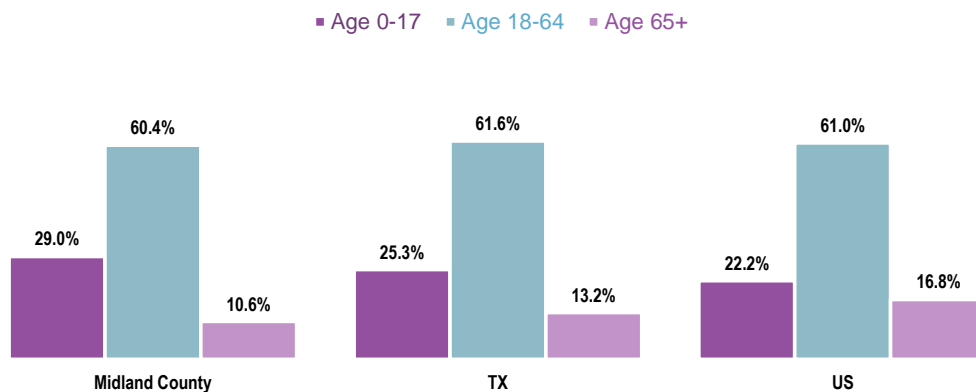
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

Total Population by Age Groups
(2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

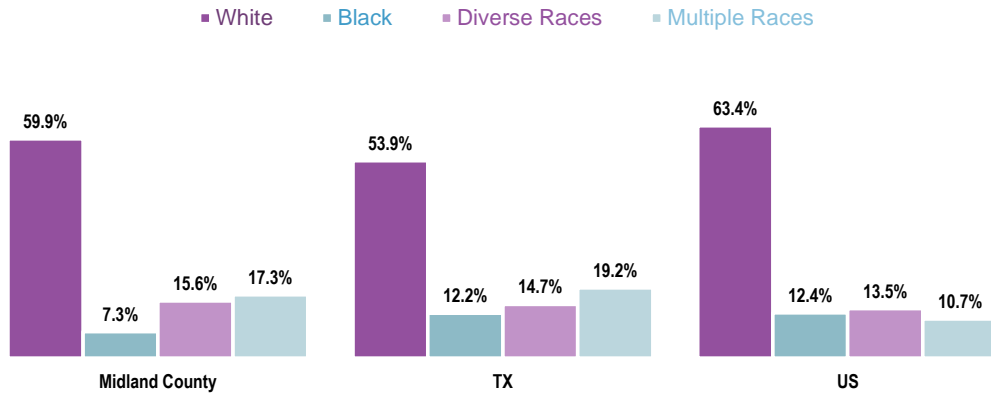


Race & Ethnicity

The following charts illustrate the racial and ethnic makeup of our community.

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone (2019-2023)



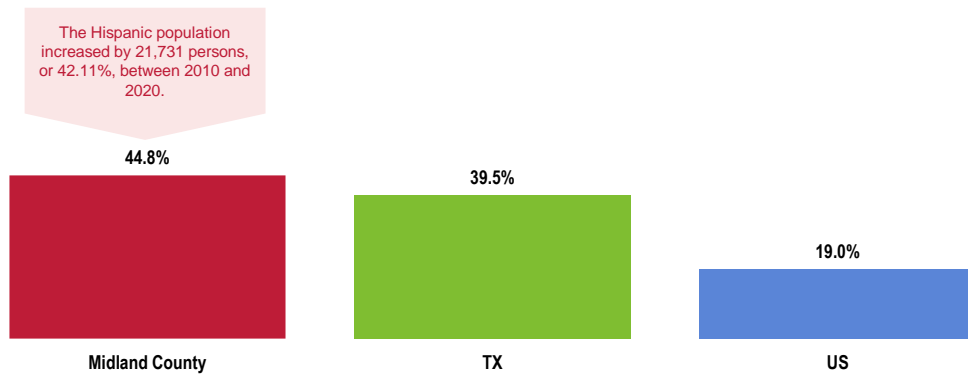
Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Notes:

- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Hispanic Population (2019-2023)



Sources:

- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Notes:

- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Social Determinants of Health

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Income & Poverty

Poverty

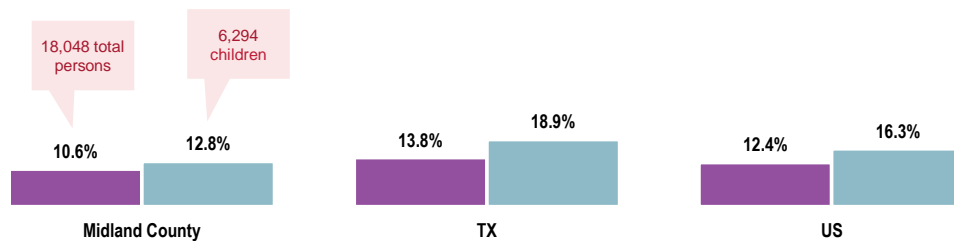
The following chart outlines the proportion of our population below the federal poverty threshold in comparison to state and national proportions.

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to health status.

Percent of Population in Poverty (2019-2023)

Healthy People 2030 = 8.0% or Lower

■ Total Population ■ Children



Sources:

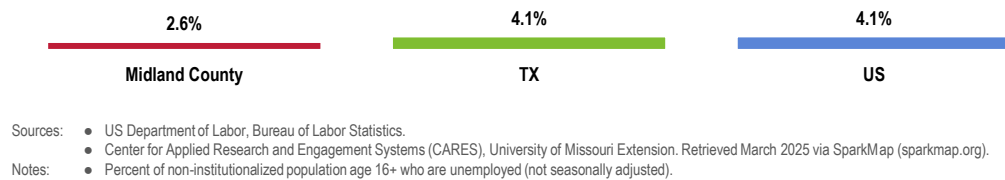
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>



Employment

Note the following outlines the unemployment rate derived from the US Department of Labor.

Unemployment Rate (January 2025)

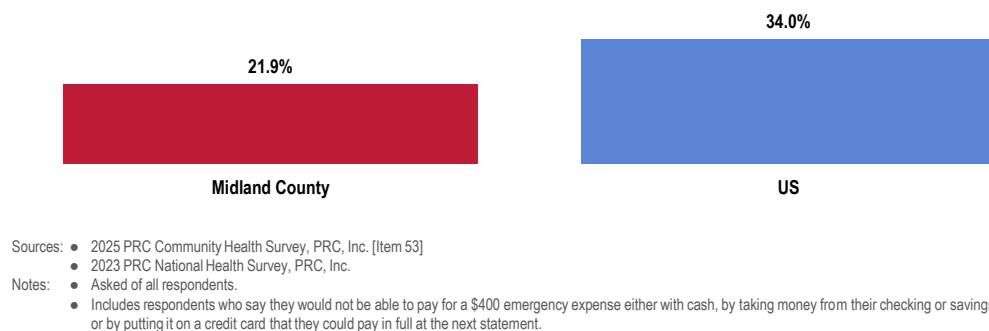


Financial Resilience

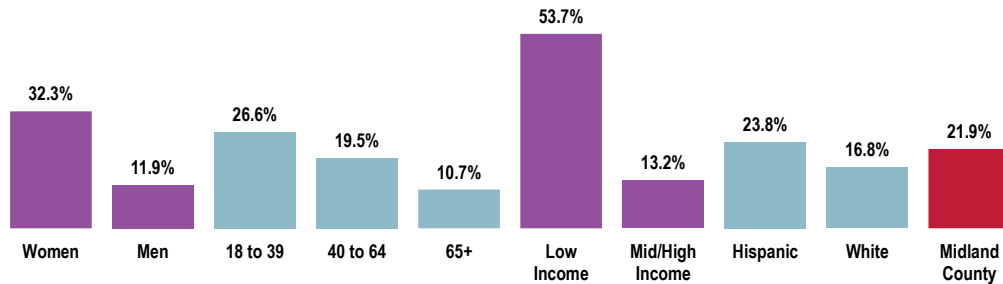
PRC SURVEY ► “Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?”

The following details “no” responses in Midland County in comparison to benchmark data, as well as by basic demographic characteristics (such as gender, age groupings, income [based on poverty status], and race/ethnicity).

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Midland County, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at \$30,700 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

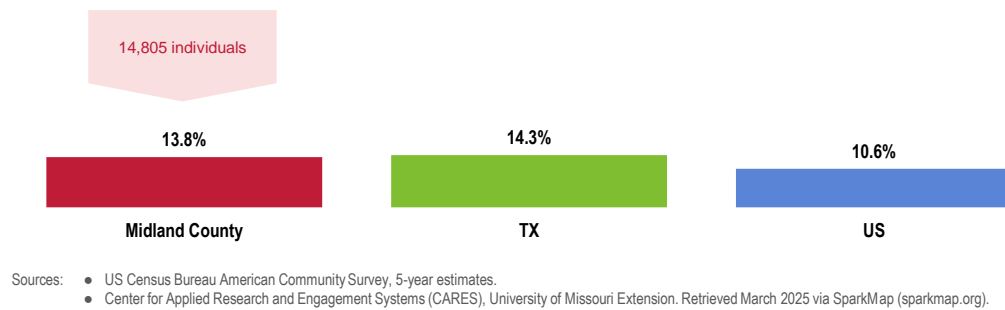
RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin.



Education

Education levels are reflected in the proportion of our population without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma (Adults Age 25 and Older; 2019-2023)

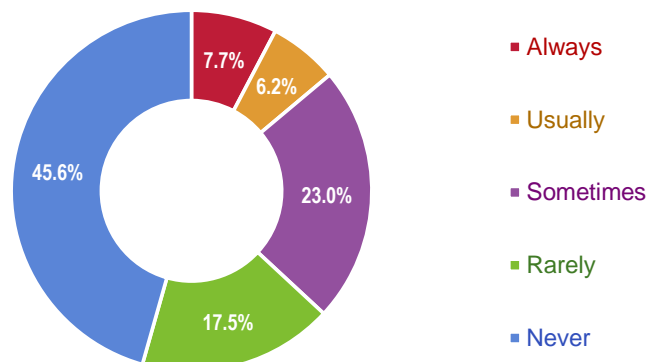


Housing

Housing Insecurity

PRC SURVEY ► “In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed: always, usually, sometimes, rarely, or never?”

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (Midland County, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 56]

Notes:

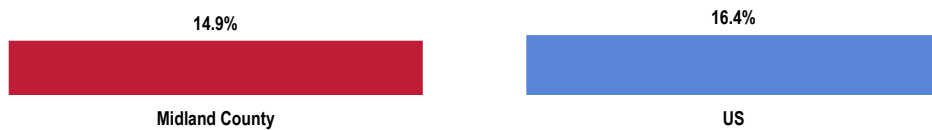
- Asked of all respondents.



Unhealthy or Unsafe Housing

PRC SURVEY ▶ “Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?”

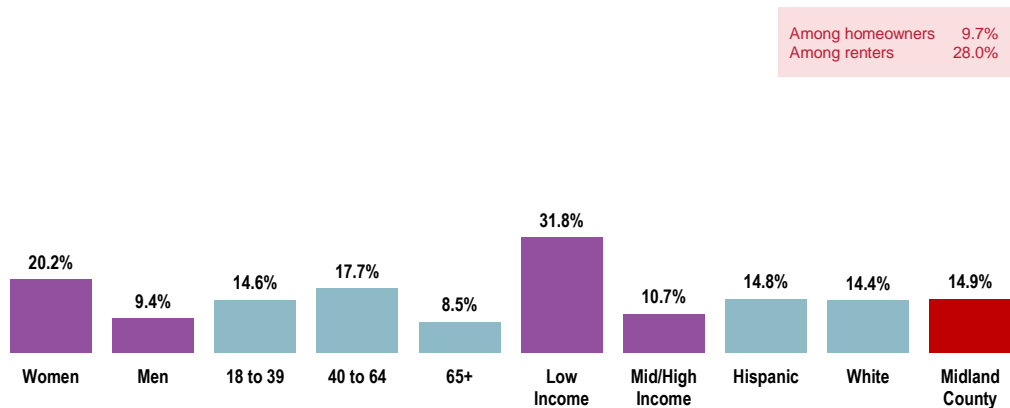
Unhealthy or Unsafe Housing Conditions in the Past Year



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.



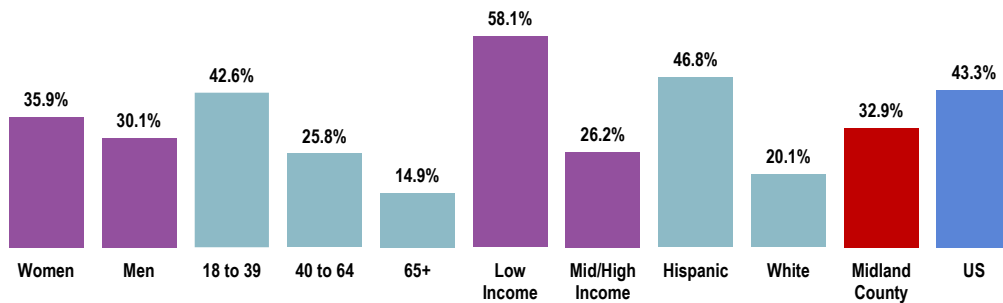
Food Insecurity

PRC SURVEY ► “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was ‘often true,’ ‘sometimes true,’ or ‘never true’ for you in the past 12 months.

- ‘I worried about whether our food would run out before we got money to buy more.’
- ‘The food that we bought just did not last, and we did not have money to get more.’”

Agreement with either or both of these statements (“often true” or “sometimes true”) defines food insecurity for respondents.

Food Insecure
(Midland County, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Health Literacy

PRC SURVEY ▶ “You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor’s office, in clinics, and many other places. How often is health information written in a way that is easy for you to understand?”

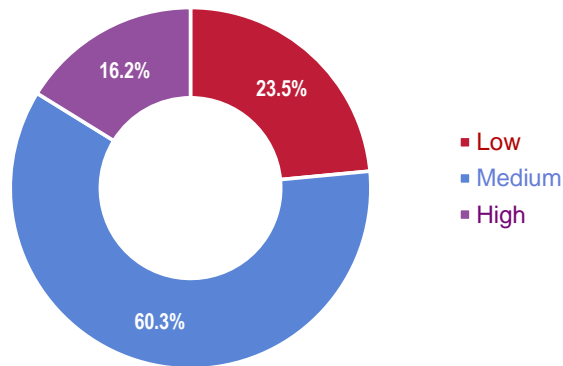
PRC SURVEY ▶ “How often do you need to have someone help you read health information?”

PRC SURVEY ▶ “How often is health information spoken in a way that is easy for you to understand?”

PRC SURVEY ▶ “Health forms include insurance forms, questionnaires, doctor’s office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?”

Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.

Health Literacy
(Midland County, 2025)



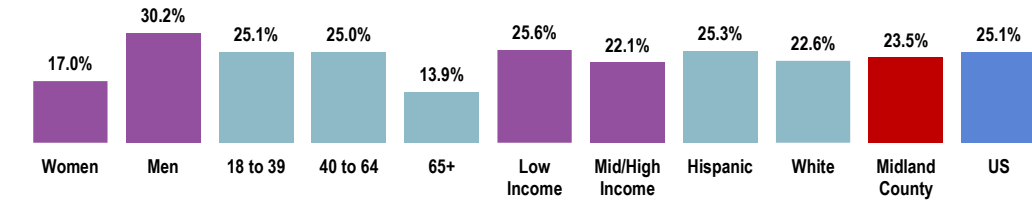
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 305]

Notes: • Asked of all respondents.

• Respondents with low health literacy are those who “seldom/never” find written or spoken health information easy to understand, and/or who “always/nearly always” need help reading health information, and/or who are “not at all confident” in filling out health forms.



Low Health Literacy (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
• 2023 PRC National Health Survey, PRC, Inc.

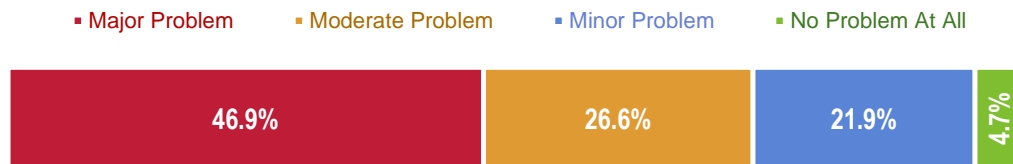
Notes: • Asked of all respondents.

• Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Key Informant Input: Social Determinants of Health

The following chart outlines key informants' perceptions of the severity of *Social Determinants of Health* as a problem in the community:

Perceptions of Social Determinants of Health as a Problem in the Community (Among Key Informants; Midland County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Income/Poverty

Social determinants of health (SDOH) significantly impact Midland, Texas, leading to health disparities among its residents. Economic instability is evident, with stark income disparities across sub-populations, despite local economic growth. One in five adults (21%) lack health insurance, with higher uninsured rates among Hispanic (32%) and Black (23%) residents compared to white residents (19%). Educational challenges persist, as factors like access to quality education influence health outcomes. Neighborhood and physical environment issues, such as limited access to healthy food and safe housing, contribute to chronic diseases. Social and community contexts, including social support networks, play a role in mental and physical health. Healthcare access and quality are affected by physician shortages, with only 9% of physicians serving rural communities. Addressing these SDOH is crucial for improving health equity in Midland. — Community Leader

There is a large income gap in Midland - oil field executives or family legacies vs people who don't have adequate housing and are working multiple jobs to make ends meet. The education system is quite varied too with different charter/magnet schools vs public schools. I believe this all impacts health behaviors. — Physician



1. Economic stability: poverty: Midland has pockets of poverty, which can limit access to healthy food, safe housing, and healthcare. People with lower incomes may struggle to afford nutritious meals, live in substandard housing, and lack transportation to medical appointments. Employment: while Midland has a strong energy sector, job insecurity and underemployment can still exist. This can lead to stress, lack of health insurance, and difficulty meeting basic needs. 2. Education access and quality: educational attainment: lower educational attainment can limit job opportunities and income potential, impacting health indirectly. It can also affect health literacy, making it harder for individuals to understand and follow health recommendations. — Community Leader

Low income, no income. — Community Leader

Upward socio-economic achievement and ease of accessing care go hand in hand. This is true in Midland as it is the rest of the U.S. If one has a professional, good paying job with benefits such as insurance the barriers to care are greatly reduced and the options for care more expanded. It is the segment of the population that is not in the above category that has significant problems accessing care which centers largely on financial means. Single working parents, elderly on fixed income, individuals who may not have completed college (or are trying to) with limited career advancement opportunities, and those generally living near or below the FPL represent a large segment of the community. We see and care for this segment and are often their only resource for primary care aside from going to the ER (a decision based on the knowledge they will be seen regardless of a payor source or lack thereof). Often times, easily preventable conditions are left untreated and become serious chronic conditions. — Community Leader

In our very affluent community, those with sufficient means can access healthcare fairly easily, though sometimes not as promptly as they might wish; a consequence of our rapidly growing population, I believe. A substantial portion of our population (I'm guessing a third or more) lives at or below the poverty level. Within that population, a fair number are at risk for diabetes and hypertension; they are typically non—white, may have limited education, may not be fluent in English, and often experience subtle and sometimes not-so-subtle discrimination. — Community Leader

Lack of resources and programs to assist families, intermediate and low income. — Health Care Provider

Income: significant disparities, with a notable portion of the population lacking social protection and living in poverty. Education: access to quality education is uneven, with some areas experiencing lower education levels and limited educational resources. Employment: employment status varies widely, with job insecurity and poor working conditions affecting many residents. Housing: there is a lack of affordable housing and utility services, contributing to housing instability for many families. Food: access to healthy food is limited, leading to food insecurity and poor nutrition among certain segments of the population. Environment: disparities in access to clean air and water are evident, with some neighborhoods facing environmental challenges that impact health. Healthcare: access to quality healthcare services is uneven, with a significant portion of the population lacking health insurance. Social support: networks are insufficient, especially for those navigating mental health. — Community Leader

Although Midland is a wealthy city, not everyone has wealth. We are also a low-income city with issues regarding high rent, bad-performing schools, discrimination, etc. All of these affect a person's health. — Community Leader

Housing

We do not have enough affordable housing or senior housing or updated, decent senior centers. — Community Leader

The Permian Basin has a high cost of living which poses many challenges. Apartment lease rates and the cost of purchasing a home can pose a great challenge to individuals with a moderate or low income. These high-cost dynamics increase the risk of being unhoused. Many of the employed community do not seek higher education due to the wealth of well-paying jobs that don't require formal education. This can limit an individual's ability to use their money wisely and comply with strong preventive healthcare practices. — Community Leader

Several key SDOH issues in Midland include: housing instability and affordability, income disparities and economic challenges, education barriers and workforce development, and environmental and public health concerns. The cost of living in Midland is extremely high, making it difficult for low- and middle-income families to afford stable housing. There is also a shortage of affordable rental units for lower income families. Many families, especially those with children, who struggle with housing instability increase their risk for mental health issues and chronic stress. While the oil industry provides high wages for some, many in other sectors earn lower wages that do not match the cost of living in our area, limiting access to healthcare, healthy food, and other necessities. There are significant gaps in social services leaving families without adequate support. Schools face teacher shortages, and there are limited workforce development programs to address local challenges. — Community Leader

Safe affordable housing for the elderly with limited income. There are no affordable assisted living facilities available in Midland either. Patients who need some assistance, but not full-time care, but can't afford to pay \$5000/month for assisted living have no other option than a nursing home. That's a shame as a nursing home is \$8,000 per month but is covered by Medicaid. — Health Care Provider



Social determinants of health - like access to stable housing, nutritious food, quality education, reliable transportation, employment opportunities, and healthcare - are some of the biggest barriers facing individuals and families in my community. These factors don't exist in isolation; they shape nearly every aspect of a person's ability to thrive. When people lack access to safe housing, they struggle with stability. When nutritious food is unaffordable, chronic health conditions increase. Limited transportation makes it difficult for people to access jobs, medical care, and community resources. These barriers compound one another, creating cycles of poverty, poor health, and limited opportunities that are incredibly difficult to break. In our community, we see these struggles play out every day. People facing these challenges often feel unseen and unheard - they're working hard to survive, but the system isn't always built to support them. — Community Leader

I just know there is not enough truly affordable housing. — Community Leader

Emergency housing is a big need in Midland and there is a lack of organizations that offer this in times of need. Housing costs are high and when people are on the verge of eviction, they look for services to help them financially or with immediate housing assistance. — Community Leader

Access to Care/Services

There are not enough resources in the area to meet all of the areas of social determinants of health because it encompasses multiple aspects of need. — Community Leader

We do not provide many resources or assistance to overcome SDOH. Many think Midland brings in a lot of money so people can afford resources or services but there is a whole other population that lacks these resources we don't focus on. It is also very expensive to live in Midland and not everyone understands that. We lack walking paths or easy to walk grocery stores, health clinics and more to remove some of these barriers. — Public Health Representative

Educational Attainment

You're not born knowing things. Lack of education directly impacts a person's ability to make informed decisions regarding their health. Lack of income also directly impacts a person's ability to pay for services and care and the fear of medical debt is often a deterrent to people seeking it out. — Community Leader

Food Insecurity

Food insecurities, cost of living, educational level, drugs and discrimination. — Public Health Representative

Access to Care for Uninsured/Underinsured

Not near enough resources for those who are under insured or uninsured. — Physician

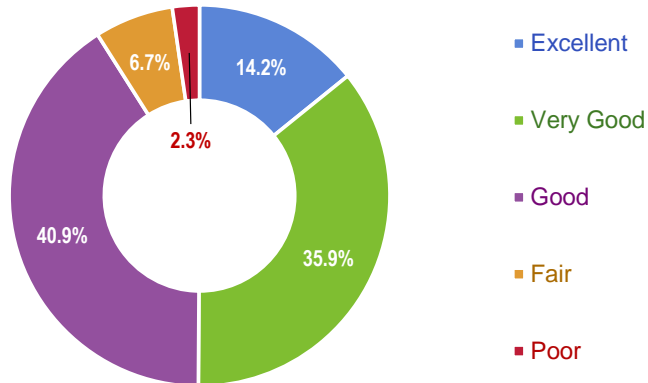


HEALTH STATUS

Overall Health

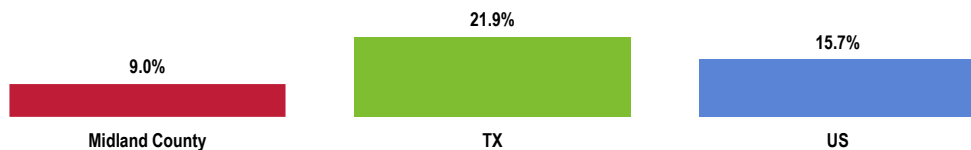
PRC SURVEY ▶ “Would you say that in general your health is: excellent, very good, good, fair, or poor?”

Self-Reported Health Status
(Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

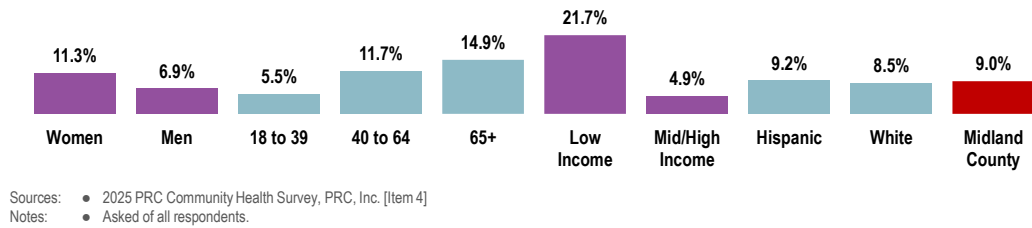
Experience “Fair” or “Poor” Overall Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Midland County, 2025)



Mental Health

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. ...Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

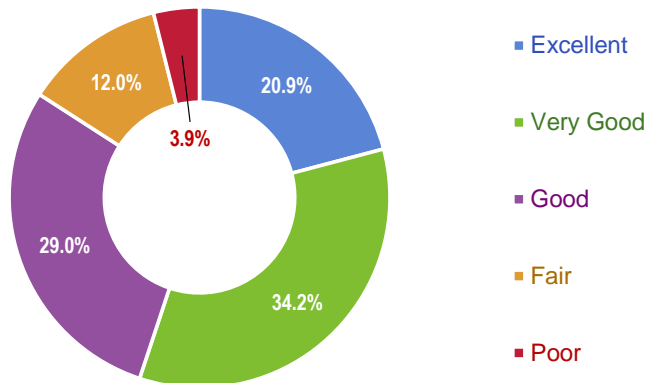
– Healthy People 2030 (<https://health.gov/healthypeople>)



Mental Health Status

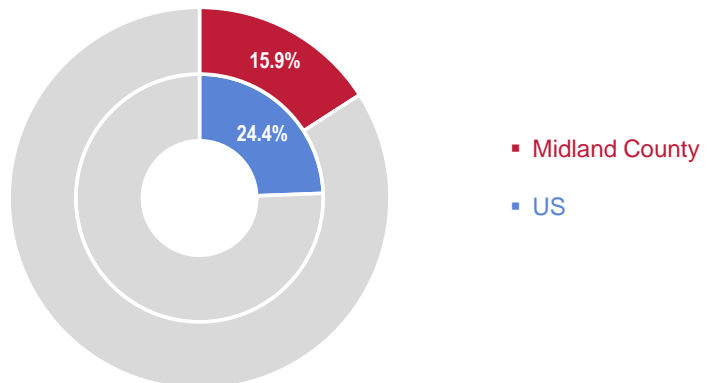
PRC SURVEY ▶ “Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair, or poor?”

