



Community Health Assessment Final Report



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S E R V I C E S O L U T I O N S S U C C E S S



The City of El Paso's Department of Public Health PHD is pleased to release this 2013 Community Health Assessment (CHA).

The Health Department conducted this during the last 6 months between December 2013 and May 2013. Many community partners helped to provide and gather data which helped to shape this final product. In this CHA report, you will find a comprehensive assessment of the health of the residents of Greater El Paso, detailed data and analysis of our community.

With input from all sectors of Greater El Paso, on September 2013 we will begin the Community Health Improvement Plan (CHIP). This process will help area residents and organizations to move forward with a united goal to improve the health of area residents. The CHIP is a long-term, systematic effort, based on the results of CHA activities.

The CHIP is a process for setting priorities, targeting resources, and addressing public health issues in collaboration with other governmental agencies and community partners. The CHIP will describe how stakeholders will collaborate with community partners to improve the health of the community. Carrying-out the CHIP will take five years, starting in 2013.

We welcome your ideas and suggestions to help us meet these goals.

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ACRONYMS

ACA	Affordable Care Act
ACS	Ambulatory Care Sensitive
BMI	Body Mass Index
BRFSS	Behavioral Risk Factor Surveillance System
CAB	Community Advisory Board
CDC	Centers for Disease Control and Prevention
CHA/CHIP	Community Health Assessment and Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CNI	Community Need Index
DPH	Department of Public Health
DSHS	Texas Department of State Health Services
ED	Emergency Department
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Centers
HFZ	Healthy Fitness Zone
HIV	Human Immunodeficiency Virus
HPSA	Health Professional Shortage Areas
HRSA	Health Resources and Services Administration
HSDA	HIV Service Delivery Areas
NACCHO	National Association of County and City Health Officials
NAICS	North American Industry Classification System
NCES	National Center for Education Studies
OB/GYN	Obstetrics/Gynecology
PCMH	Patient-Centered Medical Home
PCP	Primary Care Physician
PdNHF	Paso del Norte Health Foundation
PLWHA	Persons Living With HIV/AIDS
RHP	Regional Health Partnership
SAPIE	Small Area Income and Poverty Estimate
SES	Socioeconomic Status
SID	Sudden Infant Death Syndrome
SNAP	Supplemental Nutrition Assistance Program
STD	Sexually Transmitted Disease
TANF	Temporary Assistance for Needy Families
TB	Tuberculosis
WIC	Women, Infants, and Children (special supplemental nutrition program)

DEFINITIONS

Healthy community

A defined local area that has equitable access to health care and resources to support individual health. This includes: walkable and bikeable neighborhoods, safe public transportation, parks and open spaces, healthy food and fitness environments, cultural resources, good air quality, and access to housing and employment. (Prevention Institute)

Healthcare access

A person's ability to receive preventive services and treatment. Access is governed by: geographic location of health facilities, resident geographic location, transportation infrastructure, health literacy and awareness, and ability to pay for services, among other systemic barriers along the continuum of care.

Health disparities

A particular type of health difference that is closely linked with social, economic, and/or environment. Disparities are evidenced by social determinants of health such as uninsured status, as well as limited physical and financial access to primary care physicians (PCPs) and health services.

Preventive Services

Services rendered by PCPs at clinics, hospitals, and/or the health department, as well as from nurse practitioners, parish nurses, community health workers and navigators to decrease the likelihood of future disease diagnoses.

Medical Home/Patient-Centered Medical Home

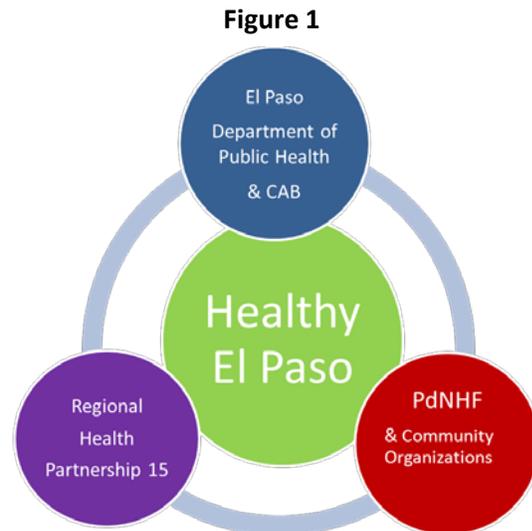
A Patient-Centered Medical Home (PCMH) is a team-based model of care led by a personal physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes (American College of Physicians). The public health sector in El Paso County supports medical homes through preventive healthcare access and immunizations, local healthcare access analysis and resulting programs, mobile unit services, and benefits provided by community health workers, navigators, and organizers. PCMH facilitates consistent health care available along the continuum of care.

EXECUTIVE SUMMARY

This Community Health Assessment and Improvement Plan (CHA/CHIP) represents collective issues facing El Paso County residents, and requires collective action to improve the health of our community. Using the expertise and input from a diverse Community Advisory Board (CAB), it builds on two community health needs assessments (CHNA) conducted in 2012. Taken together it is expected these three collaborations will significantly impact the overall health of the El Paso County community. The two CHNAs that provide the foundation for this CHA are:

- Paso del Norte Health Foundation (PdNHF) led an 18 month collaborative process resulting in the development of the “2012 Regional Health Framework.” This Framework is the foundation for many of the strategies outlined in this plan.
- Regional Healthcare Partnership (RHP) 15 Plan is part of the Medicaid 1115 Waiver for the Texas Healthcare Transformation and Quality Improvement Program. This Plan used data from PdNHF needs assessment and strategies from the Framework in developing 53 initiatives which will be implemented over the next five years to improve access to care and treatment and optimize overall community health.

PdNHF, RHP 15, the City of El Paso Department of Public Health (DPH) and all contributors to the needs assessment processes have agreed to work collaboratively to address the health needs confronting El Paso County. It is hoped that all El Paso County stakeholders will marshal resources to address the top needs identified in these plans in order to improve the overall health of the communities we serve. Figure 1 presents this association.



El Paso County Socio-Demographics

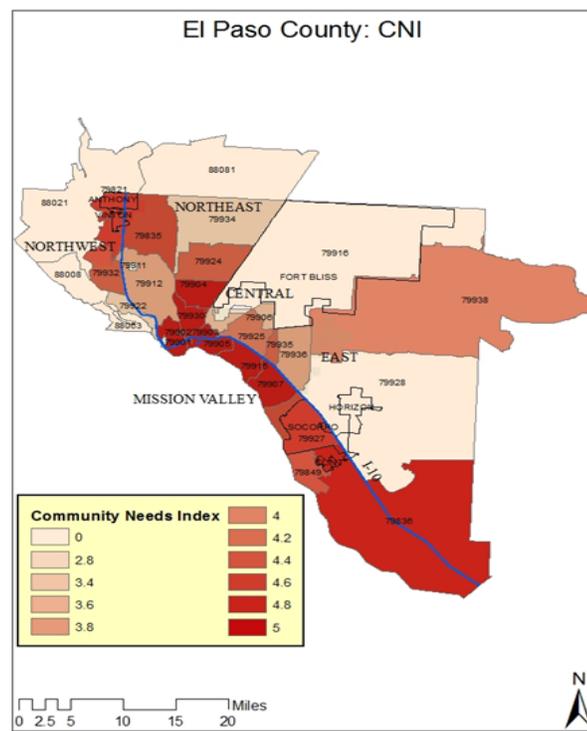
El Paso County is home to nearly 800,000 residents. It occupies over 1,000 square miles at the farthest west tip of Texas, bordering both New Mexico and Ciudad Juarez, Chihuahua, Mexico. Specific characteristics of El Paso County residents include:

- Growing Population-- El Paso County population increased by nearly 18% between 2000 and 2010, and the growth is continuing.
 - Ft. Bliss Army Post is the second largest U.S. Army installation and has expanded 300% over the last ten years. It is currently home to 30,000 soldiers and their families.
 - Increase in population from Ciudad Juarez, Mexico as residents cross the border to flee violence in that area.
 - RHP 15 Plan estimated that El Paso’s healthcare providers serve a population of 2.6 million residents in a multi-national region.¹

¹ RHP 15 Plan, page 8.

- Hispanic Ethnicity and Linguistic Isolation—82% of El Paso County residents are of Hispanic ethnicity with 30% experiencing linguistic isolation.
- Young Population—El Paso County has a younger population than Texas and the U.S.
- Low Educational Attainment—29% of El Paso County residents have not graduated from high school.
- Low Income and High Poverty--In 2011 El Paso County residents' per capita and median income levels were significantly below Texas, with per capita income \$9,700 below the State average.
 - A quarter of El Paso County residents live below the federal poverty level. This compares to 17% in Texas and 14% in the U.S.
 - El Paso County is home to 329 *colonias* which are settlements areas found along the U.S. – Mexico border. Homes may be self-built and do not meet building codes. *Colonias* typically have limited infrastructure including lack of sewer, water, electricity and other utilities. Unemployment and poverty are very high. Health issues associated with poor infrastructure and limited access have been identified and include such things are tuberculosis, hepatitis A, salmonellosis, and dysentery.
- Poor Community Need Index Scores--Dignity Health has developed and validated a Community Need Index (CNI) that measures the nation's healthcare needs by ZIP code. Overall El Paso County ranks poorly at 4.4 on a 5 point scale, with 5 representing the highest level of need.
 - For the CHA/CHIP, El Paso has been divided into eight Planning Areas. Mission Valley, Central, Far Northwest and Southeast have the lowest CNI scores, identifying geographic areas with significant health risk. The Planning areas and CNI scores are presented in Figure 2.

Figure 2



County Health Rankings

The *2013 County Health Rankings and Roadmaps* measure the overall health of each county in all 50 states on the many factors that influence health. They compare and rank each Texas county against others in the State.

- El Paso County ranked 66 overall out of 232 Texas counties. Houston, Dallas, Bexar, and Travis counties all ranked below El Paso County.
- El Paso County had vastly different ratings between mortality and morbidity. Mortality is based on an objective measure while some of the morbidity indicators are based on residents' opinions of their health.
 - El Paso County's mortality ranking is in the top 10% of Texas counties, 22 of 232 counties. El Paso County had nearly 20% fewer premature deaths than Texas overall.
 - On the other hand, El Paso County ranked 183 out of 232 Texas counties for morbidity indicators.
- *County Health Rankings* provides an overview of community prevention indicators identified as Health Behaviors. El Paso County ranks in the top 5% among Texas counties for Health Behaviors, eighth out of 232 Texas counties.
 - A lower percentage of El Paso County adults are obese than found in Texas. El Paso County is also below the national benchmark for adult obesity.
 - El Paso County is better than Texas for the indicators for adults smoking, physical inactivity, and motor vehicle crash death rate. El Paso needs to improve in these areas to exceed the national benchmark.
 - El Paso is worse than both Texas and the nation benchmark for excessive drinking.

EL PASO CITY-COUNTY PRIORITIES

Collaboration and the Care Continuum

In planning strategies and implementing tactics to improve the health of El Paso City and County residents, the collective expertise of all health care organizations must be brought to bear. Through the collective expertise and efforts of Paso del Norte Health Foundation, Regional Health Partnership 15 and the DPH CHA/CHIP Community Advisory Board, the El Paso community has an unprecedented opportunity to significantly improve residents' overall health.

- Strategies and tactics in this CHA/CHIP build on those found in the Paso del Norte Health Foundation "2012 Regional Strategic Health Framework" report and the RHP 15 Plan. They also support the 2011 – 2016 Texas State Health Plan recommendations.

In this process, the experience, expertise and resources of all partner organizations will be brought to bear on the healthy community continuum of care. (Figure 3) The components include:

- **Community Prevention** includes activities to promote health and lead a healthy lifestyle including such things as exercise, good nutrition, maintaining a healthy weight and avoiding smoking and excessive alcohol use.
- **Clinical Prevention** includes appropriate use of medical prevention screening and treatment such as accessing screening tests (i.e. mammography, PSA, etc.) on the recommended schedule, taking recommended medications to reduce risk factors, etc.

- **Care and Treatment** are those interventions to treat a disease once it presents. This may be in a doctor’s office or acute care settings.
- **Post-Discharge Follow Up and Care** includes following the prescribed care regimen to improve the acute condition and reduce risk factors going forward. It would include appropriate rehabilitation and medication to avoid a worsening of the condition or developing other pathology as well as improving health through nutrition, exercise or behavior modification (i.e. smoking cessation) to return to health.

While all collaborative partners impact the full continuum of care, some have a greater focus on specific components. For example:

- El Paso DPH’s primary role focuses on community and clinical prevention as well as post-discharge follow up.
- RHP 15 providers have a more concentrated focus on clinical prevention, care and treatment and post-discharge follow up. The RHP 15 Plan includes 53 specific projects, which will be implemented over the next five years by El Paso County hospitals and health care systems.
- PdNHF provides leadership and resources to local organizations to promote health across the continuum. PdNHF works with regional healthcare, businesses, schools, city and county leadership to achieve the outlined goals.

This plan focuses on the health needs that the DPH and the CAB partners can significantly impact. It strives to build on PdNHF and RHP 15 plans through effective collaboration and without duplicating efforts.

Figure 3
Healthy Community Continuum of Care



PRIORITY AREAS AND GOALS

Priority Area 1 : Obesity/Diabetes/Fitness/Nutrition

Goal 1: Create communities that promote a life-long commitment to healthy eating and active living.

Priority Area 2: Mental Health and Behavioral Health/Wellness

Goal 2: Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.

Priority Area 3: Substance Abuse/Chemical Dependency/Drug Abuse

Goal 3: Reduce substance abuse to protect the health of all residents in the El Paso County.

Priority Area 4: Healthy Sexuality/Teen Pregnancy

Goal 4: Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.

Priority Area 5: Improve Access to Healthcare

Goal 5: Improve access to comprehensive, coordinated, high quality health care services for everyone.

Priority Area 6: Surveillance and Communicable Disease Prevention

Goal 6: **Expand surveillance and early identification of communicable diseases throughout El Paso County, implementing appropriate prevention and interventions for those that are most prevalent.**

Goals 1 through 5 have objectives and initiatives outlined by PdNHF and RHP 15. Goal 6 relates to a key competency of DPH. Details can be found in section 13, Priorities of the CHA/CHIP document. The following focuses exclusively on the objectives and initiatives of the DPH in conjunction with the CAB.

PRIORITY AREA 1: OBESITY/DIABETES/FITNESS/NUTRITION

Background

El Paso County's low income is a risk factor for overweight and obesity. Low income areas often have limited access to healthy food, high access to non-nutritious food and low access to physical activity. The following risk factors were identified in this CHA/CHIP:

- Thirty percent of El Paso County residents live in food deserts, this compares to 15% of Texans and 9% of U. S. residents who live in areas with low access to a supermarket or large grocery store.

- El Paso County has a lower percentage of obese adults (24%), than Texas (29%) and the U.S. (27%) and a higher percentage of overweight adults (39%) compared to Texas (37%) and the U.S. (36%).
- In El Paso County, 29% of adults are physically inactive, reporting no physical activities or exercises in the past month. This compares to 13% of Texas adults and 20% of U.S. adults.

Diabetes is increasing in the El Paso County.

- In 2010, over 12% of El Paso County residents reported being told by a physician they had diabetes. This is a 15% increase between 2007 and 2010.

Among those with diabetes, the hemoglobin A1c test measures how well blood sugar is being controlled and should be checked every three to six months.

- In El Paso County a lower percentage of diabetic Medicare patients reported having this test in the past year compared to Texas and the U.S.
- This can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Goal 1: Create communities that promote a life-long commitment to healthy eating and active living.

DPH CHA/CHIP Objectives and Initiatives

Objective 1.1 Increase healthy eating among El Paso County residents.

- 1.1.1. In conjunction with DPH, UT- School of Public Health, and UTEP, engage community partners to establish and implement a culturally competent nutrition education curriculum prioritizing Hispanic women, including practical applications such as menu planning, food selection and healthy cooking classes.
- 1.1.2. In conjunction with acute care hospitals, community partners, and DPH staff, establish and implement a culturally competent diabetic nutrition education curriculum prioritizing Hispanic women and men, including diabetic education, menu planning, food selection and healthy cooking classes.
- 1.1.3. Continue the DPH Healthy Children Menu Program with locally-owned restaurants, expanding as resources become available.
- 1.1.4. In conjunction with the City Department of Parks and Recreation build community gardens around the Move! El Paso Trails, in locations where such an amenity is determined sustainable.

Objective 1.2 Engage El Paso County physicians to reduce obesity among their patients, using best practices from the Texas Department of State Health Services Obesity Program and other sources.

- 1.2.1. Target primary care specialties in 2014 for obesity program expansion, expanding into at least six additional practices annually.
- 1.2.2. Evaluate options to expand the program to other specialties, such as cardiology.

Objective 1.3 Increase healthy physical activity among El Paso County residents.

- 1.3.1. Promote the Move! El Paso walking trails program among both children and adults, identifying funding for necessary staff to provide community education and events at the trails.

Objective 1.4 Support volunteer efforts of Ft. Bliss personnel to reach out to young people in the community to promote and be role models for physical fitness.

- 1.4.1. In conjunction with Ft. Bliss representatives, establish a plan to encourage Ft. Bliss volunteer outreach to schools and/or youth organizations to promote healthy eating and active living among El Paso County youth.

Objective 1.5 Encourage and motivate El Paso County residents to have positive perceptions of their personal health and to establish goals to improve their personal health.

- 1.5.1. Beginning with the WIC program, develop a program to provide education and outreach to El Paso County residents to increase positive perceptions of their health and expand the positive aspects of their health.
- 1.5.2. Build on this program to prioritize other communities in El Paso County.

PRIORITY AREA 2: MENTAL HEALTH AND BEHAVIORAL HEALTH/WELLNESS

Background

As with many regions throughout Texas, Region 15 has a dearth of behavioral healthcare (mental health and chemical dependency) services available in the community. Behavioral health facilities currently operate above capacity, and health care providers in the Region continue to struggle to provide adequate behavioral healthcare to patients. Behavioral health providers in the region do not have the resources, staffing, or funding necessary to meet the significant behavioral healthcare needs in the community.²

Behavioral health is increasingly being linked to physical health indicators. It is expected that in the future behavioral health systems will be embedded in new structures such as accountable care organizations, integrated healthcare systems and preferred provider organizations.

RHP 15 Plan stated that of the residents in the Region who are in need of mental health services, 46% receive these services.

Less than three quarters (73%) of El Paso County residents report adequate social or emotional support.

- This is below the average for Texas residents (77%) the U.S residents (80%).

² RHP 15 Plan, page 9

Goal 2: Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.

DPH CHA/CHIP Objectives and Initiatives

Objective 2.1 Increase access to appropriate mental health services through distribution of the Wellness Network Resource Directory and appropriate referral.

2.1.1. Annually update the Wellness Network Resource Directory, and promote availability throughout the community.

Objective 2.2 Increase access to appropriate mental health services through appropriate referral using the 2-1-1 Information and Referral Services Line.

2.2.1. As clinics, primary care practitioners and other providers increase evaluation of mental health issues, promote 2-1-1 Information and Referral services line to enhance appropriate mental health referrals and linkage for treatment.

2.2.2. Identify key points of entry for mental health disorders, such as jails, HIV clinics, STD clinics, homeless shelters, etc. and distribute the Wellness Network Resource Directory and promote the 2-1-1 Information and Referral line for mental health services, to case managers and others in these organizations.

2.2.3. Promote the 2-1-1 Information and Referral services line to community residents for mental health referrals for individuals needing mental health evaluation and possible treatment.

2.2.4. Develop partnerships with mental health providers to implement these marketing plans.

Objective 2.3 In collaboration with CAB members, develop and implement a culturally appropriate community awareness plan to reduce the stigma of mental health treatment in the community.

2.3.1. Establish a work group to develop a culturally appropriate community awareness plan to reduce the stigma of mental health treatment by December 2015.

2.3.2. Begin plan implementation in January 2016 with progress evaluation annually.

Objective 2.4 Promote partnerships and networking among mental health and related service providers through an annual Bi-national Mental Health Partners Network conference.

2.4.1. Create a Bi-national Mental Health Partners Network conference planning committee composed of DPH staff, mental health personnel and other service providers.

2.4.2. Host the Bi-national Mental Health Partners Network conference to promote partnerships and greater access to mental health and related services.

2.4.3. Evaluate success of the Bi-national Mental Health Partners Network conference annually and make appropriate changes in the following year.

Objective 2.5 Promote the electronic directory and use of 2-1-1 Information and Referral line for mental health referrals with health care providers and community health workers.

- 2.5.1. Develop a promotional plan to increase access to and use of the electronic directory and 2-1-1 for mental health referrals among health care providers and community health workers by June 2014.
- 2.5.2. Implement the promotional plan, achieving annual targets to be outlined in the plan.

Objective 2.6 Support initiatives integrating behavioral health and physical health in El Paso County.

- 2.6.1. As PDNHF collaborators and RHP 15 develop initiatives integrating behavioral health and physical health, promote the electronic directory and 2-1-1 Information and Referral line to support appropriate referrals by primary care and other medical providers.
- 2.6.2. Identify opportunities to appropriately refer DPH program participants to providers whose practices integrate behavioral health and physical health.

PRIORITY AREA 3: SUBSTANCE ABUSE/CHEMICAL DEPENDENCY/DRUG ABUSE

Background

CAB members cited alcohol addiction as the most prevalent substance abuse disorder in El Paso County.

- A larger percentage of El Pasoans report heavy drinking (16%) than Texans overall (13%).
- Driving while intoxicated (DWI) citations increased 130% between 2005 and 2012.

However, narcotics possession is also a concern in the County.

- Narcotics possession arrests increased significantly between 2005 and 2012, from 352 narcotic possession arrests in 2005 to 580 in 2012, a 65% increase.

Goal 3: Reduce substance abuse to protect the health of all residents in the Paso del Norte Region.

DPH CHA/CHIP Objectives and Initiatives

Objective 3.1 Reduce El Paso County residents' excessive alcohol use, binge drinking and driving while intoxicated annually.

- 3.1.1. In conjunction with law enforcement, El Paso County substance abuse treatment providers, Mothers Against Drunk Driving (MADD), and Ft. Bliss personnel, develop and implement a community awareness and education plan to reduce alcohol and drug use among priority populations.

Objective 3.2 Continue to support tobacco prevention programs among El Paso County residents, building on existing successful programs.

- 3.2.1. In conjunction with the Smoke Free Paso del Norte Coalition, maintain the tobacco education program after it is completed in April 2014.
- 3.2.2. Support efforts of the Coalition to expand the current smoke free ordinance for the City of El Paso to include smoke free outdoor spaces owned or leased by the City. Propose tobacco program revisions to reflect ordinance revisions.
- 3.2.3 In conjunction with the El Paso Police Department, mandate two tobacco enforcement operations at each region during the year as well as zero tolerance on offenders.

PRIORITY AREA 4: HEALTHY SEXUALITY/TEEN PREGNANCY

Background

El Paso County has opportunities to improve maternal and fetal outcomes. Addressing the following challenges will support this goal:

- Physician shortages for maternal and child health exist and impede access.
- Earlier access to prenatal care is needed since only 59% accessing care in the first trimester.
- Reduce fetal deaths and low birth weight infants—both increased between 2007 and 2009.
- Reduce the number of teen births since the El Paso County teen birth rate is consistently higher than found in Texas. In 2009, the El Paso County teen birth rate was 78 births per 1,000 females age 15 – 19 compared to 63/1,000 for the state of Texas and 41/1,000 for the U.S.
- Increase the time between pregnancies for young mothers.

STD rates among teens age 13 to 19 have been increasing steadily between 2005 and 2010 with the highest incidence among females.

Case manager focus group participants identified access issues including:

- Through WIC pregnant women are referred to doctors, but are not seen again until delivery unless they have a high-risk pregnancy. It was stated, “The issue is getting them to the appointments.”
- “Many of the women are not seeking medical attention until they have their Medicaid approved.”
- “Undocumented parents are afraid to apply for Medicaid for their U.S. born children.”
- “Women also believe that they need the physician results to prove pregnancy to receive WIC services.”

Goal 4: Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.

DPH CHA/CHIP Objectives and Initiatives

Objective 4.1 Support PdNHF in establishing comprehensive sex education programs that are evidence-based and medically accurate. The timetable to be established in collaboration with PdNHF staff.

- 4.1.1. Share previously conducted assessments of middle school sexuality programming with PdNHF Coalition to use as a basis for service planning.
- 4.1.2. Continue current abstinence programming with eight middle schools, expanding as possible.

Objective 4.2 Maintain DPH family planning education and outreach programs, and support other family planning initiatives throughout El Paso County.

- 4.2.1. Continue established program encouraging young mothers to lengthen time between pregnancies.
- 4.2.2. Educate and outreach to teens and young women about available family planning services.
- 4.2.3. Continue to identify other family planning needs through WIC and other DPH program, developing programs to fulfill the needs.

Objective 4.3 In conjunction with the Teen Pregnancy Coalition and other collaborative partners, define standardized teen pregnancy education and advocacy messaging by June 2015, followed by implementation and annual evaluation.

- 4.3.1. Establish a work group to determine English and Spanish messaging for teen pregnancy education and advocacy by October 2013.
- 4.3.2. Identify target audiences for initial messaging by January 2014.
- 4.3.3. Devise standard messaging by June 2014, building on established, successful local, regional and/or national programs.
- 4.3.4. Communicate messaging and encourage implementation of standard messaging by appropriate providers throughout El Paso County by December 2014.
- 4.3.5. Evaluate success annually.

Objective 4.4 Maintain DPH partnership with Del Sol Medical Center, University Medical Center, Sierra Providence and William Beaumont, expanding services and locations as appropriate.

- 4.4.1. Maintain WIC and immunization services.
- 4.4.2. Maintain and/or expand the successful Teen Symposium.
- 4.4.3. Identify opportunities to increase joint services with Del Sol Medical Center at existing locations or other locations in the community. WIC will continue providing general program information, breastfeeding education and appointments at these hospitals and Identify opportunities to increase at other locations.

Objective 4.5 Promote access to family planning services through the 2-1-1 Information and Referral Line

4.5.1 As promotional plans for 2-1-1 Information and Referral line are developed and educational and outreach activities implemented, include family planning access and referral services as a focus area for the priority population of women of child-bearing age (15 – 44).

Objective 4.6 Increase awareness on the prevention of Chlamydia and other STDs, particularly among youth.

4.6.1. Implement a Chlamydia prevention community awareness campaign in partnership with Del Sol Medical Center and the Teen Pregnancy Coalition.

Objective 4.7 Increase HPV immunizations among male and female youth.

4.7.1. Implement an HPV vaccination campaign in partnership with the University of Texas-School of Public Health-Houston.

PRIORITY AREA 5: IMPROVE ACCESS TO HEALTHCARE

Background

Areas within El Paso County have been designated Health Professional Shortage Areas including primary care, mental health treatment and dental care shortages.

- With 33% uninsured, El Paso County has more uninsured than Texas, and the El Paso County uninsured percentage is three times that recommended by the national benchmark.
- Availability of primary care physicians (PCP) is more limited in El Paso County than in Texas. El Paso County PCPs are serving more than double the number of residents recommended by the national benchmark.
- The percentage of El Paso County residents without a regular source of primary care, 41%, is more than double the U.S. average (19%) and above the Texas average of 26.5%.
- El Paso has an even more severe shortage of dentists than PCPs relative to Texas and the national benchmark.
- El Paso County preventable hospital stays are below the rate found in Texas but above the national benchmark.³

Goal 5: Improve access to comprehensive, coordinated, high quality health care services for everyone.

³ Preventable hospital stays is defined as the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.

DPH CHA/CHIP Objectives and Initiatives

Objective 5.1 Expand the DPH pediatric dental clinic, including implementation of the new mobile clinic, to enhance access to dental care for El Paso City-County children.

- 5.1.1. Implement the DPH pediatric dentistry mobile van to increase access to children throughout the community, with emphasis on vulnerable populations, underprivileged and those without insurance by December 2013.
- 5.1.2. Identify funding sources to further increase access to dentistry for children throughout El Paso County, applying for funding whenever available.
- 5.1.3. Identify collaborative opportunities to expand access to dentistry for children throughout El Paso County, implementing new programs whenever possible.

Objective 5.2 Serve as a consumer resource to support implementation of the Affordable Care Act Insurance Exchange among El Paso County residents.

- 5.2.1. Identify and train DPH management-level personnel to lead the process to support El Paso County residents' enrollment in health insurance exchange(s) by October 2013.
- 5.2.2. Lead personnel will train program staff to understand and support enrollment in appropriate exchange(s)/plan(s) by January 2014.
- 5.2.3. Promote 2-1-1 as the source for information and linkages to health insurance exchanges.
- 5.2.4. Develop and implement a consumer-focused promotional plan to inform El Paso City-County residents of this and other available services to support enrollment in health insurance exchange(s) by January 2014.

Objective 5.3 Serve as a provider resource to support implementation of the Affordable Care Act Insurance Exchange for El Paso County.

- 5.3.1. Collaborate with El Paso City-County health care organizations and community agencies to establish a plan to support residents' enrollment in the Affordable Care Act insurance exchange, beginning in October 2013.
- 5.3.2. Develop and implement a provider-focused promotional plan to inform El Paso City-County residents of this and other available services to support enrollment in health insurance exchange(s) by January 2014.

Objective 5.4 Collaborate with CAB and other community stakeholders to support integrated health care service delivery across the care continuum.

- 5.4.1. Support initiatives to integrate medical care and services provided by the three El Paso County federally qualified health centers (FQHC) with care and services available through regional acute care hospitals.
- 5.4.2. Identify opportunities for DPH personnel to participate in targeted multidisciplinary patient-centered medical home (PCMH) pilot projects in El Paso County by providing services such as patient/family education, community prevention activities and post-discharge activities and support. Participation to include at least one new PCMH initiative annually.
- 5.4.3. Work with acute care facilities and medical clinics to support physician and other health care provider recruitment to El Paso County.

Priority Area 6: Surveillance and Communicable Disease Prevention

Background

El Paso Department of Public Health has a strong record of communicable disease surveillance and prevention. However, since surveillance is a core competency of the DPH, it is a focus of the CHA/CHIP.

- State-of-the-art surveillance systems are essential for early identification of public health outbreaks, emergencies and trends as well as continuous quality improvement to enhance community health.
- Targeted interventions with high risk populations are critical to reducing morbidity and mortality from infectious diseases, reducing the spread of communicable diseases, and supporting a healthy community.

Goal 6: Expand public health/epidemiology surveillance and early identification of the most prevalent communicable diseases in El Paso County.

Objective 6.1 Expand DPH surveillance systems including electronic health data systems, particularly El Paso’s new Health Information Exchange and BioSense 2.0 Syndromic Surveillance software.

- 6.1.1. Participate with the PdNHF in strengthening the health information exchange beginning in June 2014 and ongoing.
- 6.1.2. Implement a syndromic surveillance system in the El Paso Co. hospital networks by June 2014.
- 6.1.3. Assess El Paso Department of Public Health surveillance processes and systems, including electronic reporting systems by December, 2014.

Objective 6.2 Target surveillance and communicable disease prevention and interventions to geographic areas of highest need including *colonias*, select ZIP codes El Paso.

- 6.2.1. Begin with one priority area in 2014, expanding by one to two priority areas annually.
- 6.2.2. Prioritize populations for communicable disease prevention and interventions, using surveillance data to identify at least one priority population annually by Dec. 2014.

1. INTRODUCTION

The City of El Paso Department of Public Health (DPH) was selected by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC) to receive funds to advance national accreditation efforts from the Public Health Accreditation Board. This Community Health Needs Assessment and Community Health Improvement Plan, supporting DPH accreditation, is developed using a portion of those funds.

DPH led this Community Health Needs Assessment and Community Health Improvement Plan in collaboration with a Community Advisory Board (CAB) comprised of representatives of hospitals and health care organizations, community-based organizations, military medical organizations, civic and law enforcement organizations, and representatives of key City and County departments. (Appendix A). This Community Health Assessment (CHA/CHIP) and Community Health Improvement Plan will ensure that our entire local public health system continues to effectively and efficiently serve the 800,000 residents of our county.

Healthy People 2020, the national plan to improve the nation's health, outlines a detailed ten year agenda that encompasses the entire continuum of prevention and care. The overarching *Healthy People 2020* goals are to:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.⁴

The El Paso County Community Health Assessment supports these *Healthy People 2020* goals. Specifically, the CHA/CHIP goals are to:

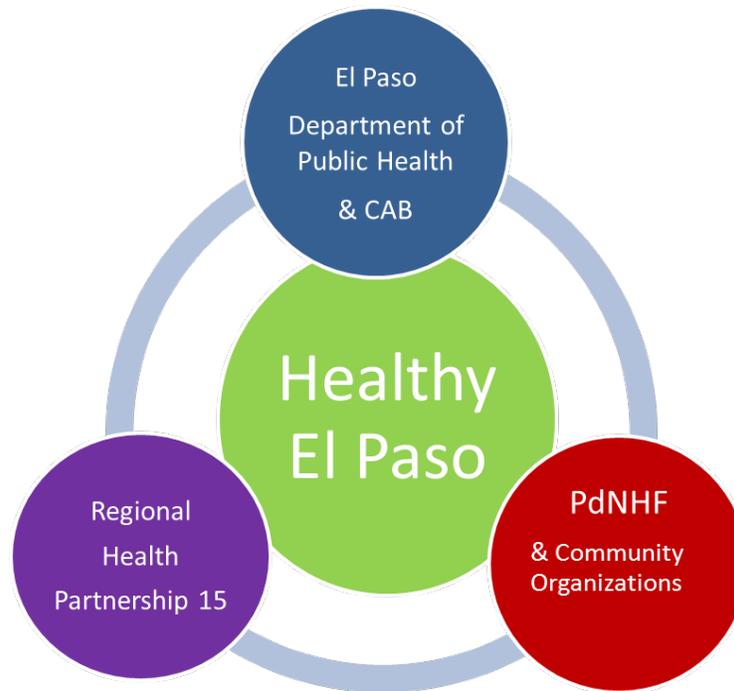
- Identify existing and emerging population health needs throughout El Paso County.
- Identify community resources available to meet these needs.
- Coordinate and collaborate with other community health needs assessments recently conducted within the El Paso County region.
 - Paso del Norte Health Foundation (PdNHF) conducted an 18 month process beginning with a Community Health Needs Assessment and culminating in a Regional Strategic Health Framework focusing on El Paso County and surrounding areas of Texas, New Mexico and Ciudad Juarez, Mexico.
 - Regional Health Partnership (RHP) 15 Need Assessment built on the PdNHF needs assessment and was used to develop the RHP 15 Plan for the Texas 1115 Medicaid waiver.
- In conjunction with the Community Advisory Board, develop a community public health improvement plan to align resources and services to meet the diverse needs of El Paso County residents.
- Ensure the DPH is fulfilling its public health mission to improve the health of El Paso County residents.

⁴ *Healthy People 2020*. About Healthy People.

- CHA/CHIPs are at the core of all of the Ten Essential Public Health Services (refer to Appendix B). This CHA/CHIP provides the information, partnerships, insight and plan to improve the community's health.

Figure 1.1 presents the collaborations that have been developed to significantly impact the health of El Paso County residents.

Figure 1.1
Collaborations Contributing to a Healthy El Paso County



COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN

This CHA/CHIP represents collective issues facing El Paso County residents, and requires collective action to improve the health of our community. PdNHF, RHP, the City of El Paso and all contributors to the needs assessment processes have agreed to work collaboratively to address the health needs confronting El Paso County. It is hoped that all El Paso County stakeholders will marshal resources to address the top needs identified in these plans in order to improve the overall health of the communities we serve. This needs assessment is a call to action for all community-based organizations, policymakers, hospitals, health care providers, workplaces, faith-based organizations, civic leaders, and residents to do the same.

2. METHODOLOGY

During 2011 and 2012 two collaborative community health needs assessments were conducted in the El Paso County region. These included the Paso del Norte Health Foundation Regional Strategic Health Framework and the Regional Health Partnership Plan for Region 15. The following descriptions provide a brief overview of these assessments and their use in this CHA.

- A. Paso del Norte Health Foundation (PdNHF) led an 18 month collaborative process leading to the development of the “2012 Regional Health Framework.”
- The PdNHF region encompassed three areas: El Paso and Hudspeth counties in Texas, three New Mexico counties, and the municipality of Ciudad Juarez, Chihuahua, Mexico.
 - The process components included (1) development of a Community Health Needs Assessment using secondary data sources, (2) three regional “health summits,” in the distinct geographic areas to obtain qualitative input into the process, and (3) development of the “2012 Regional Strategic Health Framework” using the Blue Ribbon Task Force.

PdNHF provided El Paso DPH with: (1) Excel data file from the needs assessment allowing extraction of El Paso County, Texas and the U.S secondary data; (2) an overview of findings from the El Paso/Hudspeth regional health summit; and (c) highlights of the components of the Regional Strategic Health Framework specific to El Paso County.

The PdNHF Framework is the foundation for strategies outlined in this plan.

- B. Regional Healthcare Partnership (RHP) Plan for Region 15 as part of the Medicaid 1115 Waiver for the Texas Healthcare Transformation and Quality Improvement Program.
- RHP 15 Plan used data from the PdNHF Community Health Needs Assessment. University Medical Center of El Paso was the lead organization with all hospitals and many other community organizations participating. DPH was actively involved.
 - The overall goal of this regional health plan was to establish strategies to improve the availability and delivery of healthcare services to the El Paso community, with a focus on improving system access and quality of care to the indigent and uninsured populations. The RHP 15 providers have outlined 53 projects to accomplish their goals over the next five years.

SECONDARY DATA SOURCES

The most significant sources of secondary data were the CHA/CHIP Report Beta 2.0, February 6, 2013. The original data sources for each chart and table in this document were cited, and those original citations were maintained in CHA/CHIP.

PRIMARY RESEARCH

PdNHF Regional Strategic Health Framework and RHP 15 Plan included key informant interviews and focus group discussions, reducing the need for additional primary research during this process.

One focus group was conducted with health department case managers who work directly with consumers. Representatives of WIC, HIV and STD outreach and testing, community education, tuberculosis remediation, and pediatric dental were included. The goal of this focus group was to outline health care needs of their clients and possible solutions to these identified challenges.

The focus group discussion guide was developed to meet the focus group objectives which included:

- Define healthy community characteristics in El Paso County.
- Identify El Paso County issues and assets that impact population health.
- Identify community barriers to good health overall and by subpopulations.
- Identify disparities by geography and/or population.
- Outline priority health needs that should be addressed over the next three to five years.

DPH staff transcribed the focus group. Results are presented with each topic area. The focus group guide can be found in Appendix C.

COMMUNITY ADVISORY BOARD

A Community Advisory Board (CAB) supported development of this CHA. These advisors represented a wide range of El Paso County organizations with an interest in or effect on the community's health. A complete list of CAB members can be found in Appendix A.

The first meeting of the CAB was a group discussion of key community needs. The CAB members provided input into the needs their patients/clients experiences, possible solutions, and suggestions for collaboration to improve overall community health.

The midterm draft was provided to CAB members for review and input. Their suggestions are included in the final document.

The final document was presented to the CAB in order to begin the action plan for improved community health. Progress in achieving the goals of the plan will be evaluated annually by DPH staff and the CAB members.

EL PASO COUNTY AND CITY OF EL PASO REPRESENTATIVE AREAS

Figure 2.1 depicts the City of El Paso Representative areas. In this CHA/CHIP, these areas have been used to provide additional detail on geographic areas.

3. EL PASO COUNTY GEOGRAPHY AND SOCIO-DEMOGRAPHICS

BACKGROUND

El Paso County is home to nearly 800,000 residents. It occupies over 1,000 square miles at the farthest west tip of Texas, bordering both New Mexico and Ciudad Juarez, Chihuahua, Mexico. The City of El Paso is the sixth largest in Texas, and the largest Texas border community.

El Paso is home to the Ft. Bliss Army post. It is the Army's second largest installation and has expanded by 300% over the last ten years. It now includes approximately 30,000 soldiers and their families. This increase has had a significant economic and demographic impact on El Paso County.

- The \$4.1 billion expansion program included, among other things, new health care facilities for active duty soldiers.
- Military family members, however, often receive health care and other services in the community.
- Civilian contractors have also increased to support the base expansion, and these people generally access health care from community providers.

Another change affecting El Paso County is the violence plaguing Ciudad Juarez, Mexico. A city of two million people directly across the Rio Grande River, Ciudad Juarez has experienced significant drug violence in recent years. Among other things, this has resulted in additional Mexican residents seeking refuge in El Paso.⁵ The new immigrants place additional demands on El Paso health and human services.

- Housing is in short supply and other services are operating at capacity.
- Medical and social service systems are reportedly being strained.
- RHP 15 stated El Paso County has a high percentage of non-citizen immigrants. That report estimated that El Paso's healthcare providers serve an estimated population of 2.6 million residents in a multi-national region.⁶

The increasing danger in Ciudad Juarez has also altered El Paso residents' health care purchasing patterns. The violence has curtailed border crossings by U.S. citizens. Previously El Paso residents could access medications and some types of medical care in Mexico. With fewer El Paso County residents crossing the border, more care and treatment are accessed in El Paso.

El Paso County is home to 329 *colonias*, which are settlements areas found along the U.S. – Mexico border. *Colonias* are developed in response to limited supplies of affordable housing, and typically have limited infrastructure including lack of sewer, water, electricity and other utilities many people take for granted. Homes may be self-built by the inhabitants and do not meet building codes. Unemployment and poverty are very high. Health issues associated with poor infrastructure and limited access have been identified and include but are not limited to tuberculosis, hepatitis A, salmonellosis, and dysentery.⁷

⁵ <http://www.ktsm.com/news/hundreds-from-juarez-seeking-asylum-in-el-paso>. Retrieved May 6, 2010.

⁶ RHP 15 Plan, page 8.

⁷ Texas Colonias: A Thumbnail Sketch of Conditions, Issues, Challenges and Opportunities. www.sos.tx.us, Retrieved March 5, 2013.

EL PASO COUNTY GEOGRAPHY

This CHA has developed “Planning Areas” that build upon the City of El Paso Representative District Areas. The Representative District areas within the City include Mission Valley, East, Central, Ft. Bliss, Northeast and Northwest. The entire county is included by adding Southeast and Far Northwest. The ZIP codes comprising the Planning Areas are outlined in Appendix D.

Figure 3.1



DEMOGRAPHICS

Population

El Paso’s 2010 population per the U.S. Census was nearly three quarters of a million people.

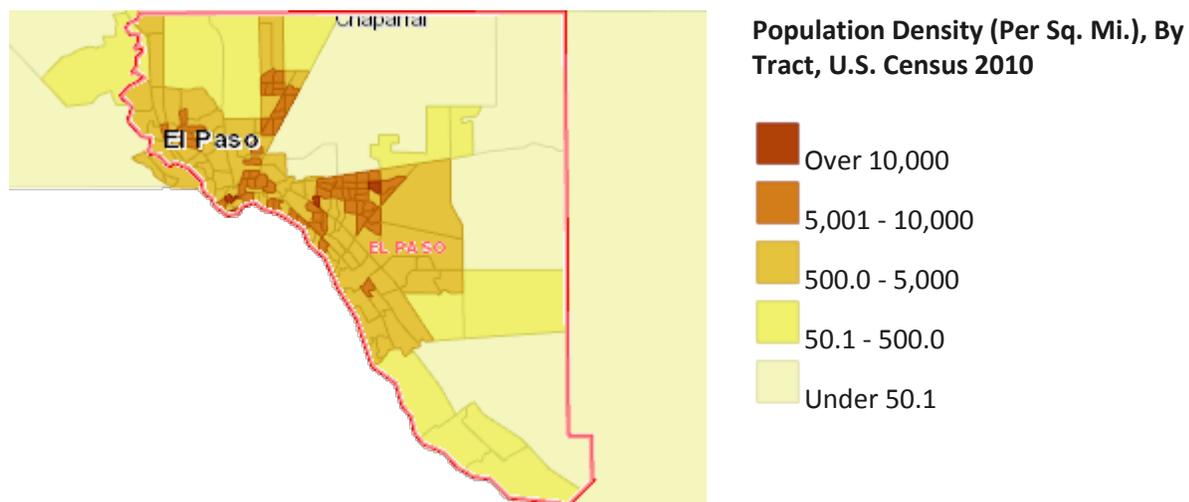
- Relative to the State and Nation, the County is densely populated with 762.6 people per square mile.
- The population density varies between the City of El Paso and outlying areas. Portions of Ft. Bliss are uninhabited and used for military exercises. Refer to the map in Figure 3.1 to identify areas of highest population density.
- El Paso County population increased by nearly 18% between 2000 and 2010. This is a lower percentage than Texas overall, but nearly double the growth experienced across the U.S. (Table 3.2)

Table 3.1
Population and Population Density
2006 – 2010

Report Area	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
El Paso County	772,280	1,012.7	762.6
Texas	24,311,892	261,231.7	93.1
United States	303,965,271	3,531,905.5	86.1

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates. Source geography: Tract.

Figure 3.2
Population Density by Census Tract
2010



Source: CHNA Report Beta 2.0, February 6, 2013.

Table 3.2
Percent Change from 2000-2010 Census

Report Area	Percent Change from 2000-2010 Census
El Paso County	17.8%
Texas	20.6%
United States	9.7%

Data Source: U.S. Census Bureau, 2000 Census of Population and Housing, Summary File 1; U.S. Census Bureau, 2010 Census of Population and Housing, Summary File 1.

Race/Ethnicity

Race and ethnicity were not considered together in the 2010 census. Thus, race must be considered separately from Hispanic/Latino ethnicity.

- Considering race, El Paso County is predominantly White, 78%, followed by Black 3% and Asian 1%.
- “Some other race” was identified by 15% of the County residents. (Table 3.3)
- Eighty two percent (82%) of El Paso County residents are of Hispanic ethnicity. (Table 3.4)
- This includes 83% of White respondents and 99% of those responding “some other race.”

Table 3.3
Total Population, Percent by Race Alone
2013

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
El Paso County #	603,386	22,523	8,135	4,011	487	116,994	16,744
El Paso County %	78.1%	2.9%	1.1%	0.5%	0.1%	15.2%	2.17%
Texas %	72.0%	11.8%	3.7%	0.5%	0.1%	9.9%	2.0%
United States %	74.0%	12.5%	4.7%	0.8%	0.2%	5.5%	2.4%

Source: CHNA Report Beta 2.0, February 6, 2013

Table 3.4
Hispanic vs. Non-Hispanic Population by Race
2013

Report Area	Total	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Pacific Islander	Some Other Race	Multiple Races
El Paso County	81.9%	82.7%	11.1%	5.0%	58.1%	13.6%	99.0%	72.8%
Texas	36.7%	35.5%	1.9%	1.3%	43.4%	11.2%	98.2%	43.5%
United States	15.7%	12.6%	2.3%	1.2%	17.4%	6.7%	95.9%	27.3%

Source: CHNA Report Beta 2.0, February 6, 2013

Linguistic Isolation

Given El Paso County’s high percentage of Hispanic residents, it is not surprising that 30% of residents are linguistically isolated.

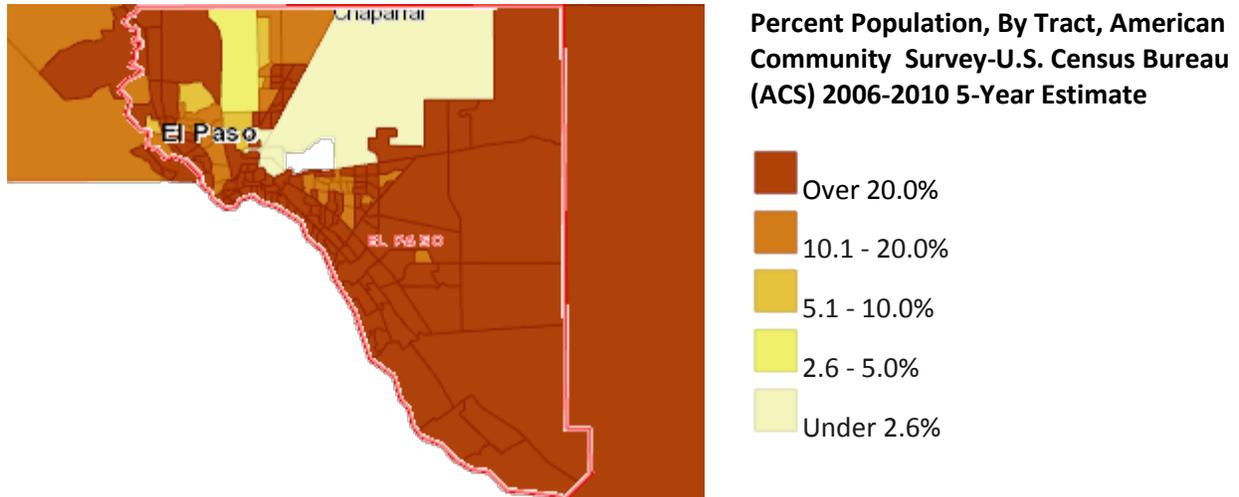
- This indicator reports the percentage of the population aged 5 and older who speak a language other than English at home and speak English less than "very well."
- Linguistic isolation creates barriers to healthcare access, provider communications, and health literacy/education.
- Figure 3.3 demonstrates that throughout El Paso County more than 20% of the population is linguistically isolated.

Table 3.5
2006-2010

Report Area	Percent Linguistically Isolated Population
El Paso County	30.2%
Texas	14.4%
United States	8.7%

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.

Figure 3.3
Percent Linguistically Isolated Population



Age

El Paso County has a younger population than the Texas average.

- This includes children and youth in all age groups: less than 5 years, 5 to 14 years and 15 to 19 years.
- El Paso has a smaller percentage of residents in the 30 to 64 year age brackets than Texas overall.
- El Paso County’s median age is 31.2 years compared to 33.4 years for Texas and 36.9 years for the U.S.

Both El Paso County and Texas have 10.2% of residents age 65 years and older.

- This compares to 12.8% of U.S. residents who are age 65 and older.

Table 3.6
El Paso County Residents by Age
2010

	El Paso County		Texas
	Number	Percent	Percent
Total Population	800,647	100	100
Under 5 years	64,621	8.1	7.7
5 to 14 years	133,982	16.8	15.2
15 to 19 years	69,454	8.7	7.5
20 to 29 years	118,709	15.9	14.6
30 to 39 years	103,963	13	14
40 to 49 years	103,062	12.7	13.7
50 to 64 years	124,633	15.6	17.1
65 years and Older	82,223	10.2	10.2

Table 3.7
Median Age El Paso County, Texas, U.S.
2010

Report Area	Median Age
El Paso County	31.2
Texas	33.4
United States	36.9

Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.

SOCIAL AND ECONOMIC FACTORS

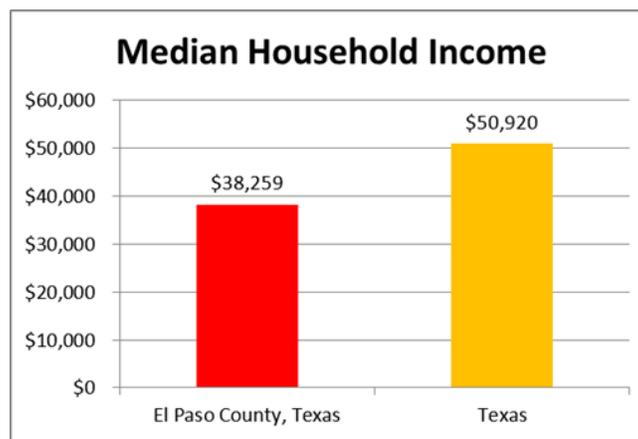
Economic and social insecurity are associated with poor health. Low socioeconomic status reflected in income levels, poverty rates and educational attainment, affects health literacy, access to care and healthy behaviors. Thus, these factors affect the strategies needed to reach these individuals and communities to support health improvement.

Income

Income in El Paso County is significantly lower than found throughout the state.

- The 2011 average per capita personal income in El Paso County was only \$28,071, compared to the Texas average of \$37,809.⁸ This is a per person difference of over \$9,700.
- The 2007 – 2011 median household income was \$38,259 which was \$12,600 less than the state median household income of \$50,920.

Figure 3.4
Median Household Income 2007 – 2011



Source: County Quickfacts

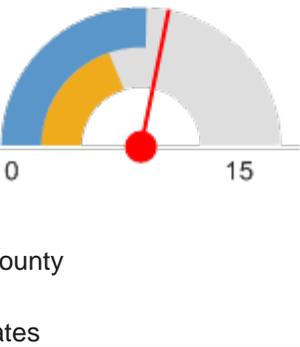
⁸ RHP 15, page 28.

Unemployment Rate

El Paso County has not enjoyed the high levels of employment found in other parts of Texas.

- The July 2012 unemployment rate for El Paso County was 2.4 percentage points higher than the unemployment rate in the State.
- It is also 0.7% higher than found in the U.S.

Table 3.8
Unemployment Rate – July 2012

Report Area	Unemployment Rate	Unemployment Rate
El Paso County	8.4%	
Texas	6.0%	
United States	7.7%	
<i>Data Source: U.S. Bureau of Labor Statistics, July, 2012 Local Area Unemployment Statistics</i>		

Poverty

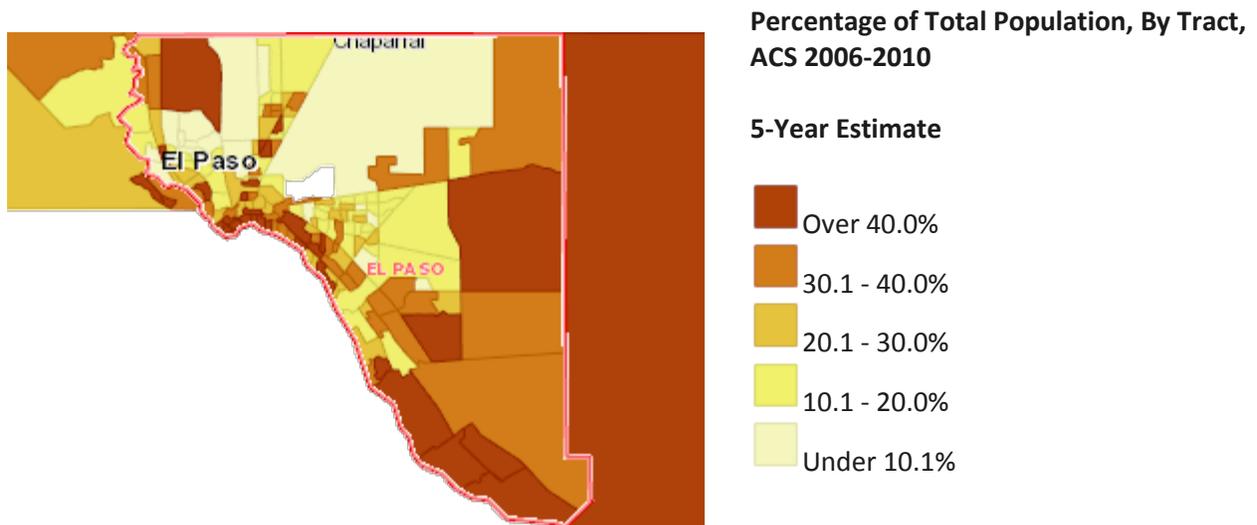
Poverty is considered a *key driver* of health status, and more than a quarter of El Paso residents live below 100% of the Federal Poverty Level (FPL). This compares with 17% of Texans and 13.8% of U.S. residents.

- In 2010, FPL was \$10,830 for a one person household and \$22,050 for a family of four.
- The map in Figure 3.5 presents pockets of poverty in El Paso County. The darkest brown identifies areas with over 40% of residents living below the FPL.
 - Southeast has the largest land area with residents below FPL.
 - The Central and Northwest sectors also have pockets of extreme poverty.

Table 3.9
Percent Population Living below 100% FPL
2006-2010

Report Area	Percent Population Living Below 100% FPL	Percent Population in Poverty
El Paso County	25.6%	
Texas	16.8%	
United States	13.8%	
<i>Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.</i>		<ul style="list-style-type: none"> ■ El Paso County ■ Texas ■ United States

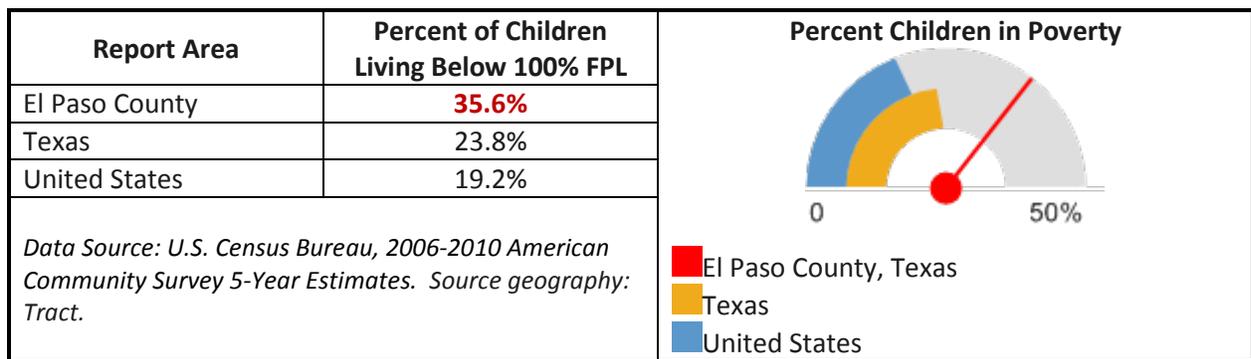
Figure 3.5
Percent Population Living below 100% FPL
2006-2010



El Paso County has a disproportionate percentage of residents with low socioeconomic status (SES).

- In 2010, El Paso was home to 3.2% of the State’s population. In 2008, El Paso County was home to 6% of Texas residents receiving Temporary Assistance for Needy Families (TANF)
- El Paso County has approximately 4.6% of the State’s Medicaid eligible residents.⁹
- Nearly 36% of El Paso County children live below FPL. This compares to 24% of Texas children and 19% of children across the U.S. Nearly 95% of El Paso children living in poverty are Hispanic ethnicity.

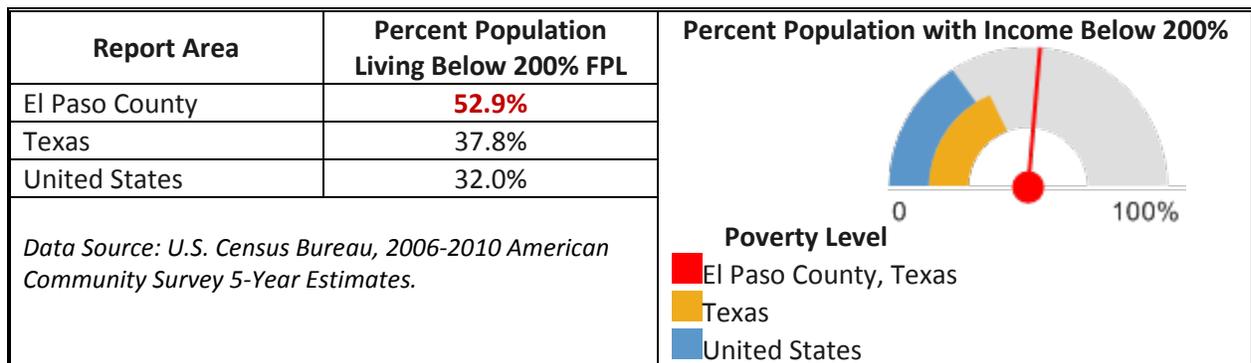
Table 3.10
Percent of Children Living Below 100% FPL
2006-2010



Over half of El Paso County residents live below 200% of FPL.

- This figure is significant because 200% of FPL is a threshold for a variety of public assistance programs.
- In the Southeast sector, over 80% of residents live below 200% of FPL.