Self-Reported Mental Health Status
(Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

Experience “Fair” or “Poor” Mental Health



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

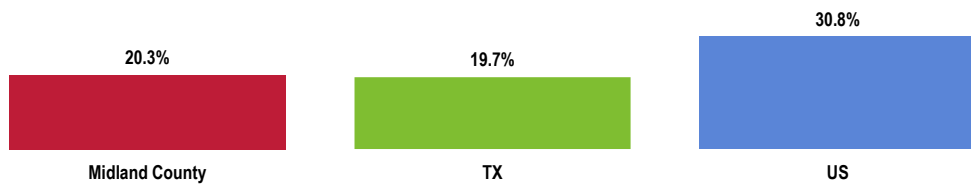


Depression

Diagnosed Depression

PRC SURVEY ► “Has a doctor, nurse, or other health professional ever told you that you have a depressive disorder, including depression, major depression, dysthymia, or minor depression?”

Have Been Diagnosed With a Depressive Disorder



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.

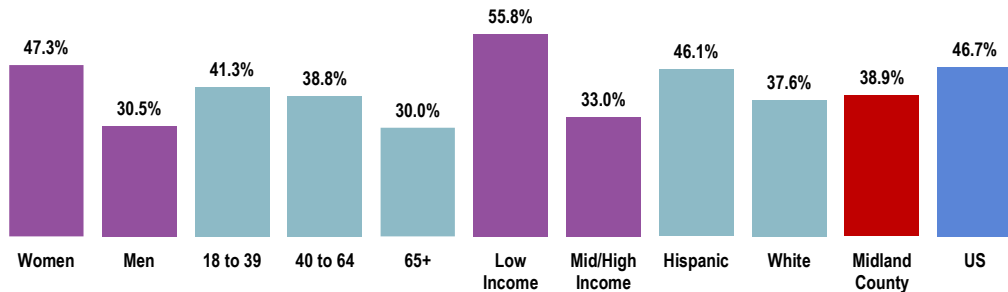
Notes:

- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

PRC SURVEY ► “Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?”

Have Experienced Symptoms of Chronic Depression (Midland County, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 PRC National Health Survey, PRC, Inc.

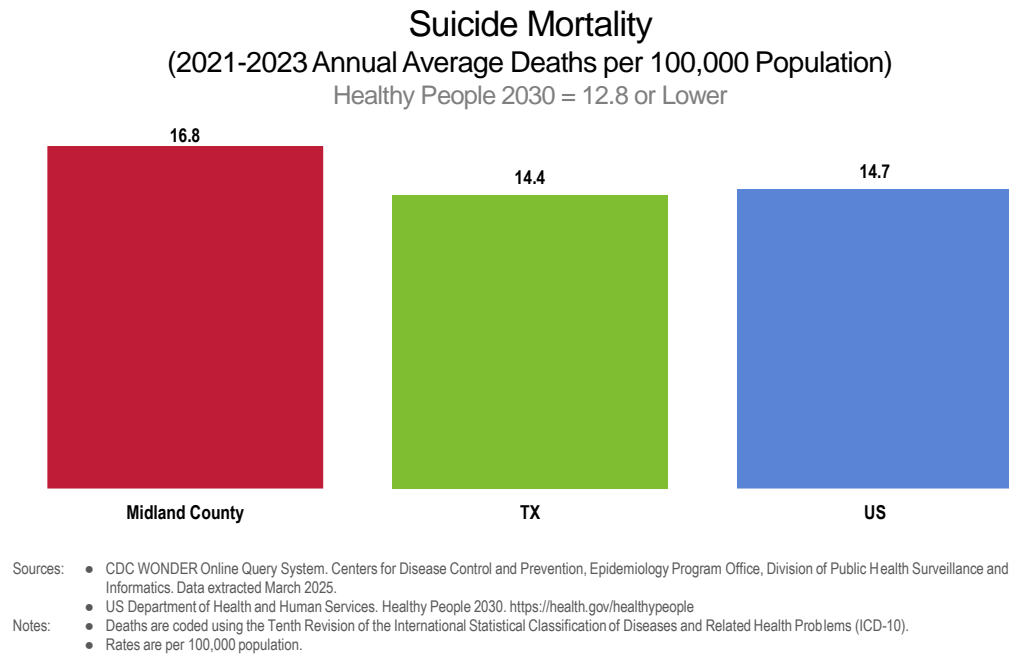
Notes:

- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Suicide

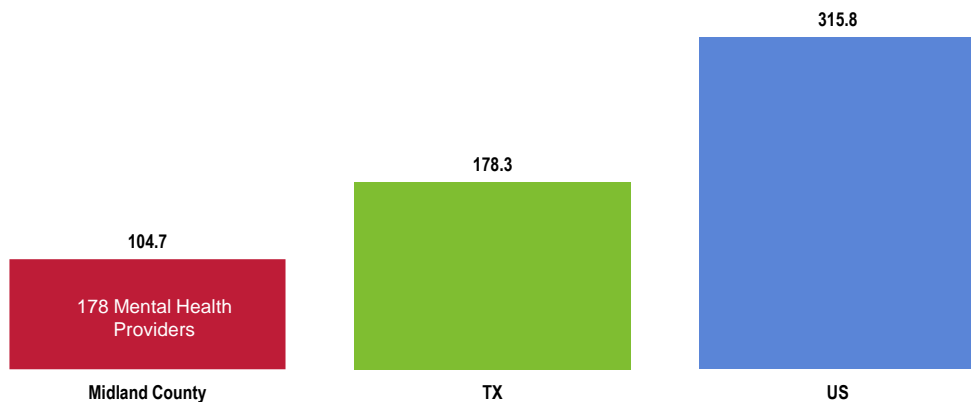
The following chart outlines the most current mortality rates attributed to suicide in our population.



Mental Health Treatment

The following chart outlines access to mental health providers, expressed as the number of providers (psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) per 100,000 residents.

Number of Mental Health Providers per 100,000 Population
(2025)

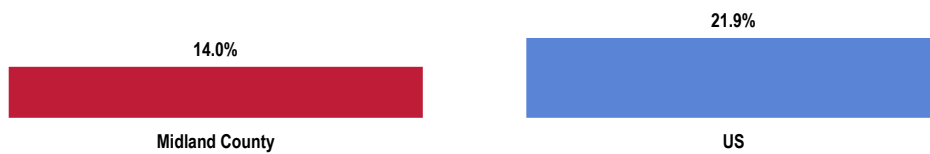


- Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of the county population to the number of mental health providers, including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.



PRC SURVEY ▶ “Are you now taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?”

Currently Receiving Mental Health Treatment



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 81]

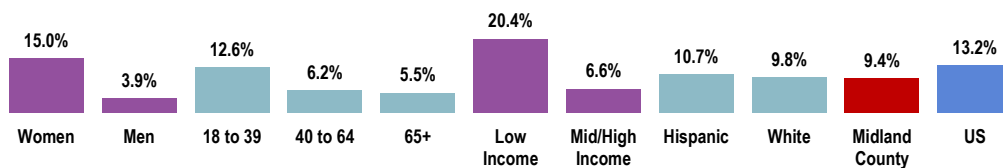
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

• Includes individuals now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed mental health services but were not able to get them?”

Unable to Get Mental Health Services When Needed in the Past Year (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 82]

• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Key Informant Input: Mental Health

The following chart outlines key informants' perceptions of the severity of *Mental Health* as a problem in the community:

Perceptions of Mental Health as a Problem in the Community (Among Key Informants; Midland County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Lack of available resources, stigma attached to mental health, cultural barriers, difficulty accessing available resources due to time, and service access. — Community Leader

Lack of resources, food disparity, homelessness, and drug addiction. — Public Health Representative

Lack of access to care. Inadequate understanding of mental health conditions. Stigma associated with psychiatric care. Lack of adequate third-party coverage. — Community Leader

Overcrowding of current facilities. — Community Leader

Midland does not have adequate or accessible resources for mental and behavioral health needs. This includes the entire spectrum of services: counseling, support groups, psychiatry, outpatient treatment, and inpatient treatment. Resources are particularly difficult to access for children. Very few providers accept Medicaid, eliminating access for the most vulnerable populations. Many providers do not accept insurance, and private pay rates are not affordable for low or even middle class individuals and families. Our local LMHA and behavioral health hospital are stretched thin due to staffing challenges, and they are unable to meet the demand for services. Additionally, local mental health providers are often not adequately trained or credentialed to provide the mental and behavioral health services needed. — Community Leader

Access to mental health services and lack of availability in the community. — Community Leader

Access to services at times and other times it's just the willingness to sit and wait. I feel that our state/granted funded facilities are overran and understaffed. Which are normal issues. But the community we serve ultimately feels the frustration from it. — Community Leader

Lack of a behavioral health facility, but one is coming. — Community Leader

Currently, there is not an adequate facility. Midland and Odessa are in the process of fixing this problem. — Community Leader

Lack of available care. Access. It is very hard for someone who is homeless to get appropriate mental health care. — Community Leader

Access to care. Lack of proper follow-ups. — Community Leader

Lack of psychiatric services and programs available. — Health Care Provider

I believe access to care is the biggest challenge for people with mental health issues in our community. I know many if not most, of the counselors and counseling centers have a wait list. This is another area where insurance is an issue. Insurance either won't pay, or people don't have it, and therapy can be expensive. — Community Leader



Lack of Providers

Lack of providers, cost, access to mental health care during hours that people are not working. — Community Leader

Lack of providers. Lack of available facilities when patients have acute issues (I know they are building a new facility). Mental health patients have to stay in hospitals where the staff don't have training or resources to manage acute mental health issues. Patients frequent our ED for a place to go. — Health Care Provider

Not enough providers, especially those who accept insurance. — Physician

Lack of mental health providers and affordable care. — Health Care Provider

Too few psychologists. Psychiatrists and therapists with the skills and time to make a difference for those struggling with mental health. — Community Leader

Finding the right healthcare professional often presents numerous challenges, such as the high demand for skilled professionals and the need to balance patient experience with workload demands. — Community Leader

We do not have enough counselors for all the programs we need. — Community Leader

Quality mental health providers. Affordable mental health. Quality mental health in-patient facilities. — Community Leader

The limited number of providers is a major issue! Especially for low to no income. Even with insurance the cost can be exorbitant for psychiatry. For therapy or counseling there are a broader number of providers that cater to low or no income. These are most helpful! — Community Leader

Mental health issues in our community far exceed the current professional healthcare providers in that field. Too often, mental health issues present as criminal activity, addiction, and homelessness. Fortunately, our state representatives, for both Midland and Odessa (and surrounding areas) have prevailed upon the legislature for substantial funding for a Behavioral Health Center in our area, treating both inpatients and outpatients. Local philanthropists are also contributing. One of our local district judges began a Mental Health Court several years ago. It is a closely managed program also involving substance abuse. PermianCare is also available, and several private professionals are in practice. For uninsured and/or indigent populations, care is simply not accessible. — Community Leader

Lack of mental health professionals. — Community Leader

The lack of qualified personnel to address these issues is one of the biggest challenges. Mental health is a significant problem in the homeless population, which lacks any resources that provide long term solutions. There are a number of resources available but people with mental health often struggle to reach out for help because no one wants to admit they need help. — Community Leader

Awareness/Education

Doctors are frequently unaware of the hidden addictions of their clients that have led to substance abuse induced mental disorders, leading to incorrect diagnoses and treatments. — Community Leader

Mental health services don't feel like they are educated or discussed enough in our community to provide the support we need. I also think many industries don't make it a priority to have mental health resources available for employees, our community has resources, but I don't think our community supports them enough. — Public Health Representative

Affordable Care/Services

The biggest mental health challenge in our community is limited access to affordable care. The rising cost of living causes stress, anxiety, and depression, while many lack resources for treatment. Long wait times, stigma, and financial barriers prevent people from getting help, leading to unhealthy coping mechanisms and worsening mental health. — Community Leader

Therapy Options

There is a lack of therapy's provided that could help someone long term. Putting someone on medication is a great tool to get them out of a rough spot, but we could definitely use access to alternative resources. A lot of people are struggling mentally. — Community Leader

Denial/Stigma

Mental health has a stigma. Also, resources for mental health are very limited and can have long waiting lists. — Health Care Provider

Income/Poverty

Low-income uninsured people have a difficult time affording visits for mental health. Lack of providers in the area. Providers for children are limited. — Community Leader



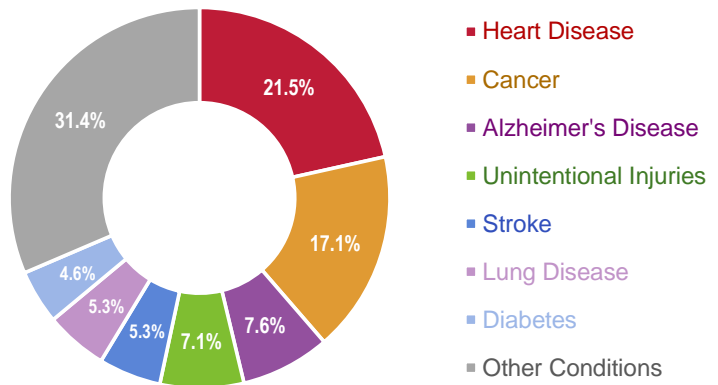
DEATH, DISEASE & CHRONIC CONDITIONS

Leading Causes of Death

Distribution of Deaths by Cause

The following outlines leading causes of death in the community.

Leading Causes of Death
(Midland County, 2023)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes: • Lung disease includes deaths classified as chronic lower respiratory disease.



Death Rates for Selected Causes

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines annual average death rates per 100,000 population for selected causes of death.

Death Rates for Selected Causes (2021-2023 Deaths per 100,000 Population)

	Midland County	TX	US	Healthy People 2030
Heart Disease	147.9	169.4	209.5	127.4*
Cancers (Malignant Neoplasms)	116.8	144.4	182.5	122.7
Alzheimer's Disease	66.3	34.7	35.8	—
Unintentional Injuries	53.0	50.3	67.8	43.2
Stroke (Cerebrovascular Disease)	35.8	40.4	49.3	33.4
Lung Disease (Chronic Lower Respiratory Disease)	33.8	33.5	43.5	—
Diabetes	30.0	26.7	30.5	—
Motor Vehicle Crashes	24.8	14.7	13.3	10.1
Suicide	16.8	14.4	14.7	12.8
Unintentional Drug-Induced Deaths	13.7	16.4	29.7	—
Alcohol-Induced Deaths	13.5	11.4	15.7	—
Kidney Disease	12.2	15.5	16.9	—
Pneumonia/Influenza	7.9	10.0	13.4	—
Homicide	7.7	7.8	7.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>.

Note:

- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cardiovascular Disease

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. ...Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

— Healthy People 2030 (<https://health.gov/healthypeople>)

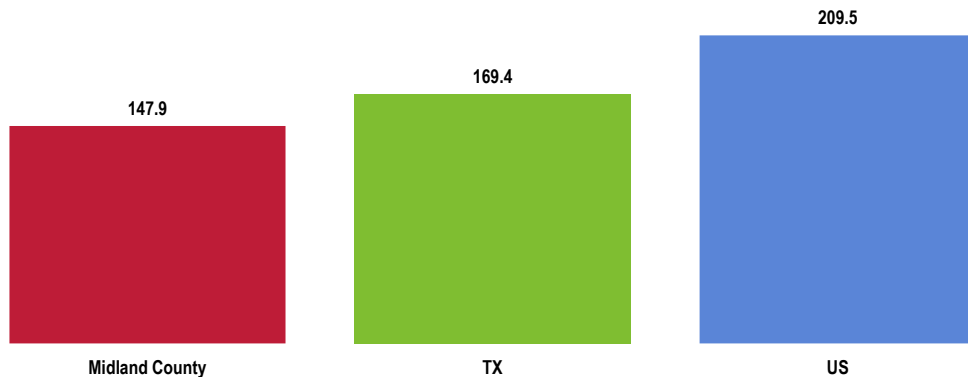


Heart Disease & Stroke Deaths

The following charts outline mortality rates for heart disease and for stroke in our community.

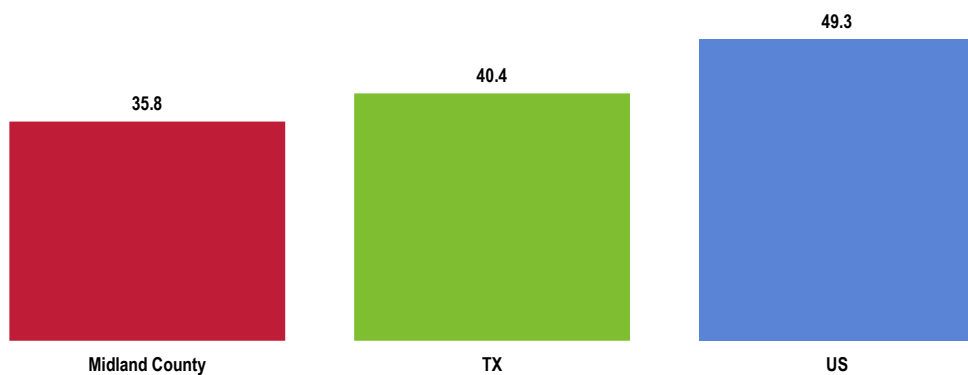
The greatest share of cardiovascular deaths is attributed to heart disease.

Heart Disease Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 127.4 or Lower (Adjusted)



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
 - Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.

Stroke Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 33.4 or Lower



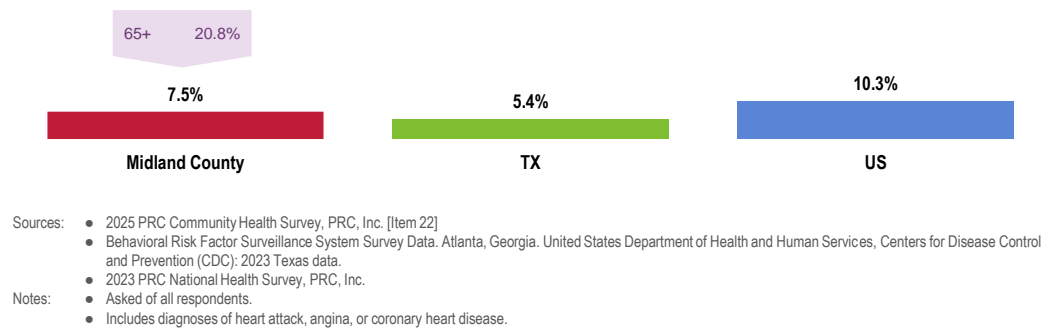
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Prevalence of Heart Disease & Stroke

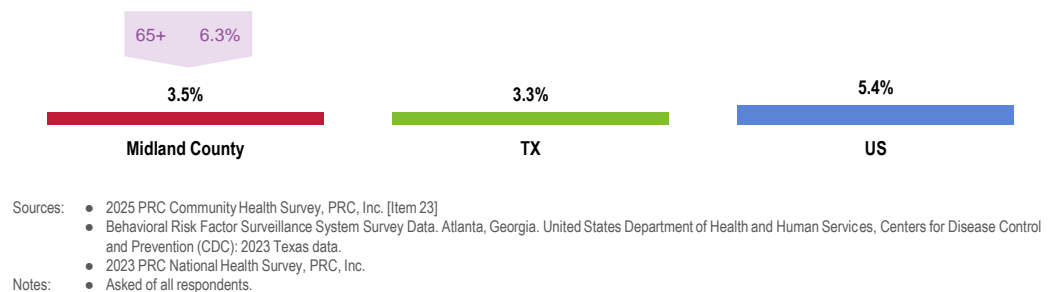
PRC SURVEY ► “Have you ever suffered from or been diagnosed with heart disease, including heart attack or myocardial infarction, angina, or coronary heart disease?”

Prevalence of Heart Disease



PRC SURVEY ► “Have you ever suffered from or been diagnosed with a stroke?”

Prevalence of Stroke



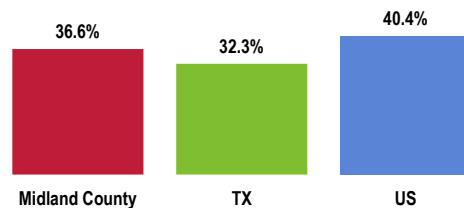
Cardiovascular Risk Factors

Blood Pressure & Cholesterol

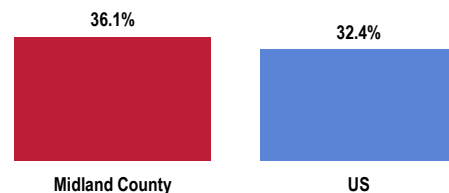
PRC SURVEY ► “Have you ever been told by a doctor, nurse, or other health care professional that you had high blood pressure?”

PRC SURVEY ► “Blood cholesterol is a fatty substance found in the blood. Have you ever been told by a doctor, nurse, or other health care professional that your blood cholesterol is high?”

Prevalence of
High Blood Pressure
Healthy People 2030 = 42.6% or Lower



Prevalence of
High Blood Cholesterol



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

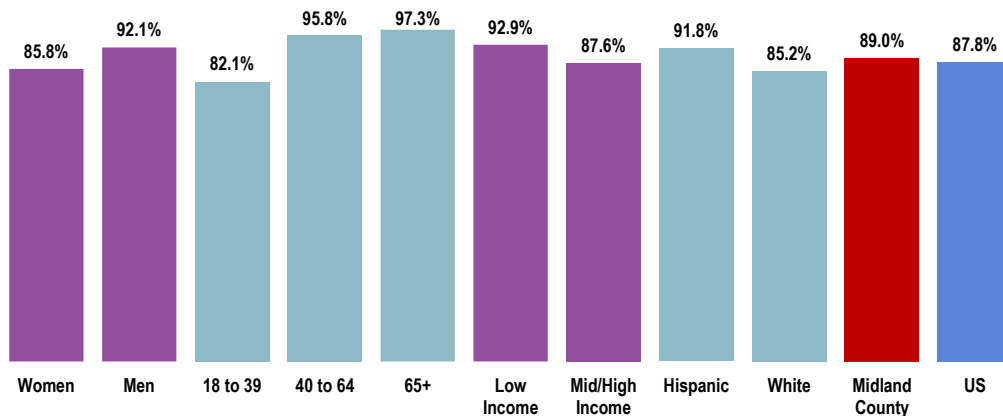
- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.



The following chart reflects the percentage of adults in Midland County who report one or more of the following: being overweight; smoking cigarettes; being physically inactive; or having high blood pressure or cholesterol.

Exhibit One or More Cardiovascular Risks or Behaviors (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
• 2023 PRC National Health Survey, PRC, Inc.

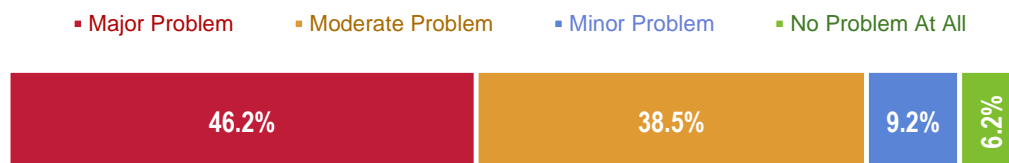
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

RELATED ISSUE
See also *Nutrition, Physical Activity & Weight and Tobacco Use* in the **Modifiable Health Risks** section of this report.

Key Informant Input: Heart Disease & Stroke

The following chart outlines key informants' perceptions of the severity of *Heart Disease & Stroke* as a problem in the community:

Perceptions of Heart Disease & Stroke as a Problem in the Community (Among Key Informants; Midland County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

- Within the last five years, two family members and several friends suffered from some type of heart disease or stroke. Stories also circulate about others with heart related issues. — Community Leader
- Many people suffer from these conditions. — Physician
- Heart disease and strokes are on the rise in every community and are many times fatal. — Health Care Provider
- Many people suffer from heart disease. More prevention programs would be helpful. — Community Leader
- I hear a lot about this topic in the promotional materials for the hospital. — Community Leader
- We have a high incidence of these diseases within our population due to the demographics within our community. — Community Leader



There are a lot of patients we see in the clinic who are at high risk of heart disease and stroke. In addition, many of our patients already have heart disease or have had strokes in the past. I believe that this is due to sedentary lifestyle/inadequate knowledge of public spaces and SDOH that lead patients to make unhealthy dietary choices which contribute to hypertension, hyperlipidemia, and ultimately heart disease or stroke. — Physician

We continue to see people who are having strokes. From what we are hearing from various medical professionals, the incidents of heart issues, especially among young people are also on the rise, post COVID. — Community Leader

Heart disease, which is highly preventable, continues to be the leading cause of death. The age of stroke victims seems to be lowering, or I am just getting older. Both statements could be true. — Community Leader

See high incidence of it within the community. Lack of affordable healthy food choices and easy access to physical activity. — Health Care Provider

Awareness/Education

There is a lack of education from youth to elderly about the signs, symptoms, risks, and prevention for heart disease and stroke. Obesity is a plague, and affordable and accessible options are limited. — Social Services Provider

Lack of education, poverty, lifestyle choices, and low literacy. — Community Leader

We need to dedicate more education for preventative care. — Community Leader

Lack of Specialists

I think these are issues in every community. We are also short on specialists in this area. — Community Leader

Our cardiologists are always slammed with patients and new patients' wait times are months out even when they need to be seen quicker. I also think our community lacks the importance of eating a balanced diet and moving their bodies to prevent heart disease. — Public Health Representative

Lack of Coordination of Care

Heart disease and stroke are significant health concerns in Midland, Texas, due to several interrelated factors: Fragmented and poorly coordinated care: patients often experience disjointed healthcare services, leading to prolonged hospital stays, increased diagnostic testing, higher costs, and elevated mortality risks upon readmission. Lack of public awareness: insufficient community education on the prevention and management of cardiovascular diseases contributes to higher incidence rates. Difficulty retaining physicians: challenges in attracting and retaining healthcare professionals in Midland result in limited access to consistent care, adversely affecting patient outcomes. Inappropriate discharges: patients are sometimes discharged before they are ready or without a clear understanding of their medication regimens, leading to complications and readmissions. — Community Leader

Affordable Care/Services

The biggest challenges for people with heart disease and stroke risks are access to affordable healthcare, high medication costs, and lack of preventive care. Many struggle with managing conditions like high blood pressure and cholesterol due to financial barriers. Poor diet, stress, and lack of exercise worsen these issues. Mental health struggles, especially anxiety and depression, also contribute, as stress increases heart risks. Better access to care and education is essential for prevention. — Community Leader

Co-Occurrences

With the amount of people with diabetes in our area, the next issue is heart disease. — Public Health Representative

Nutrition

This is due in part to our diet as a community, also due to our large diabetic patient population and the number of smokers. — Health Care Provider

Obesity

Large amount of obese people. — Community Leader



Cancer

ABOUT CANCER

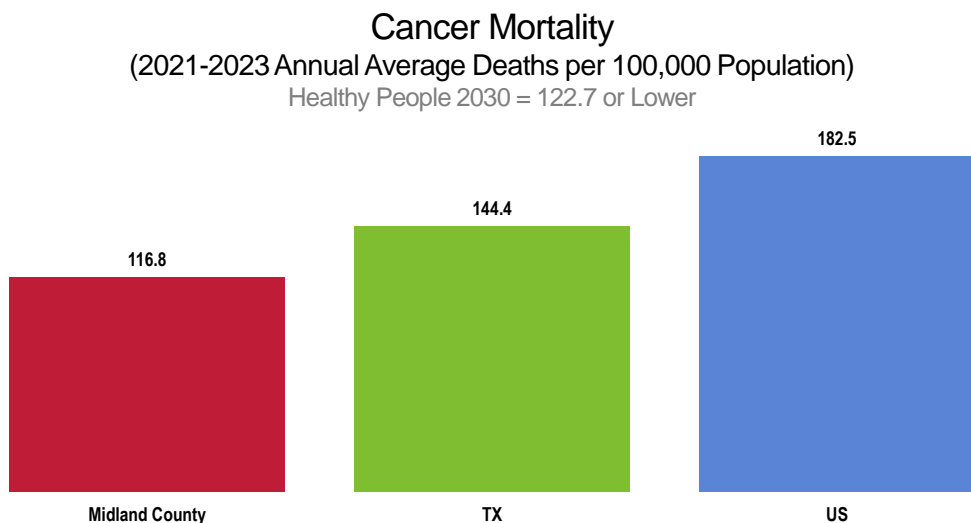
Cancer is the second leading cause of death in the United States. ...The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Cancer Deaths

The following chart illustrates cancer mortality (all types).



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.



Lung cancer is the leading cause of cancer deaths.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Midland County	TX	US	Healthy People 2030
ALL CANCERS	166.8	144.4	182.5	122.7
Lung Cancer	22.2	27.9	39.8	25.1
Female Breast Cancer	20.5	21.4	25.1	15.3
Prostate Cancer	13.3	14.7	20.1	16.9
Colorectal Cancer	11.6	14.6	16.3	8.9

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

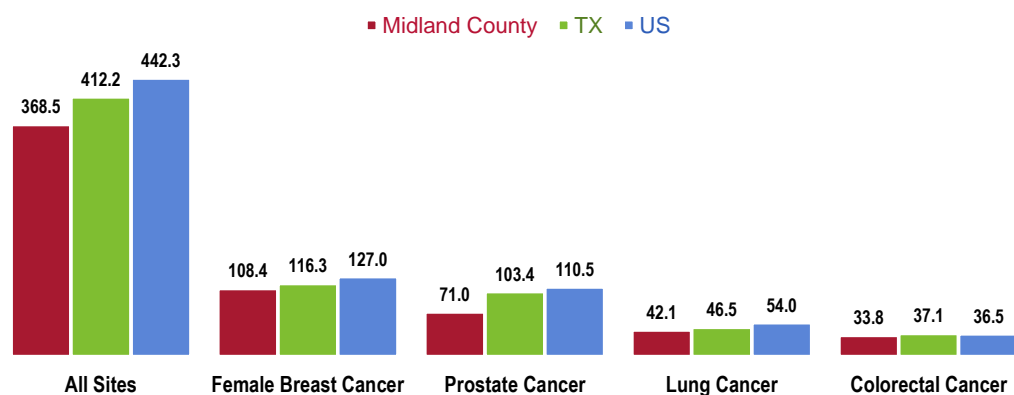
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

• Rates are per 100,000 population.

Cancer Incidence

“Incidence rate” or “case rate” is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

Cancer Incidence Rates by Site
(Annual Average Incidence per 100,000 Population, 2016-2020)



Sources: • National Cancer Institute, State Cancer Profiles.

• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Notes: • This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

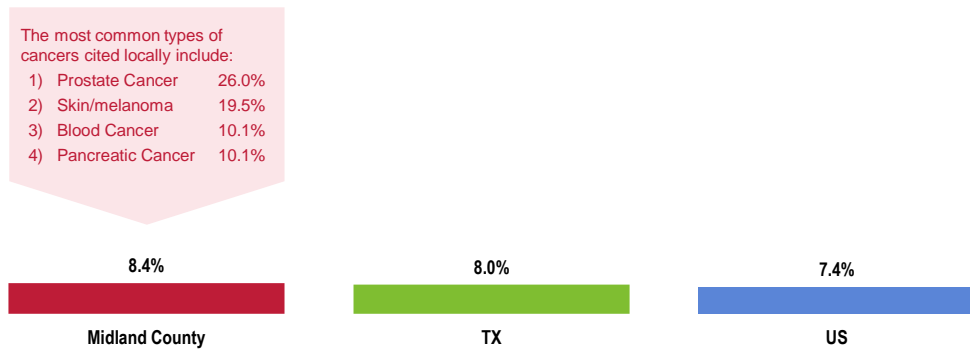


Prevalence of Cancer

PRC SURVEY ► “Have you ever suffered from or been diagnosed with cancer?”

PRC SURVEY ► “Which type of cancer were you diagnosed with?” (If more than one past diagnosis, respondent was asked about the most recent.)

Prevalence of Cancer



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

- US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

Breast Cancer Screening

PRC SURVEY ► “A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?”

Breast cancer screening is calculated here among women age 50 to 74 who indicate mammography within the past 2 years.

Cervical Cancer Screening

PRC SURVEY ► “A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?”

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

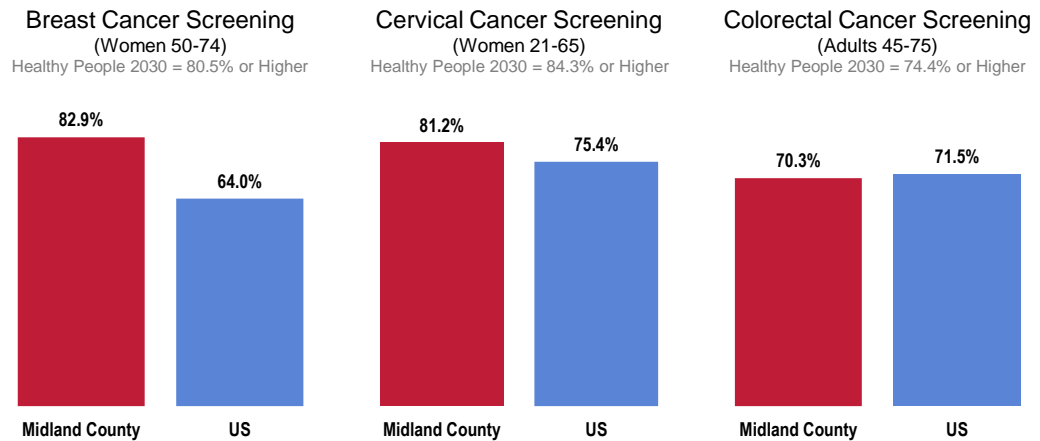
Colorectal Cancer Screening

PRC SURVEY ► “Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?”

PRC SURVEY ► “A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?”

“Appropriate colorectal cancer screening” includes a fecal occult blood test among adults age 45 to 75 within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

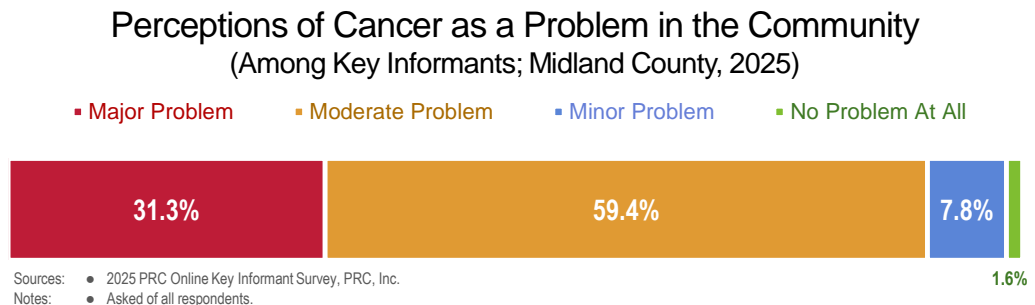




Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Each indicator is shown among the gender and/or age group specified.
 • Note that national data for colorectal cancer screening reflect adults ages 50 to 75.

Key Informant Input: Cancer

The following chart outlines key informants' perceptions of the severity of *Cancer* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

- Our community does not have enough cancer services for the amount of cancer patients here. — Community Leader
- High cancer mortality rates in Midland are influenced by factors like limited access to specialized oncology care, delayed diagnoses, and socioeconomic barriers that hinder preventive screenings. Patients without insurance cannot access care. I recently had a patient who waited a month to see a pcp for a referral to oncology; by that time, their condition deteriorated, and the patient was air-lifted to a higher level of care. — Health Care Provider
- Limited providers. — Community Leader
- We don't have a lot of cancer specialists here. — Community Leader
- The demand for treatment is high and the options for care are few. Access to the most advanced treatment options. — Social Services Provider

Incidence/Prevalence

- Because we have a high percentage of smokers or former smokers in this area, as well as a huge number of oilfield workers who are exposed to many environmental hazards. — Health Care Provider



Since 2020, we have seen a dramatic increase in the incidents of cancer amongst people we serve. What makes this unusual, in addition to the increase of incidents within our population, is that cancer hits stage 4 without warning. Previously, when we would see someone acquire cancer it was usually caught at a lower stage, and they had a better chance of survival. This rarely seems to be the case any longer. We've seen increases in deaths of those who acquire cancer and the knowledge of the cancer occurring at much later stages. — Community Leader

400 new people get diagnosed a year from the surrounding areas. I see people driving up to our Hope House that provides free lodging for the cancer patient and their caregiver sometimes they are on their last tank of gas, food insecure. The cost of cancer anything just economically does not discriminate who you are. Cost of health care if you are uninsured. — Community Leader

Must Travel for Care

Most patients must travel outside the area to seek treatment. — Community Leader

People with cancer often will have to travel outside the area to get care. — Community Leader

Many residents pursue assessment and treatment for cancer outside of Midland due to a lack of local resources and concerns of inadequate, low-quality care. I am aware of multiple residents who sought evaluation for a possible cancer diagnosis locally with no findings; however, when obtaining a second opinion outside of Midland, they were diagnosed with cancer and required immediate treatment. With an increasing number of cancer diagnoses, it is critical that Midland residents have access to high-quality cancer screening services, assessment services, and treatment. — Community Leader

Environmental Contributors

Many factors contribute to cancer being a major problem in Midland County, Texas. To begin, cancer is not caused by one thing. Environment does play a role along with genetics and nutrition but access to effective healthcare is key to medication treatment and emotional challenges. — Community Leader

I believe there are environmental factors that we are not aware of. — Community Leader

Prevention/Screenings

Individuals do not do preventative care, such as mammograms and colonoscopies. — Physician

Our preventative screening rates are low in many types of cancer. Education on cancer is lacking due to community members not believing it will affect them. Many people will also go out of town or state for treatment. — Public Health Representative

Affordable Care/Services

Cancer is a major problem because most people are not financially equipped to deal with the cost of treatment, much less deal with the consequences of missing or losing work, which happens very frequently. Diagnostic scans occur often and are expensive for those with insurance and even more so for self-pay patients. The ones who are able to pay for treatment often end up with a mountain of debt that is quickly turned over to collections, which only exacerbates life after treatment is over. Many people needing treatment prioritize food and housing costs over the cost of treatment, which means they forgo treatment. Cancer rates are increasing and showing up in younger populations, particularly women. Many of these women have young families and need to be working to support them. — Community Leader



Respiratory Disease

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. ...More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

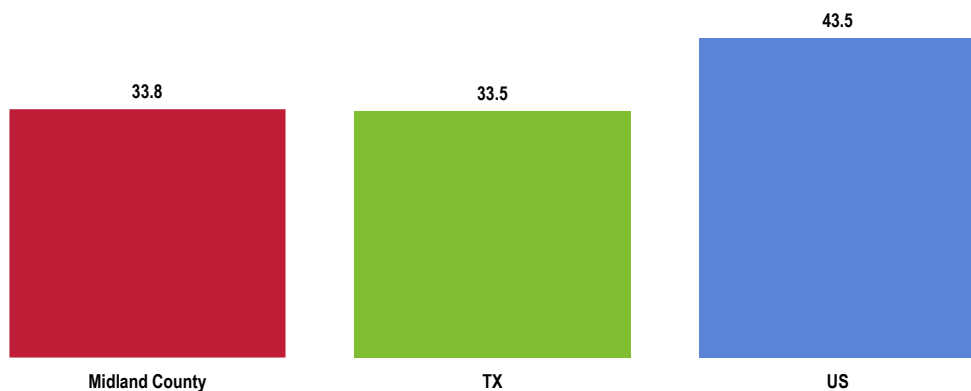
– Healthy People 2030 (<https://health.gov/healthypeople>)

Respiratory Disease Deaths

Lung Disease Deaths

Chronic lower respiratory diseases (CLRD) are diseases affecting the lungs; the most deadly of these is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Mortality for lung disease is illustrated in the charts that follow.

Lung Disease Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

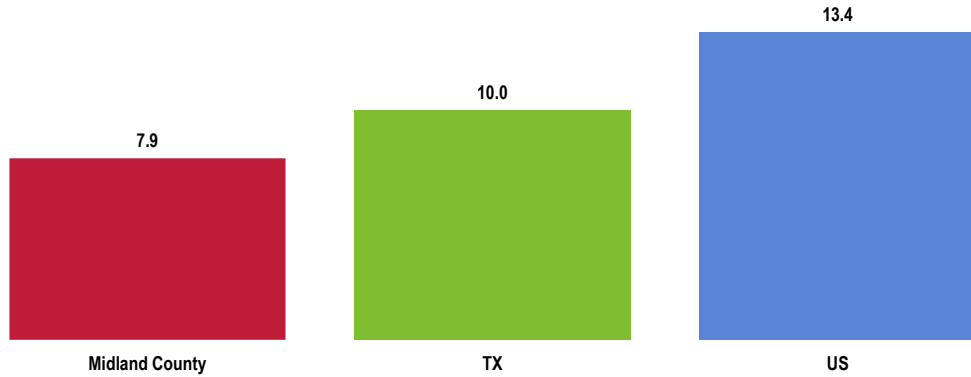
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.
● Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.



Pneumonia/Influenza Deaths

Pneumonia and influenza mortality is illustrated here.

Pneumonia/Influenza Mortality (2021-2023 Annual Average Deaths per 100,000 Population)



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes:

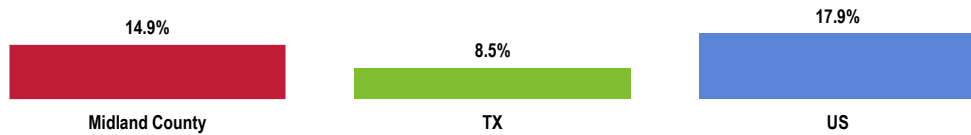
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Respiratory Disease

Asthma

PRC SURVEY ▶ “Do you currently have asthma?”

Prevalence of Asthma



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 26]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.

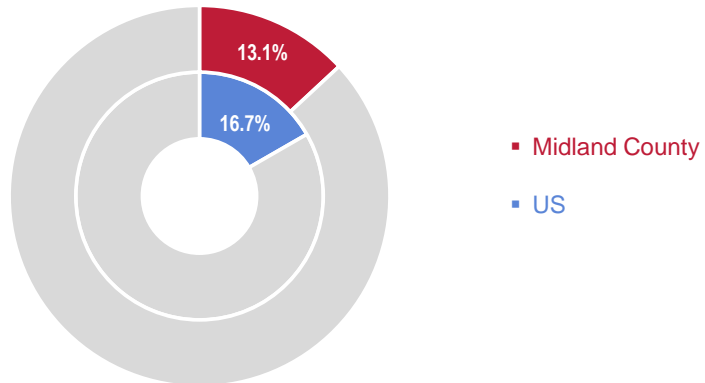
Notes:

- Asked of all respondents.



PRC SURVEY ► [Among parents of children age 0-17] “Has a doctor, nurse, or other health professional ever told you that this child had asthma?”

Prevalence of Asthma in Children (Children 0-17)

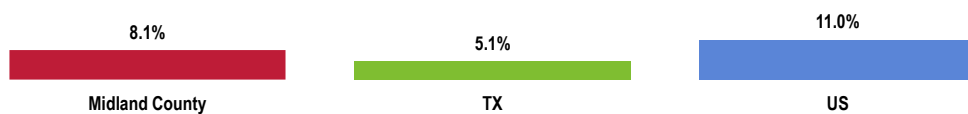


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

PRC SURVEY ► “Would you please tell me if you have ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including chronic bronchitis or emphysema?”

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



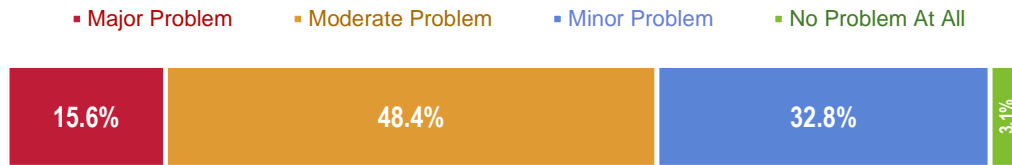
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes conditions such as chronic bronchitis and emphysema.



Key Informant Input: Respiratory Disease

The following chart outlines key informants' perceptions of the severity of *Respiratory Disease* as a problem in the community:

Perceptions of Respiratory Disease as a Problem in the Community (Among Key Informants; Midland County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Respiratory diseases have filled our hospital this winter. Even though the majority of our population is younger than 50, some of them - and many over 60 - are susceptible to respiratory difficulties. Resistance to vaccinations for COVID, flu, pneumonia, etc. may account for some of that? — Community Leader

High incidence of obesity/diabetes/heart disease which cause decreased immunity. increased vaccine hesitancy, as well. — Community Leader

Environmental Contributors

It has consistently been a health issue identified in DSHS and HRSA/HHS statistics and is likely environmental/occupational related. — Community Leader

Due to those with smoking history and environmental factors, due to the oilfield industry here. — Health Care Provider



Injury & Violence

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. ...Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. ...Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

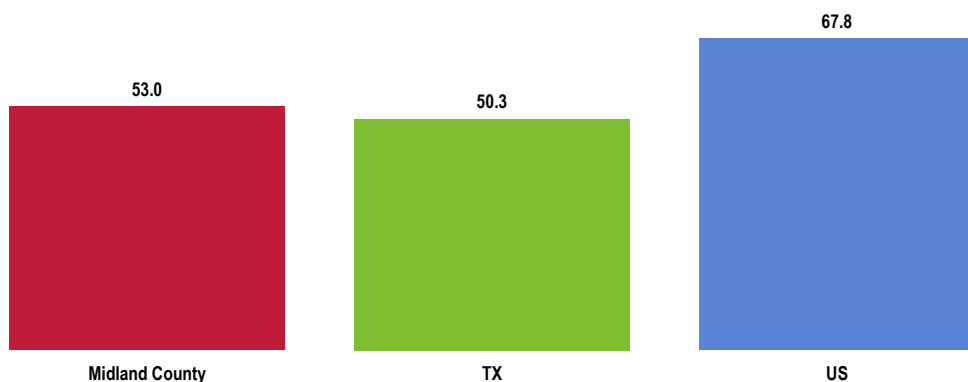
– Healthy People 2030 (<https://health.gov/healthypeople>)

Unintentional Injury

Unintentional Injury Deaths

The following chart outlines mortality rates for unintentional injury in the area.

Unintentional Injuries Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



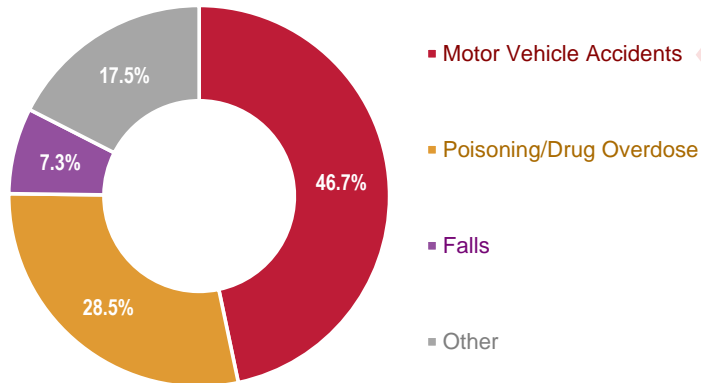
- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population.



Leading Causes of Unintentional Injury Deaths

The following outlines leading causes of accidental death in the area.

Leading Causes of Unintentional Injury Deaths (Midland County, 2021-2023)



Note that the county death rate attributed to motor vehicle crashes is significantly higher than found statewide or nationally.

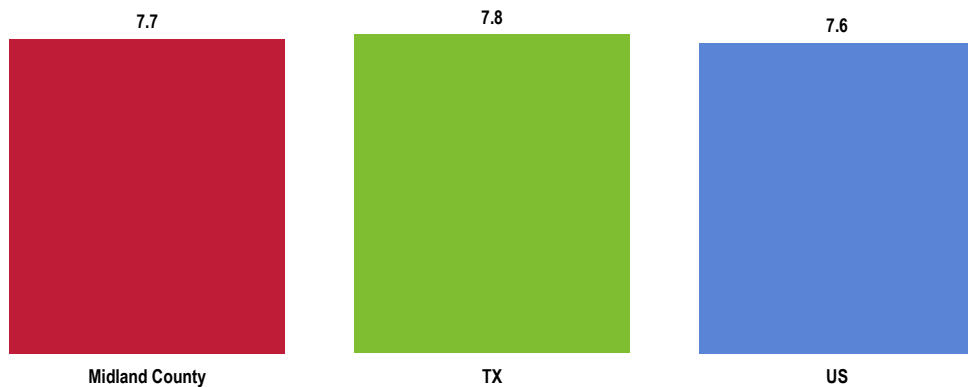
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Intentional Injury (Violence)

Homicide Deaths

Mortality attributed to homicide is shown in the following chart.

Homicide Mortality (2021-2023 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes: • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.



Violent Crime Experience

PRC SURVEY ► “Thinking about your own personal safety, have you been the victim of a violent crime in your area in the past 5 years?”

Victim of a Violent Crime in the Past Five Years (Midland County, 2025)

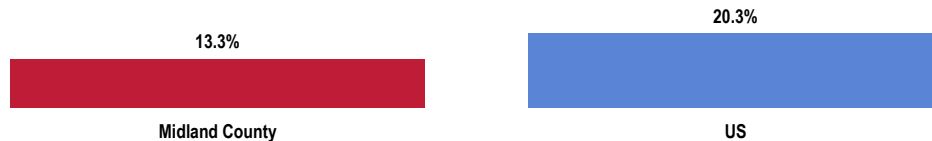


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Intimate Partner Violence

PRC SURVEY ► “The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. Has an intimate partner ever hit, slapped, pushed, kicked, or hurt you in any way?”

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

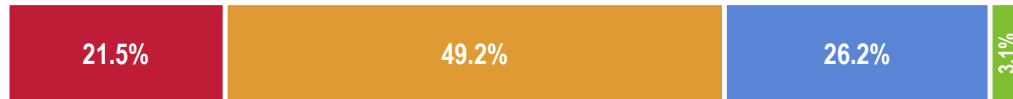


Key Informant Input: Injury & Violence

The following chart outlines key informants' perceptions of the severity of *Injury & Violence* as a problem in the community:

Perceptions of Injury & Violence as a Problem in the Community (Among Key Informants; Midland County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Midland continues to see a rise in vehicle accidents resulting in minor to severe injuries, as well as in violent crimes resulting in injuries. These issues negatively impact the capacity of first responders and emergency services, including our local emergency room. — Community Leader

Major crime is up along with family/spousal abuse. Alcohol/substance abuse and mental illness. — Health Care Provider

Infrastructure

Oilfield traffic/trucks and the lack of infrastructure and police resources make roads unsafe. In general, dealing with heavy equipment is dangerous. — Community Leader

Awareness/Education

Lack of education, resources, and support. — Community Leader

Domestic/Family Violence

Domestic violence is high. — Community Leader

Mental Health

Mental Health needs to be addressed. — Community Leader



Diabetes

ABOUT DIABETES

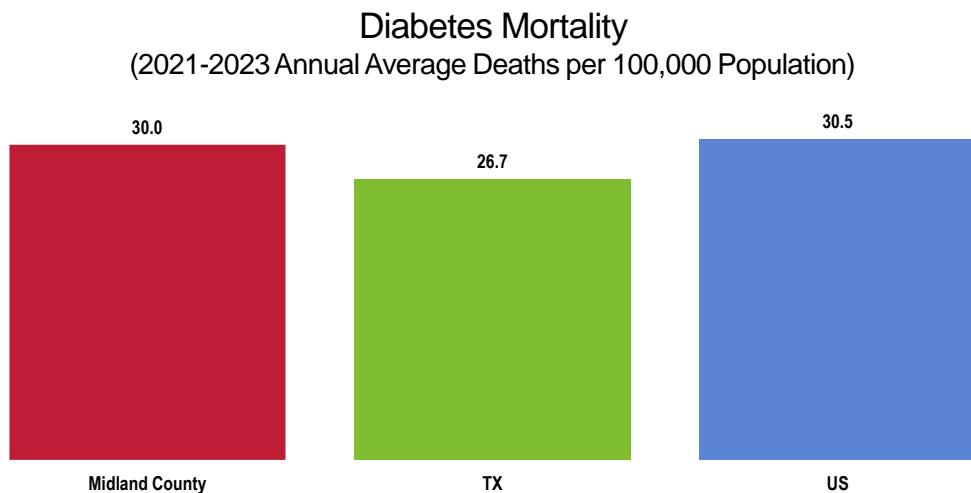
More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. ...Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Diabetes Deaths

Diabetes mortality for the area is shown in the following chart.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

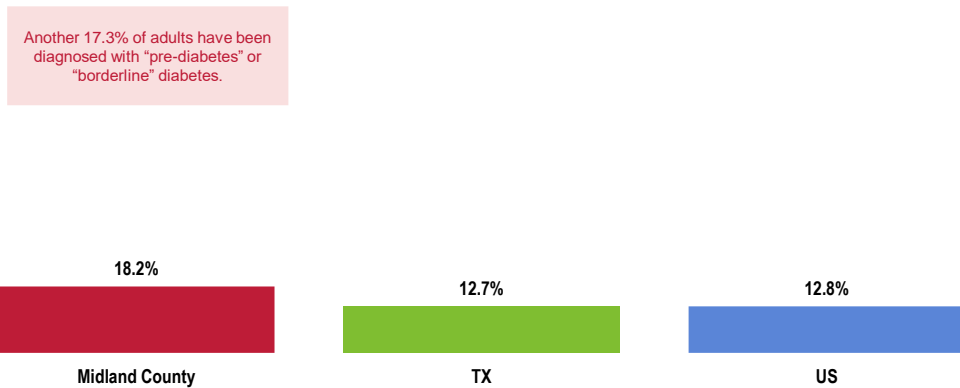


Prevalence of Diabetes

PRC SURVEY ► “Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?”