Table 3.11
Percent Population Living Below 200% FPL
2006-2010



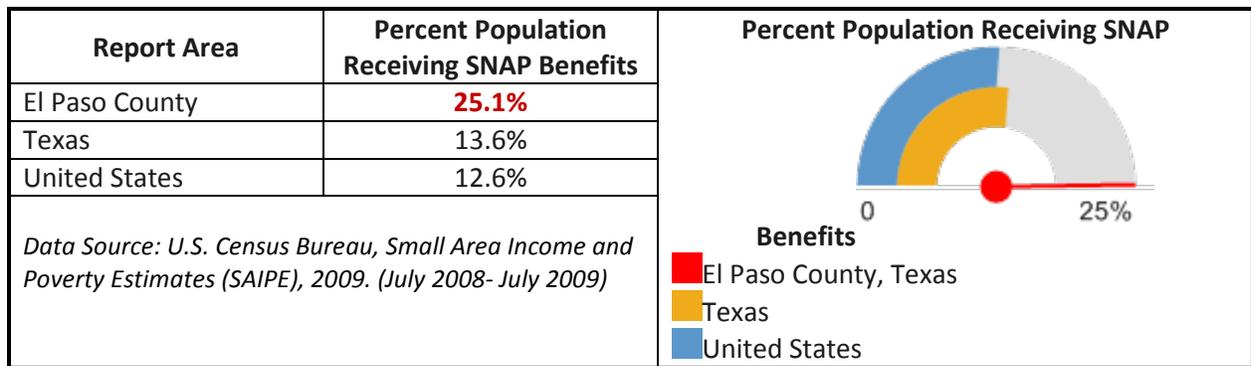
⁹ RHP 15 Plan page 28

Supplemental Nutrition Assistance Program (SNAP) Recipients

A quarter of the population within El Paso County receives SNAP Benefits (often referred to as food stamps).

- This is nearly double the percentage of the population that receives SNAP Benefits within the U.S.
- At 25.1%, the percentage of people receiving SNAP Benefits in El Paso is 85% higher than the average for the State.

Table 3.12
Percent Population Receiving SNAP Benefits
2008-2009

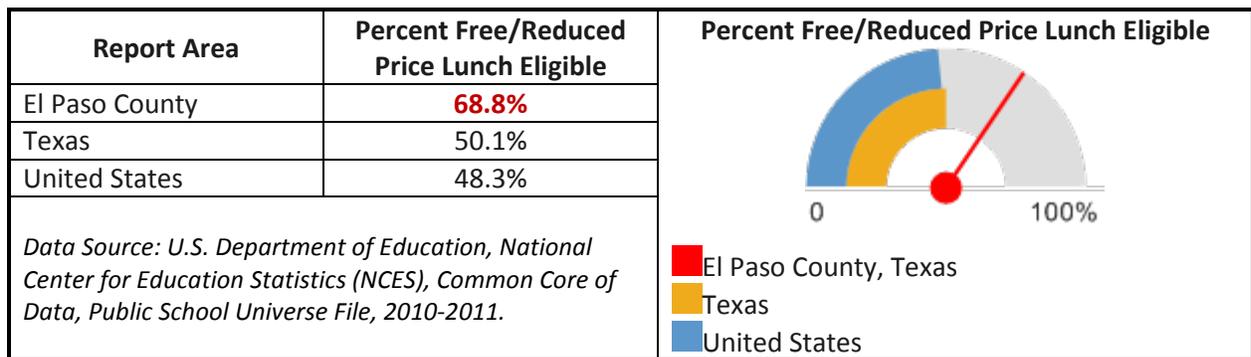


Free and Reduced Price School Lunch Eligibility

During the 2010 – 2011 school year, over two-thirds of El Paso County students were eligible for free or reduced price school lunches.

- This compares to 50% of children in Texas and 48% in the U.S.

Table 3.13
Percent Free/Reduced Price Lunch Eligible
2010-2011



Educational Attainment

Education is an important indicator of health literacy. Providing appropriate educational materials is critical to patient/consumer understanding.

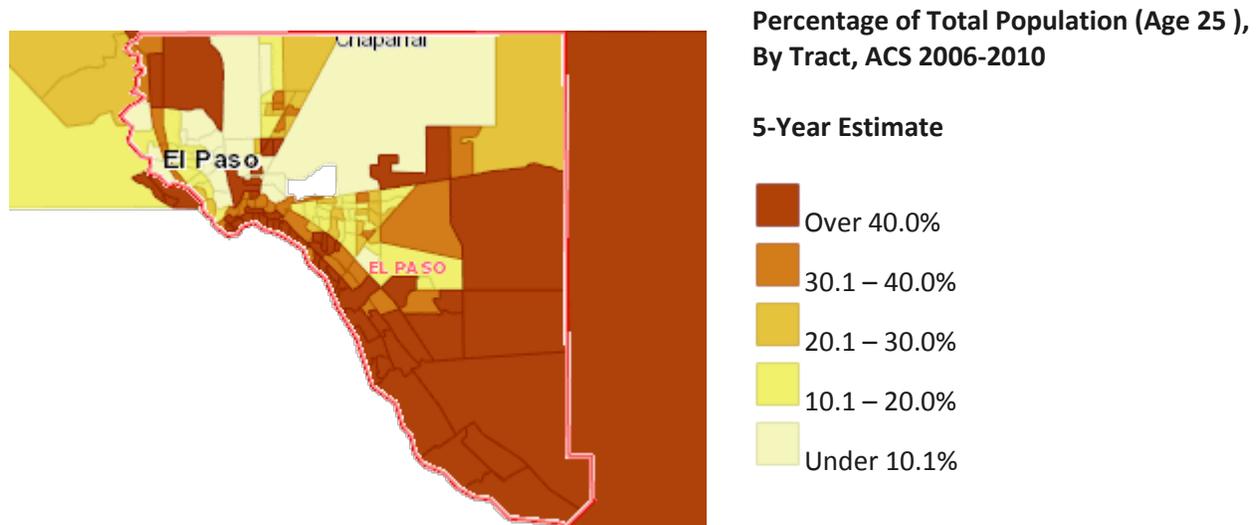
- 29% of El Paso County residents have not graduated from high school. This is nearly double the U.S. average of 15%, and 10 percentage points above the Texas state average.
- 95% of those without a high school diploma are of Hispanic/Latino ethnicity.

Figure 3.6 presents high school graduation percentages by geographic zone.

- Ft. Bliss and census tracts in Central El Paso have fewer than 10% without high school diplomas.
- Southeast and Northwest sectors have more than 40% of residents without high school diplomas.

Table 3.14
Percent Population with No High School Diploma
2006-2010

Report Area	Percent Population with No High School Diploma
El Paso County	29.0%
Texas	20.0%
United States	15.0%
<i>Data Source: U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates.</i>	



Community Need Index

Dignity Health’s¹⁰ Community Need Index (CNI) provides a numerical indicator that accounts for the underlying socioeconomic and access barriers that affect population health status. In developing the CNI, Dignity Health identified five prominent barriers related to income, culture/language, education, insurance, and housing. It has been developed at a ZIP code level.

Scores range between 1 and 5. A score of 1.0 indicates a ZIP code with the least socio-economic barriers, while a score of 5.0 represents a ZIP code with the most socio-economic barriers.

- A comparison of CNI scores to hospital utilization shows a strong correlation between high need and high use—communities with high CNI scores can be expected to have higher hospital utilization.
- There is also a causal relationship between CNI scores and preventable hospitalizations for manageable conditions—communities with high CNI scores have more hospitalizations that could have been avoided with improved healthy community structures and appropriate outpatient/ primary care.

El Paso County has an overall CNI of 4.4. The ZIP code level scores are provided in Appendix E. They have been aggregated by Planning Area in Table 3.14 and the CNI by ZIP code is depicted in Figure 3.7.

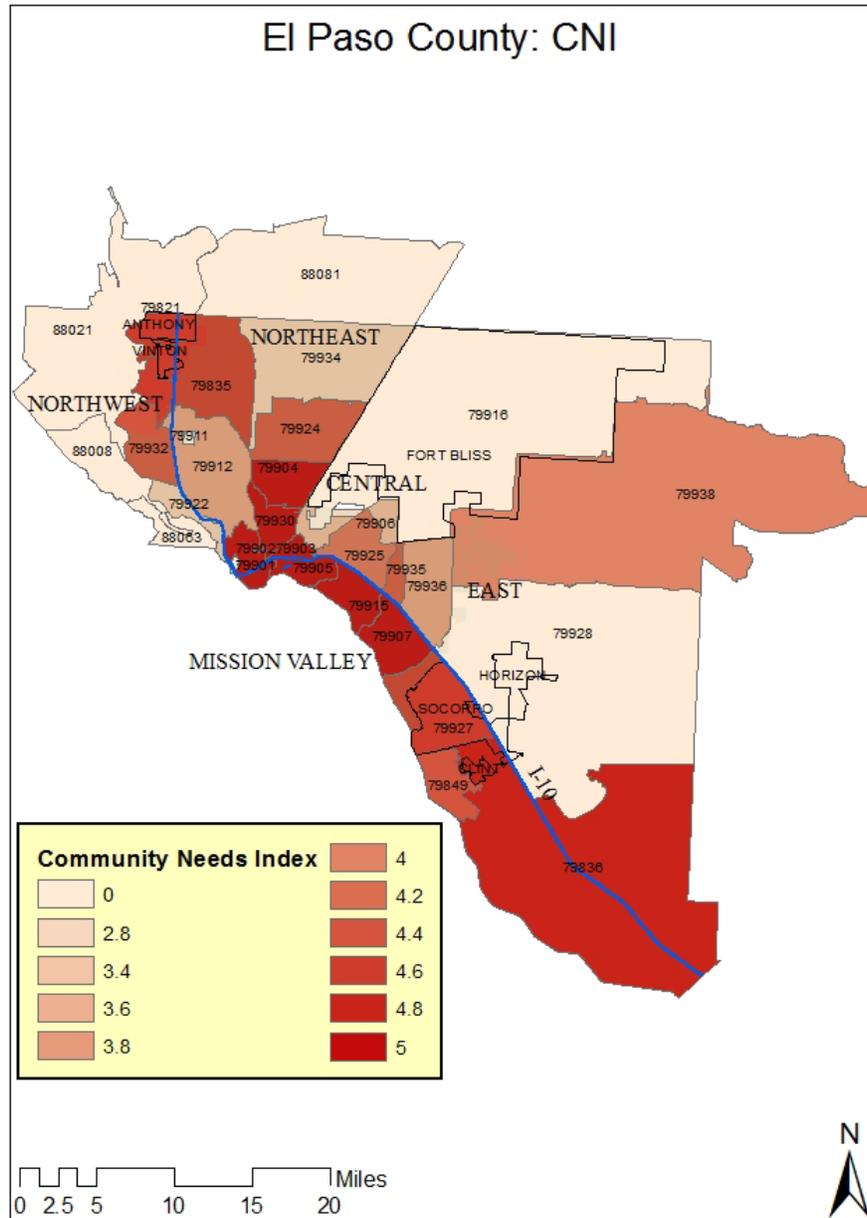
- The Mission Valley community has the poorest CNI score with 5.0. Both ZIP codes in Mission Valley were rated 5.0
- This is followed by the Central community with a score of 4.9. In this Planning Area six of the seven ZIP codes were rated 5.0.
- On the positive side, Ft. Bliss has the best CNI score in the County, 3.5. The highest score was achieved in ZIP code 79908 with a 2.8 rating.
- Ft. Bliss is followed by the East community with a score of 3.9.

Table 3.15

CNI for El Paso County Communities	
Community	CNI Score
Central	4.9
East	3.9
Far Northwest	4.5
Fort Bliss	3.5
Mission Valley	5.0
Northeast	4.3
Northwest	4.0
Southeast	4.4
<i>Source: Dignity Health</i>	

¹⁰ Formerly Catholic Healthcare West

Figure 3.7



4. COUNTY HEALTH RANKINGS AND ROADMAPS

The *2013 County Health Rankings and Roadmaps* measure the overall health of each county in all 50 states on the many factors that influence health. In developing the *County Health Rankings*, the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute compiled and analyzed data from a variety of sources. *County Health Rankings* will be cited throughout this CHA/CHIP to provide comparisons between El Paso with other Texas counties and national benchmarks.

They compare and rank each Texas county against others in the State.

- El Paso County ranked 66 in overall health out of 232 Texas counties.¹¹
- Houston, Dallas, Bexar, and Travis counties all ranked worse than El Paso County on overall health.
- Tarrant County ranked better than El Paso County, achieving a rating of 37 of 232 Texas counties.

The *County Health Rankings* provide overall rankings for two dimensions:

- Health Outcomes, which include mortality and morbidity.
 - El Paso County's overall Health Outcomes rank was 66 of 232 counties.
- Health Factors, which are contributing factors to health including clinical care, health behaviors, social and economic factors and physical environment.
 - El Paso County's overall Health Factors rank was 152 of 232 counties.

HEALTH OUTCOMES—MORTALITY AND MORBIDITY

El Paso County had vastly different ratings between mortality and morbidity. Mortality is based on an objective measure of premature death, while some of the morbidity indicators are based on residents' opinions of their health.

For mortality, El Paso County is much better than most Texas counties, receiving a ranking of 22 of 232 counties.

- With 5,821 premature deaths per 100,000 population, El Paso County had 1,100/100,000 fewer people die prematurely compared to the Texas average.
- Nevertheless, El Paso County should strive to reduce premature deaths by another 500/100,000 to attain the national benchmark of 5,317/100,000.

For the morbidity indicators, El Paso County ranked 183 out of 232 Texas counties. El Paso County was ranked below (worse than) both Texas and the U.S. benchmark on the following indicators:

1. Percent of residents stating they have either fair or poor health,
2. Number of poor physical health days,
3. Percentage of low birth weight babies.

¹¹ *County Health Rankings* includes 232 of 254 Texas counties. Small county population size, which affects sample size, is the most reason for exclusion.

El Paso County was above Texas but below the U.S. benchmark for poor mental health days.

The 10 case manager focus group participants confirmed this low opinion of the health of county residents. When asked to rate the overall health of El Pasoans, the majority (60%) said “fair,” three (30%) said “poor” and one (10%) said “good.”

Table 4.1
County Health Ranking
Health Outcomes
El Paso County, Texas and U.S
2013

Indicator	El Paso County	Texas	National Benchmark
Health Outcomes			
Mortality			
Premature Death ¹²	5,821	6,928	5,317
Morbidity			
Poor or Fair Health	26%	18%	10%
Poor Physical Health Days	4.2	3.7	2.6
Poor Mental Health Days	3.2	3.3	2.3
Low Birth Weight	8.9%	8.4%	6.0%
<i>Source: County Health Rankings and Roadmaps, 2013</i>			

¹² This indicator identifies the years of potential life lost before age 75. It is age-adjusted to the 2000 population and displayed as a rate per 100,000 for comparison between counties.

5. HEALTHY COMMUNITY INDICATORS—COMMUNITY PREVENTION

Healthy Communities provide residents with opportunities to improve their health and knowledge, understanding and motivation to access them. These opportunities are considered “community prevention,” and lead to healthier lifestyles for individuals and healthier communities if widely adopted. This section will focus on aspects of community prevention.

COUNTY HEALTH RANKINGS—HEALTH BEHAVIORS

County Health Rankings provides an overview of community prevention indicators identified as Health Behaviors.

- El Paso County is one of the best Texas counties for Health Behaviors—ranking eighth out of 232 Texas counties.
- El Paso County is better than both Texas and the national benchmark for adult obesity.
- El Paso County is better than Texas but has not achieved the national benchmark for the indicators adults smoking, physical inactivity, and motor vehicle crash death rate.
- El Paso is worse than both Texas and the national benchmark for excessive drinking.

**Table 5.1
 County Health Rankings
 Health Factors—Health Behaviors
 El Paso County, Texas and U.S.
 2013**

Indicator	El Paso County	Texas	National Benchmark
Health Factors/ Health Behaviors			
Adult Smoking	16%	18%	13%
Adult Obesity	24%	29%	25%
Physical Inactivity	22%	25%	21%
Excessive Drinking	17%	16%	7%
Motor Vehicle Crash Death Rate	12	15	10

Source: County Health Rankings and Roadmaps, 2013

Recreation and Fitness

Released in 2008, the “Physical Activity Guidelines for Americans” is the first-ever publication of national guidelines for physical activity.

- More than 80 percent of adults do not meet the guidelines for both aerobic and muscle-strengthening activities.
- More than 80 percent of adolescents do not do enough aerobic physical activity to meet the guidelines for youth.¹³

¹³ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=33>, retrieved July 15, 2012.

Table 5.2

Factors Associated with Pursuing Physical Activity	
Positive Factors	Negative Factors
Postsecondary education	Advancing age
Higher income	Low income
Enjoyment of exercise	Lack of time
Expectation of benefits	Low motivation
Belief in ability to exercise (self-efficacy)	Rural residency
History of activity in adulthood	Perception of great effort needed for exercise
Social support from peers, family, or spouse	Overweight or obesity
Access to and satisfaction with facilities	Perception of low-income health
Enjoyable scenery	Being disabled
Safe neighborhoods	Transportation and cost of Program
Source: <i>Healthy People 2020</i>	

Move! El Paso Trails

The City of El Paso Department of Public Health, in collaboration with partner organizations, has established the Move! El Paso Trails program. This initiative develops walking trails through the County to encourage walking for exercise. Maps and brochures outline the walking routes along with walking tips, health information, and mileage. Current trails are in the areas of:

- Downtown
- The Mexican Consulate
- Segundo Barrio
- Medical Center
- Chamizal
- Del Sol Medical Center
- Vista del Valle
- Yucca Park
- Galatzan Park
- Crestmont Park
- Town and Country

Additional trails are currently under development. Refer to Appendix K for details on walking paths, parks and recreational facilities.

Physical Activity

Adults were asked, “During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”

- In El Paso County, 28.5% are physically inactive, reporting none of these activities in the past month.
- This compares to 13% of Texas adults and 20% of U.S. adults

Table 5.3
Percent of Adults Physically Inactive
2004-2010

Report Area	Percent of Adults Physically Inactive
El Paso County	28.5%
Texas	12.8%
United States	19.9%

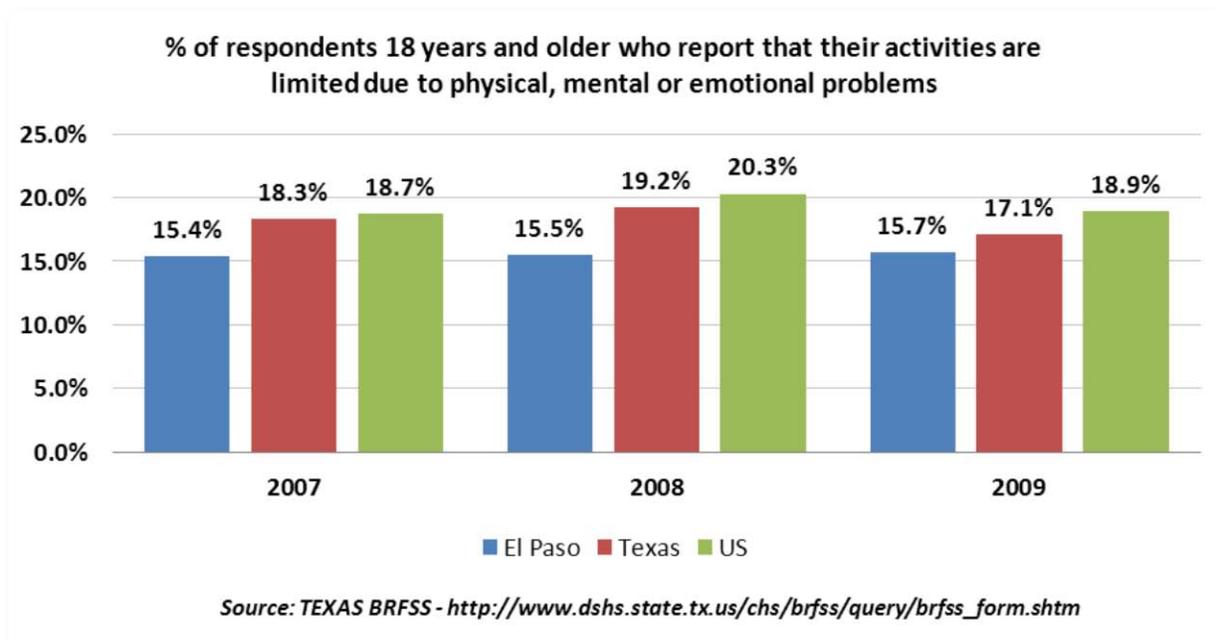
Note: This indicator reports the percentage of adults 18 and older who self-report no leisure time activity.

Data Source: CDC BRFSS 2004-2010..

Despite the difference in the percentage of “inactive” adults in El Paso County, Texas and the U.S., El Paso county adults who do not meet the recommendations for moderate of vigorous physical activity are similar between the three areas.

In both 2007 and 2009 approximately half of El Paso County met the recommendations for moderate to vigorous physical activity. Both Texas and the U.S. had slightly higher percentages meeting the recommendations in both years.

Figure 5.1

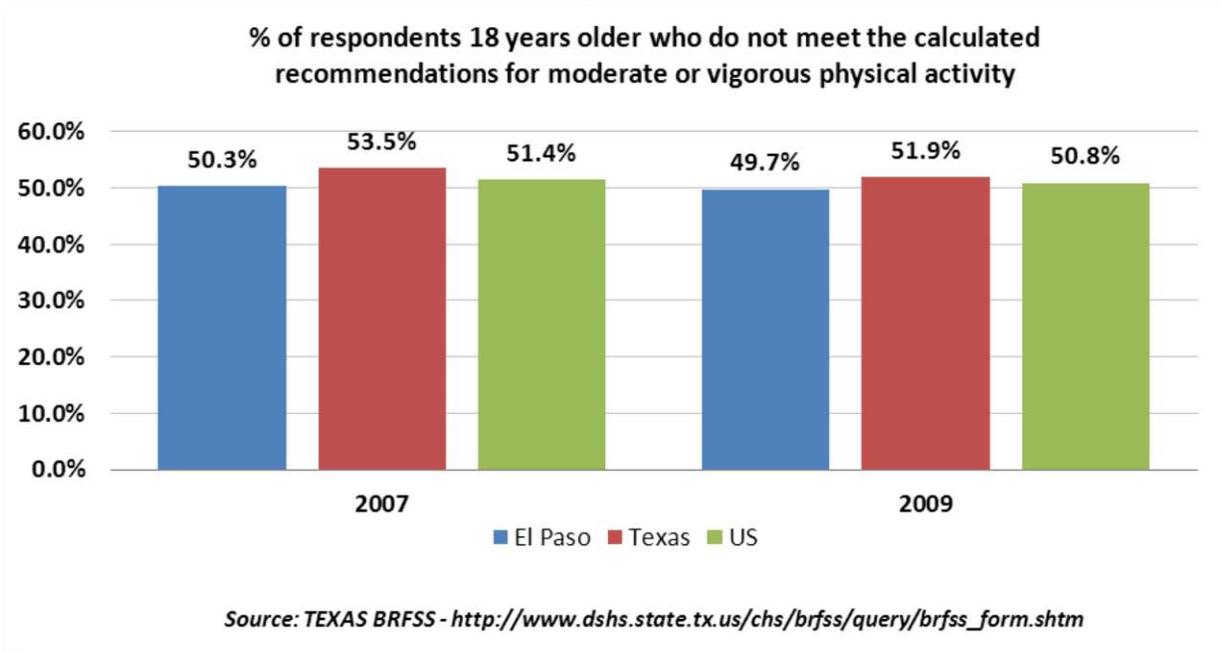


Adults with Activity Limitations

In 2009, El Paso County has fewer adults reporting their activities are limited due to physical, mental or emotional problems than found in Texas or the U.S.

- Nearly 16% of El Paso County residents reported a limitation in activity due to physical, mental or emotional problems. This compares with 17% of Texans, and 19% of U.S. residents.
- The percentage of El Paso County residents reporting these challenges did not change significantly between 2007 and 2009.

Figure 5.2



Fitness Facility Availability

In 2010, El Paso County had 46 recreation and fitness facilities. This resulted in a facility rate per 100,000 residents of 5.8. This is lower than both the Texas and U.S. rates.

- Texas had an average rate of 7.2/100,000 and the U.S. had an average rate of 9.7/100,000.

Table 5.4
Fitness Facility Rate – 2010

Report Area	Facility Rate (per 100,000 population)
El Paso County	5.8%
Texas	7.2%
United States	9.7%

Note: This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940.

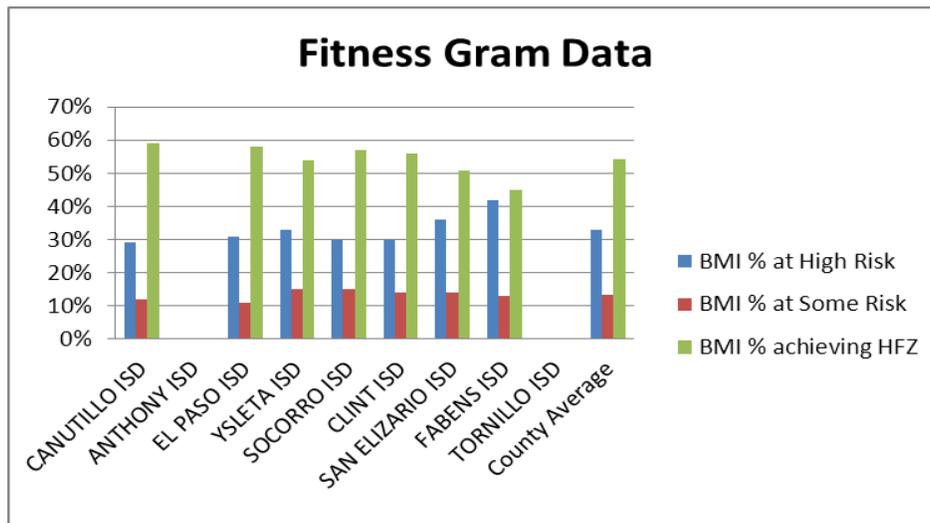
Data Source: U.S. Census Bureau, County Business Patterns, 2010.

Youth Fitness

El Paso County schools are required to test the fitness levels of all students enrolled in physical education class. The figure below compares fitness levels at each school district and includes the County average.

- Canutillo ISD and El Paso ISD are above average in fitness with higher percentages of students achieving the Healthy Fitness Zone (HFZ) and fewer students at high risk.
- Fabens ISD and San Elizario ISD are below the average on these measures.

Figure 5.3



Diet and Nutrition

According to the Centers for Disease Control and Prevention (CDC), poor diet and physical inactivity have nearly caught up with tobacco use as the second leading actual cause of death in the United States. It has been estimated that the total annual economic cost of overweight and obesity in the United States and Canada accounting for medical costs, excess mortality and disability was approximately \$300 billion in 2009.¹⁴

In trying to promote healthy eating as a way to raise the health status of individuals and communities, the specter of high prices for fresh fruits and vegetables and whole grains have put that common sense, non-medical approach out of reach for those already living in the margins of poverty. The reality is that it is cheaper to eat poorly.

Diet and body weight are related to health status. A healthy diet reduces risks for many health conditions including:

- Heart disease

¹⁴ Obesity and its Relation to Mortality and Morbidity Costs , December 2010, Prepared by *Donald F. Behan, Samuel H. Cox, Yijia Lin, Jeffrey Pai, Hal W. Pedersen, Ming Yi*. Sponsored by Committee on Life Insurance Research Society of Actuaries. Page 1.

- High blood pressure
- Stroke
- Type 2 diabetes
- Osteoporosis
- Oral disease
- Some cancers
- Complications during pregnancy¹⁵

According to the CDC, obesity is more common in low-income, ethnic minority populations. Low-income African-Americans have the highest rate (44.1%) compared with Mexican Americans (39.3%), all Latinos (37.9%) and Caucasians (32.6%).¹⁶

Obesity has also been linked to Hispanic and other minority populations, which causes Region 15 to be more heavily affected than some other Texas regions. Healthcare Providers in the Region have determined that fighting obesity through community resources will lower the cost of the healthcare system overall, and improve outcomes for those patients in the long-term

Obesity—Adult

Obesity is defined as Body Mass Index (BMI) greater than 30%. Overweight is defined as BMI between 25% and 30%,

El Paso County has a lower percentage of obese adults, than Texas and the U.S. El Paso County has nearly 24% obese adults compared to 29% in Texas and 27% in the U.S.

- El Paso County men are more likely to be obese than women, 25.9% compared to 21.7%, respectively.

Table 5.5
Percent of Adults Age 20+ who are Obese – 2009

Report Area	Percent Adults Age 20+ Who are Obese	Percent Obese
El Paso County	23.7%	
Texas	28.6%	
United States	27.4%	

Note: This indicator reports the percentage of adults aged 18 and older who self-report that they have a Body Mass Index (BMI) greater than 30 (obese).
Data Source: CDC National Diabetes Surveillance System, 2009.

Legend:
■ El Paso County
■ Texas
■ United States

¹⁵ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=29>, retrieved July 14, 2012.

¹⁶ *Ibid.*, retrieved July 14, 2012.

**Table 5.6
 Obese Adults by Gender (Age Adjusted)**

Report Area	Male	Female
El Paso County	25.9%	21.7%
Texas	30.3%	27.0%
United States	28.3%	26.0%

Source: CDC Diabetes Surveillance System 2009

Overweight-Adult

While El Paso County has a lower percentage of obese adults, the County has a higher percentage of overweight adults than Texas and the U.S.

- El Paso County has 38.7% of adults who are overweight compared to 36.5% in Texas and 36.3% in the U.S.

**Table 5.7
 Percent of Adults who are Overweight
 2006-2010**

Report Area	Percent Overweight (BMI between 25% & 30%)
El Paso County	38.7%
Texas	36.5%
United States	36.3%

Note: This indicator reports the percentage of adults aged 18 and older who self-report that they have a BMI between 25% and 30%

Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010.

RHP 15 Plan states, “If the Region’s obese population continues to increase, health outcomes will decline and providers will be forced to manage much more serious chronic conditions. Currently, the Region has sporadic wellness education opportunities, such as local schools, churches, and healthcare provider-sponsored seminars or learning lunches. Wellness education and access to preventative care services will increase the knowledge base around healthy habits and begin to positively affect healthcare outcomes in this population.”¹⁷

Inadequate Fruit/Vegetable Consumption

This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day.

- Over three quarters of El Paso County residents report consuming less than five servings of fruits and vegetables per day.
- This compares to two thirds of Texans and 72% of U.S. residents who do not consume the recommended five servings of fruits and vegetables daily.

¹⁷ RHP 15 Plan, page 33.

Table 5.8
Percent of Adults Consuming <5 Servings of Fruits/Vegetables Daily
2003-2009

Report Area	Percent Consuming <5 Servings of Fruits or Vegetables Daily	Percent Consuming Few Fruits or Vegetables
El Paso County	77.5%	<p>50% 100%</p> <p>■ El Paso County ■ Texas ■ United States</p>
Texas	66.5%	
United States	72.0%	
<p><i>Note: This indicator reports the percentage of adults aged 18 and older who self-report consuming less than 5 servings of fruits and vegetables each day.</i></p> <p><i>Data Source: CDC, Behavioral Risk Factor Surveillance System, 2003-2009.</i></p>		

Population Living in Food Deserts

One reason for increasing obesity among low-income residents is limited access to healthy food and high access to non-nutritious food. A food desert is defined as “a low-income census tract where a substantial number of residents have low access to a supermarket or large grocery store.”¹⁸

- 30% of El Paso County residents live in food deserts.
- Families who live in food desert communities are less likely to consume adequate amounts of fruits and vegetables.

Table 5.9
Population Living in Food Deserts – 2009

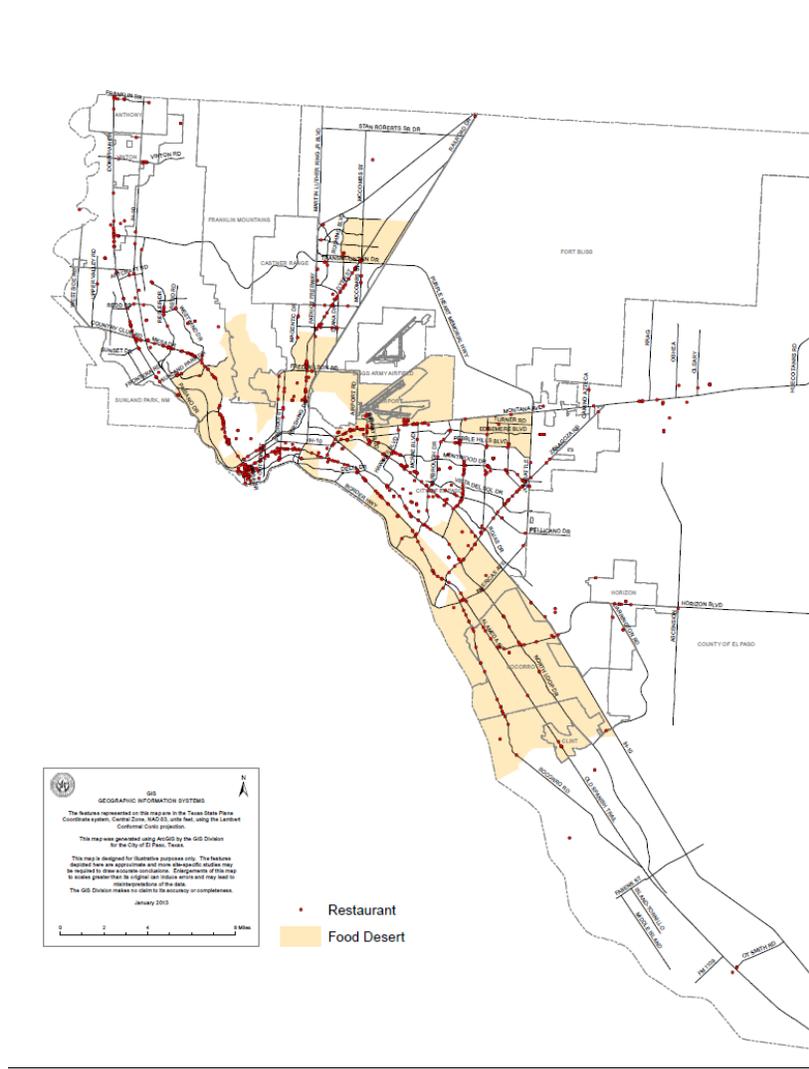
Report Area	Percent Living in Food Deserts
El Paso County	29.9%
Texas	15.4%
United States	9.1%
<p><i>This indicator reports the percentage of the population living in census tracts designated as food deserts.</i></p> <p><i>Data Source: U.S. Department of Agriculture, Food Desert Locator, 2009.</i></p>	

Access to healthy foods can be increased through a variety of approaches such as access to large grocery stores, access to farmers markets, increased purchasing power with Supplemental Nutrition Assistance Program benefits, better selection in small grocery stores, and health education in small neighborhood grocery stores. In many communities, Food Policy Councils comprised of diverse stakeholders help to increase access to healthy foods at all of these levels, and can address specific neighborhood needs.

¹⁸ U.S. Department of Agriculture, Food Desert Locator

The map in Figure 5.4 presents El Paso County food deserts in tan. It also identifies restaurant locations using red dots.

Figure 5.4
Food Deserts
2012



Fast Food Restaurant Access

El Paso County has a slightly lower fast food establishment rate than found in Texas or the U. S. This is considered positive for overall nutrition and health.

Table 5.10
Fast Food Restaurant Establishment Rate – 2010

Report Area	Establishment Rate (per 100,000 population)	Establishment Rate (Per 100,000 Pop.)
El Paso County	63.3%	
Texas	67.3%	
United States	69.3%	
<i>Data Source: U.S. Census Bureau, County Business Patterns, 2010. Source geography: County.</i>		<p>Legend: ■ El Paso County ■ Texas ■ United States</p>

Grocery Store Access

El Paso County has somewhat limited grocery store access, with 14.5 grocery stores per 100,000 population. This affects availability of fresh food.

- El Paso County’s grocery store availability is better than found in the state of Texas but worse than found throughout the U. S.

Table 5.11
Grocery Store Establishment Rate – 2010

Report Area	Establishment Rate (per 100,000 population)	Establishment Rate (Per 100,000 Pop.)
El Paso County	14.5%	
Texas	13.5%	
United States	21.8%	
<i>Data Source: U.S. Census Bureau, County Business Patterns, 2010. Source geography: County.</i>		<p>Legend: ■ El Paso County, Texas ■ Texas ■ United States</p>

WIC-Authorized Food Store Access

Similar to grocery store access, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) authorized food store access is better in El Paso County than in Texas.

- El Paso County has 10.4 food outlets per 100,000 population compared with 9.1/100,000 in Texas.

Table 5.12
WIC Authorized Food Store Access – 2012

Report Area	WIC Authorized Food Store Rate (per 100,000 population)	WIC-Authorized Food Store Rate (Per 100,000 Pop.)
El Paso County	10.4	
Texas	9.1	
United States	15.6	
Note: This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (benefits and that carry designated WIC foods and food categories).		<p>0 25</p> <ul style="list-style-type: none"> ■ El Paso County ■ Texas ■ United States
Data Source: U.S. Department of Agriculture, Food Environment Atlas, 2012.		

Tobacco Usage

Tobacco use is the single most preventable cause of death and disease in the United States. The hazards of tobacco use are well known.

- Cigarette smokers are at high risk for cancer, heart disease, respiratory diseases, and premature birth.
- Secondhand smoke causes heart disease and lung cancer in adults and asthma, respiratory infections, ear infections and sudden infant death syndrome (SIDS) in children.
- Smokeless tobacco causes serious oral health problems, including mouth and gum cancer, periodontitis, and tooth loss.
- Cigar and pipe use causes cancer of the larynx, mouth, esophagus, and lung.¹⁹

El Paso County has a higher percent of adult cigarette smokers than found in Texas, with 16.3% smoking in El Paso County compared to 15.6% in Texas. However, the U.S. percentage is higher than both at 18.2%. Recent data have suggested that in the past several years, smoking rates in El Paso have declined even further than is reflected in the multi-year averages reflected here, likely a reflection of a decade of comprehensive smoke-free policy initiatives.

¹⁹ <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=41>, retrieved July 14, 2012.

Table 5.13
Percent of Adult Cigarette Smokers
2004-2010

Report Area	Percent Adult Cigarette Smokers
El Paso County	16.3%
Texas	15.6%
United States	18.2%
<i>Note: This indicator reports the percentage of adults aged 18 and older who self-report currently smoking cigarettes some days or every day.</i>	
<i>Data Source: CDC, Behavioral Risk Factor Surveillance System, 2004-2010.</i>	

6. COMMUNICABLE DISEASES

NOTIFIABLE INFECTIOUS DISEASES

The DPH epidemiologists provide disease surveillance and investigation. The responsibilities of DPH epidemiologists fall under 4 areas:

1. Outbreak surveillance, detection, and investigation
2. Intensive case investigations for complex cases
3. Maintenance of programmatic disease surveillance
4. Public health emergency-related disease surveillance

Healthy People 2020 goals for infectious diseases are rooted in evidence-based clinical and community activities and services for their prevention and treatment.

- Objectives focus on ensuring that States, local public health departments, and nongovernmental organizations are strong partners in the Nation's attempt to control the spread of infectious diseases.
- They also reflect a more mobile society with diseases crossing state and country borders. Awareness of disease and completing prevention and treatment courses remain essential components for reducing infectious disease transmission.

The following charts present trends in select bacterial diseases and enteric diseases and zoonotic diseases in El Paso County.

Tuberculosis

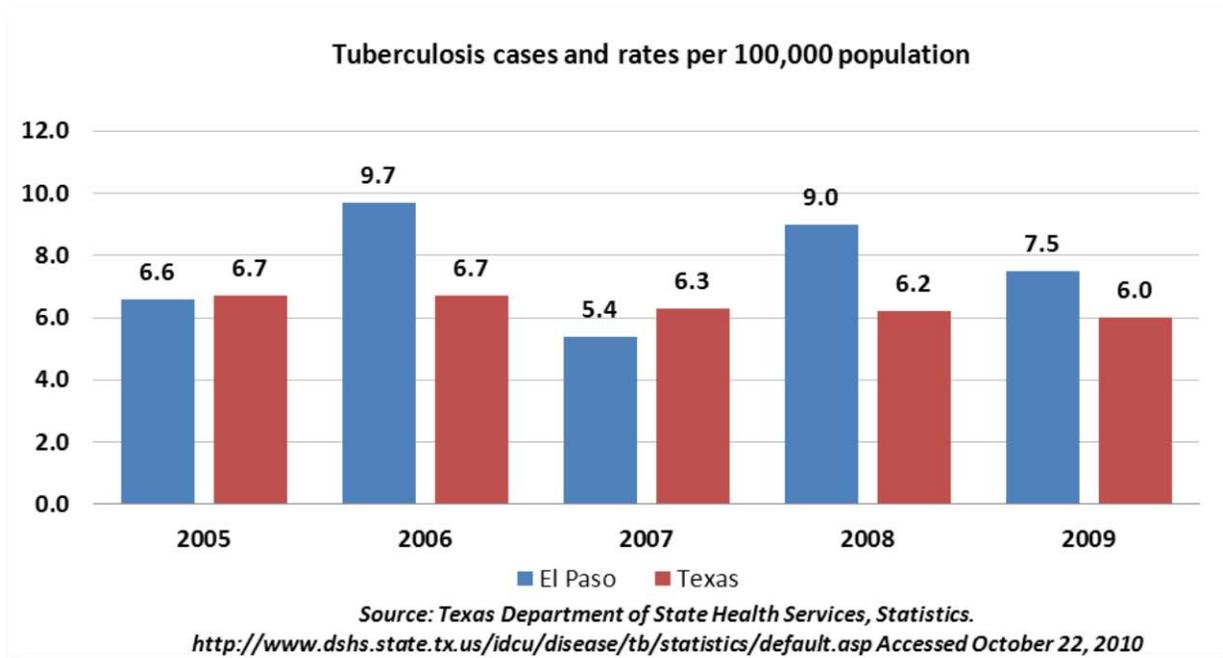
Tuberculosis (TB) can strike anyone but is more likely to be found in those born in a foreign country where TB is prevalent, people with diabetes, people with HIV/ AIDS, the homeless, and those that work in health care. Alcohol abuse is associated with more than 18% of TB cases, while being held in a detention facility is associated with 9% of cases.

In Texas, 53% of reported TB cases in 2011 were among Hispanics, 19% were among African Americans, 12% percent were among Whites, and 16% were among Asians. TB rates are higher along the Texas-Mexico border. Co-infection with TB and diabetes is also more common along the border than in the rest of the state. TB/HIV co-infection is more commonly found in urban areas of Texas.

In 2006, 2008 and 2009, El Paso County was above Texas for the rate of tuberculosis per 100,000 residents.

According to Texas Department of State Health Services, in 2011, El Paso County was similar to the Texas rate of 5 cases/100,000 residents.

Figure 6.1
Tuberculosis Cases
El Paso County and Texas
2005 - 2009



Zoonotic Diseases

West Nile Fever and West Nile neuroinvasive disease are the most frequently identified zoonotic diseases. Both presented a spike in cases in 2012.

- West Nile Fever had the largest number of cases in 2007, but that year the neuroinvasive form of the disease was not present.

Malaria has consistently been under five cases between 2006 and 2012, and brucellosis is rarely seen in El Paso County. (Figure 6.2)

Streptococcal Disease

Reported streptococcal cases ranged from 23 in 2005 to over 100 in 2008. Since that time, cases have been declining to 45 in 2012. (Figure 6.3)

Enteric Diseases

Considering enteric diseases:

- Salmonellosis is the most consistent and frequent enteric disease in El Paso County between 2004 and 2012.
- Shigellosis saw cases spike above salmonellosis in 2006 and 2011, but those levels were not consistent in other years.

- Campylobacteriosis cases ranged between 20 and 40 during this nine year period.
- Cryptosporidiosis cases were minimal during this time period. (Figure 6.4)

Figure 6.2

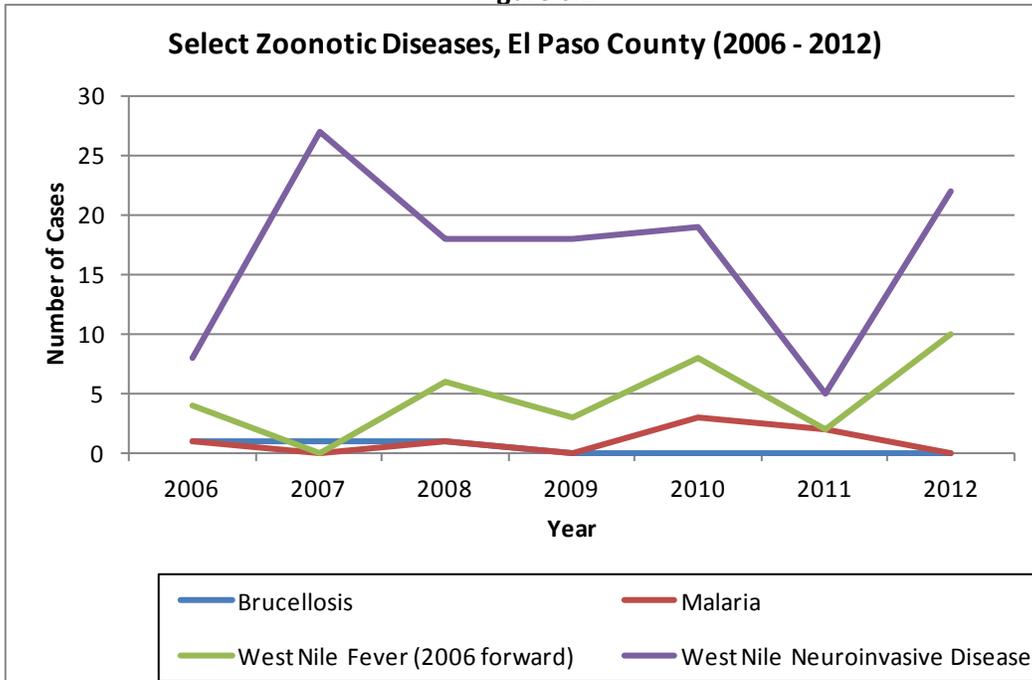


Figure 6.3

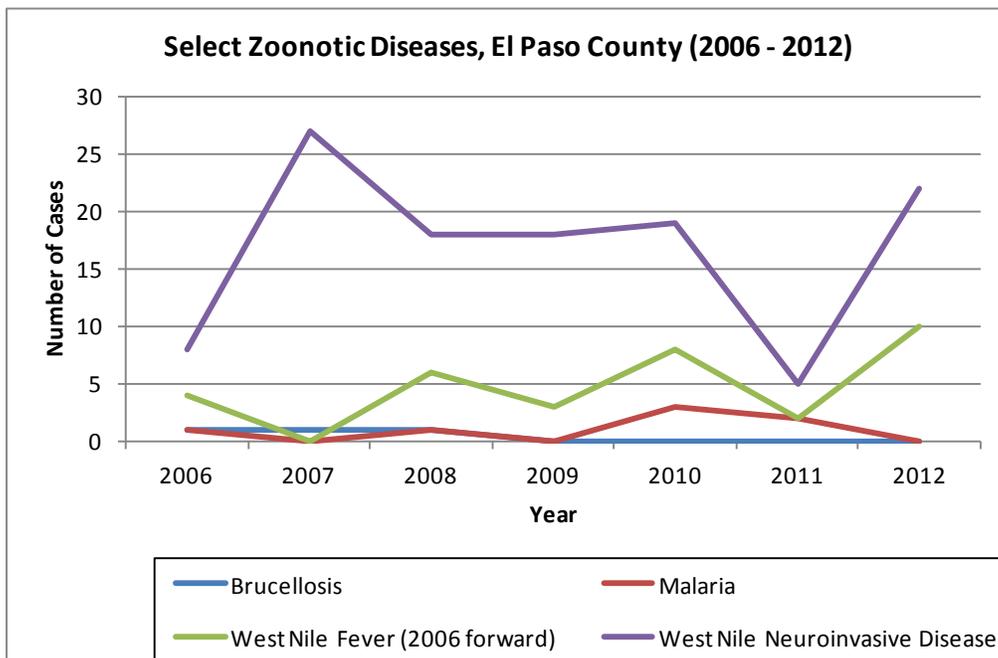
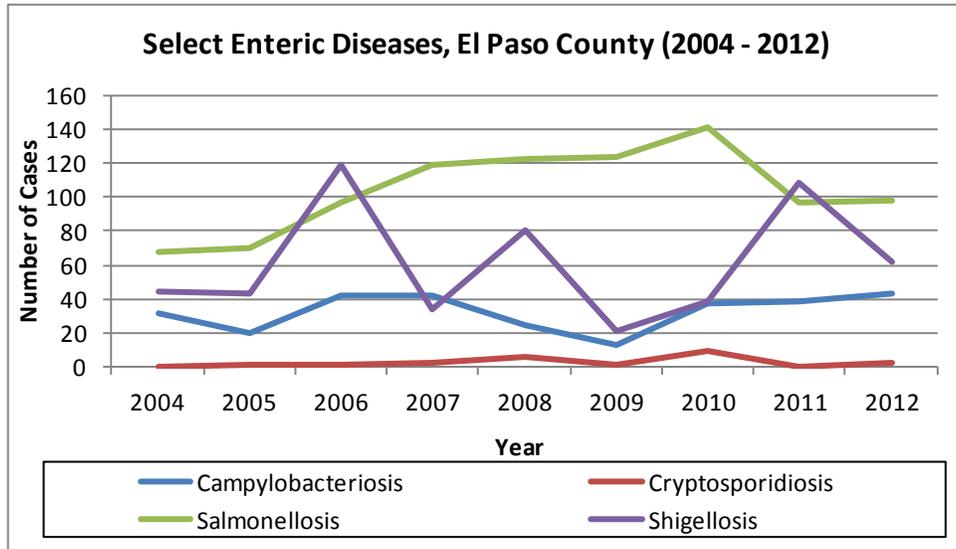


Figure 6.4



Hepatitis A and C

El Paso County hepatitis A cases have been declining steadily since 2005. In 2005 they peaked at over 35 cases, and in 2012, two cases were diagnosed.

Hepatitis C cases have been relatively stable since 2004, with just below 1,000 cases annually.

Figure 6.5

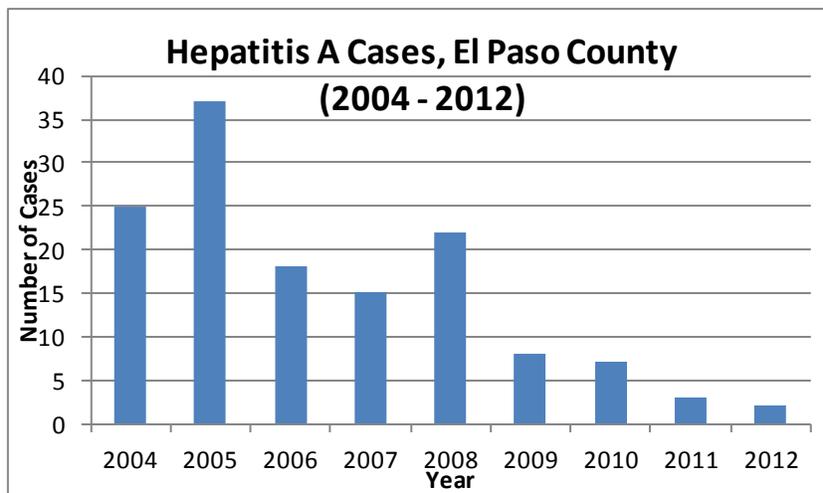
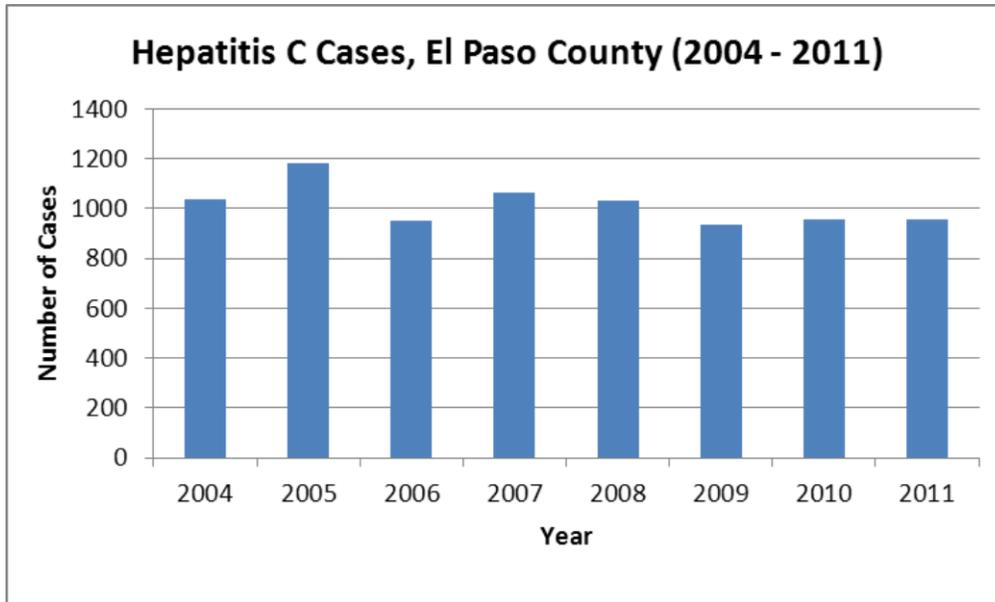


Figure 6.6



Sexually Transmitted Diseases

El Paso County sexually transmitted disease (STD) rates are below those found in Texas.

- El Paso County 2009 chlamydia rates were below those in Texas and above those in the U.S.
- Gonorrhea rates were significantly and consistently below those for Texas from 2004 and 2009. The rate increased from 37.8/100,000 in the former year to 65.9/100,000 in the latter year.
- Total syphilis rates were lower in El Paso County than in Texas between 2004 and 2009.

STDs among teens age 13 to 19 years increased 57% between 2005 and 2010. Women were infected at a rate 4.5 times higher than men in 2010.

Table 6.1
Chlamydia Incidence Rates
El Paso County, Texas and U.S.
2009

Report Area	Chlamydia Rate (per 100,000 population)	Chlamydia Rate (Per 100,000 Pop.)
El Paso County	425.3	
Texas	435.5	
United States	406.9	
<i>Data Source: CDC and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2009.</i>		<ul style="list-style-type: none"> ■ El Paso County ■ Texas ■ United States

Figure 6.7

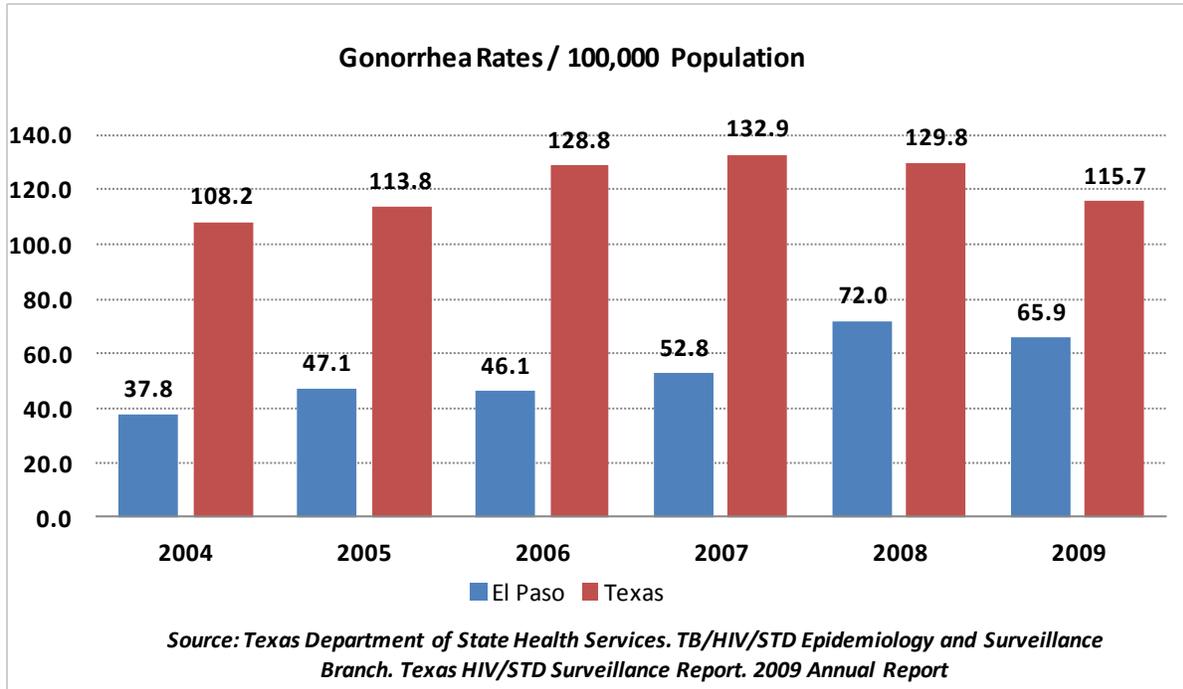


Figure 6.8

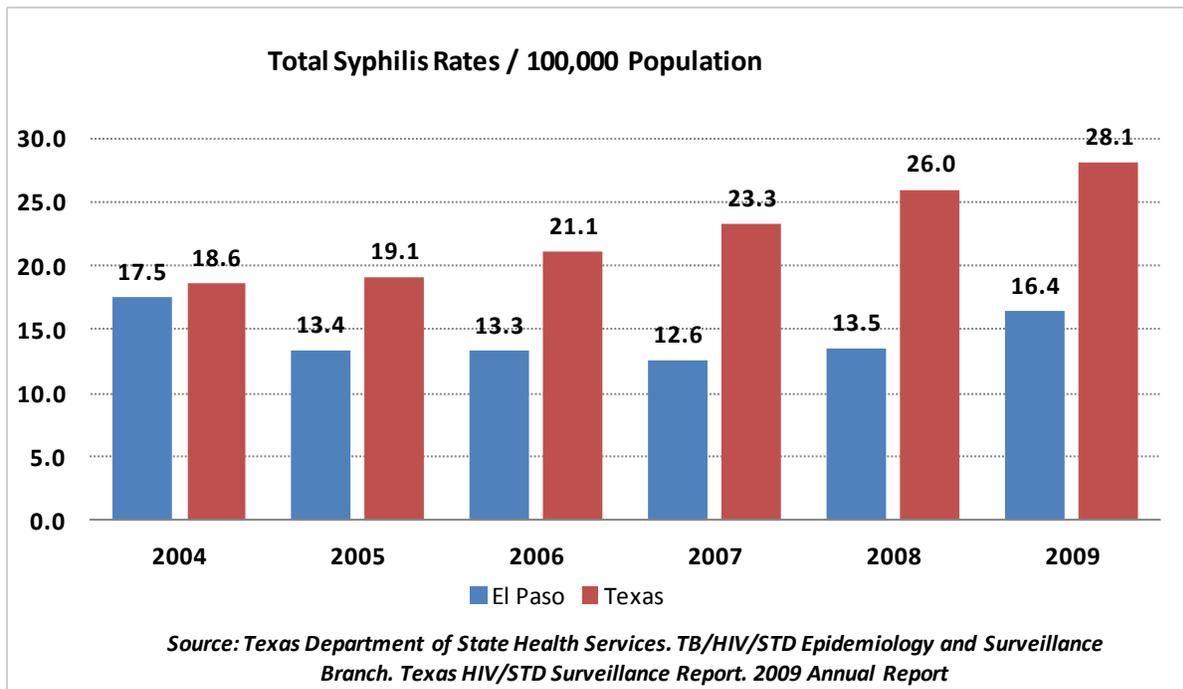
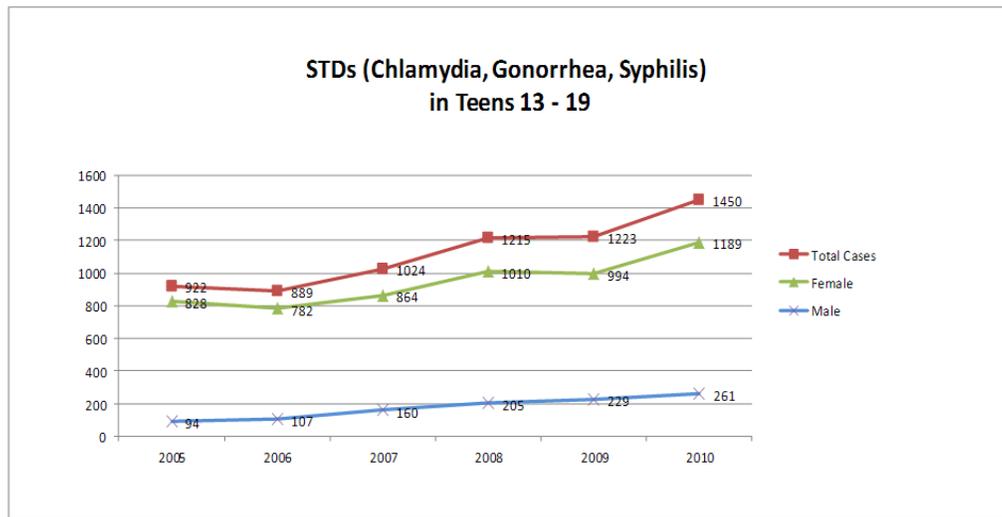


Figure 6.9



Considering 2010 STD incidence El Paso County has a higher rate of chlamydia compared to Texas, but a lower rate of gonorrhea.