PRC SURVEY ► “Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?”

Prevalence of Diabetes



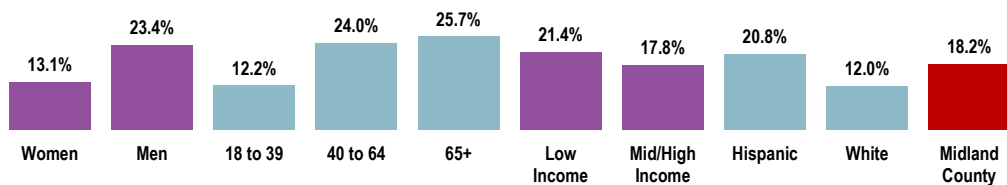
Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes (Midland County, 2025)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]

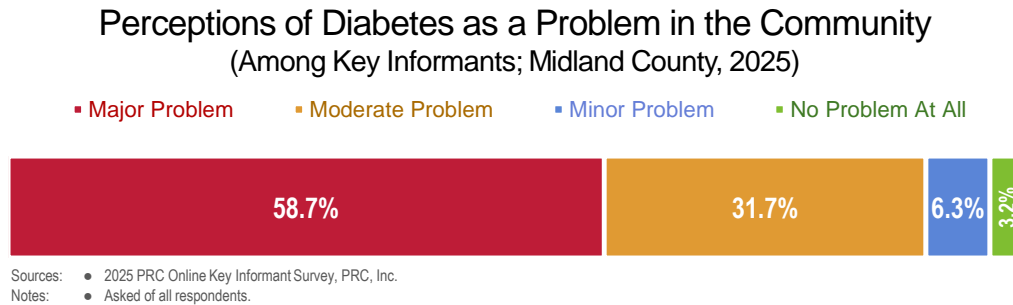
Notes:

- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

The following chart outlines key informants' perceptions of the severity of *Diabetes* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Affordable Medications/Supplies

Many people cannot afford their medication, are not insured, do not take their medication regularly, cannot afford to buy healthy food, and are afraid to go to a doctor. — Community Leader

The primary hurdle for diabetes management is the cost prohibitive price of modern brand name medications. Many of the guidelines directed medications can run hundreds or thousands of dollars per month for GLP one and SGLT2 inhibitors. The cheaper generic medications are often times more prone to adverse side effects. — Physician

The expense of insulin, especially for lower income families. — Community Leader

Affordable medications. — Physician

Access to insulin, cost of supplies, proper nutrition, and education. — Community Leader

The biggest challenges for people with diabetes include managing high medical costs, accessing affordable healthcare, and maintaining a healthy diet. Many struggle with the cost of insulin, medications, and doctor visits, especially if uninsured. Limited access to fresh, nutritious food worsens the condition, leading to complications like high blood pressure and strokes. Additionally, the emotional toll of managing a chronic illness, along with stress and mental health struggles, makes daily life even more challenging. — Community Leader

Cost and availability of medications and tests. — Community Leader

I am not as familiar with the diabetic population as I wish I were. I'm guessing that medications for managing diabetes - and the cost of them - may be a big challenge; accessing regular care from a healthcare professional may be problematic for a large segment of our diabetic population. Education concerning diabetes is available from several sources, I expect, but the populations most at risk for diabetes may not access the educational offerings as readily as we might wish. I wonder if a "pilot project", maybe in a church (?) beginning with elementary age children might be worth considering? — Community Leader

Awareness/Education

Education and access to insulin. The cost of medication. — Community Leader

Education and resources to successfully prevent diabetes and maintain diabetes. — Public Health Representative

Lack of education and support from outside resources. — Health Care Provider

The lack of knowledge of programs to help manage. Cost of programs and food. — Public Health Representative

People across the lifespan do not have education about healthy eating or access to affordable healthy foods. The community needs more wrap around programs for diabetes. — Social Services Provider

Ill-informed community members on the causes and treatment of diabetes. A large portion of the population is not willing to seek medical care to screen for diabetes. — Community Leader

Education regarding lifestyle, activity and dietary, modifications and complications of diabetes if left uncontrolled.

Access to first line medications such as GLP-1 or DPP-4s or CGMs for more reliable monitoring. — Physician

Access to Care/Services

Access to endocrinologists is limited. Treatment with GLP-1 agonists can help T2DM and should be combined with a lifestyle modification to sustain long term effect. T1DM patients have been dealing with difficulty getting insulin - backorders and supply shortages due to increased focus on GLP-1 production by Eli Lilly and Novonordisk cause delays. — Health Care Provider



Lack of resources to provide holistic management, including lifestyle modifications. — Physician
Access to care and medication. Compliance. — Community Leader
Families say they cannot receive diagnosis, treatment, or doctors/facilities that accept them and treat them. ABA, SP OT, and PT have a long waitlist to receive services. Not enough doctors in town that accept Medicaid if any that do not have a waitlist. — Community Leader

Access to Affordable Healthy Food

Easy access to healthy fast food. — Community Leader
Access to healthy food, obtaining medications, and properly taking medications. — Health Care Provider
Lack of access to healthy, affordable food, lack of education, lack of primary care providers. — Community Leader

Disease Management

Non-compliance in diabetic care is probably the biggest issue. Diabetes is not taken as seriously as other disease processes that people know may cause mortality if not treated. Also, continuation of care. — Health Care Provider
Getting to a doctor and following up or ignoring problems. — Community Leader
Importance of controlling diabetes. — Community Leader

Lack of Specialists

We need more doctors specializing in this field here plus more education in how to prevent diabetes. — Community Leader
Midland faces significant barriers to diabetes care. A shortage of endocrinologist's forces patients to rely on PCPs with limited resources, leading to delays in treatment and worsening complications. Many must travel to larger cities for specialized care. Insulin, CGMs, and other supplies are costly, leaving uninsured and underinsured patients struggling despite programs like Dispensary of Hope and 340B. Food insecurity and limited access to fresh produce force many to rely on processed foods, worsening glucose control. Transportation challenges prevent patients from reaching medical appointments and pharmacies, increasing missed visits and hospitalizations. Diabetes education is inadequate, especially for Spanish-speaking patients, and no strong community-based support exists. As a result, many end up in the ER with preventable crises like DKA and hypoglycemia, highlighting the need for early intervention, better education, and expanded access to care. — Community Leader

Diagnosis/Treatment

With the initial diagnosis, lifestyle adjustment and compliance with treatment plans. Outdated clinical decision-making. — Community Leader

Nutrition

Our population eats a lot of fast foods and in some cases primarily a Mexican diet which is very high in carbs. — Health Care Provider

Physical Activity

Daily exercise. Access to safe public places and nutrition information. — Community Leader

Lifestyle

Lack of physical activity and poor diet. — Physician



Disabling Conditions

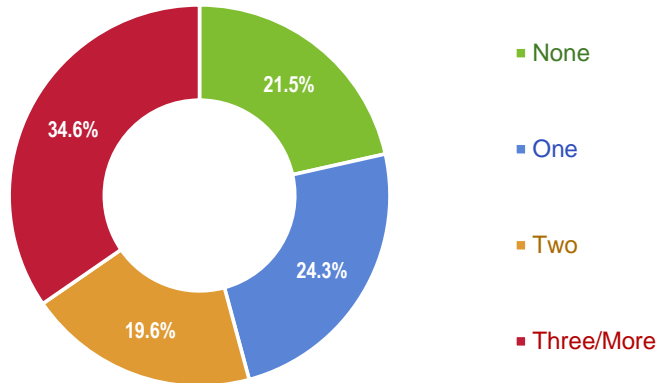
Multiple Chronic Conditions

The following charts outline the prevalence of multiple chronic conditions among surveyed adults, taking into account all of the various conditions measured in the survey.

For the purposes of this assessment, chronic conditions include:

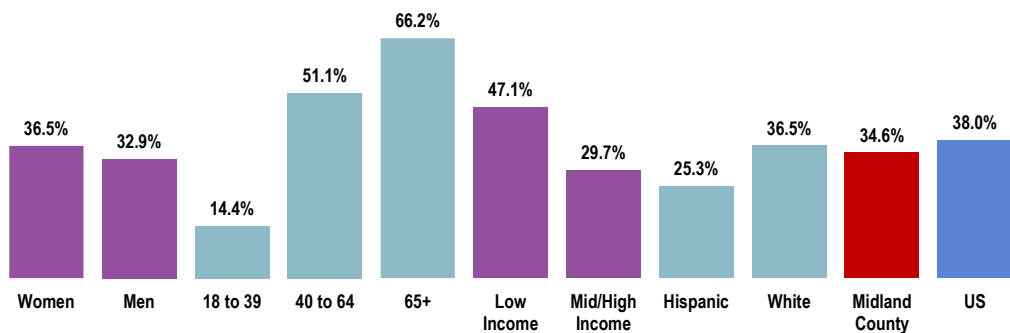
- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Number of Current Chronic Conditions
(Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

Have Three or More Chronic Conditions
(Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• In this case, chronic conditions include lung disease, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.



Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

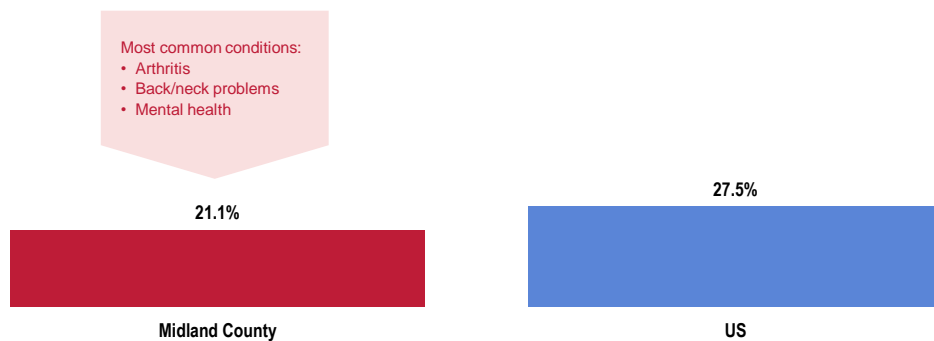
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (<https://health.gov/healthypeople>)

PRC SURVEY ► “Are you limited in any way in any activities because of physical, mental, or emotional problems?”

PRC SURVEY ► [Adults with activity limitations] “What is the major impairment or health problem that limits you?”

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



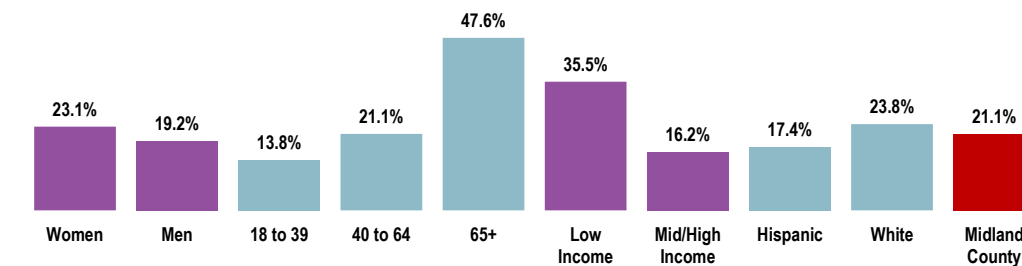
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]

• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Midland County, 2025)



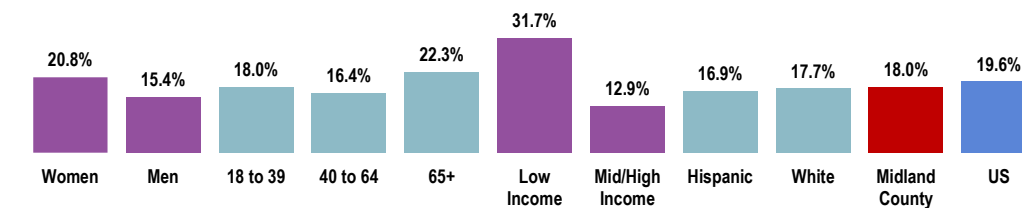
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 83]
Notes: • Asked of all respondents.

High-Impact Chronic Pain

PRC SURVEY ▶ “Over the past six months, how often did physical pain limit your life or work activities? Would you say: never, some days, most days, or every day?” (Reported here among those responding “most days” or “every day.”)

Experience High-Impact Chronic Pain (Midland County, 2025)

Healthy People 2030 = 6.4% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents.
• High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.



Alzheimer's Disease

ABOUT DEMENTIA

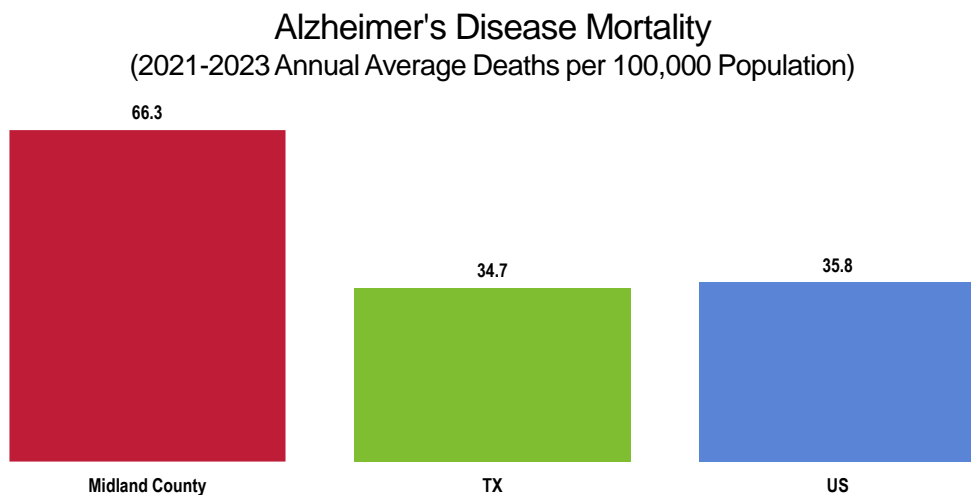
Alzheimer's disease is the most common cause of dementia... . Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

— Healthy People 2030 (<https://health.gov/healthypeople>)

Alzheimer's Disease Deaths

Alzheimer's disease mortality is outlined in the following chart.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

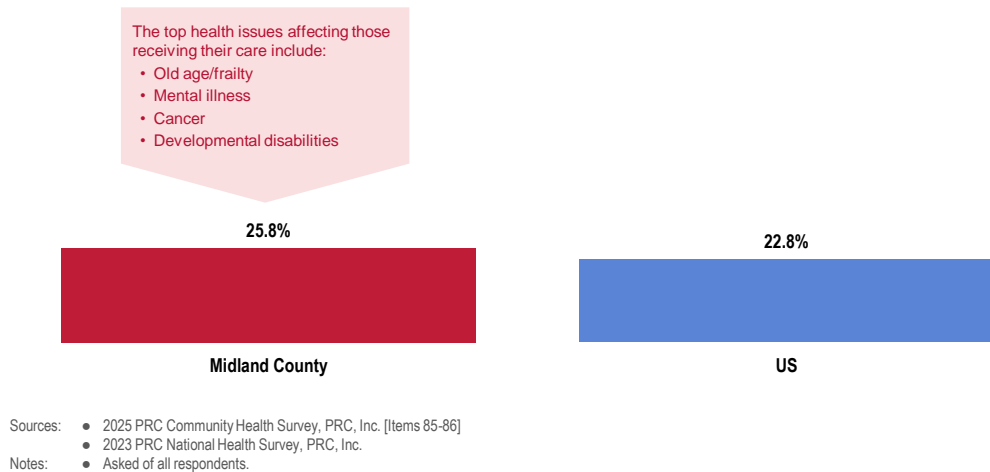


Caregiving

PRC SURVEY ▶ “People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member?”

PRC SURVEY ▶ [Among those providing care] “What is the main health problem, long-term illness, or disability that the person you care for has?”

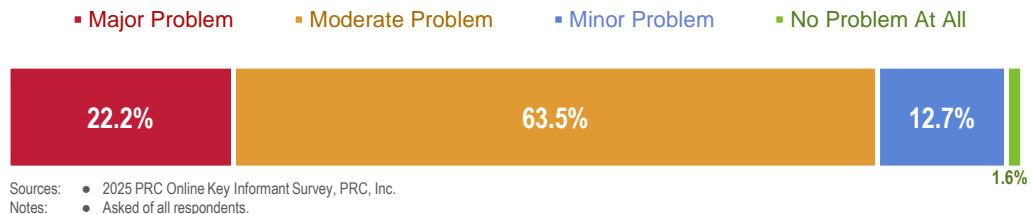
Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Key Informant Input: Disabling Conditions

The following chart outlines key informants' perceptions of the severity of *Disabling Conditions* as a problem in the community:

Perceptions of Disabling Conditions as a Problem in the Community (Among Key Informants; Midland County, 2025)



Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Burden to the healthcare and limited resources to the community as a whole which can be easily prevented. — Physician



I feel we do not have a lot of resources that other metropolitan areas have. Many patients have to travel to other locations for chronic pain management because they can't get an appointment here. It seems like many of these patients wind up in the ED, and there are still stigmas around "drug seeking behaviors". So, they don't always get the help they need. For Alzheimer's or dementia patients, we don't have many options for this specific population. There are long term facilities and assisted living, but many times these patients have very specific needs. For disabling conditions, I think there are some things in place, but some room for improvement. I know there are therapy programs and facilities for these conditions which seem to meet the needs of most of these patients. So, more for chronic pain and dementia/Alzheimer's. If there are resources available, it may just be the education around what's available. — Health Care Provider

Limited access to specialized services: The region has a shortage of healthcare professionals specializing in disability services, leading to long wait times and the need to travel to larger cities for adequate care. Workforce shortages in support services: Organizations like Spectrum of Solutions report difficulties in retaining qualified staff for intellectual and developmental disability services, impacting the quality and availability of care. Inadequate public awareness and accessibility: There is a lack of public awareness regarding the needs of disabled individuals, resulting in insufficient accessible facilities and services. Efforts are underway to improve this, such as advocating for changing places facilities in public restrooms. Transportation barriers: many individuals with disabilities struggle with reliable transportation, limiting their access to medical appointments, employment opportunities, and social activities. Economic constraint- high cost of assistive devices. — Health Care Provider

There are limited programs for individuals with dementia, hearing, and visual deficits. — Social Services Provider

Alcohol/Drug Use

Alcohol/substance abuse. Physical therapy. Surgical services for all conditions. PET imaging services. Transportation, food, and financial assistance. Mental illness. — Health Care Provider

Many addictions start with prescribed medications which lead to further addictions. — Community Leader

Incidence/Prevalence

We see many people who are disabled, and it seems younger people are also acquiring more disabling conditions. We are seeing more younger people who have had strokes and now have disabling conditions as a result. — Community Leader

Aging Population

People are living longer than they used to. I don't think we have enough doctors in our area dedicated to geriatrics. — Community Leader

Awareness/Education

Getting the word out to the whole community. — Community Leader



BIRTHS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

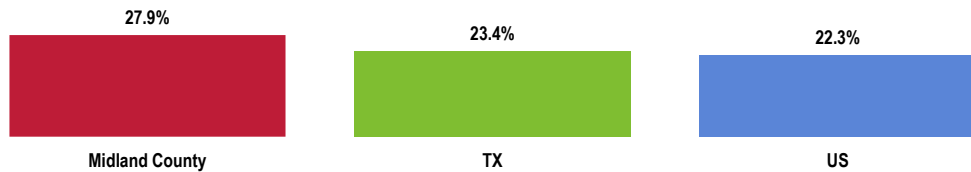
– Healthy People 2030 (<https://health.gov/healthypeople>)

Prenatal Care

Early and continuous prenatal care is the best assurance of infant health.

This indicator reports the percentage of women who did not receive prenatal care during their first trimester of pregnancy. This indicator can signify a lack of access to preventive care, a lack of health knowledge, or other barriers to services.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2021-2023)



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.

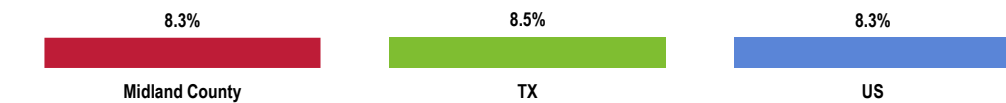


Birth Outcomes & Risks

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight. Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births (Percent of Live Births, 2016-2022)



Sources:

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).
- University of Wisconsin Population Health Institute, County Health Rankings.

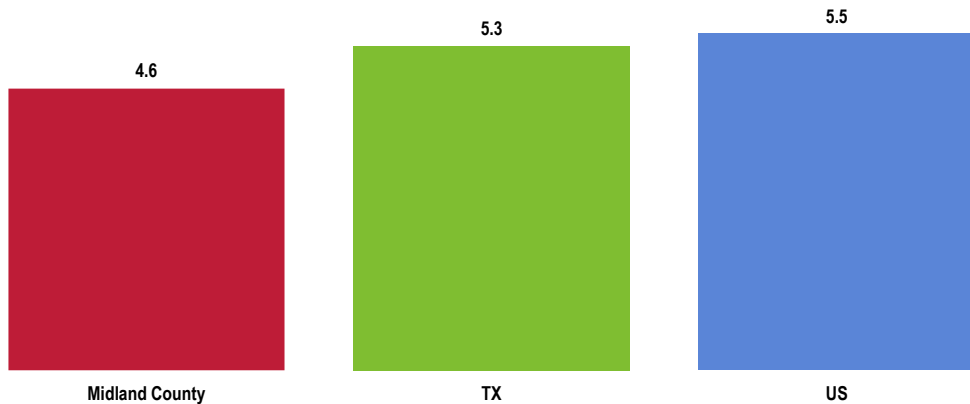
Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

Infant mortality rates reflect deaths of children less than 1 year old per 1,000 live births. High infant mortality can highlight broader issues relating to health care access and maternal/child health.

Infant Mortality Rate (Annual Average Infant Deaths per 1,000 Live Births, 2018-2020) Healthy People 2030 = 5.0 or Lower



Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted March 2025.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- This indicator reports deaths of children under 1 year old per 1,000 live births.



Family Planning

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. ...Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

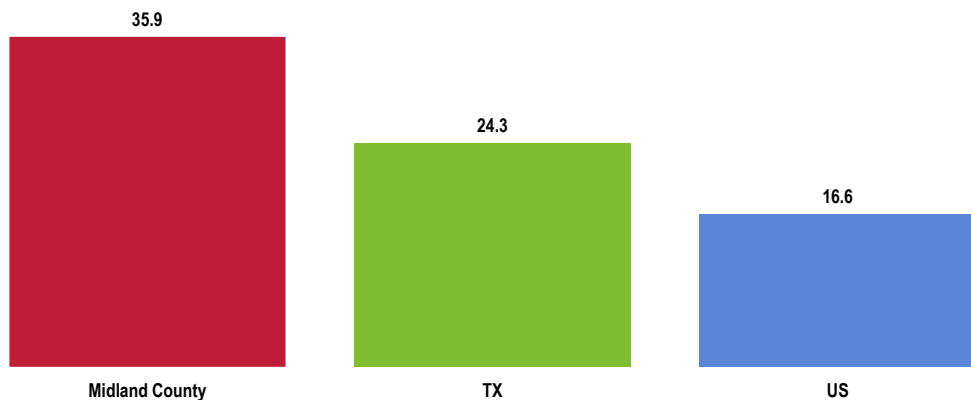
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

The following chart outlines local teen births, compared to the state and nation. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.

Here, teen births include births to women age 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2016-2022)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

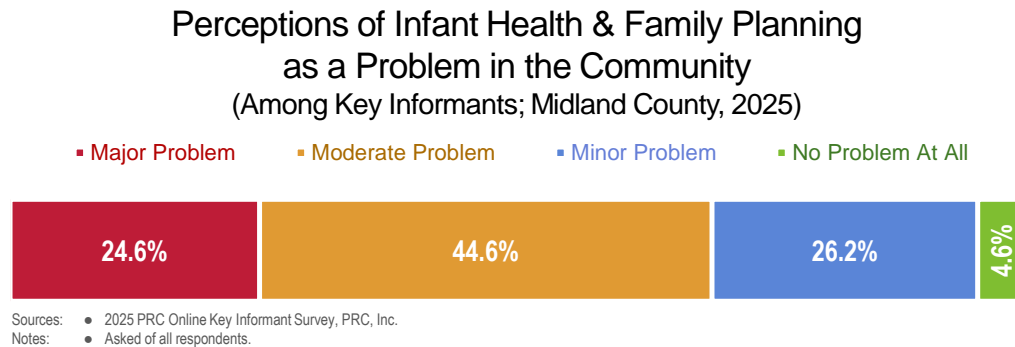
Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.