- Chlamydia incidence by planning zone finds the highest rates in the Northeast, East, Mission Valley and Southeast zones.
- Gonorrhea incidence by planning zone finds the highest rates in the Northeast, Mission Valley and East zones.

Figure 6.10
 Chlamydia Incidence by Planning Area
 2010

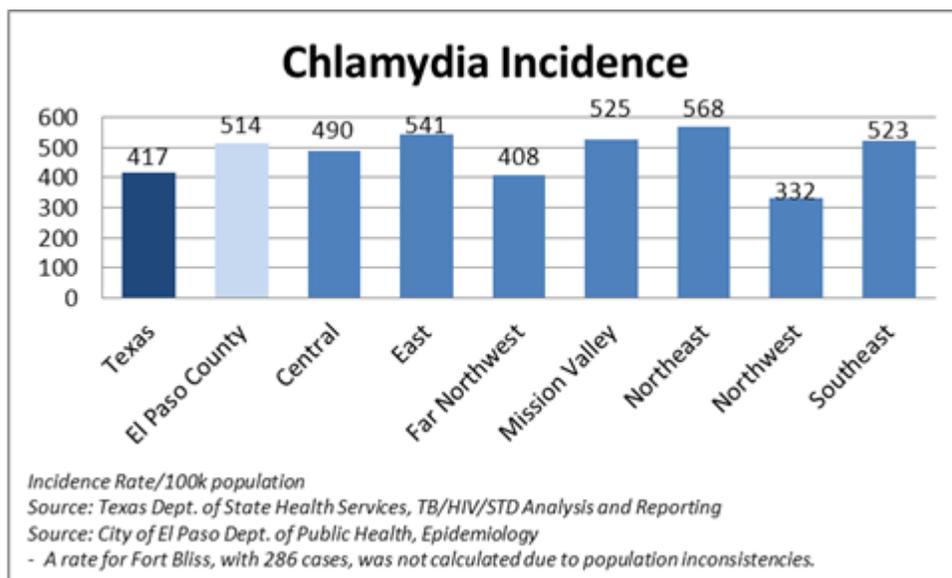
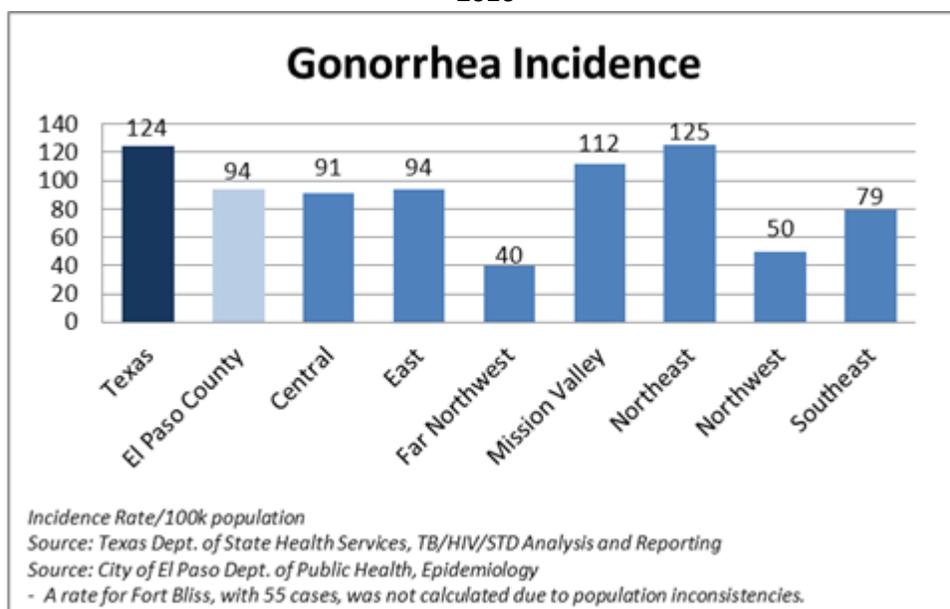


Figure 6.11
Gonorrhea Incidence by Planning Area
2010



HIV/AIDS

Texas is divided into HIV Service Delivery Areas (HSDA). El Paso’s HSDA includes El Paso County and five other counties. In 2011, 1,740 people were living with HIV/AIDS (PLWHA), and in the other five counties, a total of eight PLWHA were identified.

- The 2011 El Paso county HIV and AIDS prevalence rates are below those for Texas.

Table 6.2

25 Counties with the Highest Case Numbers, 2011						
Rank	HIV Infection		AIDS		People Living with HIV	
	County	Cases	County	Cases	County	Cases
6	El Paso	107	El Paso	54	El Paso	1740

Table 6.3

HIV Infection and AIDS Diagnoses by Public Health Region, 2011				
County	HIV Infection*		People Living with HIV**	
	Cases	Rate †	Cases	Rate †
El Paso	107	13.2	1,753	216.3
Texas	4,402	17	69,212	267.4

*2011 diagnoses
 ** Through December 31, 2011
 † Rates represent cases per 100,000

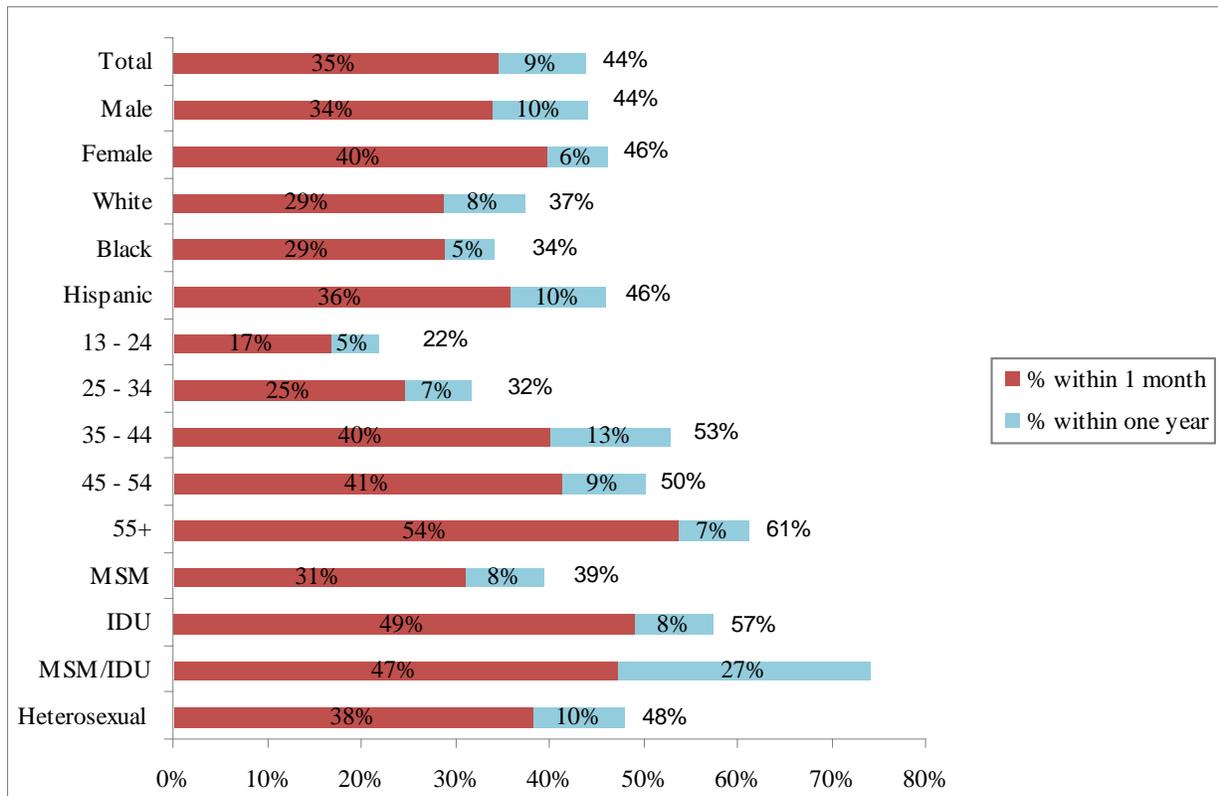
Once infected with HIV, people typically have five to ten years without symptoms before they progress to AIDS.²⁰

- Early testing is critical in preventing the further spread of HIV/AIDS. Those unaware of their status are more likely to transmit the disease to others, resulting in missed opportunities for the prevention of new HIV infections.
- Early HIV/AIDS diagnosis allows HIV infected people to benefit from life-saving medication and treatment.

From 2003 through 2007, 35% of all new diagnoses in the West Texas HSDA received an AIDS diagnosis within one month of the HIV diagnosis. Further, 44% of all new diagnoses received HIV and AIDS diagnoses within one year. These numbers demonstrate that a substantial proportion of current PLWH/A were not diagnosed until late in the progression of HIV disease.

- The percentage converting to AIDS within one month and one year increases with increasing age.
- Hispanics, the largest racial/ethnic population in West Texas, have higher percentages with late diagnoses than Whites and Blacks.

Figure 6.12
Late HIV Diagnoses
Identified by Conversion to AIDS within One Month or One Year of Diagnosis



²⁰ <http://www.dshs.state.tx.us/hivstd/reports/HIVandAIDSinTexas.pdf>. Page 11. Retrieved May 6, 2010.

This indicator reports the percentage El Paso County residents’ age 12-70 who self-report that they have never been screened for HIV.

- This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems.
- This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Table 6.4
Percent of Adults (Age 12 – 70) Never Screened for HIV
El Paso County, Texas and U.S.

Report Area	Percent Adults Never Screened for HIV	Percent Adults Never Screened
El Paso County	60.0%	
Texas	58.1%	
United States	59.8%	

Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010. Source geography: County.

Legend:
■ El Paso County, Texas
■ Texas
■ United States

7. **IMMUNIZATIONS**

El Paso County children age 19 to 35 months have similar immunization levels as Texas and U.S.

- Varicella and MMR, PCV, polio, 4:3:1, 4-DPT vaccination percentages are below Texas and U.S.
- Hepatitis A, hepatitis B, HIB vaccination percentages are above Texas and U.S.

Table 7.1
CDC National Immunization Survey
Coverage Rate Among 19-35 Months Old
2009

	El Paso	Texas	U.S.
VARICELLA	88.3%	91.2%	89.6%
MMR	87.1%	88.5%	90.0%
HEP-A	56.6%	55.0%	46.6%
HEP-B	92.6%	92.2%	92.4%
HIB	89.7%	88.9%	83.6%
PCV	91.3%	93.4%	92.6%
POLIO	91.2%	92.2%	92.8%
4:3:1	74.9%	80.2%	81.5%
4-DPT	77.1%	82.1%	83.9%
NOTE: See Appendix E for detail. SOURCE: CDC National Immunization Survey – http://www.cdc.gov/vaccines/stats-surv/#nis			

El Paso County adolescent immunization coverage percentage is above Texas for all 2009 immunizations.

El Paso County is above the U.S adolescent immunization percentage for all immunizations except MMR.

Table 7.2
CDC National Immunization Survey
Adolescent (13-17) Immunization Coverage
2009

	El Paso	Texas	U.S.
HEP-B	87.0%	86.1%	89.9%
HPV-1 or More Doses	57.8%	37.6%	44.3%
HPV-3 or More Doses	28.4%	23.4%	26.7%
Meningococcal Conjugate Vaccine or Meningococcal-Unknown Type Vaccine	67.4%	51.0%	53.6%
MMR	85.6%	81.5%	89.1%
NOTE: See Appendix E for detail. SOURCE: CDC National Immunization Survey – http://www.cdc.gov/vaccines/stats-surv/#nis			

High levels of immunizations prior to beginning kindergarten and seventh grade were seen in El Paso County.

Table 7.3
Kindergarten and Seventh Grade Vaccinations
2011

2011 Annual Report Completely Vaccinated: El Paso County		
Grade	Vaccine Name	%
Kindergarten	DTP/DTaP/DT/Td	98.7%
Kindergarten	Hepatitis A	97.7%
Kindergarten	Hepatitis B	98.9%
Kindergarten	MMR (2 doses)	98.6%
Kindergarten	Polio	98.6%
Kindergarten	Varicella (2 doses)	98.0%
Seventh Grade	Hepatitis B	99.2%
Seventh Grade	Meningococcal	97.2%
Seventh Grade	MMR (2 doses)	99.2%
Seventh Grade	Polio	99.2%
Seventh Grade	Tdap	98.1%
Seventh Grade	Varicella (2 doses)	97.6%

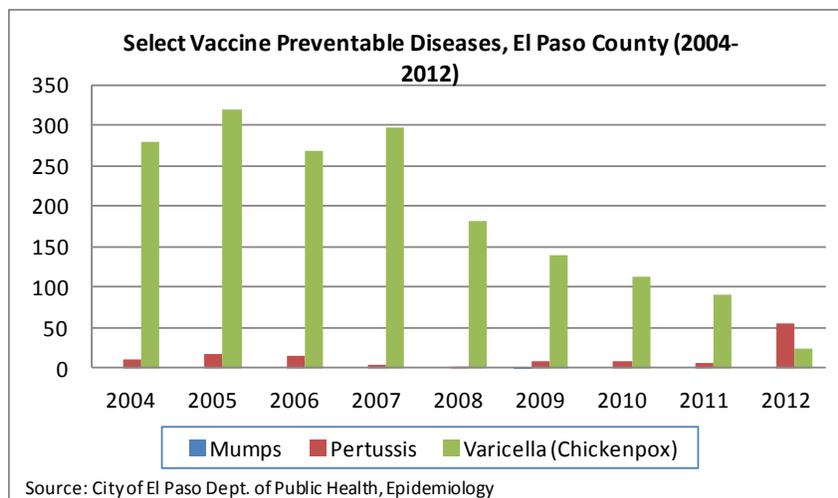
Note: Seventh grade Varicella improved from 92.70% in 2010.

Source: Texas Department of State Health Services, Immunization Branch.

Considering vaccine preventable diseases:

- Varicella (chickenpox) incidence steadily declined between 2007 and 2012.
- Pertussis (whooping cough) incidence was low from 2004 through 2011, but a spike to approximately 50 cases was seen in 2012.
- Mumps cases were rare.

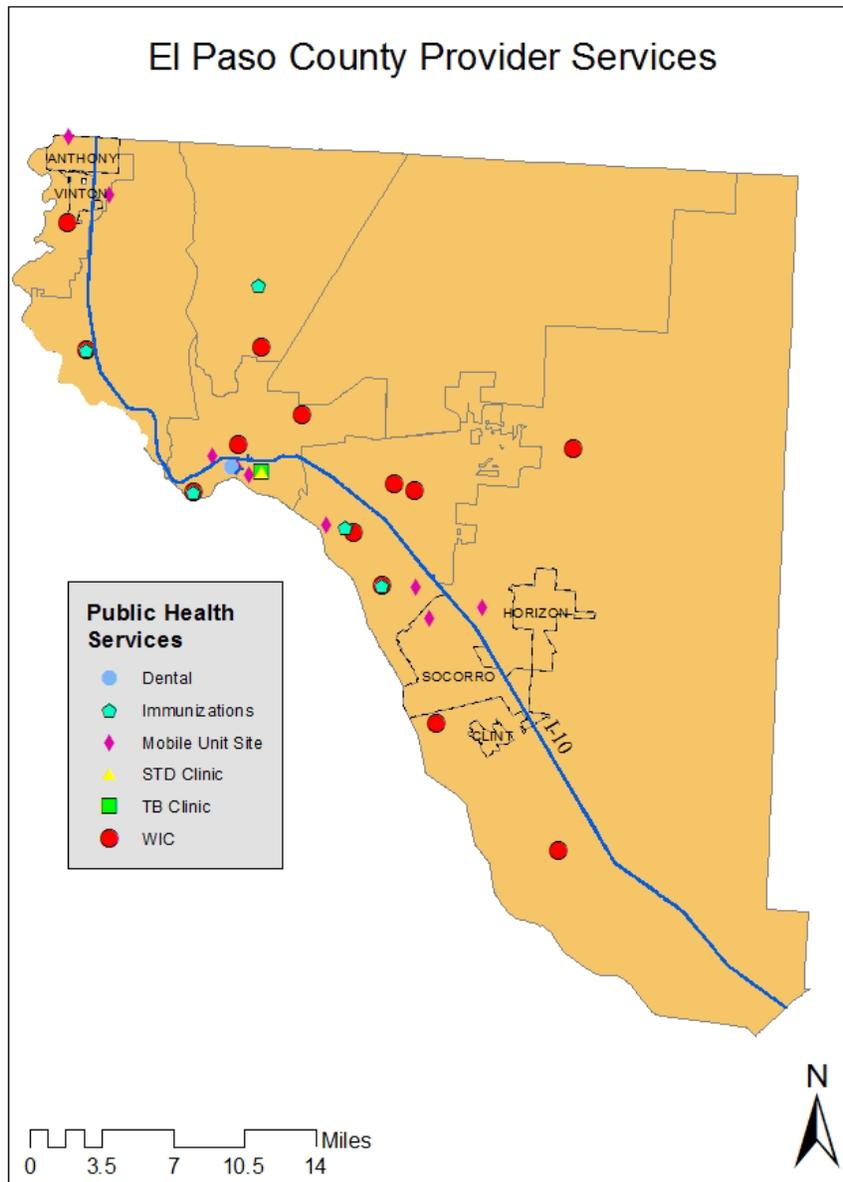
Figure 7.1



El Paso County Clinics

The services offered by El Paso Department of Public Health are presented on the asset map below. This provides a visual depiction of locations of DPH services throughout the County. Detailed address lists can be found in Appendix G.

Figure 7.2



8. HEALTHCARE ACCESS

BACKGROUND

It is well documented that access to comprehensive, quality health care services is important for the achievement of health equity and for affording a healthy life for everyone. A range of systemic barriers govern access across the continuum of prevention and care. These include: location of health facilities, resident geographic location, transportation infrastructure, health literacy and awareness, and ability to pay for services. These barriers can lead to:

- Unmet health needs
- Inability to access preventive services
- Emphasis on emergency treatment instead of prevention and primary care
- Hospitalizations that could have been prevented

Disparities Associated with Low Socioeconomic Status

As noted above, El Paso County has high rates of poverty and low socioeconomic status (SES), and these issues result in healthcare disparities. According to *Healthy People 2020*, socioeconomic factors contribute to observed disparities in disease incidence and mortality among racial, ethnic and underserved groups. Studies have found that SES, more than race or ethnicity, predicts the likelihood of an individual's or group's access to:

- Education
- Health insurance
- Safe and healthy living and working conditions, including places free from exposure to environmental toxins
- Prevalence of behavioral risk factors like tobacco smoking, physical inactivity, obesity, and excessive alcohol use.
- Rates of preventive screenings, with those with lower SES having fewer screenings. (*Healthy People 2020*)

Cultural and Language Challenges

El Paso County physicians confront the challenge of treating and communicating with a very diverse patient population. Cultural differences and language barriers complicate medical treatment. In the case manager focus group, as was stated,

- “Culture has a lot to do with the (healthcare access) issue; in Mexico prevention is not highly practiced, symptoms are taken care of with home remedies, medical attention not sought until disease is advanced.”

RHP 15 Plan identified a need for additional interpreters, support staff with language skills, and increased cultural training for healthcare providers to increase access and support the effective delivery of healthcare services to area residents.

COUNTY HEALTH RANKINGS – HEALTHCARE ACCESS INDICATORS

County Health Rankings provide an overview of health access issues confronted in El Paso County. A Health Factors-Clinical Care ranking of 143 out of 232 Texas Counties, demonstrates room for improvement.

- El Paso County has more uninsured than Texas, and the El Paso County uninsured percentage is three times that recommended by the national benchmark.
- Availability of primary care physicians (PCP) is more limited in El Paso County than in Texas. El Paso County PCPs are serving more than double the number of residents recommended by the national benchmark.
- El Paso has an even more severe shortage of dentists than PCPs relative to Texas and the national benchmark.
- El Paso County preventable hospital stays are below the rate found in Texas but above the national benchmark.²¹

Table 8.1
County Health Rankings
Health Factors—Clinical Care
El Paso County, Texas and U.S.

Indicator	El Paso County	Texas	National Benchmark
Health Factors/Clinical Care			
Uninsured	33%	26%	11%
Primary Care Physicians	2,130:1	1766:1	1067:1
Dentists	3,643:1	2200:1	1516:1
Preventable Hospital Stays	56	72	47

Source: County Health Rankings and Roadmaps, 2013

ACCESS TO PRIMARY CARE

Primary Care Physician Shortage

According to the RHP 15 Plan, El Paso providers face the unique challenge of providing health care services to high volumes of indigent and immigrant patients. In addition to residents of El Paso County there are a large number of non-resident patients that travel across the Mexico border to receive care. While the population of the County is approximately 800,000, its healthcare providers serve an estimated population of 2.6 million residents in a multi-national region.

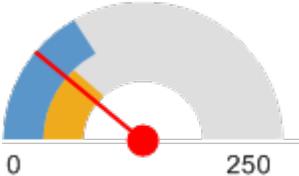
A shortage of primary care physicians (PCP) exists to address the needs of the 800,000 El Paso County residents. That shortage is compounded by the non-residents accessing care in the region.

- According to the Texas Medical Licensure Database (2012), the number of Family Medicine physicians currently practicing in El Paso is 58% below what is needed.
- The shortages are similar in Internal Medicine.

²¹ Preventable hospital stays is defined as the hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees.

- Some estimate put the shortage of PCPs as high as 365 practitioners including shortages in the areas of Family, General Practice, and Internal Medicine.²²
- HRSA has identified the shortages as follows: El Paso County has 54.9 PCPs per 100,000 residents, Texas has 65.2/100,000 residents, and the U.S. has 84.7/100,000 residents. The national benchmark is 93.7/100,000.

Table 8.2
Primary Care Provider Rate per 100,000 Population
El Paso County, Texas, and U.S.
2011

Report Area	Primary Care Provider Rate (per 100,000 population)	Primary Care Provider Rate (Per 100,000 Pop.) 
El Paso County	54.9	
Texas	65.2	
United States	84.7	

Data Source: U.S. Health Resources and Services Administration (HRSA) Area Resource File, 2011. Source geography: County.

■ El Paso County
■ Texas
■ United States

Lack of a Consistent Source of Primary Care

El Paso County residents are less likely than Texas or U.S. residents to have at least one person they think of as their personal doctor or health care provider.

- The percentage of El Paso County residents without a regular source of primary care, 41%, is more than double the U.S. average (19.3%).

Table 8.3
Adults Without a Regular Source of Primary Care
2006 - 2010

Report Area	Percent Adults Without a Regular Doctor
El Paso County	41.0%
Texas	26.5%
United States	19.3%

Data Source: CDC BRFSS 2006-2010.

Physicians Accepting New Patients by Insurance Status

For El Paso County residents with insurance, consideration must be given to the type of insurance since that also affects health care access. A recent national study found that although 96% of physicians (PCP) accepted new patients in 2011, rates varied by payment source: 30% of physicians were unwilling to

²² US- Intellimed. November, 2010.

accept any new Medicaid patients; 17% would not accept new Medicare patients; and 18% of physicians would not accept new privately insured patients. This study found that 30% of Texas physicians would not accept new Medicaid patients.²³

Health Professional Shortage Areas

Areas within El Paso County have been designated Health Professional Shortage Areas. Seventeen total health care facilities are designated as "Health Professional Shortage Areas" (HPSAs).²⁴

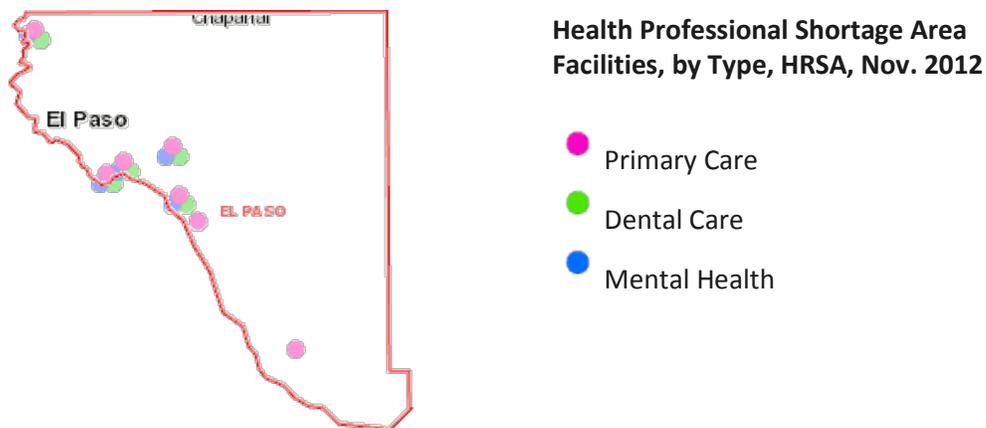
- Seven are primary care facilities.
- Five are mental health care facilities.
- Five are dental care facilities.

Table 8.4
Locations of Facilities Designated as HPSA
El Paso County
2012

Report Area	Total Facilities	Primary Care Facilities	Mental Health Facilities	Dental Care Facilities
El Paso County	17	7	5	5

Data Source: HRSA, Health Professional Shortage Area File, 2012.

Figure 8.1
Location of Facilities Designated as HPSA
El Paso County
2012

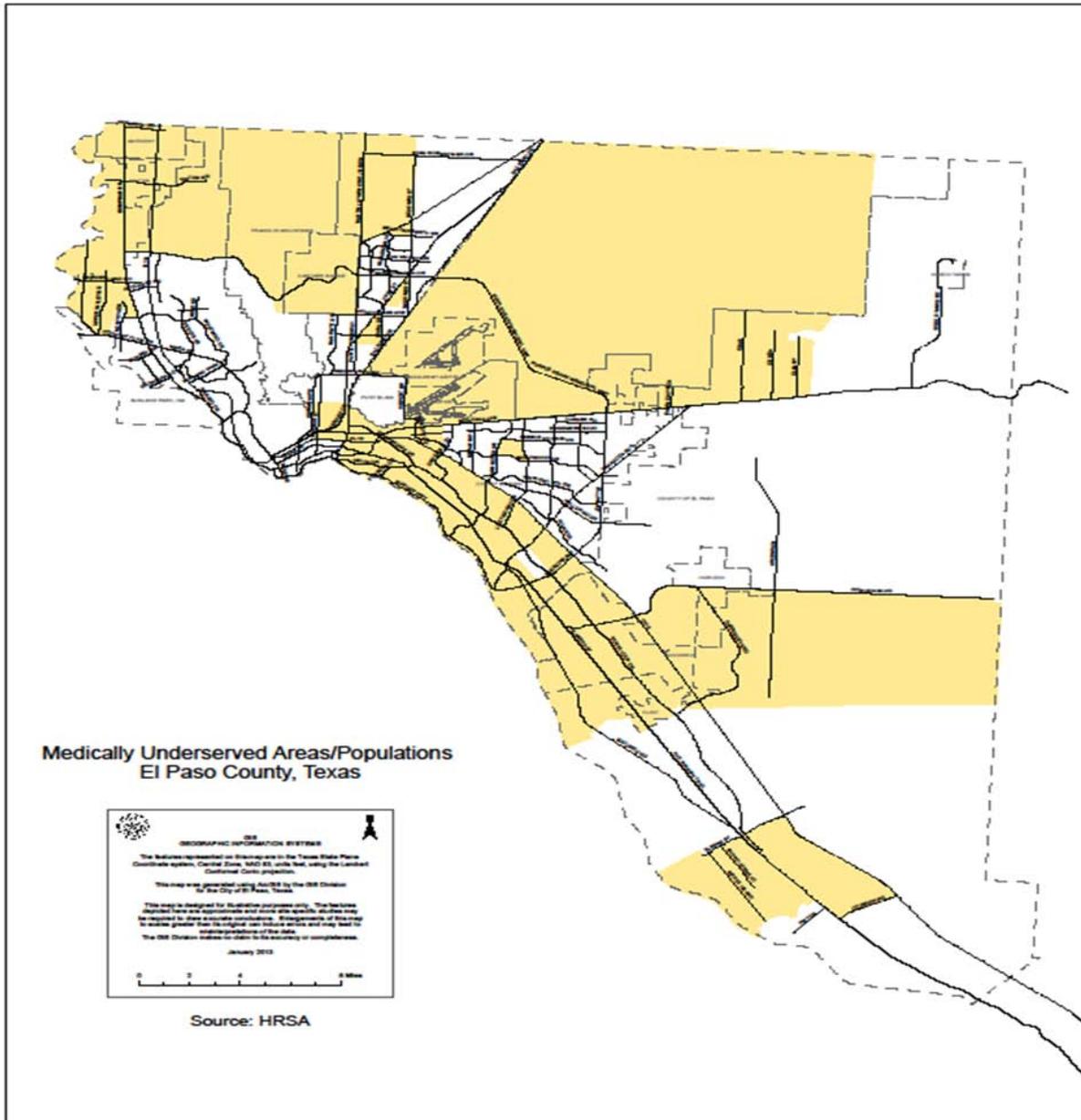


HPSAs in El Paso County are further detailed on the map in Figure 8.2.

²³ Decker, Sandra

²⁴ Definition 5.2 of the *Public Health Service Act* identifies health professional(s) shortage areas (HPSA) as any of the following which the Secretary determines has a shortage of health professional(s): (1) An urban or rural area; (2) a population group; or (3) a public or nonprofit private medical facility."

Figure 8.2
HPSAs in El Paso County



FEDERALLY QUALIFIED HEALTH CENTERS

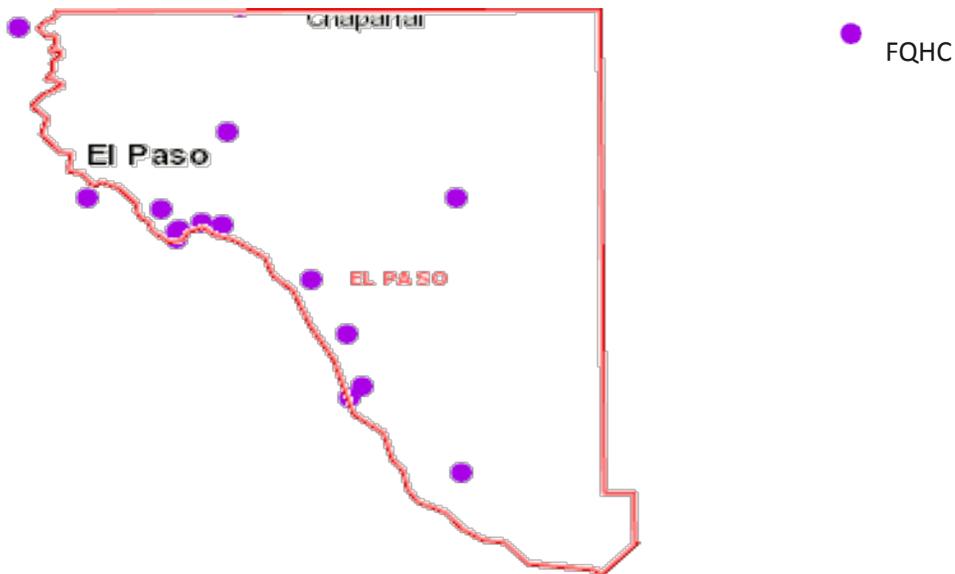
El Paso County has three organizations operating 14 federally qualified health centers (FQHC) in the community.

- FQHCs are community assets that provide health care to vulnerable populations.
- FQHCs receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Table 8.5
Number of FQHCs in El Paso County
2011

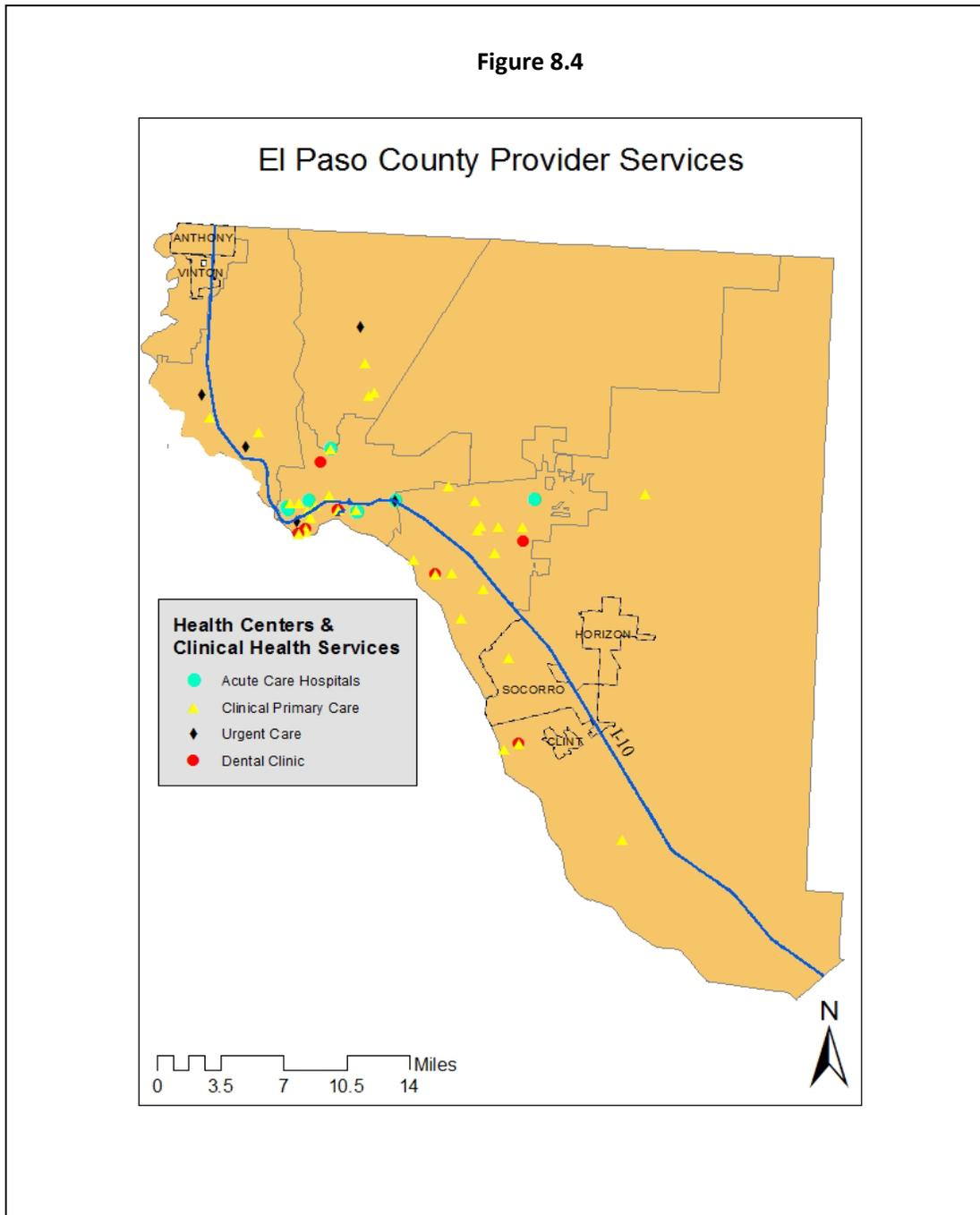
Report Area	Number of Federally Qualified Health Centers
El Paso County	14
<i>Data Source: HRSA, Centers for Medicare & Medicaid Services, Provider of Service File, 2011.</i>	

Figure 8.3
FQHCs in El Paso County, 2011



El Paso County Clinics

El Paso County clinics asset map provides a visual depiction of provider locations that offer low or no cost services. This makes areas of clinic concentration as well as areas of limited or no clinics very clear. Detailed clinic lists with name and addresses can be found in Appendix G.



INSURANCE COVERAGE AND UNINSURED POPULATION

Health insurance coverage provides people with the security to access preventive services and clinical care when needed. It has been documented that people without insurance will not be offered the same range of medical services as those who are insured.²⁵ In addition, ongoing contact with physicians fosters more comprehensive health awareness that informs preventive care and illness management. The uninsured do not think about their health or medical conditions in the same comprehensive way as do the insured.²⁶ When a medical condition occurs, the uninsured may delay treatment and/or use the emergency department instead of a lower cost, more appropriate primary care setting. Uninsured people are:

- Less likely to receive needed medical care
- More likely to have more years of potential life lost
- More likely to have poor health status

Uninsured Population

- Between 2008 and 2010, the percentage of those uninsured in El Paso was double that found in the U.S., with 30% of El Paso County residents uninsured compared to 15% of U.S. residents.
- Texas also has a lower percentage of uninsured residents in comparison to El Paso County.

Table 8.6
Uninsured Population—El Paso County, Texas, and U.S.
2008 – 2010

Report Area	Percent Uninsured
El Paso County	30.0%
Texas	23.6%
United States	15.1%
<i>Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates.</i>	

Lack of Access to PCP due to Cost

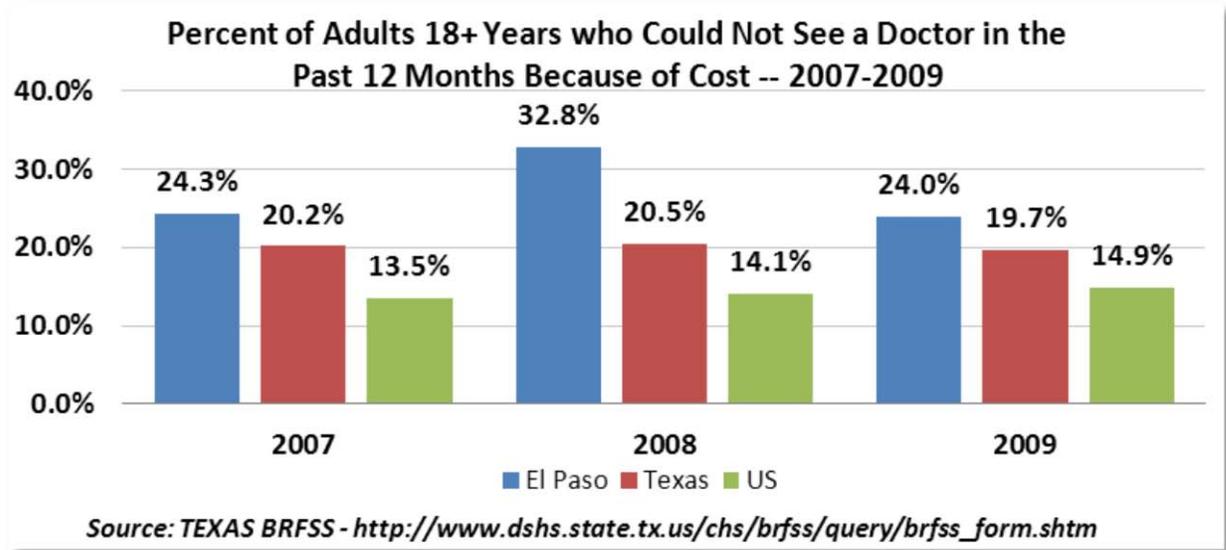
Between 2007 and 2009 El Paso County consistently had a higher percentage of residents who reported they could not see a doctor in the past year due to cost.

- The percentage in El Paso County peaked in 2009 with 32.8%, and was 24% in 2007.
- Approximately 20% of Texas residents did not see a doctor due to cost during this three year period
- Between 13.5% and 15% of U.S. residents did not see a doctor due to cost between 2007 and 2009.

²⁵ Kim, McCue & Thompson, 2009.

²⁶ Becker, 2001

Figure 8.5
Access to Primary Care
El Paso County, Texas, and U.S.
2007 - 2009



Medicaid Recipients

El Paso County has a higher percentage of residents receiving Medicaid than both Texas and the U.S.

- Twenty-three percent of El Paso County residents are receiving Medicaid, compared to 16% in both Texas and the U.S.
- Twenty-three percent of El Pasoans enrolled in Medicaid are between 18 to 64 years of age, and 13% are 65 or older.

Table 8.7
Population Receiving Medicaid
El Paso County, Texas, and U.S.
2008 - 2010

Report Area	Percent Population Receiving Medicaid	Percent Population Receiving Medicaid
El Paso County	23.1%	
Texas	15.7%	
United States	16.1%	

Data Source: U.S. Census Bureau, 2008-2010 American Community Survey 3-Year Estimates.

Legend:
■ El Paso County
■ Texas
■ United States

Table 8.8
Population Receiving Medicaid by Age Group

**El Paso County
 2008 - 2010**

Report Area	Percent Age 0-17	Percent Age 18-64	Percent Age 65+
El Paso County	64.0%	22.8%	13.1%
Texas	61.8%	27.1%	11.1%
United States	50.0%	37.9%	12.1%

The number of people with health care coverage through the Affordable Care Act is expected to increase at the same time as Medicaid payment rates for primary care physicians are expected to increase. This raises a question about the capacity of the health care workforce to meet this increased demand.

Affordable Care Act

The Patient Protection and Affordable Care Act is expanding health care options for people with and without insurance across the country. In Texas the federal government will operate the insurance exchange, and the federal law includes the following benefits for Texas citizens and legal residents:

- **Coverage for Preexisting Conditions.** People with preexisting conditions who have been without insurance for at least six months may be able to buy coverage through the federal Pre-Existing Condition Insurance Plan (PCIP). Texas currently has a temporary program in place until January 2014. At that time consumers will be able to buy coverage through a health insurance marketplace. Also insurance companies may not rescind a policy if a consumer becomes ill.
- **No Dollar Limits on Coverage.** Insurance companies may no longer put dollar limits on the coverage you receive over your lifetime. They also must start phasing out annual dollar limits. Previously, insurance companies could set limits on the amount they would pay. When you reached the limit, the company would no longer pay for your health care.
- **Free Preventive Screening and Services.** Consumers receive some preventive services free without copayments or deductibles. These include such things as mammograms, cancer screening, flu shots, etc. Seniors receive these services as well as a preventive physical without Medicare Part B insurance.
- **Care Coverage Available for Uninsured.** People who don't have coverage and don't get it through their employer will be able to buy coverage through the health insurance marketplace in 2014.
- **Tax Credits for Low-Income Consumers.** Beginning in 2014, consumers with incomes between 100% and 400% of federal poverty level will qualify for a tax credit to help pay for health care coverage if their employers do not provide it or if it is offered in a way that does not meet the requirements of the health reform law.
- **Prescription Help for Seniors.** Seniors in the "donut hole"²⁷ in 2012 get a 50% discount on brand name drugs and a 14% discount on generic drugs. The donut hole will be gone in 2020.
- **Penalties for No Insurance.** A tax penalty will be assessed on consumers who do not have insurance. This will be will be \$95 or 1% percent of taxable income in 2014; \$326 or 2% of

²⁷ The donut hole is a coverage gap during which some Medicare prescription drug plans won't pay for drug costs.

taxable income in 2015; and \$695 or 2.5% of taxable income in 2016. The penalty will be determined based on inflation for every year after 2016.

Texas has obtained a Medicaid waiver which includes service expansion through the Regional Health Partnerships, but this will not necessarily increase the number of Medicaid eligible residents in the State.

PREVENTABLE HOSPITAL EVENTS

Ambulatory care sensitive (ACS) admissions are those that could have been prevented if adequate primary care resources were available and accessed by the patients. Analysis of ACS discharges identifies patients that could have been treated in a lower cost, primary care setting. It suggests a possible “return on investment” from interventions that reduce admissions through better access to primary care resources.

Between 2003 and 2007 El Paso County had a lower preventable hospital admission rate than found in either Texas or the U.S.

Table 8.9
Preventable Hospital Admission Rate
El Paso County, Texas, and U.S.
2003 - 2007

Report Area	Preventable Medicare Hospital Admission Rate (per 1,000 admissions)	Preventable Hospital Admission (ACSC) Rate (Per 1,000 Medicare Enrollees)
El Paso County	72.8	
Texas	85.7	
United States	76.1	
<p><i>Note:</i> This indicator reports the discharge rate (per 1,000 hospital admissions) for conditions that are ambulatory care sensitive. Medicare recipients age 65 to 75 yrs.</p> <p><i>Data Source:</i> Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007.</p>		

DENTAL HEALTH

El Paso County is a health manpower shortage area for dentists. (Refer to the map in Figure 8.4)

According to the *County Health Rankings*, El Paso has severe shortage of dentists with 3,643 residents to one dentist compared to 2200:1 for Texas and the national benchmark of 1516:1.

Poor dental health is self-reported by adults age 18 and older and is defined as having six or more permanent teeth removed due to tooth decay, gum disease or infection.

- Over 10% of El Paso County residents report poor dental health. This is less than found in Texas overall (12.7%) or the U.S. (15.6%).

Table 8.10
Percent of Adults with Poor Dental Health

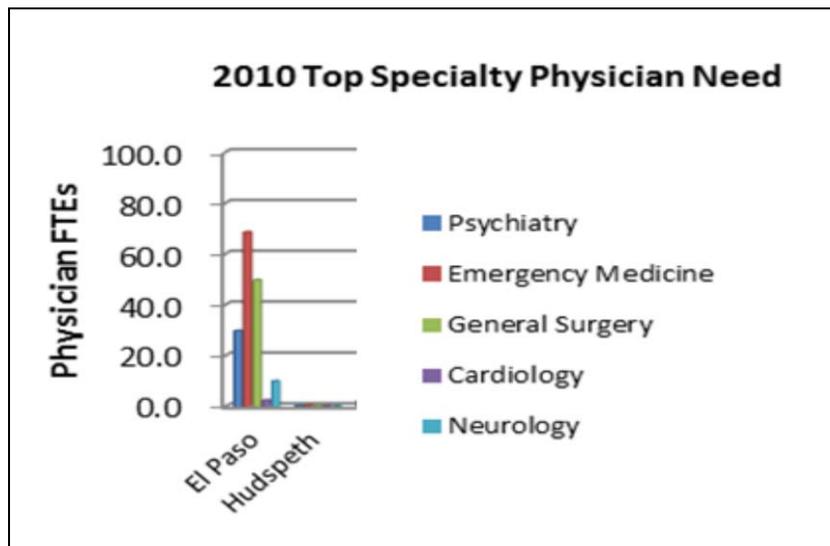
Report Area	Percent Adults with Poor Dental Health	<p>Percent Adults with Poor Dental Health</p> <p>Health 0 30%</p> <ul style="list-style-type: none"> El Paso County Texas United States
El Paso County	10.3%	
Texas	12.7%	
United States	15.6%	

Note: This indicator reports the percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection.
Data Source: CDC, BRFSS, 2006-2010.

ACCESS TO SPECIALTY CARE

A related challenge faced in Region 15 is the need for more specialty physicians, particularly specialty physicians in Emergency Medicine, General Surgery, Psychiatry, Neurology and Cardiology.

Figure 8.6



Source: RHP 15 Plan

Focus Group Results Relating to Health Care Access

Case managers in the focus group discussed their clients' unwillingness to access early or preventive treatment.

They agreed that El Paso County residents tend to wait until they are very sick and have no choice but to see a doctor, often through the emergency room. Comments included:

- "People without insurance are not being diagnosed, most are not seeking treatment and when they do it's only because the sickness has progressed. "

It was stated that the undocumented are afraid to seek services and they wait until the last minute or access care in Emergency Rooms.

In discussing healthcare access through the three FQHCs with 14 different locations, the case managers stated that it can take three to six months to begin treatment at a FQHC.

- They also said that once a person is in the system, sick visit appointments are accessible.
- When asked if residents would enroll into the FQHC system in order have easier access for a sick visit, the case managers stated they encourage clients to do this, but many do not.

9. **MATERNAL-FETAL HEALTH**

El Paso County has opportunities to improve maternal and fetal outcomes. Challenges include:

- Earlier access to prenatal care
- Reducing the number of teen births
- Increasing the time between pregnancies for young mothers

Case manager focus group participants identified access issues including:

- Through WIC pregnant women are referred to doctors, but are not seen again until delivery unless they have a high-risk pregnancy. It was stated, “The issue is getting them to the appointments.”
- “Many of the women are not seeking medical attention until they have their Medicaid approved.”
- “Undocumented parents are afraid to apply for Medicaid for their US born children.”
- “Women also believe that they need the physician results to prove pregnancy to receive WIC services.”

PRACTITIONER SHORTAGES

Physician shortages for maternal and child health exist and impede access.

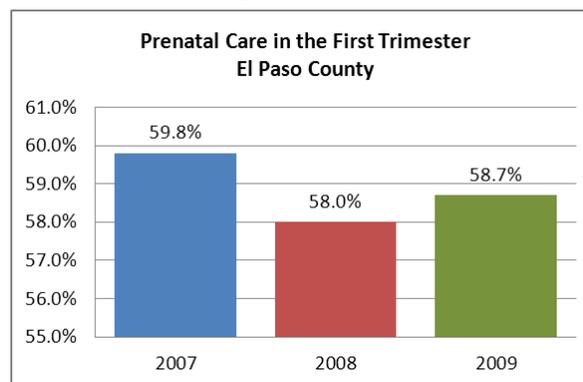
- Both the PdNHF Needs Assessment and the RHP 15 Plan identified the need to recruit additional obstetrician/gynecologists (OB/gyn) and pediatricians to El Paso County.
- Recruiting mid-level practitioners including nurse midwives and physicians assistants can help alleviate the physician shortage.

PRENATAL CARE

Receiving prenatal care in the first trimester is associated with positive maternal and fetal outcomes. The *Healthy People 2020* goal for seeking prenatal care in the first trimester is 77.9% of pregnancies.

- In 2009 59.8% of El Paso County mothers sought prenatal care in the first trimester, 18% below the *Healthy People 2020* goal.
- Women seeking prenatal care in the first trimester decreased by nearly 1% between 2007 and 2009.

Figure 9.1



Source: Texas DSHS Center for Health Statistics, 2007 – 2009

INFANT OUTCOMES

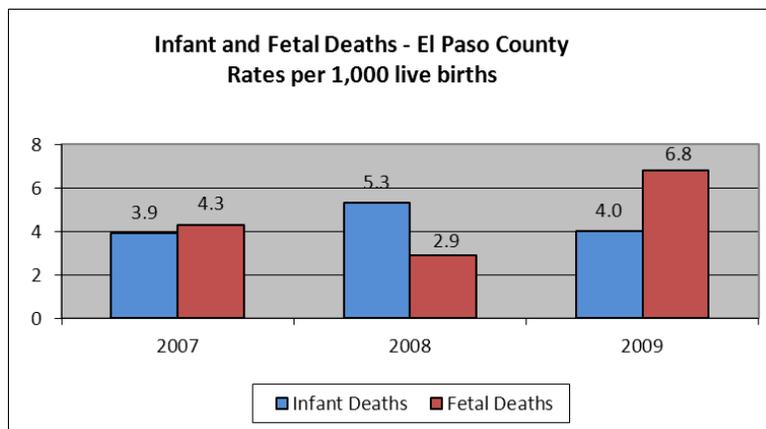
Infant and Fetal Deaths

Fetal deaths were the tenth leading cause of death in El Paso County between 2007 and 2009. (Refer to Figure 9.2)

The *Healthy People 2020* goal for fetal deaths is 6.0 per 1,000 live births. El Paso County exceeded this goal in 2009 with 6.8 fetal deaths per 1,000 live births.

- El Paso County fetal deaths increased by 2.5 per 1,000 live births between 2007 and 2009.
- Infant deaths were stable in 2007 and 2009, experiencing an increase of over 1% in 2008.
- The greatest amount of infant deaths occurred in 2008 at a rate of 5.3/1,000.

Figure 9.2



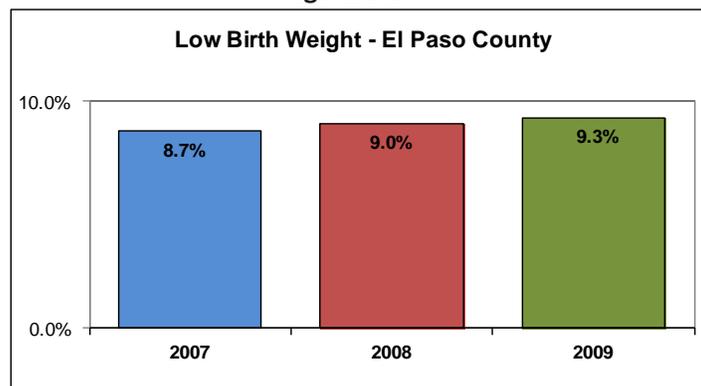
Source: Texas DSHS Center for Health Statistics, 2007 – 2009

Low Birth Weight

El Paso County low birth weight infants steadily increased from 8.7% in 2007 to 9.3% in 2009.

- The low birth weight percentage for Texas and the U.S. were similar to El Paso County between 2003 and 2009.

Figure 9.3



Source: Texas DSHS Center for Health Statistics, 2007 – 2009

Table 9.1
Percent of Low Birth Weight (<2500g)
2003-2009

Report Area	Percent Low Birth Weight (<2500g)
El Paso County	8.5%
Texas	8.2%
United States	8.1%

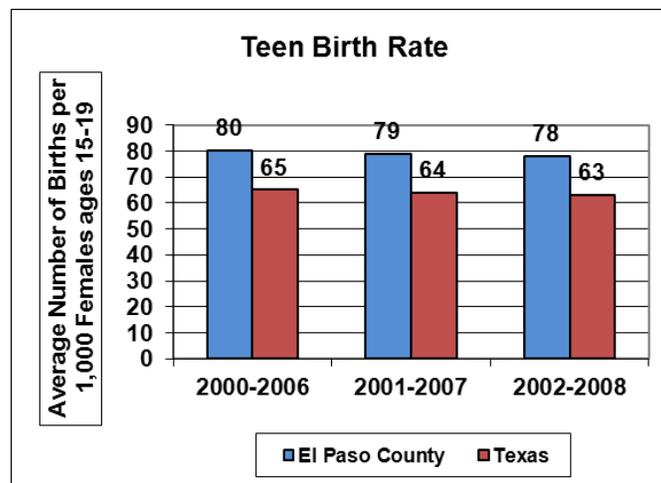
Data Source: CDC National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse

TEEN BIRTHS²⁸

Although decreasing, births to mothers age 15 to 19 years are high in El Paso County. Sixteen percent of births in El Paso County in 2008 were to teenage mothers.

- El Paso County teen births decreased between 2000 and 2011, declining from 80/1,000 young women age 15 to 19 years in 2000 to 56.8/1,000 young women in 2011. This is a 29% decrease.
- Between 2000 and 2008 El Paso County consistently had a higher teen birth rate when compared to Texas by 15 births/1,000 teens.
- Between 2003 and 2009, the teen birth rate was 77.5/1,000 births per 1,000 women age 15 to 19 years. This compares to 62.6/1,000 teen births in Texas and 41.2/1,000 in the U.S. (Table 9.2)

Figure 9.4



²⁸ Throughout this discussion teen births refer to live births to women age 15 to 19 years. Rates are birth per 1,000 15 to 19 year old women in the population.

Table 9.2
Teen Birth Rate 2003-2009

Report Area	Teen Birth Rate (per 1,000 women age 15 to 19 years)	<p>Teen Birth Rate</p> <p>0 100</p> <p>■ El Paso County ■ Texas ■ United States</p>
El Paso County	77.5	
Texas	62.6	
United States	41.2	
Data Source: CDC, National Vital Statistics Systems, 2003-2009. Accessed through the Health Indicators Warehouse.		

In order to provide targeted interventions, 2011 teen births in El Paso County are presented below by Planning Zone.

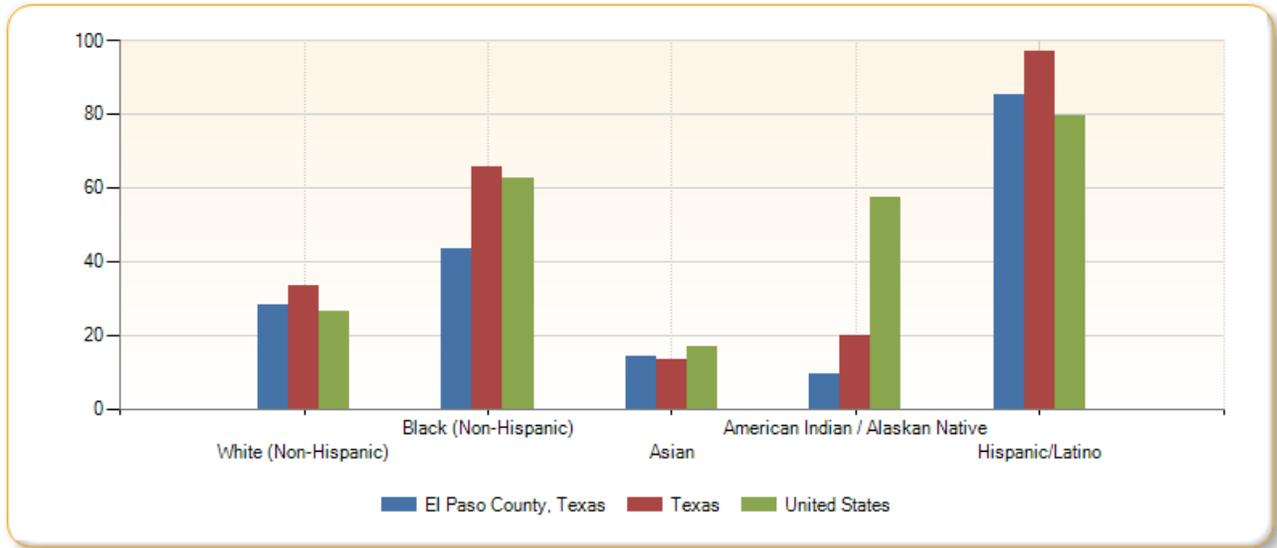
- The highest rates are found in the Central Planning Area with 85.5 births for every 1,000 young women age 15 to 19 and the Far Northwest Planning Area with 80 births/1,000 young women.
- Mission Valley and Southeast follow with 72.1/1,000 and 61.1/1,000 respectively.
- The lowest rates are found in the Northwest and Ft. Bliss Planning Areas.

Table 9.2
Teen Birth Rates
El Paso County and Planning Areas
2011

Planning Area	2011 Births to Teens 15 - 19 Years	Female Population 15 – 19 Years	2011 Birth Rate per 1,000 Teens 15 – 19 Years
Central	353	4128	85.5
East	278	6699	41.5
Far Northwest	66	825	80.0
Ft. Bliss	9	263	34.2
Mission Valley	295	4093	72.1
Northeast	276	4627	59.6
Northwest	149	5032	29.6
Southeast	475	7772	61.1
Total	1,901	33,439	56.8

The Hispanic/Latino population experienced the highest number of teen birth rates for the county, state, and national level. This is followed by Blacks/African Americans and then Whites/Caucasians.