Key Informant Input: Infant Health & Family Planning

The following chart outlines key informants' perceptions of the severity of *Infant Health & Family Planning* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

Population with average age of 32, most populous age bracket being 4-year-olds. Lots of babies being born and hospital capacity not enough for amount of deliveries. Need more OBGYN's, anesthesiologists and nurse midwives. — Community Leader

Not enough pediatricians. — Physician

Lack of subspecialists in pediatrics. — Physician

Necessary outmigration for high-level specialty services, especially pediatric specialties. — Community Leader

Access to Care/Services

Our population of young people under 30 is large; available childcare is scarce and cannot meet the demand, young parents, especially young mothers, with small children and minimal marketing skills are at high risk for homelessness. Fair Havens and Family Promise are two local agencies that address this population. The elimination of Planned Parenthood Clinics which provided low-cost, and, in some circumstances, no-cost, family planning assistance, leaves many young women with no access to family planning education and contraception. Too often, they present, at Midland Memorial, in labor, having had no prenatal care. — Community Leader

Lack of Planned Parenthood as a resource for women's health. — Community Leader

Challenges for infant health and family planning includes accessing consistent, good, health care services that center around great working conditions including benefits. Attract specialized pediatric doctors by enhancing working conditions and benefits to better attract talent. In turn, local residents will reduce travel to specialized doctors in other locations. The following fields patients travel for specialized pediatric care: oncology, pediatric cardiologists, allergists, ENT, gastroenterologist, and podiatry. — Community Leader

Unplanned Pregnancy

Midland, Texas, faces significant challenges in infant health and family planning. The county's teen birth rate is notably higher than both state and national averages, with a 20% increase in 2022, making it 146% above the U.S. rate and 64% higher than Texas's rate. HFTX.ORG Contributing factors include limited access to healthcare services, socioeconomic disparities, and a lack of comprehensive sexual education. Additionally, Midland County reports higher mortality rates for heart disease, cancer, and respiratory diseases compared to state averages, indicating broader health system challenges (Midlandhealth.org). Efforts to improve outcomes must address these systemic issues, enhance healthcare accessibility, and provide targeted education and resources to the community. — Community Leader

Because of the high incidence of unwed mothers and what appears to be unplanned pregnancies. — Health Care Provider



Funding

About 9 years ago, Texas drastically reduced Title V family planning funding as part of their drive to (essentially) shut down planned parenthood. Our funding went from around \$500,000 per year under this program to a nominal \$3,600 the last year we had Title V. Other programs such as Prenatal Health and Dental were also eliminated. This has placed an enormous burden on us to try and maintain services, and statewide Texas' metrics on infant mortality, prenatal care, and access to family planning services plummeted. The need for these services never went away; Indeed, it has only increased as the population has grown. The funding to support these needed services has all but been eliminated. — Community Leader

Prenatal Care

I see many new moms come to me noting they have not started prenatal care until the third trimester or after they've delivered. There is not a priority for prenatal care in our community and young/teen moms don't understand the importance of prenatal care. — Public Health Representative

Access for Medicare/Medicaid Patients

There are few Medicaid doctors for infant care and for children with special needs. Parents of children with special needs most often have to take their children out of this area to see specialized care. — Community Leader

Access to Care for Uninsured/Underinsured

Too many uninsured, underinsured, or undocumented pregnant women. — Community Leader

Awareness/Education

Access to information. — Community Leader



MODIFIABLE HEALTH RISKS

Nutrition

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. ...People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

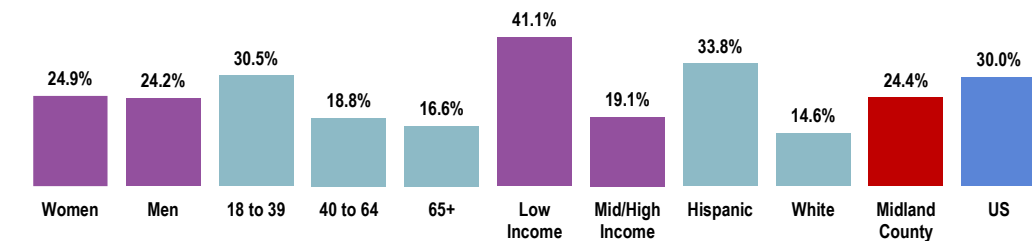
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Fresh Produce

PRC SURVEY ▶ “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford — would you say: very difficult, somewhat difficult, not too difficult, or not at all difficult?”

Find It “Very” or “Somewhat”
Difficult to Buy Affordable Fresh Produce
(Midland County, 2025)



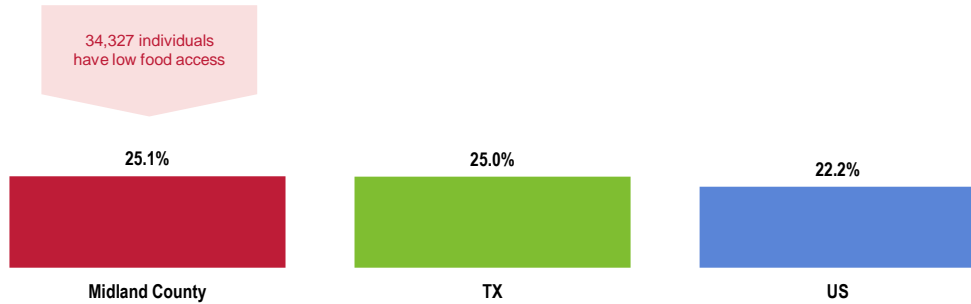
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Low Food Access

Low food access is defined as living more than one mile from the nearest supermarket, supercenter, or large grocery store in urban areas (10 miles in rural areas). This related chart is based on US Department of Agriculture data.

Population With Low Food Access (2019)



Sources:

- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Notes:

- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Physical Activity

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

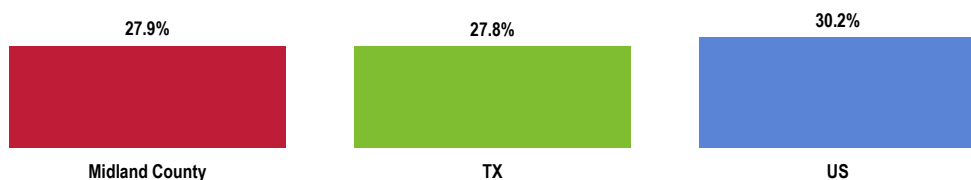
– Healthy People 2030 (<https://health.gov/healthypeople>)

Leisure-Time Physical Activity

PRC SURVEY ▶ “During the past month, did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?”

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes: • Asked of all respondents.



Meeting Physical Activity Recommendations

To measure physical activity frequency, duration and intensity, respondents were asked:

PRC SURVEY ▶ “During the past month, what type of physical activity or exercise did you spend the most time doing?”

PRC SURVEY ▶ “And during the past month, how many times per week or per month did you take part in this activity?”

PRC SURVEY ▶ “And when you took part in this activity, for how many minutes or hours did you usually keep at it?”

Respondents could answer the above series for up to two types of physical activity. The specific activities identified (e.g., jogging, basketball, treadmill, etc.) determined the intensity values assigned to that respondent when calculating total aerobic physical activity hours/minutes.

Respondents were also asked about strengthening exercises:

PRC SURVEY ▶ “During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles?”

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

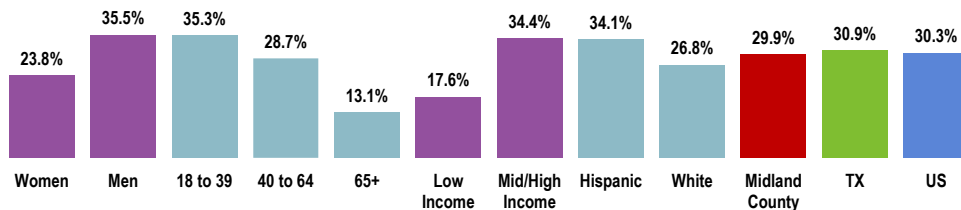
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activity:

- **Aerobic activity** is at least 150 minutes per week of light-to-moderate activity, 75 minutes per week of vigorous physical activity, or an equivalent combination of both;
- **Strengthening activity** is at least 2 sessions per week of exercise designed to strengthen muscles.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Meets Physical Activity Recommendations (Midland County, 2025)

Healthy People 2030 = 29.7% or Higher



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) and who also report doing physical activities specifically designed to strengthen muscles at least twice per week.



Children's Physical Activity

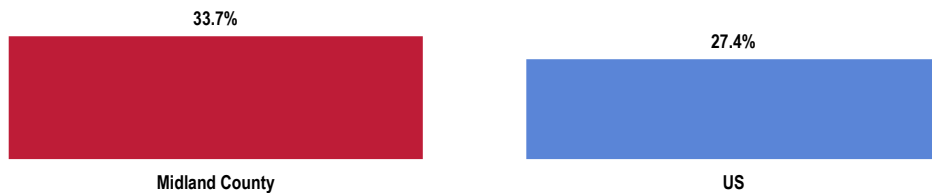
PRC SURVEY ► [Among parents of children age 2-17] “During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day?”

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services.
www.cdc.gov/physicalactivity

Child Is Physically Active for One or More Hours per Day (Children 2-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
• 2023 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
• Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.



Weight Status

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

- Healthy People 2030 (<https://health.gov/healthypeople>)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI $\geq 30 kg/m^2$. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2 . The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI $\geq 30 kg/m^2$, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2 .

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

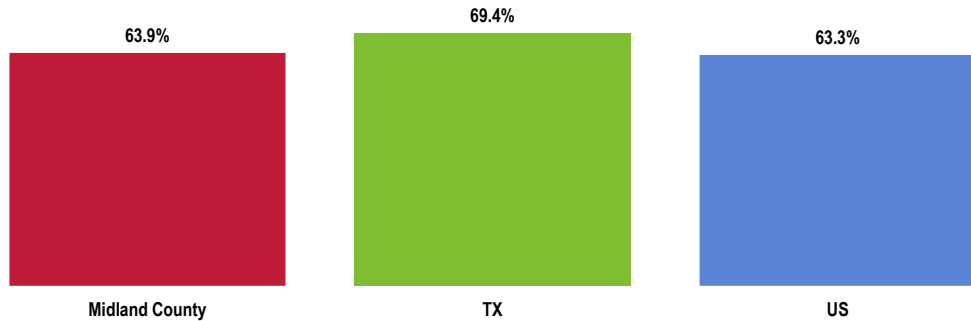


PRC SURVEY ► “About how much do you weigh without shoes?”

PRC SURVEY ► “About how tall are you without shoes?”

Reported height and weight were used to calculate a Body Mass Index or BMI value (described above) for each respondent. This calculation allows us to examine the proportion of the population who is at a healthy weight, or who is overweight or obese (see table above).

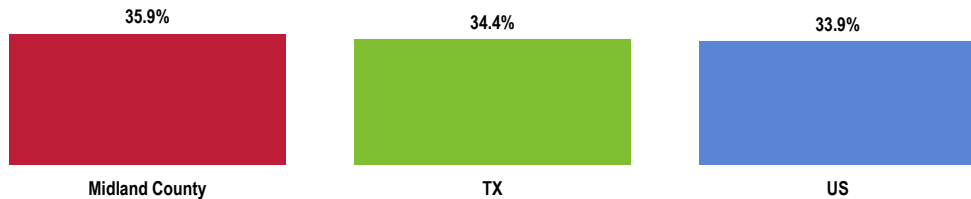
Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0. The definition for obesity is a BMI greater than or equal to 30.0.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

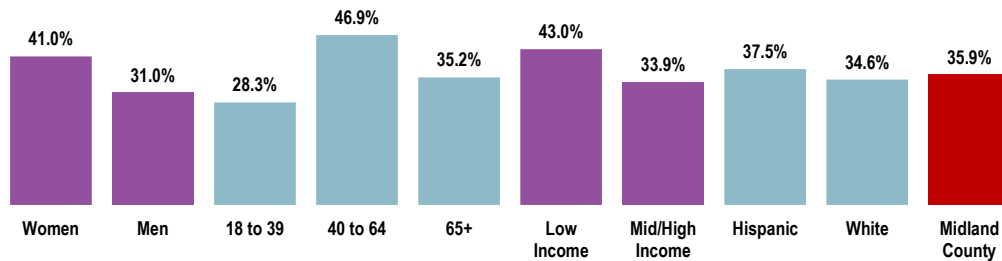


- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
 - 2023 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.



Prevalence of Obesity (Midland County, 2025)

Healthy People 2030 = 36.0% or Lower



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

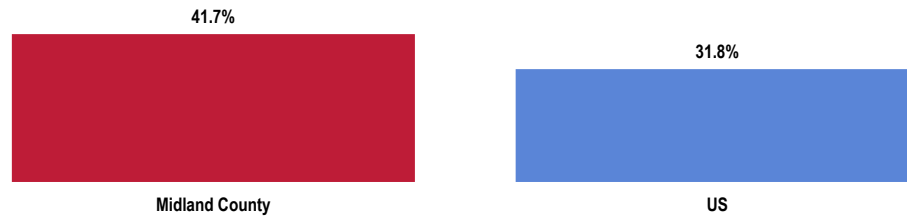
The following questions were used to calculate a BMI value (and weight classification as noted above) for each child represented in the survey:

PRC SURVEY ► [Among parents of children age 5-17] **“How much does this child weigh without shoes?”**

PRC SURVEY ► [Among parents of children age 5-17] **“About how tall is this child?”**



Prevalence of Overweight in Children (Children 5-17)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
 • 2023 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

The following chart outlines key informants' perceptions of the severity of *Nutrition, Physical Activity & Weight* as a problem in the community:

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community (Among Key Informants; Midland County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

We have partnered with the Midland Food Bank to offer nutrition classes to our patients in order to try to promote a healthier and affordable lifestyle. These have been popular and generally successful, and we would like to expand upon them. However, our facilities only have limited space, and we have “outgrown” them and hence have a constriction in offering expanded services such as this. Due to FQHC requirements, often times such ancillary services have to be conducted at one of our listed and approved sites. We need more space to consistently offer these and other programs. — Community Leader

Lack of factual information, cultural dietary habits, and lack of recreational activities for adults in the area. — Health Care Provider

Education regarding healthy food choices, affordable nutrition, and outdoor activity availability. — Physician

Lack of services and knowledge. — Community Leader

Too much misinformation in nutrition and weight management shared through health and fitness centers and social media. Medical professionals are not equipped to discuss nutrition and weight management and rely on pharmaceuticals that have become prevalent in our community. — Community Leader

Well, I just wish more nutrition advice was given freely so people can take better care of themselves. — Community Leader

It seems a lack of education, food costs, busyness, and access to nutritional food are the main challenges. Eating disorders are also a condition that seems to rarely be discussed in our community. We have a lack of dietitians skilled in intuitive eating to help safely meet the challenges of people facing this condition. — Community Leader



The biggest challenges stem from a lack of proper education regarding nutrition, as well as an increasing sedentary lifestyle. For decades our culture has approached food in a way that is expedient, not nutritious. This can be seen in the meals prepared at public schools and the proliferation of fast-food restaurants. Couple this perspective on food with jobs where people sit a majority of the time and naturally health issues will occur. Education is needed to help people reframe their perspectives on diet and exercise. — Community Leader

Access to Affordable Healthy Food

The region's limited access to affordable, healthy food options contributes to poor dietary habits, while the prevalence of food deserts makes it difficult for many to obtain fresh produce. Additionally, socioeconomic factors and a lack of safe, accessible recreational areas hinder regular physical activity, leading to higher rates of obesity and related health issues. — Health Care Provider

Lack of access to affordable clean food. — Community Leader

The cost of nutritious food and locations to work out. Lack of guidance or knowing where to start in a healthy way to lose weight. — Public Health Representative

I believe this region is somewhat of a food desert. There are not many healthy choices available. In addition, many of our patients/community members work in industries that do not facilitate healthy dietary choices such as trucking/driving trucks or out in the oil field. There are certain public spaces, but there aren't as many sidewalks or bike lanes available to encourage people to be physically active. — Physician

Lifestyle

Not enough locally grown food. Need community gardens. Regarding physical activity it could help a lot of our city wasn't designed for cars instead of people. It's too unsafe to ride a bike or even walk around here. We need a community facility like they have in Hobbs for the public to have more access to physical activities. — Community Leader

Dietary habits: consumption of processed foods, sugary drinks, and a lack of fruits and vegetables. Physical inactivity: limited opportunities for exercise and a sedentary lifestyle. Socioeconomic factors: income levels, access to healthy food options, and education levels can all play a role. Environmental factors: the built environment can impact opportunities for physical activity and access to healthy food choices. — Community Leader

Obesity

The overwhelming majority of our community is obese or overweight. Many people who are mildly overweight do not recognize their body habit is as atypically elevated. I do not feel the majority of American Americans know what a healthy body weight looks like for themselves. Obesity is the single biggest driver of chronic illness. I see. — Physician

So many morbidly obese people. We have an epidemic of obesity in our youth and adults. Not enough education around nutrition, and a lack of access to affordable healthy foods. — Community Leader

Parental Influence

The biggest challenge for children is that they depend on their parents to teach them and feed them healthy food. The healthiest foods, organic, for example, are expensive. Cheap, quick foods with little nutritional value are the go-to for low-income families. Fast food often takes the place of a healthy meal cooked at home because it is fast and cheap. Even if you want to improve on what you cook and prepare, working with a nutritionist or advisor is unaffordable for most. Children spend far too much time on a screen compared to being outdoors and being active. — Community Leader

Access to Care/Services

Lack of well-rounded dietary services for inpatient and outpatient. Educational programs related to diet and nutrition. — Health Care Provider

Built Environment

Lack of access to outdoor activities (trails, parks, bike lanes), lack of affordable, healthy, quick food (drive throughs, counter serve), lack of free time due to working hours. — Community Leader

Nutrition

People don't eat healthily. — Community Leader

Affordable Care/Services

Not enough counseling centers that are affordable. — Community Leader



Substance Use

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

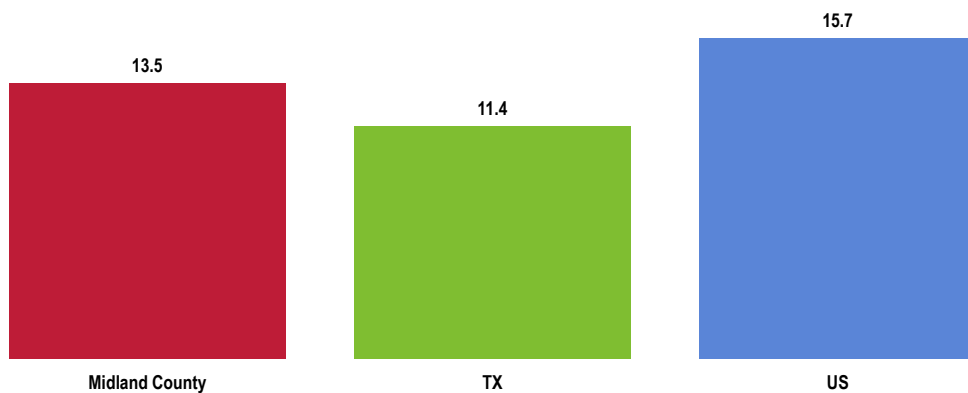
– Healthy People 2030 (<https://health.gov/healthypeople>)

Alcohol

Alcohol-Induced Deaths

The following chart outlines alcohol-induced mortality in the area.

Alcohol-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.



Excessive Drinking

PRC SURVEY ► “During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?”

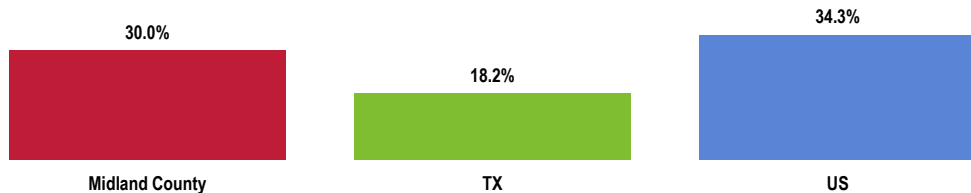
PRC SURVEY ► “On the day(s) when you drank, about how many drinks did you have on average?”

PRC SURVEY ► “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (if male)/4 (if female) or more drinks on an occasion?”

Excessive drinking includes heavy and/or binge drinkers:

- **HEAVY DRINKING** ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **BINGE DRINKING** ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

Engage in Excessive Drinking



- Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
 - 2023 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

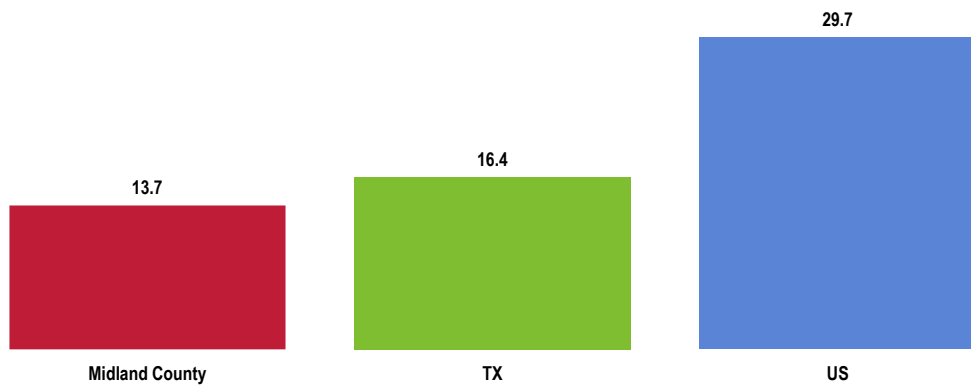


Drugs

Unintentional Drug-Induced Deaths

Unintentional drug-induced deaths include all deaths, other than suicide, for which drugs are an underlying cause. A “drug” includes illicit or street drugs (e.g., heroin and cocaine), as well as legal prescription and over-the-counter drugs; alcohol is not included. The following chart outlines local mortality for unintentional drug-induced deaths.

Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted March 2025.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.

Illicit Drug Use

PRC SURVEY ▶ “During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?”

Illicit Drug Use in the Past Month



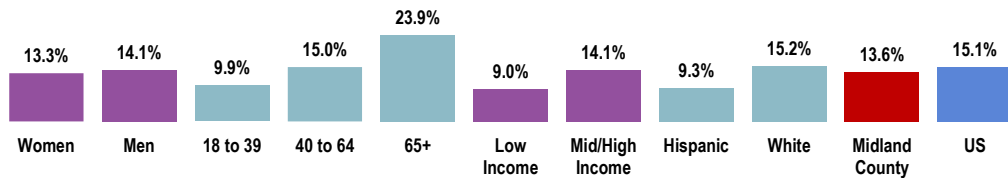
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Use of Prescription Opioids

PRC SURVEY ▶ “Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. In the past year, have you used any of these prescription opiates?”

Used a Prescription Opioid in the Past Year (Midland County, 2025)

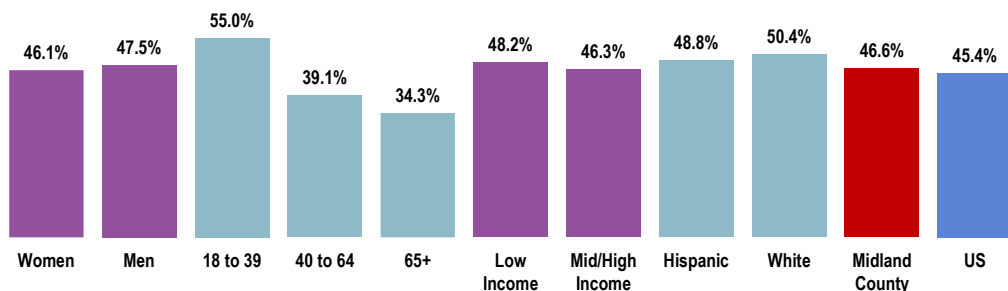


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Personal Impact From Substance Use

PRC SURVEY ▶ “To what degree has your life been negatively affected by your own or someone else’s substance use issues, including alcohol, prescription, and other drugs? Would you say: a great deal, somewhat, a little, or not at all?”

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else) (Midland County, 2025)

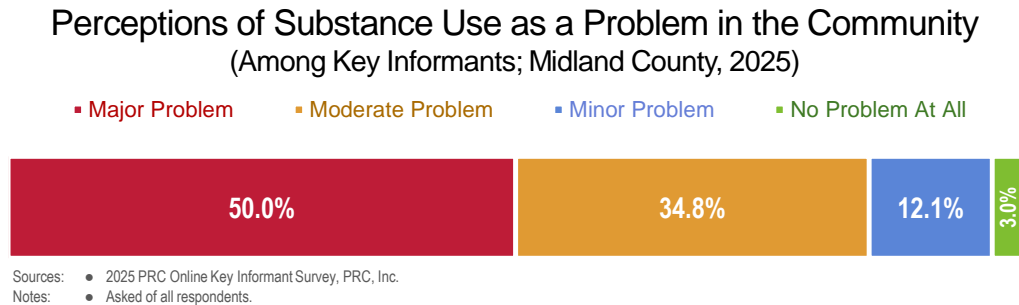


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Use

The following chart outlines key informants' perceptions of the severity of *Substance Use* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care/Services

Adolescent residential treatment is not available in the area. Substance use outpatient programs are available, but many insurances do not fund substance use treatment or have high deductibles. The state and federal substance use programs have a small volume due to limited funding. There is a shortage of Licensed Chemical Dependency Counselors in the area which makes growing new programs or expanding programs a great challenge. — Community Leader

Open beds in treatment facilities and open beds in sober living arrangements. — Community Leader

Access to resources for treatment. — Health Care Provider

Limited availability of treatment facilities: shortage of facilities: The Permian Basin, particularly in rural areas, has a shortage of treatment centers, especially those offering specialized services like detox, residential care, or medication-assisted treatment. Long wait times: existing facilities often have long wait lists, delaying crucial treatment for individuals struggling with addiction. Affordability and insurance coverage: high costs: substance abuse treatment can be expensive, and many individuals lack the financial resources to afford it. Insurance limitations: some insurance plans may not cover substance abuse treatment or may have limitations on coverage, leaving individuals with significant out-of-pocket expenses. Stigma and fear of judgment. Social stigma: the stigma surrounding addiction can prevent individuals from seeking help due to fear of judgment, shame, or discrimination. Confidentiality concerns: some individuals may worry about confidentiality. — Community Leader

Lack of mental health care providers and providers trained and certified in Addiction Medicine, as well as lack of awareness of services that do exist. Stigma plays a large role in people seeking help, as does fear of job loss or retribution in the workplace. — Community Leader

The lack of services, cost of services, and the wait to get into services. — Public Health Representative

The biggest problem with substance abuse in our community is the lack of accessible treatment and support services. High stress, financial struggles, and mental health issues drive people to unhealthy coping mechanisms. Limited rehab facilities, stigma, and cost barriers prevent many from seeking help, leading to addiction, overdoses, and strained families. More education, prevention programs, and affordable treatment options are needed. — Community Leader

Midland has limited resources for substance abuse treatment, and existing resources are difficult to access and navigate. Due to a lack of resources, wait times for assessment and treatment deter individuals from seeking help. Cost and accessibility are primary obstacles. Many residents lack health insurance or have plans that don't cover substance abuse services. The cost of treatment often deters individuals from seeking help. Another issue is the lack of public transportation, making it difficult for individuals to access available services. LMHA services are difficult to navigate and are highly inflexible, creating barriers for individuals in crisis. — Community Leader

Denial/Stigma

Denial by addicts is a big barrier. Cost of residential treatment is another barrier. — Community Leader

Identification of the problem. The stigma and lack of awareness are two barriers to people seeking treatment. More public awareness campaigns surrounding substance abuse. — Community Leader

There is a stigma associated with substance use. There are not enough resources that are accessible to all individuals. Wait times are often one or months out for inpatient treatment. The process of accessing services requires people to complete a phone assessment and be placed on a waitlist, with few options in between. — Community Leader



Unwillingness to seek treatment. Lack of payment resources and lack of programs for adolescents. — Community Leader

Stigma around drug seeking behaviors. Lack of referrals and screening for those dealing with substance abuse. — Health Care Provider

Affordable Care/Services

It is cheaper and more convenient to use substances like tobacco rather than look for programs and resources that help people move away from that dependency. We also live in a community that is fast paced and long suffering. The oil industry demands an intensity that naturally lends itself to substance use. — Community Leader

Money. — Community Leader

Affordable options. Somewhere that isn't a halfway house but a true recovery system and program. — Community Leader

Affordable care. Outpatient treatment. — Community Leader

Awareness/Education

Knowledge and cost/insurance. — Community Leader

Education and insurance as Texas rates are extremely low. — Community Leader

Transportation

Limited options, especially for those without transportation. Not much variety besides the 12-step program, which isn't for everyone. — Community Leader

Tobacco Use

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

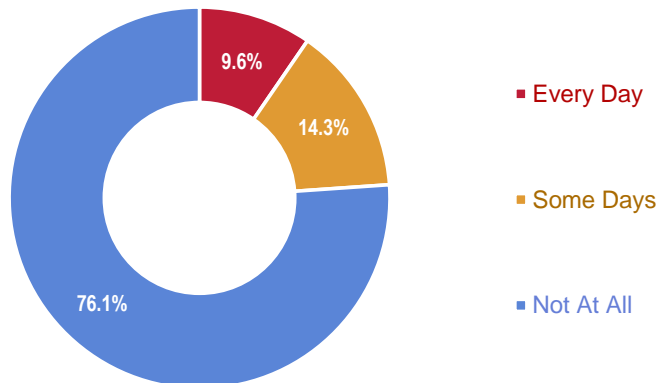
— Healthy People 2030 (<https://health.gov/healthypeople>)



Cigarette Smoking

PRC SURVEY ► “Do you currently smoke cigarettes every day, some days, or not at all?”
 (“Currently Smoke Cigarettes” includes those smoking “every day” or on “some days.”)