Figure 9.6
Teen Girls Birth Rate by Race/Ethnicity
2003 - 2009

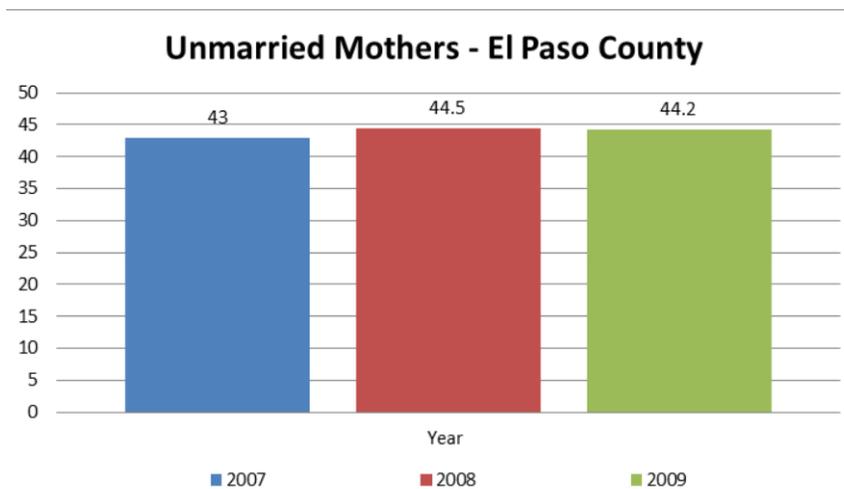


UNMARRIED MOTHERS

The percentage of unmarried mothers in El Paso increased between 2007 and 2009.

- In 2007, El Paso County at 43% of births to unmarried mothers.
- In 2009 this value increased to 44.2%.

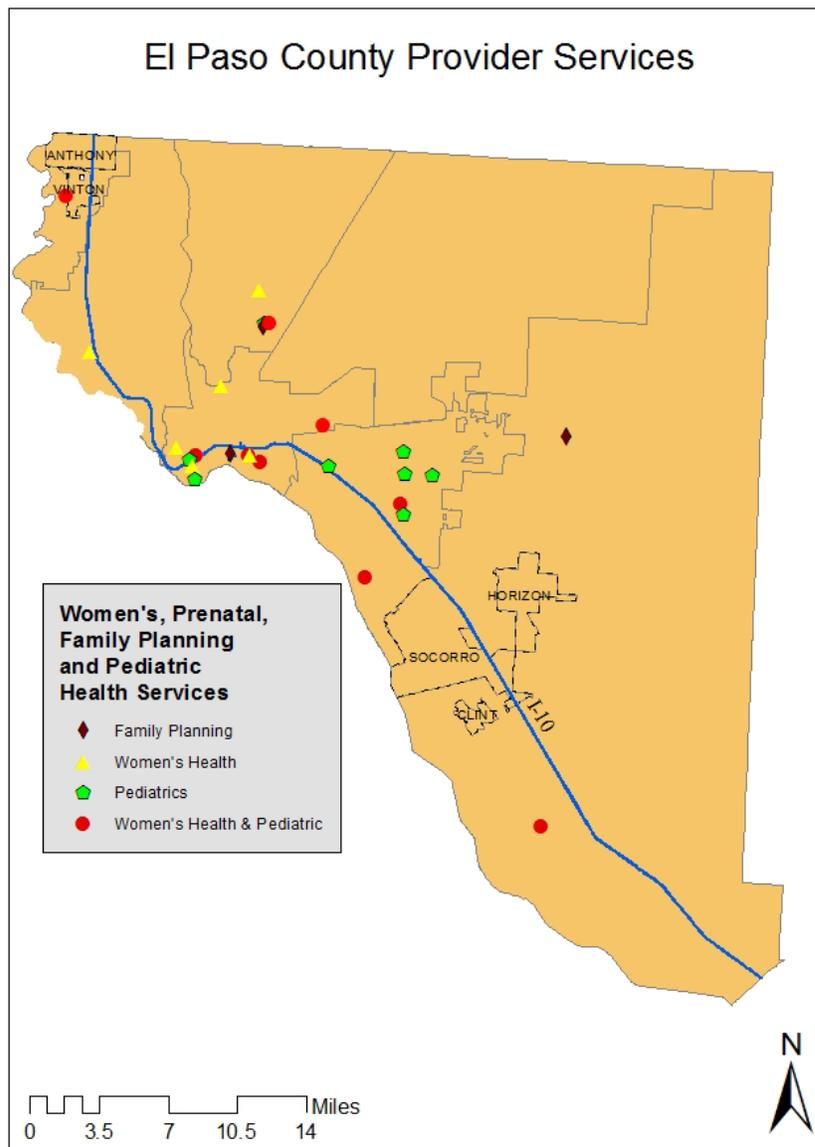
Figure 9.7



EL PASO COUNTY WOMEN'S SERVICES

El Paso County women's services asset map provides a visual depiction of provider locations that offer family planning, women's health, and pediatric services at low or no cost. Detailed clinic lists with name and addresses can be found in Appendix G.

Figure 9.8



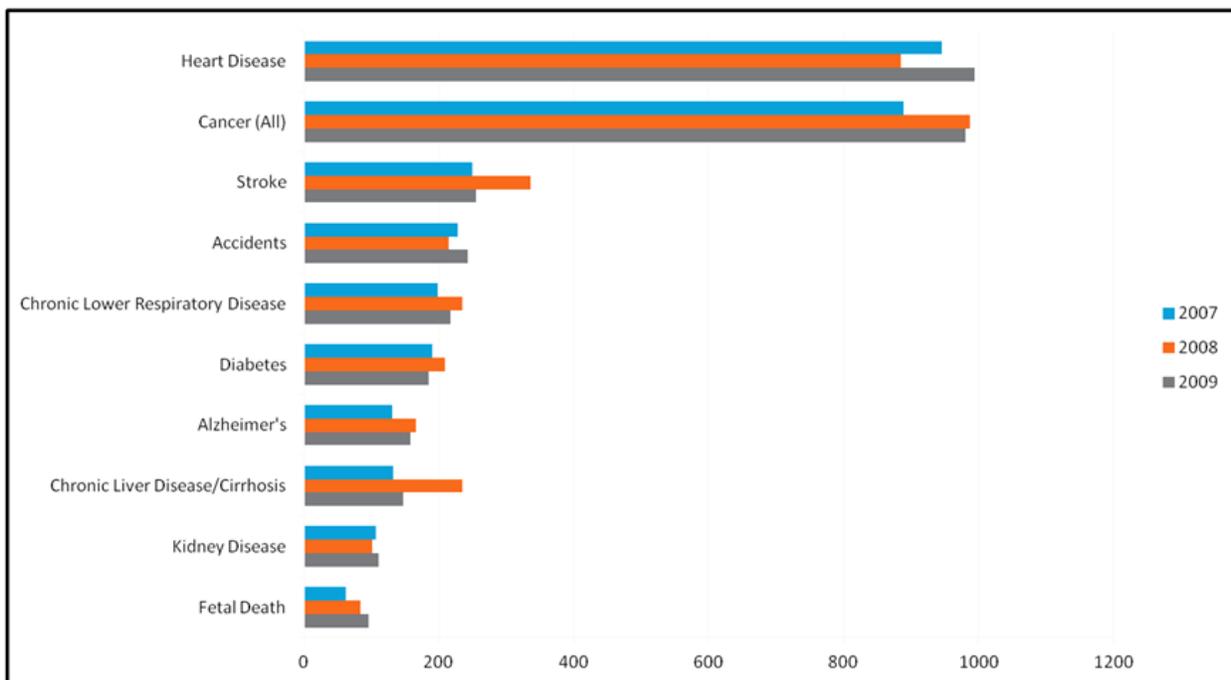
10. HEALTH OUTCOMES--MEDICAL CONDITIONS

LEADING CAUSES OF DEATH

Heart disease and Cancer were the leading causes of death in El Paso County between 2007 and 2009.

- Mortality from heart disease and cancer was significantly higher than the other causes of death.
- Heart disease led cancer in 2007 and 2009 and cancer was the leading cause of death in 2008.
- Other leading causes of death include stroke, accidents, chronic respiratory disease.

Figure 10.1
Leading Causes of Death in El Paso County
2007 - 2009



Source: Texas Department of State Health Services Center for Health Statistics

CANCER

Mortality

Despite being one of the two leading causes of death in El Paso County between 2007 and 2009, the County's age-adjusted cancer death rate is better than the *Healthy People 2020* standard.

- El Paso's rate is 149.7/100,000 compared to the *Healthy People 2020* goal of less than 160.0/100,000.
- Both Texas and the U.S. are above this standard, 169.5/100,000 and 176.7/100,000, respectively.

Table 10.1
Cancer Mortality
El Paso County, Texas, U.S.
2006 – 2010

Report Area	Age-Adjusted Death Rate from Cancer	<p>Age-Adjusted Death Rate (Per 100,000 Pop.)</p> <p>0 250</p> <ul style="list-style-type: none"> ■ El Paso County ■ HP 2020 Target ■ United States
El Paso County	149.7	
Texas	169.5	
United States	176.7	
HP 2020 Target	<= 160.6	
<p><i>Note:</i> This indicator reports the rate of death due to cancer per 100,000 population, age-adjusted to year 2000 standard.</p> <p><i>Data Source:</i> CDC, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER.</p>		

The following table presents cancer mortality rates by type in comparison to Texas and U.S.

Table 10.2

Cancer Mortality by Site			
2003 – 2007			
	El Paso	Texas	U.S.
Mortality Rate Below Texas and U.S.			
Bladder	3.1	3.8	4.3
Breast			
Brain & ONS	2.8	4.3	4.3
Lung and Bronchus	31.6	50.6	52.5
Rates Above Texas and U.S.			
Liver and Bile Duct	9.2	6.9	5.2
Prostate	25.2	23.1	24.7
<p><i>Source:</i> National Cancer Institute. State Cancer Profiles http://statecancerprofiles.cancer.gov/cgiin/quickprofiles/profile.pl?48&047#incdMap</p>			

Breast Cancer Mortality

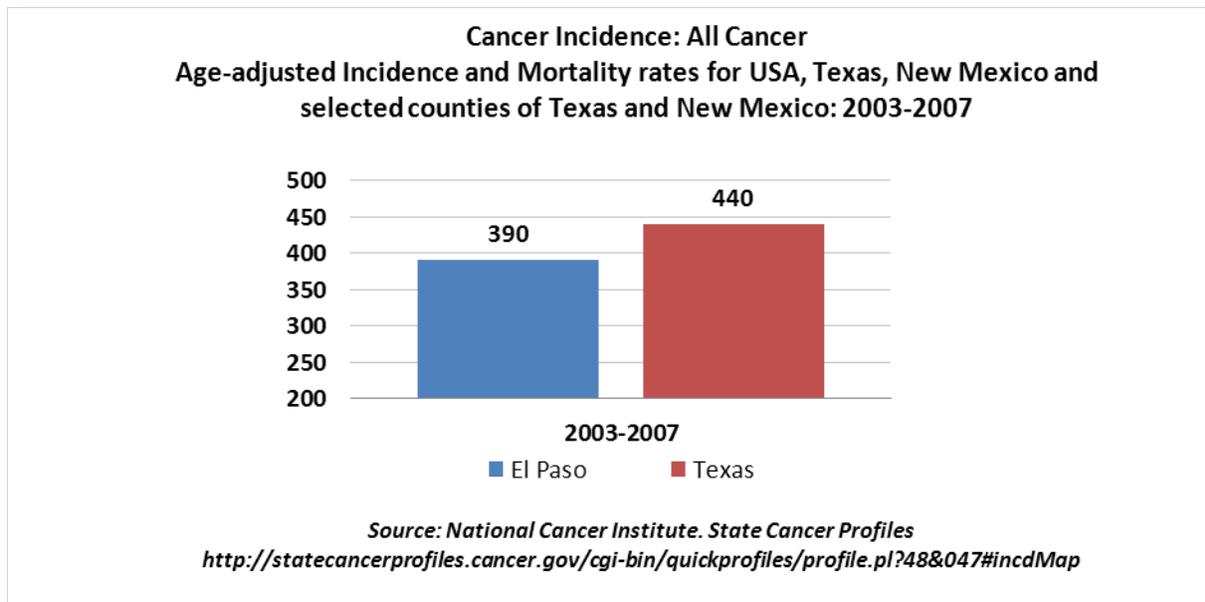
The Komen Foundation reports that according to Texas Cancer Information, in 2009 the female breast cancer mortality rate among all races was lower in El Paso County (19.3) than in the State of Texas (22.6).

- Non-Hispanic Caucasian women had El Paso County's highest breast cancer incidence rate but the lowest breast cancer mortality rate, 13.4/100,000.
- Hispanic women in El Paso County had the highest mortality rate 21/100,000, surpassing the State mortality rate of 17/100,000.
- Black/African American women had a mortality rate of 19.5/100,000.²⁹

Incidence

El Paso County cancer incidence was below the state of Texas in 2003 – 2007.

Figure 10.2



Breast Cancer Incidence

El Paso County's age-adjusted 2005 – 2009 breast cancer incidence is below that of both Texas and the U.S.

- El Paso County's breast cancer incidence was 96.3/100,000.
- Texas breast cancer incidence was 115.5, and the U.S. incidence was 122/100,000.

²⁹ Komen Foundation, page 6

Table 10.3
Annual Breast Cancer Incidence – 2005-2009 Average

Report Area	Annual Incidence Rate, 2005 – 2009 Average (Per 100,000 Pop.)	Annual Incidence Rate (Per 100,000 Pop.)
El Paso County	96.3	
Texas	115.5	
United States	122.0	
<p><i>Note:</i> This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups. <i>Data Source:</i> CDC, and the National Cancer Institute: State Cancer Profiles, 2005-2009</p>		<p>■ El Paso County ■ Texas ■ United States</p>

Cervical Cancer Incidence

El Paso County’s 2005 – 2009 age-adjusted cervical cancer incidence rate was above the State and National rates and *Healthy People 2020* target.

- El Paso County’s cervical cancer incidence rate was 10.1/100,000. This compares to 9.5/100,000 for the State and 8/100,000 for the U.S.
- The *Healthy People 2020* target is less than or equal to 7.1/100,000.

Table 10.4
Annual Cervical Cancer Incidence – 2005-2009 Average

Report Area	Annual Cervical Cancer Incidence Rate (Per 100,000 Pop.)	Annual Incidence Rate (Per 100,000 Pop.)
El Paso County	10.1	
Texas	9.5	
United States	8.0	
HP 2020 Target	<=7.1	
<p><i>Note:</i> This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with cervical cancer adjusted to 2000 U.S. standard population age groups. <i>Data Source:</i> CDC, and the National Cancer Institute: State Cancer Profiles, 2005-2009.</p>		<p>■ El Paso County ■ HP 2020 Target ■ United States</p>

Colon and Rectal Cancer Incidence

The El Paso County 2005 – 2009 age adjusted colon and rectal cancer incidence rate is below that for Texas and the U.S. and slightly above the *Healthy People 2020* target.

- El Paso County’s rate was 38.9/100,000 and the *Healthy People 2020* target is 38.6/100,000.

Table 10.5
Colon and Rectal Cancer Incidence Rate – 2005-2009

Report Area	Annual Colon and Rectal Cancer Incidence Rate (per 100,000 population)
El Paso County	38.9
Texas	44.2
United States	40.2
HP 2020 Target	<= 38.6

Note: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups.

Data Source: The Centers for Disease Control and Prevention, and the National Cancer Institute: *State Cancer Profiles, 2005-2009.*

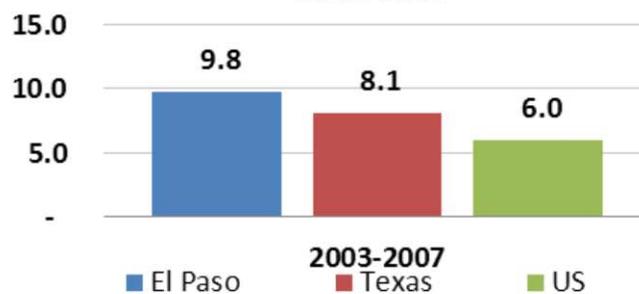
Liver and Bile Duct Cancer Incidence

El Paso County had a higher age 2003 – 2007 age-adjusted incidence rate of liver and bile duct cancer than found in both Texas and the U.S.

- El Paso County’s liver and bile duct cancer incidence was 9.8/100,000 compared to 8.1/100,000 for Texas and 6/100,000 for the U.S.

Figure 10.3

Cancer Incidence: Liver & Bile Duct
Age-adjusted Incidence Rate for US, Texas, and El Paso County
2003-2007



Source: National Cancer Institute. State Cancer Profiles
<http://statecancerprofiles.cancer.gov/cgi-bin/quickprofiles/profile.pl?48&047#incdMap>

Lung Cancer Incidence

El Paso County’s age-adjusted lung cancer incidence was lower than found in Texas and the U.S. both in 2005 – 2009.

- El Paso County’s incidence rate was 37.2/100,000.
- This compares to incidence rate of 63.8/100,000 in Texas.
- The U.S incidence rate was higher at 67.2/100,000.

Table 10.6
Annual Lung Cancer Incidence Rate – 2005-2009

Report Area	Annual Lung Cancer Incidence Rate (Per 100,000 Pop.)	Annual Incidence Rate (Per 100,000 Pop.)
El Paso County	37.2	
Texas	63.8	
United States	67.2	

Note: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups.

Data Source: The CDC and the National Cancer Institute: State Cancer Profiles, 2005-2009.

Legend:
 ■ El Paso County
 ■ Texas
 ■ United States

Prostate Cancer Incidence

El Paso County’s 2005 – 2009 age-adjusted prostate cancer incidence rate was higher than found in both Texas and the U.S.

- El Paso County’s prostate cancer incidence rate was 172.8/100,000 compared to 141.8/100,000 in Texas and 151.4/100,000 in the U.S.

Table 10.7
Annual Prostate Cancer Incidence Rate – 2005-2009

Report Area	Annual Prostate Cancer Incidence Rate (Per 100,000 Pop.)	Annual Incidence Rate (Per 100,000 Pop.)
El Paso County	172.8	
Texas	141.8	
United States	151.4	

Note: This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups.

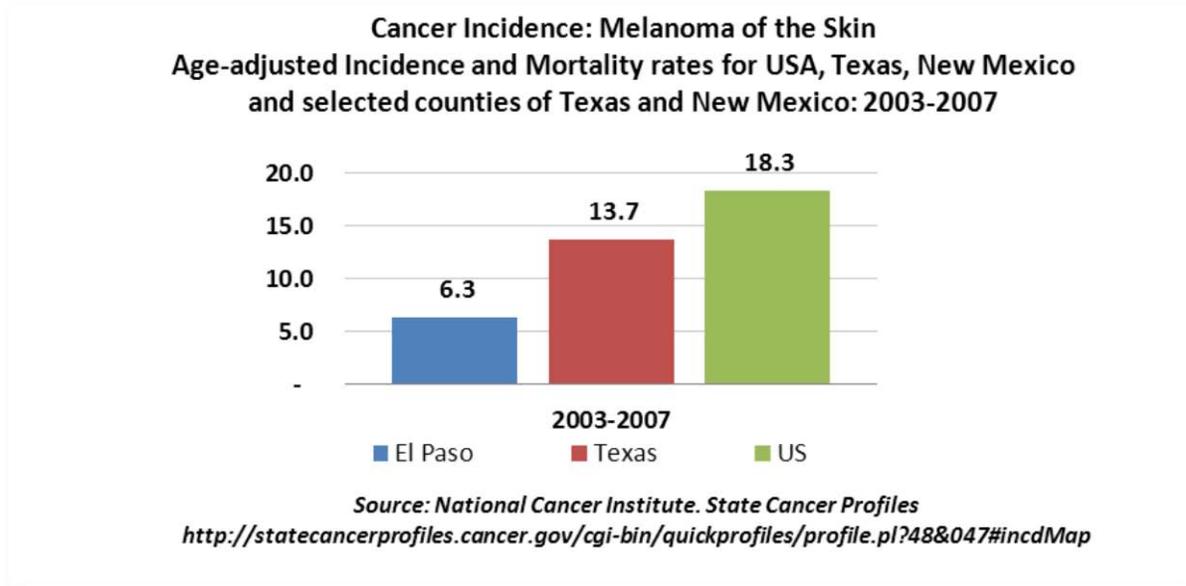
Data Source: The CDC, and the National Cancer Institute: State Cancer Profiles, 2005-2009.

Legend:
 ■ El Paso County, Texas
 ■ Texas
 ■ United States

Melanoma of the Skin Incidence

El Paso County’s melanoma of the skin incidence rate at 6.3/100,000 is less than half of the rate found in Texas, 13.7/100,000 and nearly one-third of the U.S. rate which is 18.3/100,000.

Figure 10.4



Screening

Breast Cancer Screening (Mammogram)

Regular mammograms are recommended for early detection of breast cancer.

- El Paso County has a lower percentage of women age 55 or older who received a mammogram than found in both Texas and the U.S. (Data from 2003 – 2007)
- Just over half (53.6%) of El Paso County women age 55 and older had a mammogram in the past two years. This compares to 58.8% in Texas and 63.3% in the U.S.

Table 10.8
 Percent Accessing Breast Cancer Screening – 2003-2007

Report Area	Percent Accessing Mammogram Over 2 Years
El Paso County	53.6%
Texas	58.8%
United States	63.3%

Note: This indicator reports the percentage of female Medicare enrollees, age 55 or older, who have received one or more mammograms in the past two years.

Data Source: Dartmouth Atlas of Healthcare, Selected Measures of Primary Care Access and Quality, 2003-2007.

Cervical Cancer Screening (Pap Test)

The percentage of El Paso County women age 18 and older who received a pap test for cervical cancer screening is higher than found in both Texas and the U.S.

- 64% of El Paso County women received this test between 2004 and 2010 compared to 53.2% in Texas and 60.3% in the U.S.

Table 10.9
Percent Receiving Pap Test Over 3 Years – 2004-2010

Report Area	Percent Receiving Pap Test Over 3 Years
El Paso County	63.9%
Texas	53.2%
United States	60.3%
<i>Note: This indicator reports the percentage of women aged 18 and older who self-report that they have had a Pap test in the past three years.</i>	
<i>Data Source: CDC, Behavioral Risk Factor Surveillance System, 2004-2010.</i>	

Colon Cancer Screening (Sigmoid/Colonoscopy)

Although a colonoscopy is recommended for all adults over age 50, this indicator reflects only men who have had the test.

- El Paso County has a lower percentage of men receiving this screening, 46.2% than Texas (50.3%) and the U.S. (51.8%).

Table 10.10
Percent Accessing Sigmoid/Colonoscopy – 2004-2010

Report Area	Percent Accessing Sigmoid/ Colonoscopy
El Paso County	46.2%
Texas	50.3%
United States	51.8%
<i>Note: This indicator reports the percentage of adult men aged 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy.</i>	
<i>Data Source: CDC, Behavioral Risk Factor Surveillance System, 2004-2010. Source geography: County.</i>	

Prostate Cancer Screening

The PSA test can identify prostate cancer. This indicator identifies men age 40 and over who have received with test within the past two years.

- Nearly half (48%) of El Paso County men age 40 and over received a PSA test in the past two years.
- This is slightly higher than the Texas percentage (47.2%) and the U.S. (44.7%).

Figure 10.5
Adults with Blood Stool Test

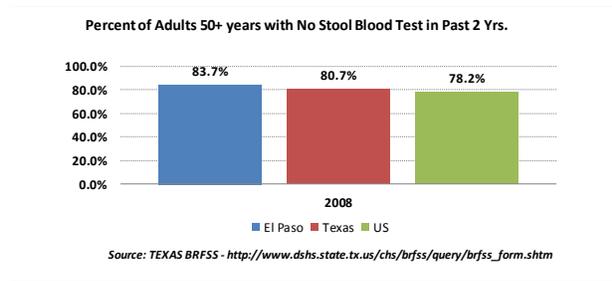
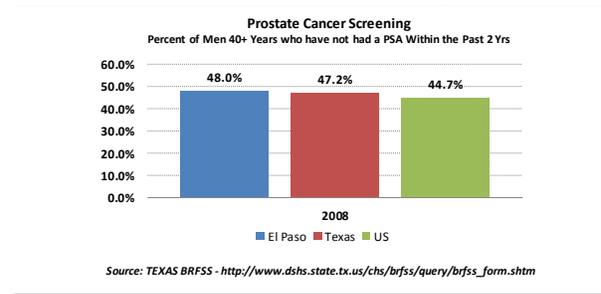


Figure 10.6
Prostate Cancer Screening



CARDIOVASCULAR

Heart Disease and Stroke Mortality

El Paso County heart disease mortality, 111.1/100,000 residents, is lower than found in both Texas and the U.S.

- The El Paso County rate, however, is above the *Healthy People 2020* target of 100.8/100,000.

El Paso County stroke mortality, 43.5/100,000 residents, is above the U.S. rate but below the Texas rate.

- The El Paso County stroke mortality is 10/100,000 residents higher than the *Healthy People 2020* target.

Coronary heart disease mortality continues to plague men to a greater degree than women.

- Eighty percent more El Paso County men die of coronary heart disease than women.
- This compares to approximately 70% more men than women in both Texas and the U.S.

Comparing the stroke mortality rates by gender finds men have higher rates in El Paso County than women.

- In Texas the stroke mortality rates by gender are the same, and in the U.S. the rates are similar, with men slightly higher than women.

Table 10.11

Report Area	Age-Adjusted Death Rate Due to Coronary Heart Disease and Stroke 2006-2010 (per 100,000 pop.)	
El Paso County	111.1	43.5
Texas	133.2	48.1
United States	134.7	41.8
HP 2020 Target	<= 100.8	<= 33.8

Data Source: CDC, National Center for Health Statistics, Underlying Cause of Death, 2006-2010. Accessed through CDC WONDER.

Table 10.12

**Coronary Heart Disease Mortality Rate by Gender
 El Paso County, Texas and U.S.
 2006 – 2010
 (Age Adjusted per 100,000 population)**

Coronary Heart Disease	Male	Female
El Paso County	150.2	82.8
Texas	173.1	102.1
United States	175.0	103.4
Stroke	Male	Female
El Paso County	45.67	41.31
Texas	47.68	47.50
United States	41.95	40.96

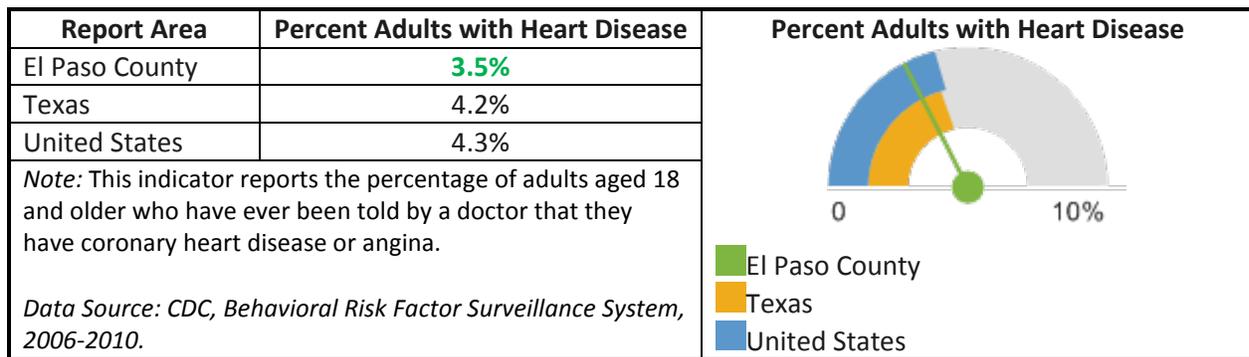
Prevalence

Heart Disease Prevalence

Three and half percent of El Paso County adults have been told by a doctor that they have coronary heart disease and angina.

- This is below the percentages in both Texas and the U.S.

**Table 10.13
 Percent Adults with Heart Disease
 2006-2010**



Prevention

High Blood Pressure Management

A higher percentage of El Paso County adults with high blood pressure (HBP) are not taking medication for the disorder compared to Texas and U.S. residents.

- Nearly a quarter of El Paso County residents report not taking HBP medication.
- This compares to 22.4% of Texas residents and 21.7% across the U.S.

Table 10.14
Percent Adults Not Taking HBP Medication
2006-2010

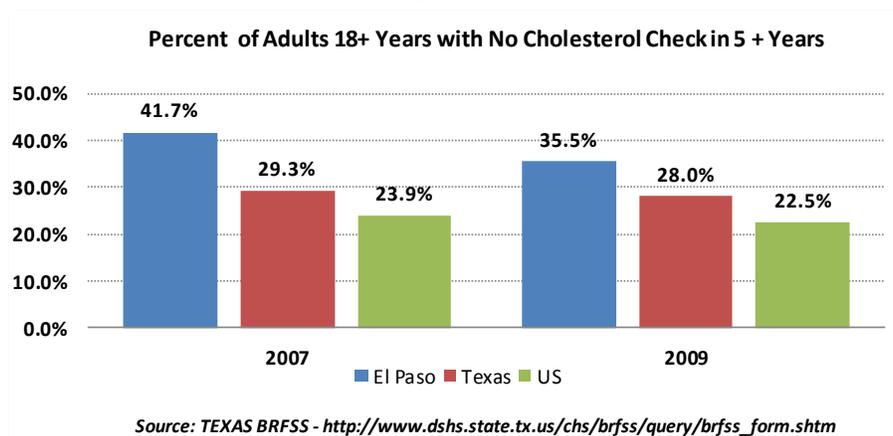
Report Area	Percent Adults Not Taking HBP Medication (When Needed)	Percent Adults Not Taking Medication
El Paso County	24.7%	
Texas	22.4%	
United States	21.7%	
<i>Note:</i> This indicator reports the percentage of adults aged 18 and older who self-report that they are not taking medication for their HBP.		■ El Paso County, Texas ■ Texas ■ United States
<i>Data Source:</i> CDC, Behavioral Risk Factor Surveillance System, 2006-2010.		

Cholesterol Check

In 2007, nearly 42% of El Paso County adults reported not having a cholesterol check in five or more years. This decreased to 35.5% in 2009.