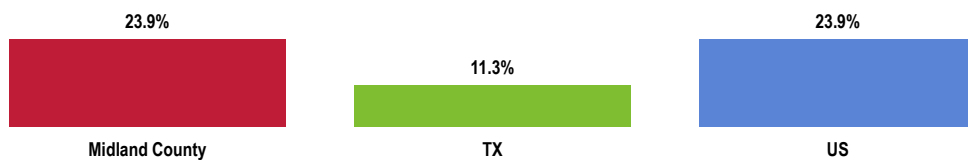
Prevalence of Cigarette Smoking
 (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
 Notes: • Asked of all respondents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
 • 2023 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

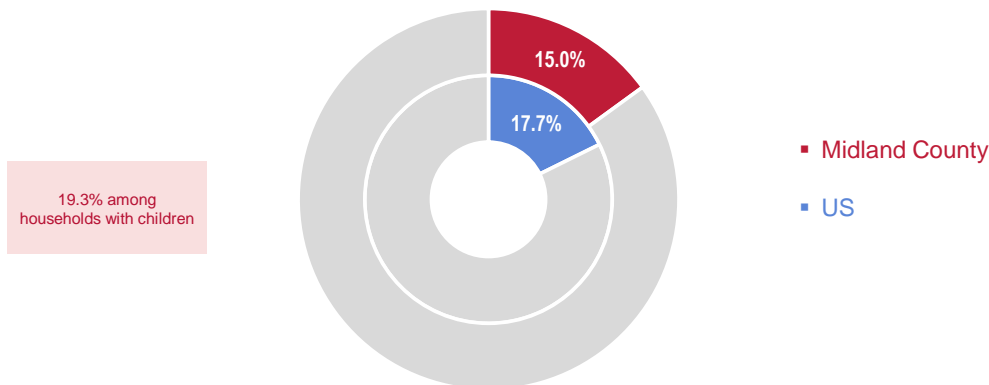


Environmental Tobacco Smoke

PRC SURVEY ▶ “In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere in your home on an average of four or more days per week?”

The following chart details these responses among the total sample of respondents, as well as among only households with children (age 0-17).

Member of Household Smokes at Home



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
 • 2023 PRC National Health Survey, PRC, Inc.

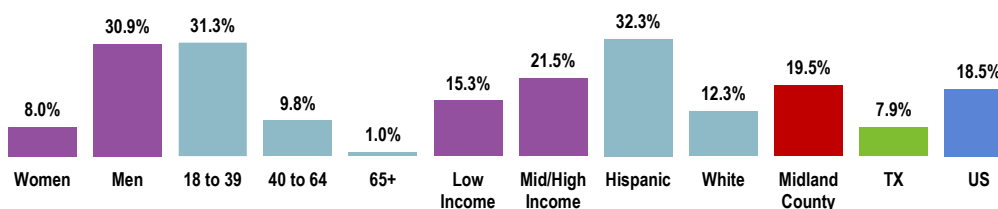
Notes: • Asked of all respondents.
 • “Smokes at home” refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

PRC SURVEY ▶ “Electronic vaping products, such as electronic cigarettes, are battery-operated devices that simulate traditional cigarette smoking but do not involve the burning of tobacco. Do you currently use electronic vaping products, such as electronic cigarettes, every day, some days, or not at all?”

(“Currently Use Vaping Products” includes use “every day” or on “some days.”)

Currently Use Vaping Products (Midland County, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
 • 2023 PRC National Health Survey, PRC, Inc.

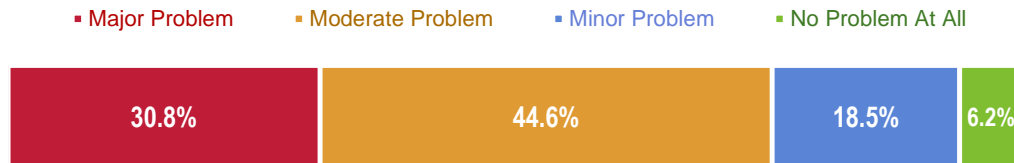
Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Key Informant Input: Tobacco Use

The following chart outlines key informants' perceptions of the severity of *Tobacco Use* as a problem in the community:

Perceptions of Tobacco Use as a Problem in the Community (Among Key Informants; Midland County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Everyone smokes or dips here. — Community Leader

Many people still smoke. Many oilfield worker's dip. Many employees I work with have issues with smoking. — Health Care Provider

Because I deal daily with the patients who are experiencing the negative effects of smoking tobacco. — Health Care Provider

Any smoking is too much. — Community Leader

Tobacco use is a major problem because of all the added chemicals manufacturers use in their products.

Tobacco use is very prevalent in the oil industry, and it leads to negative health outcomes. Heart disease, cancer, and stroke are more common due to tobacco use. — Community Leader

Great amount of population drinks and smokes. Oilfield lifestyle. — Health Care Provider

Tobacco is seen being used not only by smoking but also as dip/chew in our community, especially among the oilfield workers/blue collar jobs. — Community Leader

Co-Occurrences

Tobacco is a major problem in our community because it leads to serious health issues like lung disease, heart disease, and cancer. Many individuals start using tobacco at a young age due to social influence and stress, making addiction harder to break. The high cost of healthcare and limited access to cessation programs makes quitting difficult. Secondhand smoke also affects families, increasing health risks for children and non-smokers. More prevention and education efforts are needed. — Community Leader

Awareness/Education

Information to community on heart disease. Cost of tobacco. — Community Leader

Cultural/Personal Beliefs

The culture and access to tobacco products, including vapes. — Community Leader

E-Cigarettes

Just the amount of people smoking vapes. — Community Leader



Sexual Health

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

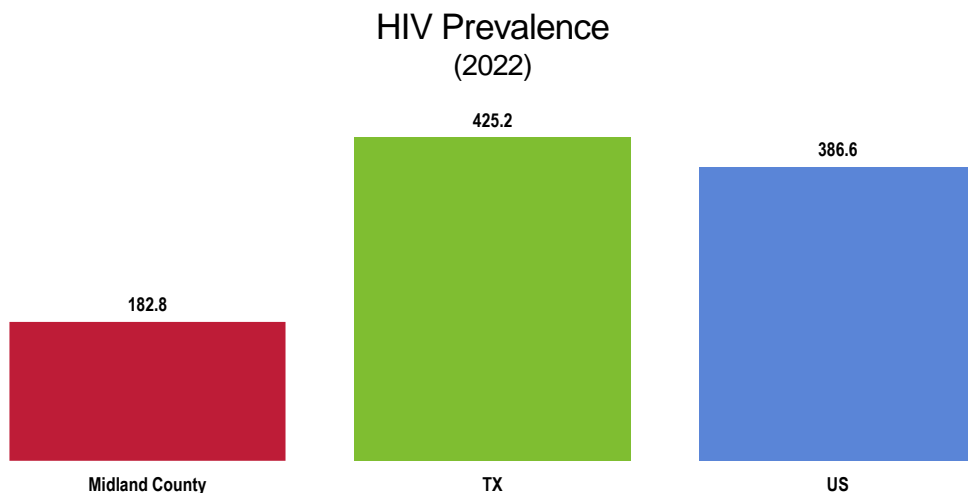
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (<https://health.gov/healthypeople>)

HIV

The following chart outlines prevalence (current cases, regardless of when they were diagnosed) of HIV per 100,000 population in the area.



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia

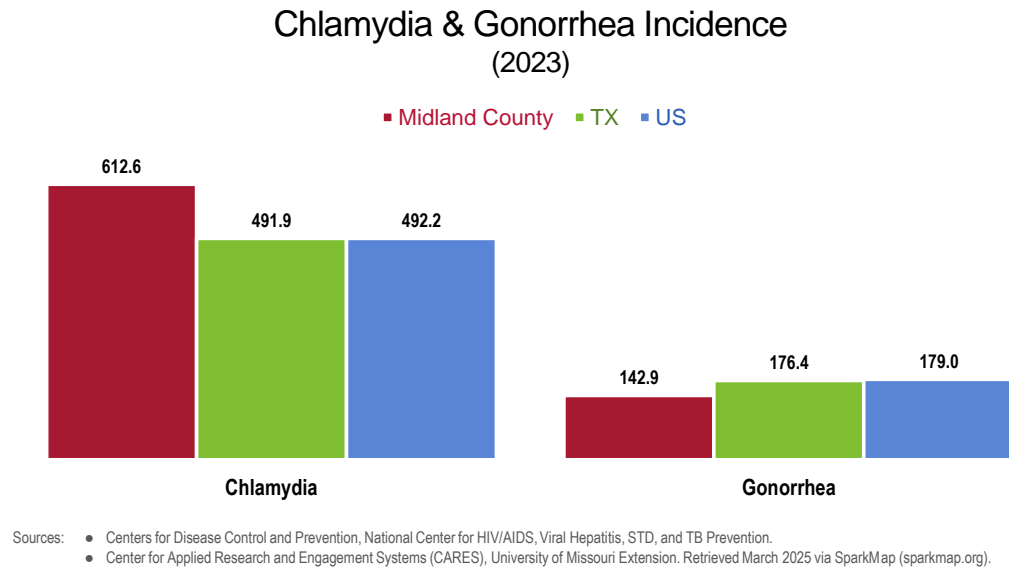
Chlamydia is the most commonly reported STI in the United States; most people who have chlamydia are unaware, since the disease often has no symptoms.

Gonorrhea

Anyone who is sexually active can get gonorrhea. Gonorrhea can be cured with the right medication; left untreated, however, gonorrhea can cause serious health problems in both women and men.

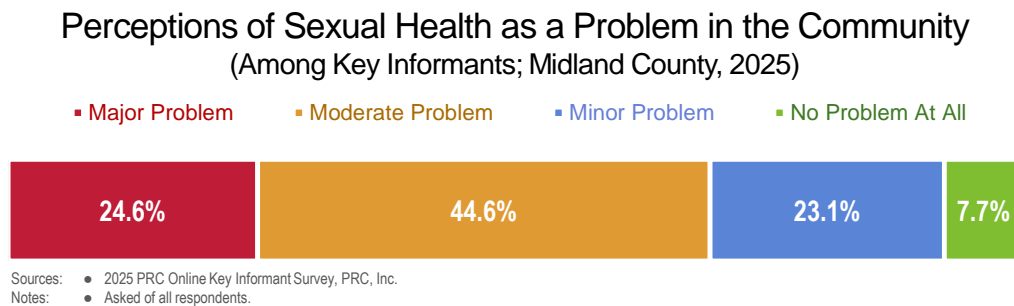


The following chart outlines local incidence for these STIs.



Key Informant Input: Sexual Health

The following chart outlines key informants' perceptions of the severity of *Sexual Health* as a problem in the community:



Among those rating this issue as a “major problem,” reasons related to the following:

Incidence/Prevalence

Rate of sexual activity and increase of STDs. — Health Care Provider

Just word on the street about STDs. I have no evidence, just hearsay. — Community Leader

The STI rates are very high in our area. The amount of transient community members also increases this. — Public Health Representative

Given the number of longtime temporary workers in man camps in our area, the high rate, as reported in the media, of human/sex trafficking, the proportion of young mothers without insurance and often homeless, the ease with which young people of means can access contraception, together with the absence of Planned Parenthood clinics, which offered low-cost and sometimes no-cost gynecological exams, treatment and family planning assistance, I expect sexual health is a major concern. — Community Leader

We have a large rise in STI rates in Midland compared to the state average. I believe part of it is due to the lack of updated comprehensive sex education. Many places are only teaching abstinence. — Public Health Representative

High rates of STDs. — Community Leader

Awareness/Education

Educate the youth. — Community Leader

People don't know where to get tested or that they should be tested. — Community Leader

Lack of knowledge of services and education. Also, the lack of insurance among clients. — Community Leader



ACCESS TO HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Lack of Health Insurance Coverage

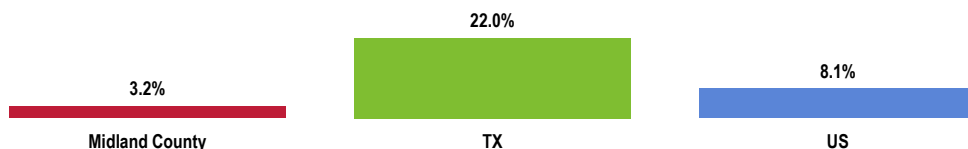
Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

PRC SURVEY ▶ “Do you have any government-assisted health care coverage, such as Medicare, Medicaid, or VA/military benefits?”

PRC SURVEY ▶ “Do you currently have: health insurance you get through your own or someone else’s employer or union; health insurance you purchase yourself or get through a health insurance exchange website; or, you do not have health insurance and pay entirely on your own?”

Lack of Health Care Insurance Coverage (Adults 18-64)

Healthy People 2030 = 7.6% or Lower



Sources:

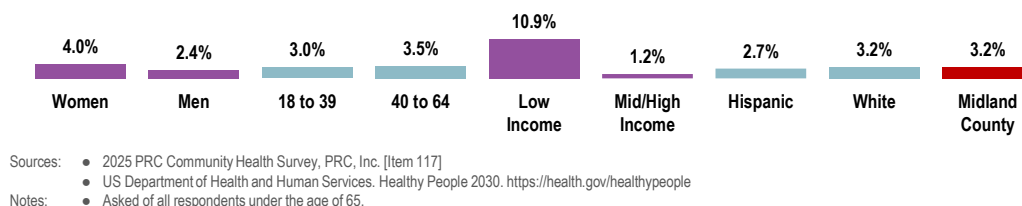
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

- Reflects respondents age 18 to 64.



Lack of Health Care Insurance Coverage (Adults Age 18-64; Midland County, 2025) Healthy People 2030 = 7.6% or Lower



Difficulties Accessing Health Care

Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of the following barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

PRC SURVEY ▶ “Was there a time in the past 12 months when you needed medical care but had **difficulty finding a doctor?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when you had **difficulty getting an appointment** to see a doctor?”

PRC SURVEY ▶ “Was there a time in the past 12 months when you **needed to see a doctor but could not because of the cost?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when a **lack of transportation** made it difficult or prevented you from seeing a doctor or making a medical appointment?”

PRC SURVEY ▶ “Was there a time in the past 12 months when you were not able to see a doctor because the **office hours were not convenient?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when you **needed a prescription medicine but did not get it because you could not afford it?**”

PRC SURVEY ▶ “Was there a time in the past 12 months when you were not able to see a doctor due to **language or cultural differences?**”

Also:

PRC SURVEY ▶ “Was there a time in the past 12 months when you **skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?**”

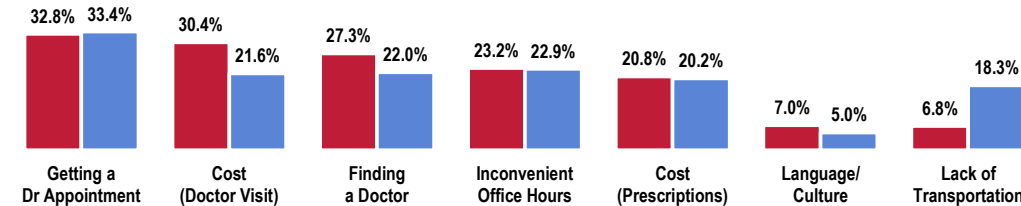
The percentages shown in the following chart reflect the total population, regardless of whether medical care was needed or sought.



Barriers to Access Have Prevented Medical Care in the Past Year

■ Midland County ■ US

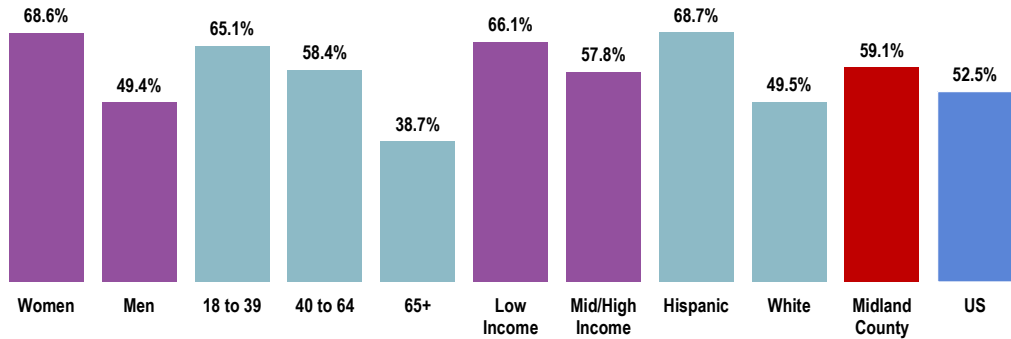
In addition, 25.0% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.

The following charts reflect the composite percentage of the total population experiencing problems accessing health care in the past year (indicating one or more of the aforementioned barriers), again regardless of whether they needed or sought care.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Midland County, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
 ● 2023 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

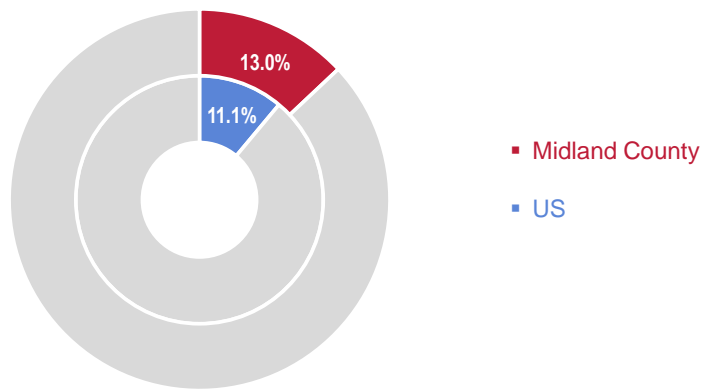


Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

PRC SURVEY ► [Among parents of children age 0-17] **“Was there a time in the past 12 months when you needed medical care for this child but could not get it?”**

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

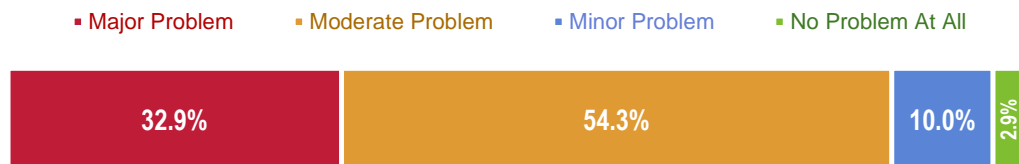


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

The following chart outlines key informants' perceptions of the severity of *Access to Health Care Services* as a problem in the community:

Perceptions of Access to Health Care Services as a Problem in the Community (Among Key Informants; Midland County, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Lack of Providers

There are not enough doctors in Midland. If you are a new patient, it often takes months before you are able to be seen (especially if you are seeing a specialist). Not only are there not enough doctors, but there are not enough quality doctors. Many residents will drive to bigger cities (hours away) to see a specialist or have procedures done. Unfortunately, not everyone can afford to do this, which leaves them either having to accept lesser quality healthcare or no healthcare at all. — Community Leader

Not enough primary care physicians who are taking new patients and have appointments available for urgent issues. — Physician

Not enough physicians in Midland, and most don't take Medicare. — Community Leader



Lack of primary care doctors (MD's/DO's), specialists for adults and pediatrics, overwhelmed emergency department, lack of mental health care providers (MD, counselors and psychologists). — Community Leader

Probably one of the most common themes we hear from people is having to wait weeks and even months to be seen by the appropriate doctor. It seems our area does not have enough qualified medical professionals to meet the demand. This is especially true when it comes to more specialized care, procedures, and equipment. Additionally, concerns around insurance have increased dramatically. Insurance companies are denying more claims and paying less. These issues make it very challenging for people to access care. Education is another contributing factor. It's not uncommon for people to tell us no one ever defined their condition for them. It seems patients are receiving less and less education about their conditions which may be a contributing factor to accessing preventative care or getting care in a timely manner to lessen the effects of a medical event. — Community Leader

We do not have specialists who treat people with disabilities. This includes doctors, hospitals, developmental pediatricians, and therapies to assist children with disabilities. — Community Leader

Few doctors and poor quality for whole body medicine. — Community Leader

I believe the quickest opportunity to improve healthcare in the premium basin would be the addition of subspecialty medical physicians to our local community. Infectious disease, neurology, wound care, GI. Long wait times for subspecialty outpatient visits is the single biggest limiting factor I see. — Physician

Access to Care/Services

Lack of services and public education. — Community Leader

We are a 501c3 FQHC primary care provider. Accessing care is a challenge due to capacity constraints vs. demand for services. This is underscored by insufficient funding, both at the state and federal level, to ensure consistent access to services to a segment of the population that is uninsured or underinsured. We have the capacity to see approximately 18,000 individual patients annually. The demand for services is actually closer to 28,000-30,000. — Community Leader

Access to primary care may be the biggest overall challenge for our rapidly increasing population, and undergirds many specific challenge. For example, our Emergency Department is almost always overwhelmed with people who need care with crises in chronic conditions, which wouldn't be apt to happen if they had access to regular care for those chronic conditions. Many in our community do not have health insurance, and the high cost of housing, long-term temporary workers in 'man camps', mental health issues, and substance abuse exacerbate many challenges, especially access to healthcare services. Our population has grown faster than our professional healthcare community so, even people with insurance and access to healthcare experience delays in consultation and treatment. Although our overall population is young, probably under 40, our growing older population seems to me to be experiencing increasing dementia, and possibly increasing Parkinson's as well. — Community Leader

Most services are available, but capacity is often limited. — Physician

The biggest challenges are related to accessing consistent, good, health care service centers around improving patient care and working conditions including benefits. Maintain emphasis on providing patient-centered care to ensure more positive experiences outweigh any negative feedback. Continue enhancing working conditions and benefits to better attract talented healthcare professionals. This would help reduce the need for local residents to travel to specialized doctors in other locations. The following fields patients travel to see most: oncology, pediatric cardiologists, allergists, ENT, gastroenterologist, and podiatry. — Community Leader

People are using the Emergency Room as a doctor's office, so the wait time is terrible for real emergencies. — Community Leader

Access to Care for Uninsured/Underinsured

One of the biggest challenges in Midland, Texas, within the healthcare industry is the lack of resources for families who are uninsured. Without access to affordable healthcare, many individuals struggle to manage chronic conditions such as diabetes, high blood pressure, strokes, and obesity. If our community had better access to affordable care, we could work towards building a healthier population. Additionally, mental health concerns are at an all-time high. The rising cost of living has placed immense financial stress on families, making it difficult for them to stay afloat. This stress often leads to anxiety, depression, and unhealthy coping mechanisms as individuals try to escape their reality. Expanding access to mental health services and support systems would be crucial in addressing these growing concerns in our community. — Community Leader

Lack of insurance. Low Texas reimbursement rates. — Community Leader

A person either has insurance or they don't have access to care. A person with no insurance really has no options that are reasonable for a working person whose employer may not offer insurance. The Marketplace insurance is just out of reach price wise, is confusing, or accepted by few providers in our area. Medicaid is even worse! There are very few providers and there are no urgent cares which causes our hospital to be inundated with nonemergency illnesses that belong in an urgent care and not the ER. — Community Leader



Lack of Coordination of Care

1. Lack of care coordination & fragmented services. Disconnect between inpatient, outpatient, and community-based care = preventable readmissions, delayed follow-ups, and worsening health outcomes. 2. Severe shortage of mental health & substance use disorder services. Limited access to psychiatry, substance use treatment, and crisis care - patients with mental health diagnoses, substance use histories, or cognitive impairment frequently return to the hospital or go untreated. Many providers discontinue psychiatric medications during hospitalization, leading to decompensation, crisis, or discharge without adequate follow-up. 3. Transportation barriers to outpatient care. Lack of public transit and patient transport services = missed critical follow-ups, dialysis, specialty visits, and medication refills. 4. Poor medication access & adherence support; no 24-hour pharmacy. 5. Emphasis on avoiding opioids has led to an overcorrection where legitimate pain goes untreated. — Community Leader

As someone who works in the hospital, the 501a clinics, and leads the community health paramedics program, I feel our biggest challenges are fragmented care, lack of resources and transportation, no 24-hour pharmacy. We have a wealth of resources that are under-utilized due to an absence of communication infrastructure and multiple ehr table spaces that still poorly communicate. There is no regular cadence of meetings with leadership of local agencies to coordinate care or with community leadership. We struggle to retain providers, readmissions, and a gross overuse of our EMS services. We would benefit from more interdisciplinary leadership and collaboration within our community with the major stakeholders. It's frustrating that our own providers are not familiar with local resources who help our patients attain benefits, transportation, housing, etc. It would also be nice if we could develop with criminal justice system and new behavioral health system. — Health Care Provider

The lack of community health infrastructure and poor coordination between agencies and hospitals in Midland, Texas, significantly hinder the delivery of high-quality care. Inadequate infrastructure limits access to essential health services, leading to delayed treatments and adverse patient outcomes. Fragmented communication among healthcare providers contributes to medical errors, misdiagnoses, and inefficient use of resources. These systemic issues result in patient dissatisfaction, increased healthcare costs, and preventable complications. Addressing these challenges requires investment in healthcare infrastructure and the implementation of effective communication strategies to enhance care coordination and patient safety. — Community Leader

Vulnerable Populations

The people who fall through the cracks. The ones who make just enough money to not qualify for assistance, but not enough to afford adequate health care, including dental and vision services. — Health Care Provider

We lack resources for those who are elderly, disabled, and below the poverty line. When someone nears the end of their life and needs a nursing home, there are few options for the poor. We also lack street outreach medicine. I'm excited that TTUHSC is applying for a street medicine grant. Mental healthcare is lacking across the board. It's either in short supply or cost prohibitive. — Community Leader

Health Literacy

Health literacy has shown to be a growing concern among our community. — Community Leader

Health Literacy. How to access care? What is available? There is a huge issue with people understanding the basics of accessing care, services, and programs. Even how co-pays and maximum deductibles work. It seems like pretty basic stuff, but if you are of limited means, it can be overwhelming. The issue still stands. — Community Leader

Affordable Care/Services

Cost and access to information. — Community Leader

Cost and lack of insurance. People who make too much to qualify for Medicaid and do not have paid insurance through their employer have limited choices. Doctor offices require payment upfront. Low-income families with children often struggle to provide non-emergent healthcare for their children. — Community Leader

Foreign-Born

Non-citizens or the underinsured/uninsured people who need ongoing care. — Community Leader



Primary Care Services

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

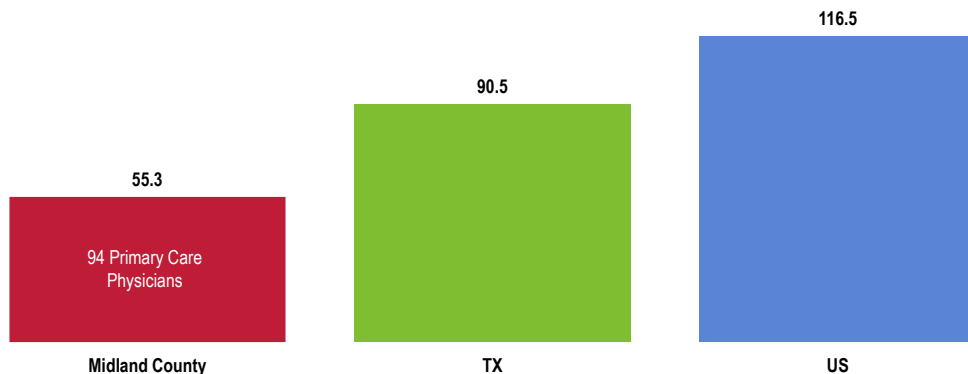
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (<https://health.gov/healthypeople>)

Access to Primary Care

The following chart shows the number of active primary care physicians per 100,000 population. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Number of Primary Care Physicians per 100,000 Population
(2025)



Sources:

- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved March 2025 via SparkMap (sparkmap.org).

Notes:

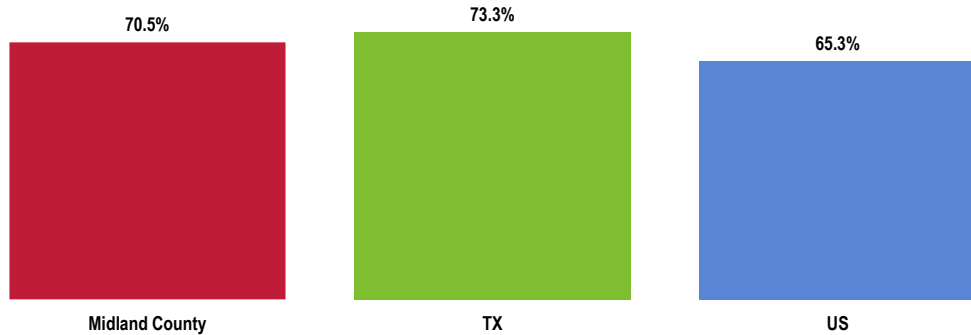
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.



Utilization of Primary Care Services

PRC SURVEY ► “A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?”

Have Visited a Physician for a Checkup in the Past Year



Sources:

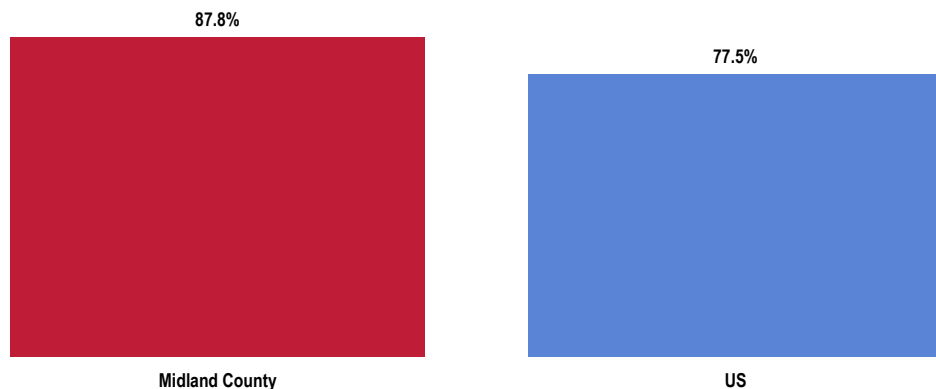
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.

PRC SURVEY ► [Among parents of children age 0-17] “About how long has it been since this child visited a doctor for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?”

Child Has Visited a Physician for a Routine Checkup in the Past Year (Children 0-17)



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents with children age 0 to 17 in the household.



Oral Health

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. ...Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

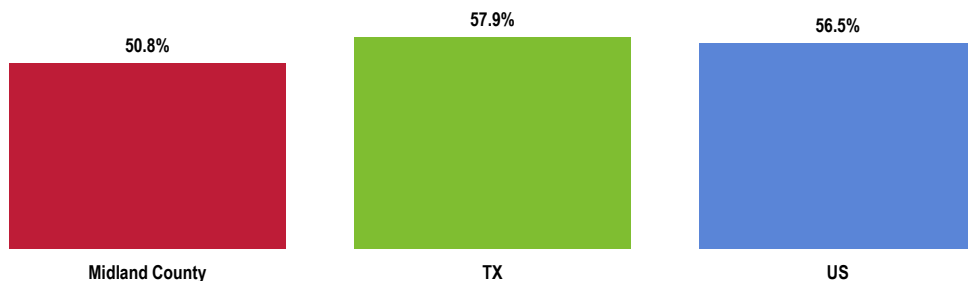
– Healthy People 2030 (<https://health.gov/healthypeople>)

Dental Care

PRC SURVEY ▶ “About how long has it been since you last visited a dentist or a dental clinic for any reason?”

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Texas data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>

Notes:

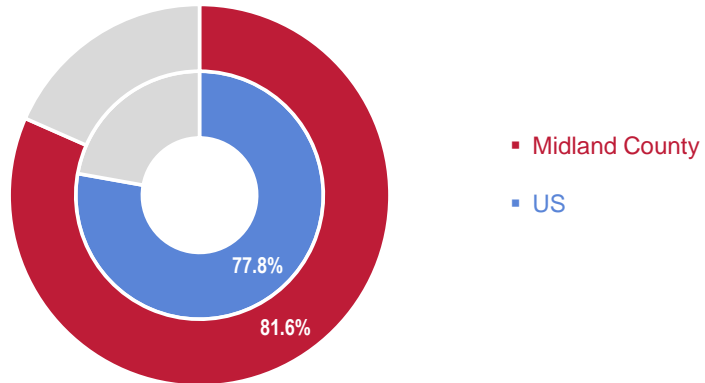
- Asked of all respondents.



PRC SURVEY ► [Among parents of children age 2-17] “About how long has it been since this child visited a dentist or dental clinic?”

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2030 = 45.0% or Higher



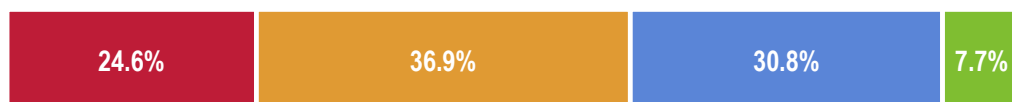
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
• 2023 PRC National Health Survey, PRC, Inc.
• US Department of Health and Human Services. Healthy People 2030. <https://health.gov/healthypeople>
Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

The following chart outlines key informants' perceptions of the severity of *Oral Health* as a problem in the community:

Perceptions of Oral Health as a Problem in the Community (Among Key Informants; Midland County, 2025)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Access to Care for Uninsured/Underinsured

Those who do not have dental insurance have major teeth problems. It's almost impossible to get teeth pulled and especially to get dentures. The drug use in our community contributes significantly to dental issues. — Community Leader

The biggest oral health problem in our community is the lack of affordable dental care, especially for uninsured families. Many people delay treatment due to high costs, leading to severe issues like tooth decay, gum disease, and infections. Poor oral health is also linked to other health problems, including heart disease and diabetes. More access to affordable preventive care and education is needed to improve overall oral health. — Community Leader

Many of our patients do not have dental insurance, and many dentists will not see them. We will work with dental patients via a sliding fee scale and other programs to try and address their dental needs. The biggest problem is payor source, lack of funding, no insurance, affordability, and Medicare not covering dental. — Community Leader

Lack of clients having insurance therefore foregoing oral health. High use in vaping/tobacco/nicotine. — Community Leader



Affordable Care/Services

Oral health affects overall health and is a much bigger factor than most people realize. Access to affordable dental care is a challenge for many people. — Community Leader

Dental insurance is expensive. Many people don't have insurance. If you don't have insurance, you don't go to the dentist for cleanings or to fill cavities. This leads to needing to have your teeth pulled. Once it gets to that point, the person is in pain and in need of immediate care, but unable to pay for the dentist. What do they do? — Community Leader

Dental care is not affordable, so people do not take care of their oral health, even with insurance. We do not have a clinic specializing in special needs patients in our area. — Community Leader

Lack of affordable dental care for people without insurance. — Health Care Provider

Lack of Providers

There are bare minimum services for dentistry and so may in need. Only 1 provider for zero or low income. Even insurance only covers a very small amount. People in need of tooth replacements or root canals must be able to pay large amounts of money out of pocket. — Community Leader

Income/Poverty

Very limited to low-income families. — Health Care Provider

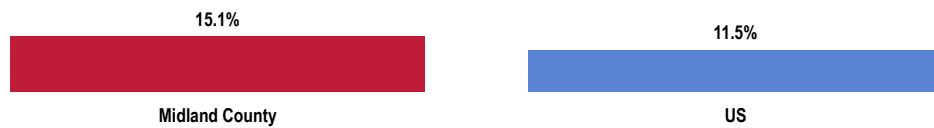


LOCAL RESOURCES

Perceptions of Local Health Care Services

PRC SURVEY ▶ “How would you rate the overall health care services available to you? Would you say: excellent, very good, good, fair, or poor?”

Perceive Local Health Care Services as “Fair/Poor”



Sources:

- 2025 PRC Community Health Survey, PRC, Inc. [Item 5]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

211
Affordable Care Act
Allison Cancer Center
Aphasia Center
Area Agency on Aging
Behavioral Health Center
Casa de Amigos
Casa de West Texas
Coleman Clinic
Community Children's Clinic
Doctors' Offices
Fitness Centers/Gyms
Hope House
Inertia Health and Wellness
Leslie's Place
Life Center
Meals on Wheels
Midland Community Healthcare Services
Midland Community Pediatric Services
Midland Health
Midland Memorial Hospital
Midland Women's Clinic
MMH Governing Board and Leadership
Mobile Integrated Health
PB Connect
PermiaCare
Prevent Blindness
Signature Care Emergency Center
Springboard Center
Super Mercado
United Way
Urgent Care

Doctors' Offices
Gifts of Hope
Hospice of Midland
Lung Center
Midland Dermatology
Midland Memorial Hospital
Midland Soup Kitchen
One Bite at a Time Ministries
Texas Oncology
West Texas Food Bank

Diabetes

211
American Diabetes Association
Casa de Amigos
Coleman Clinic
Community Children's Clinic
Community Health Clinic
Community Health Paramedics
Community Health Program-Mobile Resource
Diabetes Center of the Southwest
Dispensary of Hope
Doctors' Offices
Drug Manufacturer Assistance Program
Drug Samples Provided by Drug Reps
Education
Food FARMacy
GoodRx
Grocery Stores
Health Fairs
Healthy City
Hospitals
Inpatient Education
Leslie's Place
Lifestyle Medicine Center
Manufacturer Coupons
Meals on Wheels
Midland Community Healthcare Services
Midland Health
Midland Health and Senior Services
Midland Memorial Hospital
PB Connect

Cancer

1500 Non-Profits
Allison Cancer Center
American Cancer Society
Baptist Crisis Center
Breast Center
Cancer Center



- Permian Basin Nephrology
- Permian Cardiology
- Permian Women's Center
- Pharmacies
- Preferred Medical Center
- Self-Control
- Texas Tech University
- West Texas Endocrinology and Diabetes
- YMCA

Disabling Conditions

- ABLE Center
- Alzheimer's Association
- Aphasia Center
- Area Agency on Aging
- Children's Therapy Center
- Doctors' Offices
- Hospice of Midland
- Meals on Wheels
- Midland Children's Rehab Center
- Mission Center Adult Day Service
- Recording Library of West Texas
- Southwest Collegiate Institute for the Deaf
- Texas Health and Human Services

Heart Disease & Stroke

- American Heart Association
- Aphasia Center
- Cardiac Rehab
- Coleman Clinic
- Community Garden
- Community Health Paramedics
- Doctors' Offices
- Encompass
- Food FARMacy
- Health Fairs
- Healthy City
- Hospitals
- Inpatient Education
- Lifestyle Medicine Center
- Meals on Wheels
- Midland Community Healthcare Services
- Midland Health
- Midland Health Heart Institute
- Midland Memorial Hospital
- Permian Cardiology
- Senior Centers
- Walk for Hearts

Infant Health & Family Planning

- Birth Center
- Childbirth Education Coordinator
- Coleman Clinic
- Community Children's Clinic
- Doctors' Offices
- Hope Chest
- Life Center
- Midland Children's Rehabilitation Center
- Midland Community Healthcare Services
- Midland Community Pediatric Services
- Midland Health
- Midland Memorial Hospital
- Midland Women's Clinic
- MMH Governing Board and Leadership
- Permian Women's Center
- Spectrum of Solutions
- Texas Tech University

Injury & Violence

- Crisis Centers for West Texas
- Mental Health
- Midland Fair Havens
- Midland Memorial Hospital
- Safe Place
- Springboard Center
- Victim's Advocacy
- Victim's Assistance Program

Mental Health

- AA/NA
- Agape
- Beacon
- Behavioral Hospital
- Buckner Family Hope Center
- Centers
- Centers for Children and Families
- Crisis Intervention
- Doctors' Offices
- Healing Through Hope
- Hospitals
- Mental Health Court
- Mental Munchies Talks
- Midland County Healthcare Services
- Midland Health
- Midland Memorial Hospital
- Mission Messiah
- Oceans Behavioral Hospital
- On the Couch
- Online Resources



- Permian Basin Behavioral Health Center
- PermiaCare
- Rays of Hope Grief Center
- Redeemer Midland Counseling
- Safe Place
- Samaritan Counseling Center
- Springboard Center
- Teen Challenge
- Texas Tech University
- Thriving United
- West Texas Psychiatry
- Within Reach Ministries

Sexual Health

- Health Department
- Hospitals
- Life Center
- Midland Community Healthcare Services
- Midland Health
- Midland Rape Crisis and Children's Advocacy Center
- Midland Women's Clinic
- PermiaCare
- Texas Tech University

Nutrition, Physical Activity & Weight

- City of Midland Aquatic Center
- Crunch
- Doctors' Offices
- Fitness Centers/Gyms
- Five Star Nutrition
- Food Bank/Food Pantry
- Healthy City
- Healthy Food Options
- Inpatient Dietary Consultants
- Lifestyle Medicine Center
- Midland Food Bank
- Midland Health
- Planet Fitness
- Soup Kitchens
- Stretch Zone
- Texas Tech University
- University of Texas Permian Basin
- West Texas Food Bank
- YMCA

Social Determinants of Health

- Breaking Bread
- Buckner Family Hope Center
- Casa de Amigos
- Celebrate Recovery
- Centers for Children and Families
- Children's Health Insurance Program
- Churches
- Family Promise of Midland Eviction Program
- Field's Edge
- Habitat for Humanity
- Hillcrest Langtry
- Idle Hands
- Leslie's Place
- Local Housing Authority
- Medicaid
- Midland Community Development Corporation
- Midland Community Healthcare Services
- Midland Fire Department
- Midland Housing Authority
- Midland Senior Center
- Mission Agape
- PB Connect
- PermiaCare
- Salvation Army
- Samaritan Counseling Center
- Soup Kitchens
- Southeast Senior Center
- Spectrum of Solutions
- Thriving United
- West Texas Food Bank

Oral Health

- Coleman Clinic
- Midland Community Healthcare Services

Respiratory Diseases

- Doctors' Offices
- Lung Center
- Midland Memorial Hospital
- Pulmonology Center
- Texas Tech University
- West Texas Allergy Clinic



Substance Use

AA/NA
Alcohol Rehab Center of Midland
Alpha Recovery Center
Drug and Rehab Center of Midland
Field's Edge
Idle Hands
Medication Assisted Treatment
Oceans Behavioral Hospital
Permian Basin Regional Council on
Alcohol/Drug Abuse
PermiaCare
Pivot
Private Counselors
Springboard Center
Straight Line Foundation
Teen Challenge
The Ranch and Dove Tree
Thriving United
Turning Point

Tobacco Use

Lung Center
Midland Health
Midland Memorial Hospital
PermiaCare
Pivot
Texas Tobacco Quitline
Thriving United





APPENDIX

EVALUATION OF PAST ACTIVITIES

Introduction

Midland Memorial Hospital: FY 2023 - FY 2025 Implementation Plan

A comprehensive, six-step community health needs assessment (“CHNA”) was conducted in 2022 for Midland Memorial Hospital (MMH) by Community Hospital Consulting (CHC Consulting). This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Midland County, Texas.

The CHNA Team, consisting of leadership from MMH, met with staff from CHC Consulting on April 5, 2022 to review the research findings and prioritize the community health needs. Six significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA Team participated in a prioritization ballot process using a structured matrix to rank the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and their capacity to address the need. Through collaboration, engagement and partnership with the community, Midland Memorial Hospital will address the following priorities with a specific focus on **affordable care and reducing health disparities among specific populations**.

The most significant needs, as discussed during the April 5th prioritization meeting, are listed below:

1. Continued Emphasis on Healthcare Workforce Recruitment and Retention
2. Access to Mental and Behavioral Health Care Services and Providers
3. Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
4. Increased Emphasis on Education and Awareness of Existing Health Care Resources
5. Continued Focus on COVID-19 Prevention & Response
6. Increased Emphasis on Safe Sex Education, Communicable Disease Prevention, Family Planning and Prenatal and Postnatal Care

Once this prioritization process was complete, MMH leadership discussed the results and decided to address all six of the prioritized needs in various capacities through its implementation plan.

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

The MMH 2022 CHNA and Implementation Plan report was reviewed and adopted by the MMH board on August 31 and September 1, 2022.



Priority #1: Continued Emphasis on Healthcare Workforce Recruitment and Retention

Rationale:

Midland County has a lower rate of primary care providers per 100,000 population and a higher rate indicating they had no personal doctor than the state. Additionally, Midland County has one Medically Underserved Area and several Health Professional Shortage Area designations as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Interviewees applauded the hospital and current primary care providers for their efforts in recruitment and providing care within the community. They also discussed a persisting shortage of primary care providers for those who do and do not have insurance, with particular concern for those with Medicare and Medicaid as well as those with VA benefits. Aging primary care and specialty providers needing to be replaced as well as the growing population in Midland County were highlighted as primary strains on already overburdened providers who are battling burnout and exhaustion. One interviewee stated: "There's not enough nurses and not enough providers through the pandemic. There's been more overuse and burnout issues leading to people leaving health care and nurses leaving."

There are also some residents who seek care outside of the community due to limited access leading to outmigration of patients to Dallas and El Paso. The rural nature of Midland County was seen as a factor that hinders recruitment and retention of providers, both primary care and specialists. One interviewee noted: "Being where we are and it's not the prettiest city on the planet, we do struggle with recruiting doctors. Looking around, there's a lot of doctors who are approaching retirement age. We could have a potential problem with backfilling those physicians, and there's a pretty significant part of the doctor pool that will retire in the next 3-5 years."

Additionally, it was mentioned that there are some who seek care in urgent care or emergency room settings, hindering the continuity of care and the ability to treat patients proactively. One interviewee stated: "It's difficult to find medical professionals in our city taking on new patients. Because of that, people don't have established providers and conditions worsen and become emergencies." While another interviewee mentioned: "A lot of people utilize urgent care in lieu of a primary care provider because we don't have enough providers. There's a gap in preventive care and continuity of care because of that."

Many interviewees raised concern surrounding staffing shortages that expand beyond primary care providers, particularly nurses. One interviewee stated: "In our case, our issue is support personnel. This is the biggest thing that impacts access for our patient population. We have a hard time trying to get nurses and nursing assistants and support staff. That wrecks efficiency and everything else and that's not unique to us. It's a tight labor market right now for whatever reason and everybody is having trouble getting help." There was also concern that the wages that have risen to attract nurses and other providers would result in increased healthcare costs.

With regards to specialty care, interviewees discussed outmigration to Dallas/Fort Worth, Houston, Lubbock and San Antonio due to the rural nature of Midland, limited local resources and services as well as the perception that specialty care will be superior in a more metropolitan area. This may result in transportation as well as cost barriers. It was also noted that the shortage of specialty providers and limited availability of physicians providing rotating coverage leads to long wait times for appointments. Though the hospital is working to increase specialist availability in the community, an interviewee mentioned the need for increased awareness of these services. Specific specialties mentioned as needed in the community include Orthopedics, Pulmonology, Gastroenterology, Neurology, Cardiology, Pediatric subspecialties, Dermatology and Rheumatology. Succession planning was mentioned as a specific need within Pulmonology, Gastroenterology and Neurology.

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023 (Oct 22-Sept 23)	FY 2024 (Oct 23-Sept 24)	FY 2025 (Oct 24-Sept 25)
		Initiatives / Results	Initiatives / Results	Initiatives / Results
1.A. MMH will continue to actively assist Midland Community Healthcare Services in its recruitment efforts.	V.P. Community Health (Marcy)	Ongoing; When needed	Ongoing; When needed	Ongoing; When needed



<p>1.B. MMH will continue to staff a full time physician recruiter/physician liaison who has been working to recruit more primary and specialty care physicians according to both short and long-term projected needs in our community. They will introduce newly recruited physicians to the community, as well as other physicians in the community, in order to help them network and increase referrals.</p>	V.P. Community Health (Marcy)	Signed providers for Conoco Clinic, Palliative Care, Family Medicine, GI (2), Interventional Cardio, Pulmonary, hospitalist, Ped Neurology, and Infection disease.	Signed providers for Primary/Family Medicine, hospitalist, Ped Neurology, and Infection disease, Gastro	Primary/Family medicine, supportive care, gastro, urology, cardiology
<p>1.C. MMH will continue to engage physician practice affiliates in a collaborative, specialty care recruitment strategy.</p>	V.P. Community Health (Marcy)	Ongoing	Ongoing	Ongoing
<p>1.D. MMH will continue to connect with local individuals interested in medical careers as early as possible in an attempt to encourage students to remain local. Additionally, MMH offers tuition reimbursement and scholarship opportunities for clinical and non-clinical degrees for individuals in the community.</p>	V.P. Chief HR Officer, Executive Director of RX (Kim)	Career fairs, Access Video for students, Project Search (9 Students), Medical explorers, MMH Scholarship, International Nurse Program	Career fairs, Access Video for students, Project Search (4 hires, 10 new interns), Medical explorers, MMH Scholarship, International Nurse Program	Career fairs, Access Video for students, Project Search (10 new interns), Medical explorers, MMH Scholarship, International Nurse Program
<p>1.E. MMH will continue to serve as a teaching facility for students and residents from local schools to rotate through the hospital (Midland College, University of Texas at the Permian Basin, Texas Tech University Health Sciences Center, Odessa College, and Howard College).</p>	V.P. Chief HR Officer, V.P. Medical Affairs, V.P. CNO, Medical Residents (Roberta, Dr. Wilson, Kit)	Ongoing	Midland College partnership for MA programs	Midland College partnership for MA programs; Partner with Odessa College restarting Respirator Therapy Program, Midland College starting Surgical Tech Program



1.F. MMH will continue to provide a junior volunteer program and career mentoring program that allows for local students to rotate through a variety of areas in the hospital, including, but not limited to, radiology and the emergency department.	V.P. Chief HR Officer, Director of Volunteers (Kim, Jackie)	Ongoing	Ongoing	Ongoing
1.G. MMH emphasizes professional development through the staff Human Resources Training Manager, who provides educational opportunities and courses on workforce development for MMH employees.	Manager, Training (Human Resources)	Free CE/CME for ACLM course (12)	Free CE/CME for ACLM course Nurse Builders - Certification preparation for nursing; partnerships with area colleges and universities	Free CE/CME for ACLM course Nurse Builders - Certification preparation for nursing; partnerships with area colleges and universities; Management essentials course for all Leadership
1.H. MMH will continue to focus on employee retention through its Culture of Ownership, Cultural Diversity, Equity and Inclusion Committee by recognizing and sharing educational opportunities on inclusive lifestyles.	CDEI Chair & Manager, Training, Recognition Program Manager (Taylor, Lori Forbus)	Martin Luther King Activity, Find a job Friday event, employee betterU challenge, Smartdollar, Modern Healthcare Best places to work.	Martin Luther King Activity, Find a job Friday event, employee betterU challenge, Smartdollar, Modern Healthcare Best places to work, Cultural Carnival; betterU upgrade, CDE&I activities, Hospital Week, Loan repayment program, Incentive membership to Planet Fitness, Auxiliary Employee Markets	Find a job Friday event, Smartdollar, Modern Healthcare Best places to work, Cultural Carnival; betterU upgrade, CDE&I activities, Hospital Week, Loan repayment program, Incentive membership to Planet Fitness, Auxiliary Employee Markets; Pathway Redesignation, Employee exit interviews, community service month, President's council, 75th Anniversary, CNO Advisory Board



Priority #2: Access to Mental and Behavioral Health Care Services and Providers

Rationale:

Data suggests that residents in Midland County do not have adequate access to mental and behavioral health care services and providers. Midland County has a lower rate of mental health care providers per 100,000 than the state and the nation. A mental health market bed need analysis estimates that 70-80 beds are needed to support mental and behavioral health patients who reside in Midland County and the surrounding region.

Many interviewees mentioned that lack of an adequate number of providers and appropriate access which results in long wait times, primary care physicians trying to manage mental health care and many who are left without needed services resulting in lack of care or care being sought in emergency rooms. One interviewee stated: "The top need is for additional providers – counselors, psychologist, and psychiatrists. The wait time is sometimes a month to 6 weeks. It's too long and it puts our primary care doctors in a tough place because they try to treat them as best they can, but they don't have the training. People end up going to the emergency room to try and get help."

The resources that are available in the community are often closed to new patients or certain payor types or the clinics are overburdened and booking appointments well into the future. This creates a gap in care that is either not addressed or addressed via the emergency room which is not a sustainable approach. Telehealth services have increased, particularly as a result of COVID-19, but this mode of care delivery is not appropriate or available to all, especially those with limited resources or language barriers. The senior population was noted as a population that was disproportionately affected. One interviewee noted: "A lot of reimbursement rules require telehealth visits to be done by video. That's a big increase in technology that some folks aren't comfortable with."

Several interviews mentioned that certain groups like the un/underinsured, Medicare and Medicaid patients are struggling to access health care services, mainly mental and behavioral, specialty care and primary care. Another group that interviewees mentioned was the youth population and how they have unmet mental and behavioral health needs including substance use and emotional stress. One interviewee stated: "Our teenage population is dealing with a lot of emotional stressors. We are having a significant surge in the number of teenagers requiring counseling support. It's continuing to be an issue." A couple of interviewees mentioned the Burmese population and how there is a lack of awareness of the importance in seeking appropriate mental health care for this group. One interviewee stated: "Within the Burmese community, there is low awareness but also receptivity of going and getting treatment for mental illness. It is a challenge with their culture."

Additionally, it was noted that there is a significant need for addiction treatment services in the county as it relates to alcohol and drug abuse issues, specifically the rise in fentanyl use. Interviewees mentioned that the need for mental health services have only increased as a result of the stress and isolation caused by COVID-19 as well as increasing alcohol and drug abuse issues throughout the county. This has led to a perceived increase in traffic accidents as well as crime rates. One interviewee stated: "COVID-19 exacerbated what already existed with mental health, but there are also some COVID specifics with loss of jobs and just the stress and anxiety of that." It was also specifically noted that telehealth services are only one aspect of care, where there is still a high need for in-person services and therapies.

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023	FY 2024	FY 2025
		Initiatives / Results	Initiatives / Results	Initiatives / Results
2.A. The MMH Mental Health Team will continue to provide crisis evaluation services and appropriate referrals for patients who present to the hospital or emergency department with mental or behavioral health conditions on an as needed basis.	V.P. CNO, Clinical Manager of Patient Safety and Behavioral Health (Kit, Michelle)	<i>Code lavendar program</i>	Code lavendar program	Code lavendar program



2.B. In conjunction with Ector County Hospital District, MMH is exploring the development of a comprehensive mental health facility to provide services for the Permian Basin region.	(Russell)	Groundbreaking in April, website complete	Under construction	Under construction; Topping off Ceremony in Dec
2.C. MMH will continue to provide support and resources to Texas Tech University Health Science Center (TTUHSC) in their joint efforts to increase access to local mental and behavioral health care services. MMH continues to support TTUHSC's psychiatric & family medicine residency program with the goal of increasing access to local mental and behavioral health providers and services.	Executive Director of Practices (Steve Olive)	Texas Tech Psychiatry residents at Dr. Gill's office.	Dr. Jane two days a week	Dr. Jane two days a week at Wall Street Clinic; LPCs to work with Dr. Gill
2.D. MMH will continue its agreements with the Oceans Behavioral Hospital and the Turning Point facility to work with and provide support to indigent patients requiring psychiatric or behavioral care.	President/CEO, & Executive Director of Practices (Russell & Steve)	Employee resource: Vitalize	PermiaCare partnership; Project search	PermiaCare Partnership; Project Search
2.E. MMH will continue to staff a SANE (Sexual Assault Nurse Examiner) team that is trained specifically to treat sexually assaulted patients.	Emergency Dept. Director (Dana)	ongoing	ongoing	ongoing
2.F. MMH will continue to provide individual and family guidance counseling for employees through the Employee Assistance Program.	V.P. Chief HR Officer (Roberta)	Promote in weekly communication	Promote in weekly communication; integrate in betterU	Launch of betterU integrated EAP in platform
2.G. MMH will continue to provide in-person evaluations by Texas Tech residents and psychiatrists and supplemental telepsychiatry services in the Emergency Department in order to assist with the crisis evaluation process.	Clinical Manager of Patient Safety and Behavioral Health (Michelle)	ongoing	LMC Completed mental health first aid	ongoing



2.H. MMH will continue to promote the Basin MD and 68 Nurse Line mental and behavioral health services which focus on triaging concerns and connecting patients with appropriate resources.	Clinical Manager of Patient Safety and Behavioral Health, Director of Clinical Operations and Clinical Care Services, Director of Premier Operations (Michelle, Brandi, Sherry)	68Nurse - ongoing Basin MD - ended in March	68Nurse ongoing and participating in community resource events	68Nurse ongoing and participating in community resource events
2.I LMC Provides mental Health resources in Lift Program	ongoing	Ongoing	Ongoing	Ongoing



Priority #3: Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles

Rationale:

Data suggests that higher rates of specific mortality causes and unhealthy behaviors warrants a need for increased preventive education and services to improve the health of the community. Heart disease and cancer are the two leading causes of death in Midland County and the state. Midland County has higher mortality rates than Texas for the following causes of death: Alzheimer's disease; chronic lower respiratory diseases; COVID-19; accidents (unintentional injuries); intentional self-harm (suicide); influenza and pneumonia; breast cancer; prostate cancer; lung & bronchus cancer; and colon & rectum cancer.

Midland County has higher prevalence rates of chronic conditions such as high blood pressure and asthma in the Medicare population as well as residents participating in unhealthy lifestyle behaviors such as binge drinking and smoking than the state. Syphilis rates in Midland County are also on the rise. With regards to maternal and child health, specifically, Midland County has higher low birth weight births and higher teen (age 0-19 years) birth rates than the state.

According to data, Midland County residents are not appropriately seeking preventive care services, such as influenza vaccines and colonoscopies. Additionally, Midland County has a lower rate of dentists per 100,000 persons as compared to the state. There is a particular concern for those across various racial and ethnic groups with specific notes regarding the Hakha Chin, Burmese and Hispanic groups. Language, transportation and cost barriers were mentioned as hindrances causing unmet needs and increases in preventable conditions. One interviewee also mentioned the need for education and prevention of sex trafficking which is of great concern for the transient and undocumented communities.

Interviewees commended the hospital for their leadership in providing healthy lifestyle programs and improvement in access. Several interviewees noted that there is a need for a re-emphasis of health education in the community after the various stresses of COVID-19 caused a shift to more acute care needs as opposed to longer term preventative care and education. It was mentioned that there is a lack of healthy food access for many populations in Midland County as a result of rising food costs as well as food deserts within the county. This was noted to be a particular issue for low income populations along with other health literacy factors that presents a greater barrier to a healthy lifestyle. One interviewee stated: "There is a relative lack of health literacy among the large subset of our population and the consequent lifestyle and personal health choices that are made that lead to some of the common health problems that we deal with which are related to diabetes, hypertension, obesity and the consequent chronic health problems that result from those health issues."

Objective:

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



Implementation Activity	Responsible Leader(s)	FY 2023	FY 2024	FY 2025
		Initiatives / Results	Initiatives / Results	Initiatives / Results
<p>3.A. Through its established Community Health Initiative Committee (CHIC), MMH will continue to collaborate with various local organizations to increase community engagement in personal health and wellness and improving health literacy through neighborhood-based health intervention activities. Strategies that are focused on addressing identified needs in the community include, but are not limited to: neighborhood-based education efforts, informing high risk populations about the ease of access and affordability of services and providing various health screenings and risk assessments.</p>	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	<p>Childbirth and advanced childbirth education classes, Donate for Life, mammograms, Low-dose CT Screenings, Head for the Cure, Pivot Program, Golf tournament benefiting senior life midland meals on wheels, Hope Circle, free teen heart screenings, Wellness Tour, Midland Memorial Heart Institute, social/digital educational promotion</p>	<p>Childbirth and advanced childbirth education classes, Donate for Life, mammograms, Low-dose CT Screenings, Head for the Cure, Pivot Program, Golf tournament benefiting senior life midland meals on wheels, Hope Circle, free teen heart screenings, Wellness Tour, Midland Memorial Heart Institute, social/digital educational promotion, blood drive, music therapy, Walk with a Doc</p>	<p>Social/digital educational promotion, low-dose CT Screening, Music Therapy, Blood Drives, Walk with a Doc, Meds to Bed program, Championship Hearts screening, smoking cessation/Pivot program, Trauma Department Education at Crand ISD, PTA collaboration and education</p>
<p>3.B. MMH will continue to collaborate with the local health department and the Community Children's Clinic to provide back to school physicals, as opportunities arise, for the local school district at no cost for both students and faculty. Additionally, MMH will continue to explore partnerships with local organizations to offer immunizations for wellness.</p>	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	<p>Attending Health department resource fairs;</p>	<p>Power bags improving health literacy</p>	<p>Power bags, books provided to peds, PTA high school group providing education topics</p>



<p>3.C. MMH will continue to provide inpatient and outpatient support for those currently suffering from or at risk for diabetes through the Lifestyle Medicine Center. The Lifestyle Medicine Center is also involved in several community outreach efforts including hosting support groups at the west campus hospital facility. MMH will continue to provide free education classes offered in person and virtually as opportunities arise.</p>	<p>Clinical Manager at Lifestyle Medicine Center, Director of Lifestyle Medicine Center (Alicia, Amy)</p>	<p>Support Groups & Education</p>	<p>Support groups & education</p>	<p>Community outreach and screenings</p>
<p>3.D. MMH will continue to develop its employee wellness program that incorporates a more innovative approach to wellness through plant-based nutrition and lifestyle medicine. Additionally, MMH will continue to offer programs for the community that focus on healthy lifestyle and chronic conditions as appropriate.</p>	<p>Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)</p>	<p>betterU wellness portal, weight loss program, diabetes reversal program, cardio rehab program.</p>	<p>betterU wellness portal, weight loss program, diabetes reversal program, cardio rehab program, MISD PTA Groups & Region 18 presentation</p>	<p>betterU wellness portal, weight loss program, diabetes reversal program, cardio rehab program, Healthy City/Midland Health Food is Medicine event- Nov</p>
<p>3.E. MMH will continue to offer healthy choices in the hospital cafeteria, including vegan, vegetarian, and whole food plant-based options as well as 'Buy 5 Get 1 Free' cards for meatless choices. In addition, the hospital cafeteria has also eliminated fried foods, adjusted portion sizes to closer align with ADA sizes, reduced the size of soft drinks offered, eliminated free refills, salad robot, and switched to whole wheat products when possible.</p>	<p>Director of Food and Nutrition Services (Kaitlyn G)</p>	<p>LMC Clinic and MISD Program to promote Pritikin</p>	<p>LMC Clinic and MISD Program to promote Pritikin</p>	<p>LMC Clinic and MISD Program to promote Pritikin</p>
<p>3.F. MMH will continue to partner with local organizations to provide meals for underserved populations.</p>	<p>Community Relations Coordinator, S.V.P. COO (Taylor, Stephen)</p>	<p>Food FARMacy implementation; Partner with Midland senior centers to provide 150 meals per day</p>	<p>Food FARMacy implementation; Partner with Midland senior centers to provide 150 meals per day</p>	<p>Look to Expand Food FARMacy to a clinic</p>



<p>3.G. The MMH Breast Center will continue to facilitate and promote breast cancer education and increase mammogram awareness in the community through different initiatives, such as the "Pink the Basin." MMH supports "Pink the Basin," an annual breast cancer fundraising and awareness event that serves to educate women about breast cancer and available cancer and rehabilitation services at the hospital, as well as raise money to pay for mammograms for underserved women in the community.</p>	<p>Director of Radiology, Public Relations Manager (Kelly, Tasa)</p>	<p>Oct 2022 marketing campaign/6 interviews/articles , 6 education sessions, Night Screening events: ECISD, MISD/COM (30), Pioneer, Sewell Previvor and hereditary Cancer Month promotion</p>	<p>Previvor Promotion, Hope Circle program, Cancer Prevention Month event and MRT article, Hope Circle program - new Survivorship courses, MISD Mammo events/night events, Prostate Cancer Education Program</p>	<p>Previvor Promotion, Hope Circle program, Cancer Prevention Month event and MRT article, Hope Circle program - new Survivorship courses, MISD Mammo events/night events, Prostate Cancer Education Program; 11 breast cancer ed events; Know your risk promotion</p>
<p>3.H. MMH will continue its Service Agreement with Midland Community Healthcare Services to provide convenient access to fundamental healthcare services in critical access neighborhoods.</p>	<p>Executive Director of Practices (Steve Olive)</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Ongoing</p>
<p>3.I. MMH will continue its relationship with the Midland County Fire Department through collaboration between a MMH PA and EMTs and paramedics in the community paramedic program to make house calls to those patients that frequently use the ambulance services or identify with chronic conditions and could benefit from outreach.</p>	<p>Vice President of Medical Affairs/CMO (Dr. Wilson)</p>	<p>Open to anybody monthly nutrition education, exercise</p>	<p>Open to anybody monthly nutrition education, exercise</p>	<p>Open to anybody monthly nutrition education, exercise</p>
<p>3.J. MMH is a certified Nurses Improving Care for Healthsystem Elders (NICHE) hospital and offers geriatric resource nurses and geriatric patient care assistants to give specialized care for elderly patients in the hospital. MMH will also continue to provide the appropriate level of care to maintain its Geriatric Emergency Department Accreditation (GEDA).</p>	<p>CNO (Kit)</p>	<p>Ongoing</p>	<p>Ongoing</p>	<p>Ongoing</p>



3.K. Palliative Care Program & Education to employees & Public	Kate	Ongoing/Patient Lives better; reduces readmits	Ongoing/Patient Lives better; reduces readmits	Ongoing/Patient Lives better; reduces readmits
3.L. Implemented Dispensary of Hope program to help the underinsured and underserved get their prescriptions	Tim	Planning: To expand hospital's medication assistance to a higher level in order to serve more Midland county's patients; To obtain drugs at \$0 charge from Dispensary of Hope (DOH) inventory for those qualified patients, and pass on that zero cost to the patient.	Implementation July 1	Out of 32 patients who needed medication assistance and their prescribed medications were in DOH formulary, 6 patients became qualified under DOH program and 11 prescriptions were filled using DOH inventory.; Without DOH program, pharmacy was supposed to pay a total of \$10,324.91 for drugs instead of just \$2,306.09.



Priority #4: Increased Emphasis on Education and Awareness of Existing Health Care Resources

Rationale:

The hospital was commended for all of their work to educate residents, recruit staff, and respond to issues that arose during the pandemic. One interviewee noted: "The hospital is doing a good job of trying to educate people. I've been impressed with the administrative staff who are engaged in the community and they are trying their hardest to help which is great. We have a good local physician community that is engaged."

While many great things are happening in the community, interviewees raised concern surrounding the lack of education and healthcare literacy for various populations in Midland County with particular concern for various ethnic and senior populations. One interviewee stated: "...there's a health equity issue among different racial/ethnic groups that have different levels of education and different levels of access to care, whether real or perceived, depending on what neighborhood you live in. There's just different levels of access and information available to access health care and different neighborhoods are concentrated based on cultural backgrounds and different census tracts."

Language barriers were also mentioned by several interviewees as a hindrance to care. Another interviewee mentioned: "Populations who don't speak English struggle in finding a provider. Spanish is one. We have Hakha Chin persons who don't have access to providers that speak their language."

COVID-19 also highlighted disparities in education and trust of the healthcare system. Vaccination hesitancy as well as lack of awareness of how to navigate local healthcare resources were of particular concern for minority populations as well as undocumented persons. Seeking care in the emergency room or not seeking care at all are the results of lack of awareness and education. One interviewee noted: "There's a lack of knowledge of what is actually available for racial/ethnic communities in Midland and not from anything they're doing wrong - it's just the knowledge isn't being disseminated."

Interviewees also discussed misuse of the Emergency Room due to misinformation and long wait times for an appointment with a primary care provider. One interviewee stated: "Seniors don't have firsthand knowledge. If they're in the right place and have the right people, they have the right care. If they're on the fringe of the city, they don't. They overuse the emergency room because they don't know there's care out there."

Objective:

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

Implementation Activity	Responsible Leader(s)	FY 2023	FY 2024	FY 2025
		Initiatives / Results	Initiatives / Results	Initiatives / Results
4.A. MMH case managers and social workers continue to follow up with and connect patients to appropriate, affordable services. In addition, MMH targets high risk patients with complicated conditions and/or frequent ER usage, and provides ER Case Management services to educate and connect such patients with community based resources.	Dir. Case Mgmt/Soc Svs/ CFO (Samuel, Mary)	transportation services/voucher s, outpatient pharmacy services, financial counseling and enrollment services	transportation services/voucher s, outpatient pharmacy services, financial counseling and enrollment services	transportation services/voucher s, outpatient pharmacy services, financial counseling and enrollment services; Waiting room TV project



4.B. Transitional Care Teams at MMH work hand in hand with hospitalists and their patients to improve the discharge process through ensuring resources are in place for the patient, finding a primary care provider or other necessary referral sources for the patient (if applicable), and providing patients' other physicians with a copy of their visit summaries upon discharge.	VP Medical Affairs Dr. Wilson	Ongoing	Ongoing	Ongoing
4.C. MMH will continue to promote wellness events and programs, such as the 3-day Wellness Tour or community screenings, through the hospital's website and other social media outlets.	Community Relations Coordinator (Taylor)	Wellness Tour June 1-5 Corporate Cup June 21	Wellness Tour June 4-8 Corporate Cup Championship Hearts - Aug	Wellness Tour July 28-Aug 2 Championship Hearts Pivio Program Family Day in OR
4.D. MMH will continue to promote the 68 Nurse line, which is a 24 hour nurse hotline service for community members to access. MMH will continue to promote its 221 scheduling line that assists patients with setting up an appointment or procedure.	Director, Critical Care and Clinical Operations (Brandi)	digital promotion, on-call messaging,	digital promotion, on-call messaging	digital promotion, on-call messaging
4.E. MMH will continue to promote the Basin MD telemedicine service to increase access to health care for community members. Basin MD offers 24/7 access to telemedicine partner physicians in Texas and allows for patients to speak with the provider from anywhere, as opposed to having to travel to an office for care.	VP, Community Health, Director of Premier Operations (Marcy, Sherry)	20 behavioral health visits; removed program in March	Program was not renewed	N/A
4.F. MMH continues to expand interpretation services as opportunities arise.	Dir-Quality Management (Nancy, Elsa)	My Accessible Real Time Trusted Interpreter (Martti™); Recruiting interpreters	New vendor for audio translations, My Accessible Real Time Trusted Interpreter (Martti™); Recruiting interpreters	My Accessible Real Time Trusted Interpreter (Martti™); Recruiting interpreters



4.G. MMH will continue to campaign in the community about the benefits of having a primary care provider.	Tasa Public Relations Manager	Internal Communication	Internal communication; Walk with a Doc	Internal communication; Walk with a Doc
4.H. MMH will continue to promote its community garden project in order to allow more familiarity with fresh fruits and vegetables in a controlled atmosphere to those across the community.	Community Relations Coordinator	Ongoing renewals; Garden was full during a portion of FY23	Ongoing renewals	Ongoing renewals
4.I. MMH will continue to encourage employees to participate in local volunteer events and to continue to serve in leadership roles for community health-related organizations supporting local, underserved subpopulations.	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	Senior Life Board, Permian Basin Great 25 Nurses, Texas Nurses Association, Texas Organization for Nurse Leaders, Buffalo Trail Scout Board, United Way, Hospice, Health City, community engagement day, Hope Chest, Helping Hands, Midland Soup Kitchen	Senior Life Board, Permian Basin Great 25 Nurses, Texas Nurses Association, Texas Organization for Nurse Leaders, Buffalo Trail Scout Board, United Way, Hospice, Health City, community engagement day, Hope Chest, Helping Hands, Midland Soup Kitchen	Senior Life Board, Permian Basin Great 25 Nurses, Texas Nurses Association, Texas Organization for Nurse Leaders, Buffalo Trail Scout Board, United Way, Hospice, Health City, community engagement day, Hope Chest, Helping Hands, Midland Soup Kitchen
Healthy Horizons		N/A	planning for launch in 2025	Launching in FY25
Health Literacy project		N/A	Committee to prioritize health literacy initiatives in Midland Health and Community; ½ towards goals of surveys. Partnering with Midland Health Department for more surveys	Received over 550 surveys, Reviewing data for implementation of next projects; Patient education discharge - condensing information to lower literacy and amount of information; Health resource guide from PFAC Committee (new to midland/ER)



Priority #5: Continued Focus on COVID-19 Prevention and Response

Rationale:

Midland County had a higher mortality rate of COVID-19 compared to the state. Midland County also has a lower vaccination rate compared to the state.

Interviewees discussed concern surrounding various areas impacted by COVID-19, such as the stress on the healthcare workforce, residents with preexisting conditions, mental health concerns, homelessness and disparate healthcare access. Healthcare worker burnout was a top concern for lack of healthcare providers. One interviewee stated: "Staffing will be an issue. It was already difficult to find clinical staff before, but then the pandemic put a strain on those that were already in the field and also opened the door to agencies being able to pay more than the locals could. That's not fathomable for us locally to be able to do that." Homelessness was also mentioned as a precursor to healthcare needs as the cost of living, particularly for housing, rises. One interviewee noted: "Our housing issue has been put on hold, but that contributes to the overall health of the community and that's been on the backburner due to COVID-19 and the oil bust. For the low income and working poor, there's never enough housing." Those with preexisting conditions were noted as having a greater risk of complications from COVID-19 as well as a greater need for on-going and preventive care for chronic conditions. One interviewee stated: "COVID-19 has brought to light how much higher risk our obese and unhealthy individuals are because those are the ones impacted the most by this virus. That has changed people's idea of chronic disease and obesity because it brought in a whole new element."

It was also mentioned that mental health concerns are of even greater concern in light of COVID-19, particularly for the senior population. There is an increasing need for socialization and connection due to isolation during the pandemic. One interviewee specifically stated: "COVID-19 exacerbated what already existed with mental health, but there are also some COVID specifics with loss of jobs and just the stress and anxiety of that." While another mentioned: "Over the last few years with COVID, social isolation really took a toll on our seniors. Many of them became more isolated and locked into their homes which has exacerbated some of the mental health issues, especially for those already dealing with Alzheimer's and dementia."

Interviewees raised concern surrounding the increased presence of telehealth services during the pandemic and the limitations and barriers to telehealth services including potential difficulty accessing available telehealth services for those with limited technology resources. One interviewee stated: "Telehealth is good for those who have broadband connectivity, so it boils down to whether or not you have access to technology. If not, telehealth is not advantageous to you. That affects an inordinate amount of people in west Texas due to our rural nature."

Education was mentioned as an important factor as the pandemic progresses. Information and misinformation are swaying decisions regarding medical and protocol compliance as well as vaccine hesitancy. All of these are factors which contribute to frustration, fatigue and a mistrust of medical professionals which will be important to address not only as it relates to COVID-19 but all health factors. One interviewee stated: "We don't understand the effects of COVID-19 yet. There's a hesitancy to report having symptoms because children may miss school. Because of people just having COVID-19 fatigue, a growing number of people in our community have stopped listening or trusting our medical professionals. That's a dangerous trend we're seeing that's increasing."

Objective:

Implement and offer programs that aim to reduce the impact of the COVID-19 pandemic

Implementation Activity	Responsible Leader(s)	FY 2023	FY 2024	FY 2025
		Initiatives / Results	Initiatives / Results	Initiatives / Results
5.A. MMH will continue to provide education on COVID-19 and COVID-19 vaccinations as opportunities arise.	Public Relations Manager (Tasa)	flyers, radio spots, Facebook page, newspapers, initiative with vaccines & therapies	Communication of sickness rising with school starting	Media interviews with slight increase in numbers



5.B. MMH continues following CDC guidelines and community standards to control the spread and reduce risk of COVID-19 infection when discharging patients to a lower level of care and their home environment.	VP Medical Affairs & Infection Prevention & Control Manager (Dr. Wilson & Val)	Updating policy of masking as CDC guidelines update	Ongoing	Ongoing
5.C. MMH continues to report COVID-19 patient admissions data to the state and other organizations in an ongoing effort to share timely information regarding the pandemic as appropriate. Vaccination rates are reported to the National Healthcare Safety Network (NHSN).	Infection Prevention & Control Manager (Val)	Only to state per dismissal of PHE	N/A	N/A
5.D. MMH continues to provide access to COVID-19 testing site and vaccines for community members.	VP, Community Health, Director of Premier Operations (Marcy, Sherry)	vaccine clinic at F. Marie Hall Outpatient Center	promoted through PCP	Drive Thru testing for flu and COVID



Priority #6: Increased Emphasis on Safe Sex Education, Communicable Disease Prevention, Family Planning and Prenatal and Postnatal Care

Rationale:

Data suggests that residents in Midland County face an increasing risk of communicable disease infections, particularly syphilis as well as higher than state average births to single teens and teen pregnancy rates.

Interviewees emphasized the need to address rising STI and teen pregnancy rates through education regarding safe sexual behaviors and STI prevention and increased accessibility to family planning and sexual health resources. One interviewee stated: "We started testing and treating for STIs and STDs and we've had comments from patients saying they're not getting educated about STIs at all. They get the treatment and diagnosis and that's it. More people are making positive decisions about their sexual lifestyle because they know they don't want to get sick."

The transient population, particularly tied to the oil industry, was highlighted as a particular area of opportunity for education. Transportation as well as cost could be barriers to care for the transient population as well as the minority and low income populations. COVID-19 and the subsequent increase in time at home was seen as a driver of increased STI rates as well as a need for education on safe sex practices. One interviewee mentioned: "The other thing we've noticed is an increase in STIs. That may have to do with people spending more time at home. We need prevention. Use condoms, take birth control, don't have multiple partners, etc."

Objective:

Support efforts to increase sex education and communicable disease prevention in the community

Implementation Activity	Responsible Leader(s)	FY 2023	FY 2024	FY 2025
		Initiatives / Results	Initiatives / Results	Initiatives / Results
6.A. MMH will continue to manage the Hope Chest program which encourages young mothers to participate in regular check-ups and take care of themselves while pregnant through a point system. As points are earned, those points may be used towards diapers, strollers, bedding etc.	Community Relations Coordinator (Taylor)	Ongoing	developed Spanish video for enrollment	Social/digital campaign
6.B. MMH will continue to offer Becoming a Mom classes to public schools.	Community Relations Coordinator (Taylor)	Winter Session Dec-Jan (3 students) Fall 2023 session (2 students)	Spring Class	no fall or spring classes needed, one or no teen pregnancies
6.C. MMH will explore providing education on STD prevention and create community partnerships to address the STD rates in the community as opportunities arise.	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	Social/digital education	Social/digital education	Social/digital campaign



6.D. MMH will continue to provide family planning, prenatal and postnatal care and education to increase awareness in the community. The hospital will also explore access to care issues in the community to potentially develop activities to bridge any gaps between patients and appropriate care.	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	New educator started classes Power Bag program to support improving literacy rates	In-person course Power Bag program to support improving literacy rates; tracking teen birth	In-person course Power Bag program to support improving literacy rates; tracking teen birth; pregnancy loss classes
6.E. MMH will explore establishing partnerships with local organizations for communicable disease prevention efforts and programs.	Public Relations Manager, Community Relations Coordinator (Tasa, Taylor)	limited progress; referrals to local health department	limited progress; referrals to local health department	limited progress; referrals to local health department