- El Paso County has a higher percentage of adults who have not had had their cholesterol checked when compared with Texas and the U.S.
- In all three geographic areas, percentages improved between 2007 and 2009.

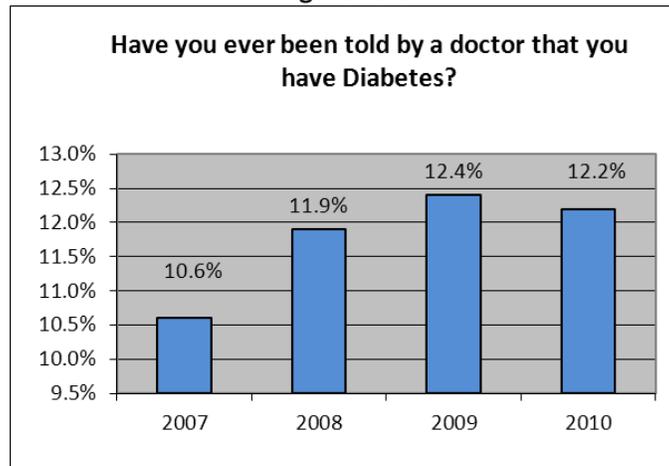
Figure 10.7



DIABETES

According to the 2010 CDC BRFSS survey, the percentage of El Paso County residents who have been told they have diabetes increased steadily between 2007 and 2010, to 12.2% in 2010. This is a 15% increase.

Figure 10.8



Source: CDC BRFSS 2010

The 2010 El Paso County percentage reporting diabetes, 12.2%, compares to 9.7% in the State and 8.7% in the U.S.

On the other hand, the 2009 CDC National Diabetes Surveillance System found a lower percentage of adults age 20 and older who had been told they have diabetes, 8.3%.

- This is lower than the percentage found in both Texas and the U.S.
- That study also found that a higher percentage of men than women have been told they have diabetes in El Paso County, Texas and the U.S.
- In El Paso County, 9.9% of men and 7.1% of women reported having diabetes.

Table 10.15
Percent Adults Age 20+ with Diabetes
El Paso County, Texas and U.S.
2009

Report Area	Percent Adults Age 20+ with Diabetes	
El Paso County	8.30%	
Texas	9.09%	
United States	8.77%	

Note: This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes.

Data Source: CDC National Diabetes Surveillance System, 2009.

**Adults with Diabetes by Gender (Age-Adjusted)
 El Paso County, Texas and U.S.
 2009**

Report Area	Male (per 100,000)	Female (per 100,000)
El Paso County	9.90%	7.10%
Texas	10.15%	8.15%
United States	9.48%	8.08%

Diabetes Management (Hemoglobin A1c Test)

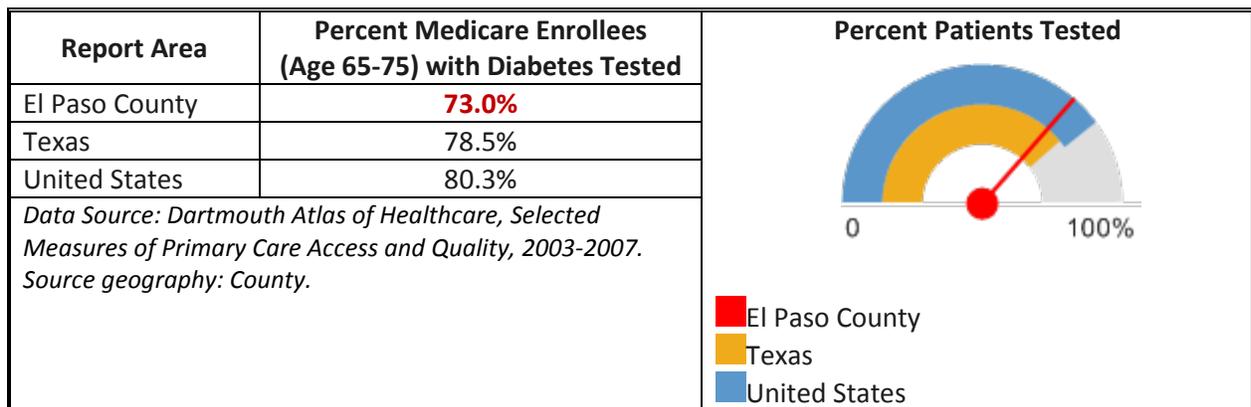
The hemoglobin A1c test measures how well a diabetic’s blood sugar is being controlled.

- Experts recommend checking the hA1c every three to six months.
- It can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

This indicator asks diabetic Medicare patients if the received a hA1c test in the last year.

- In El Paso County, 73% responded positively. This is lower than found in both Texas and the U.S.

**Table 10.17
 Percent Medicare Enrollees
 (Age 65-75) with Diabetes Tested
 2003-2007**



11. BEHAVIORAL HEALTH

As with many regions throughout Texas, Region 15 has a dearth of behavioral healthcare (mental health and chemical dependency) services available in the community. Behavioral health facilities currently operate above capacity, and health care providers in the Region continue to struggle to provide adequate behavioral healthcare to patients. Behavioral health providers in the region do not have the resources, staffing, or funding necessary to meet the significant behavioral healthcare needs in the community.³⁰

Behavioral health is increasingly being linked to physical health indicators. It is expected that in the future behavioral health systems will be embedded in new structures such as accountable care organizations, integrated healthcare systems and preferred provider organizations.

MENTAL HEALTH

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. There is often a stigma associated with mental health diagnoses and treatment, particularly among African-Americans and Latinos.³¹

- Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25 percent of all years of life lost to disability and premature mortality.
 - Mental health plays a major role in people’s ability to maintain good physical health.
 - Problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.³²

Provider Availability and Behavioral Health Access

RHP 15 Plan stated that of the residents in the Region who are in need of mental health services, 46% receive these services. A study published in 2008 indicates that regional providers are operating beyond their capacity and a need exists for an infusion of \$61.6 million (\$28.5mm capital project and \$33.5mm annual operating expenditures) to address the lack of access to behavioral health services.³³

The shortage of El Paso County psychiatrists is presented in Figure 8.7), and CAB members reiterated this, stating, “The community has only seven psychiatrists and a lack of other providers.”

CAB members also stated that for residents without insurance, the mental health authority treats three conditions—bipolar disorder, severe depression and schizophrenia.

³⁰ RHP 15 Plan, page 9

³¹ (Healthy People 2020, <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>)

³² <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=28>, retrieved July 13, 2012.

³³ Tomaka et al (2008),³³

RHP 15 Plan reported that behavioral health patients are often being held and treated in area emergency rooms. CAB members further stated that El Paso County doesn't have a mental health emergency room in an acute care hospital so patients "sit in ERs due to lack of beds in the only two mental health facilities available."

The expansion of Ft. Bliss has increased demand for behavioral health services. Most military personnel are treated by base providers, but family members have limited access on base and are often treated in the community.

Mental Health Status

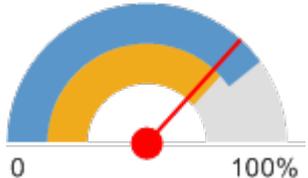
In 2010, a lower percentage of El Paso County residents report that they have sufficient social and emotional support Texas and U.S. residents.

- Seventy-three percent of El Paso County residents have adequate support compared to 77% of Texas residents and 80% of U.S. residents.

The *County Health Rankings* finds that El Paso County residents report slightly fewer poor mental health days than Texas residents, 3.2 for the former and 3.3 for the latter. However, this outcome is above the national benchmark of 2.3 days.

The percentage of El Paso County residents reporting five or more days of poor mental health increased by nearly a third between 2007 and 2009, from 16.2% in 2007 to 21.3% in 2009. These indicators were relatively stable during this three year period for Texas and the U.S.

Table 11.1
Percent Adults Reporting
Adequate Social or Emotional Support
2003-2007

Report Area	Percent Adults Reporting Adequate Social or Emotional Support	Percent Adults Reporting Adequate Social or Emotional Support 
El Paso County	73.2%	
Texas	77.0%	
United States	80.3%	

Note: This indicator reports the percentage of adults aged 18 and older who self-report receiving sufficient social and emotional support all of most of the time.

Data Source: CDC, Behavioral Risk Factor Surveillance System, 2006-2010.

■ El Paso County
■ Texas
■ United States

Figure 11.1
Adults with Five or More Days of Poor Mental Health in the Last Month

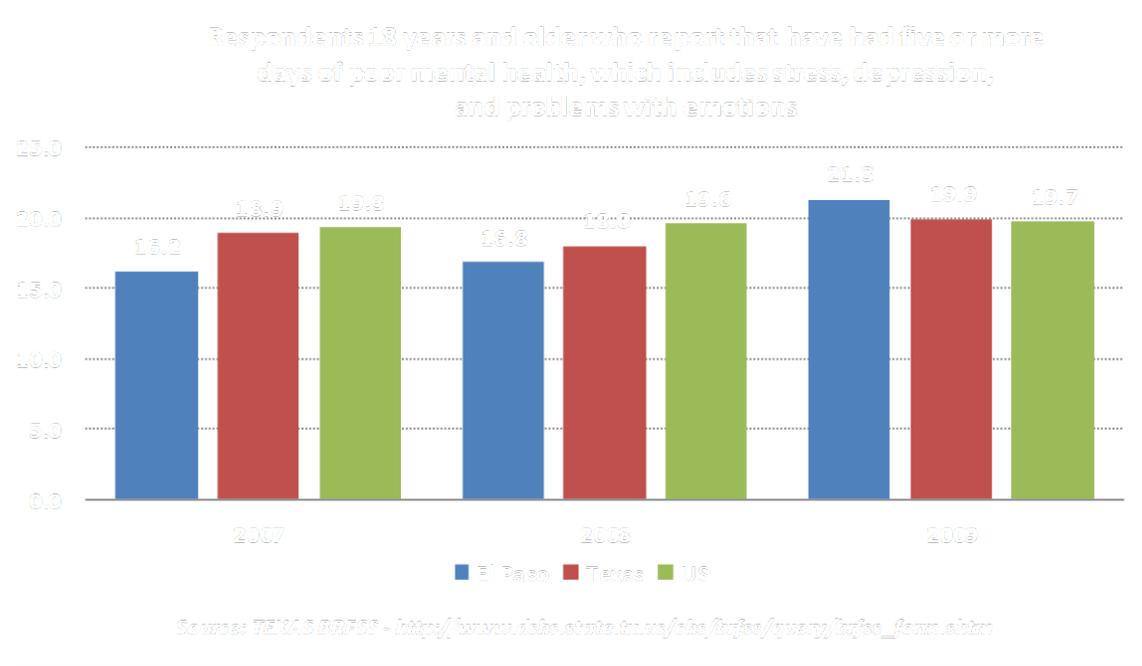


Table 11.2
County Health Rankings
Poor Mental Health Days in the Last Month
2013

Indicator	El Paso County	Texas	National Benchmark
Poor Mental Health Days	3.2	3.3	2.3

Source: County Health Rankings and Roadmaps, 2013

HEAVY ALCOHOL CONSUMPTION AND BINGE DRINKING

A CAB member stated that substance abuse is best addressed using a holistic approach. It was stated that the majority of substance abuse conditions are related to adult alcohol use.

Sixteen percent of El Paso County resident report heavy alcohol consumption that is defined as more than two drinks per day for men and one drink per day for women.

- This is above the Texas average of 13.1% and similar to the U.S. average.

Between 2007 and 2009, binge drinking declined by 25% in El Paso County. In Texas and the U.S. binge drinking didn't change substantially.

Table 11.3
Percent of Heavy Drinkers
2004-2010

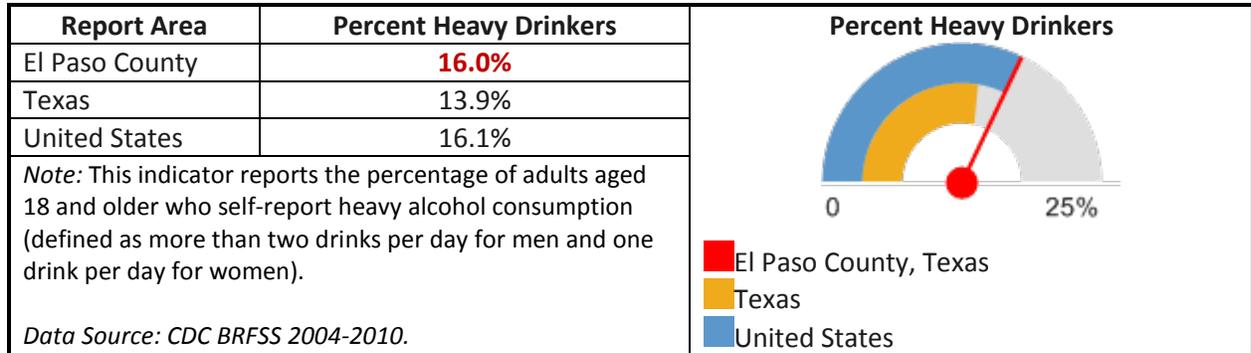
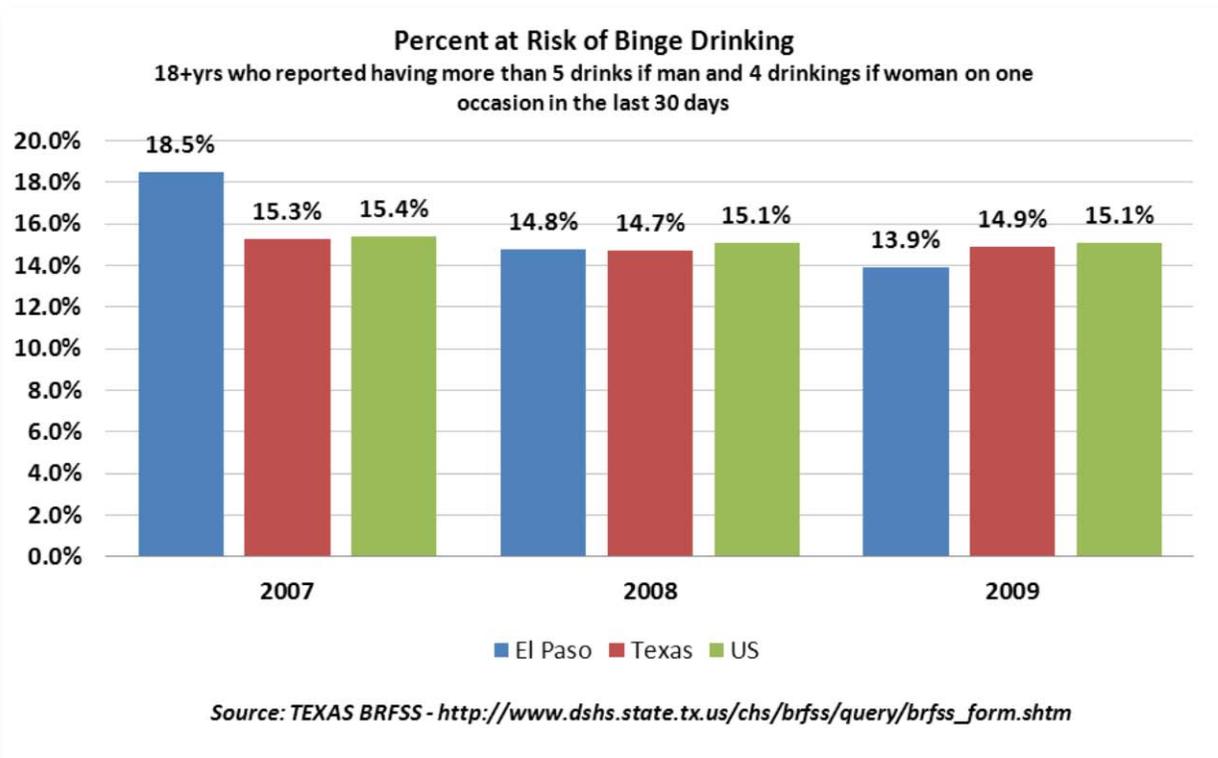


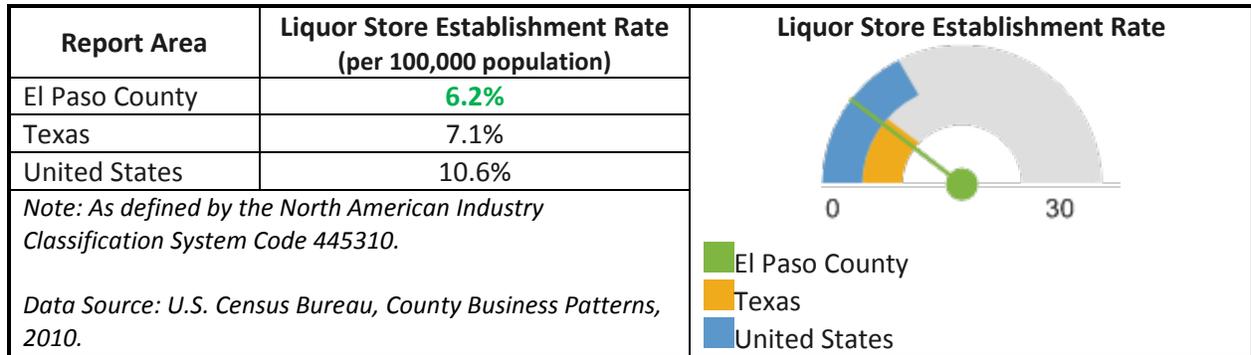
Figure 11.2
2007-2009



Liquor Store Access

El Paso County has fewer liquor stores per 100,000 residents than found in either Texas or the U.S.

**Table 11.4
 Liquor Store Establishment Rate – 2010**



ALCOHOL AND DRUG TREATMENT

Aliviane, Inc. a large substance abuse treatment provider in El Paso County, provided data about their residential treatment patients’ drugs of choice. Figures 11.3 and 11.4 present the number of patients treated followed by the percentage.

Between January and May 2013, Aliviane treated 90 male residential clients.

- Nearly half (48%) identified alcohol as their substance of choice.
- This was followed by 26% who identified cocaine and 20% who use marijuana/hashish.

The data for female clients covers a longer time frame, September 2012 through May 2013, which may provide a partial explanation for the fact that the 128 women treated identified seven drugs of choice while men identified five.

- Females’ most frequent substance of choice is cocaine. Together cocaine and crack account for 48% of residential treatment clients.
- This is followed by alcohol, with just over one third of clients (34%) identifying it.
- Marijuana/hashish is also a smaller percentage among women, 9%.
- Substances identified only by women include sedatives/synthetics (3%) and crack (13%).

Figure 11.3
Male Residential Substance Abuse Clients
Drugs of Choice

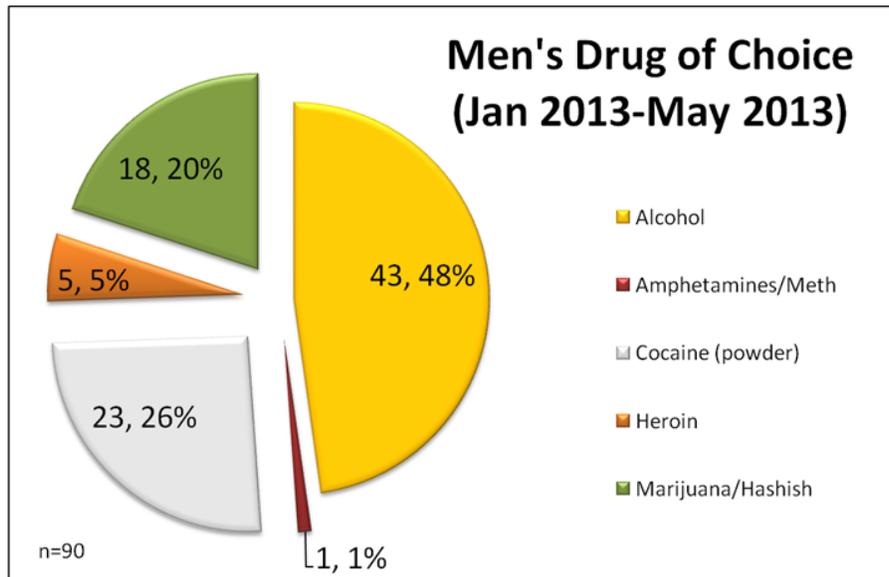
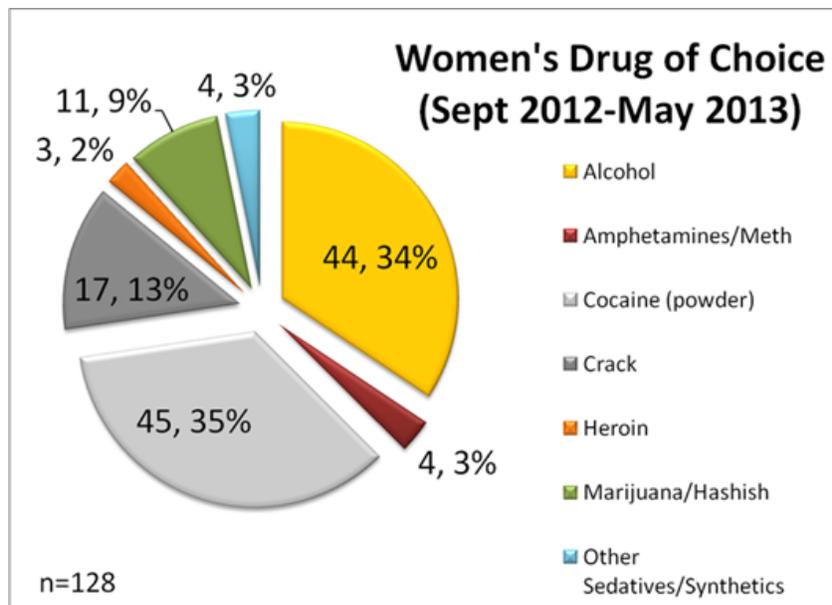


Figure 11.4
Female Residential Substance Abuse Clients
Drugs of Choice



The RHP 15 Plan reports that Emergence Healthcare Network, the El Paso Psychiatric Hospital, and others have taken great strides over the past decade in providing increased services. Emergence has proposed creating a crisis stabilization unit, a crisis respite unit, as well as expanding behavioral health services and providers throughout the community. UMC is also developing a project to implement a psychiatric liaison service to reduce the time a patient will wait to receive crucial behavioral health services.

12. PRIORITIZED COMMUNITIES

COLONIAS

A 2012 research study on creating Healthy Homes in the *colonias* conducted by the *Colonias* Program at Texas A&M University found common themes among *colonias* residents are to:

- Improve infrastructure
 - Specific areas for improvement include: sidewalks, lighting in public areas, traffic lights, potable water, gas, and sewage
- Improve Safety
 - Including lighting, pavement, traffic lights, stray dogs
- Clean up the area
- Provide resources for animal control
- Educate *colonias* residents reduce high-risk behaviors and improve overall health.

AREAS WITH HIGH COMMUNITY NEED

The Planning Areas with the highest community need, as represented by the Community Need Index (CNI), include Mission Valley, Central, Far Northwest and Southeast.

- Specific strategies targeting each of these areas should be employed as priorities are implemented.

Figure 12.1



13. EL PASO CITY-COUNTY PRIORITIES

COLLABORATION AND THE CARE CONTINUUM

In planning strategies and implementing tactics to improve the health of El Paso City County residents, the collective expertise of all health care organizations must be brought to bear. Through Paso del Norte Health Foundation (PdNHF), Regional Health Partnership 15 and the DPH Needs Assessment Community Advisory Board, El Paso County has the opportunity to facilitate significant improvements in the community's health.

- Strategies and tactics build on those found in the Paso del Norte Health Foundation "2012 Regional Strategic Health Framework" report and the RHP 15 Plan.³⁴ (Refer to Appendix I for the PdNHF Plan specific to El Paso County.)
- Strategies also support the 2011 – 2016 Texas State Health Plan. Recommendations from that plan can be found in Appendix J.

To accomplish this, each organization's expertise is brought to bear on the healthy community continuum of care. (Figure 13.1) The components include:

- **Community Prevention** includes activities to promote health and lead a healthy lifestyle including such things as exercise, good nutrition, maintaining a healthy weight and avoiding smoking and excessive alcohol use.
- **Clinical Prevention** includes appropriate use of medical prevention screening and treatment such as accessing screening tests (i.e. mammography, PSA, etc.) on the recommended schedule, taking recommended medications to reduce risk factors, etc.
- **Care and Treatment** are those interventions to treat a disease once it presents. This may be in a doctor's office or acute care setting.
- **Post-Discharge Follow Up and Care** includes following the prescribed care regimen to improve the acute condition and reduce risk factors going forward. It would include appropriate rehabilitation and medication to avoid a worsening of the condition or developing other pathology.

While all collaborative partners impact the full continuum of care, some have a greater focus on specific components. For example:

- El Paso DPH's primary role focuses on community and clinical prevention as well as post-discharge follow up.
- RHP 15 providers have a more concentrated focus on clinical prevention, care and treatment and post-discharge follow up. The RHP 15 Plan includes 53 specific projects, which will be implemented over the next five years by El Paso County hospitals and health care systems.
- PdNHF provides leadership and resources to local organizations to promote health across the continuum. PdNHF works with regional healthcare, business, schools, city and county leadership to achieve the outlined goals.

³⁴ The complete documents can be found online at the following links:

- [http://www.umcelpaso.org/webshell/umcep.nsf/0/8a226f9619abfb2687257aa7006d1d8d/\\$FILE/Paso%20Del%20Norte%20Regional%20Strategic%20Health%20Framework.pdf](http://www.umcelpaso.org/webshell/umcep.nsf/0/8a226f9619abfb2687257aa7006d1d8d/$FILE/Paso%20Del%20Norte%20Regional%20Strategic%20Health%20Framework.pdf)
- <http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP15Plan.pdf>

This plan focuses on the health needs that the DPH and the CAB partners can significantly impact. It strives to build on PdNHF and RHP 15 plans through effective collaboration and without duplicating efforts.

Figure 13.1
Healthy Community Continuum of Care



The five El Paso County Priority Areas and Goals of the PdNHF Plan are supported with this plan. This section presents the PdNHF goals which are supported by both RHP 15 Plan and the DPH CHA. The PdNHF objectives supporting these goals are listed, as are the RHP 15 Plan recommendations. This information serves to inform the CHA/CHIP plan objectives and initiatives which follow.

PRIORITY AREAS AND GOALS

Priority Area 1 : Obesity/Diabetes/Fitness/Nutrition

Goal 1: Create communities that promote a life-long commitment to healthy eating and active living.

Priority Area 2: Mental Health and Behavioral Health/Wellness

Goal 2: Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.

Priority Area 3: Substance Abuse/Chemical Dependency/Drug Abuse

Goal 3: Reduce substance abuse to protect the health of all residents in El Paso County.

Priority Area 4: Healthy Sexuality/Teen Pregnancy

Goal 4: Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.

Priority Area 5: Improve Access to Healthcare

Goal 5: Improve access to comprehensive, coordinated, high quality health care services for everyone.

An additional priority area focusing on a key DPH competency has been added to this plan:

Priority Area 6: Surveillance and Communicable Disease Prevention

Goal 6: Expand surveillance and early identification of communicable diseases throughout El Paso County, implementing appropriate prevention and interventions for those that are most prevalent.

PRIORITY AREA 1: OBESITY/DIABETES/FITNESS/NUTRITION

Goal 1: *Create communities that promote a life-long commitment to healthy eating and active living.*

PdNHF Objectives:

- 1.1. Increase healthy eating among adults in the PdN Region.
- 1.2. Increase healthy eating among children and young people in the PdN Region.
- 1.3. Create a physical environment that supports physical activity participation for residents in the region.
- 1.4. Increase physical activity among children and young people in the Paso del Norte Region.
- 1.5. Implement a multi-media campaign that will increase understanding regarding the importance of healthy eating and active living in addressing overweight and obesity in the Paso del Norte Region.

RHP 15 Workgroup Recommendations:

- Establish programs to address education on healthy eating and provide greater access to healthy foods.
- Seek additional funding options to increase pedestrian trails, bike paths, and parks.
- Increase fitness and wellness activities in schools and senior centers.
- Extend programs that include education on healthy eating.
- Expand nutritional education resources throughout schools.

DPH CHA/CHIP Objectives and Initiatives

CHA/CHIP Objectives

- 1.1. Increase healthy eating among El Paso County residents.
- 1.2. Engage El Paso County physicians to reduce obesity among their patients, using best practices from the current DPH obstetrics/gynecology obesity grant.
- 1.3. Increase healthy physical activity among El Paso County residents.
- 1.4. Support volunteer efforts of Ft. Bliss personnel to reach out to young people in the community to promote and be role models for physical fitness.
- 1.5. Encourage El Paso County residents to have positive attitudes toward and perceptions of their personal health.

CHA/CHIP Initiatives

Objective 1.1 Increase healthy eating among El Paso County residents.

- 1.1.1. In conjunction with DPH, UT- School of Public Health, and UTEP, engage community partners to establish and implement a culturally competent nutrition education curriculum prioritizing Hispanic women, including practical applications such as menu planning, food selection and healthy cooking classes.

- Establish curriculum and implementation plan by December 2013.
 - Prioritize high risk and low SES communities.
 - Conduct the course at least quarterly in 2014, continuing at least quarterly through 2016.
 - At the completion of each course, evaluate and modify the curriculum to improve the quality and participation.
- 1.1.2. In conjunction with acute care hospitals, community partners, and DPH staff, establish and implement a culturally competent diabetic nutrition education curriculum prioritizing Hispanic women and men, including diabetic education, menu planning, food selection and healthy cooking classes.
- Establish curriculum and implementation plan by December 2014, building on the general curriculum outlined in 1.1.1.
 - Conduct the course at least twice annually in 2015, continuing at least semi-annually through 2016.
 - At the completion of each course, evaluate and modify the curriculum to improve the quality and participation.
- 1.1.5. Continue the DPH Healthy Children Menu Program with locally-owned restaurants, expanding as resources become available.
- 1.1.6. In conjunction with the City Department of Parks and Recreation build community gardens around the Move! El Paso Trails.
- Develop grant writing plan of action
 - Prioritize community garden areas
 - Seek funding from the Cancer Prevention Research Institute of Texas and other sources.

Objective 1.2 Engage El Paso County physicians to reduce obesity among their patients, using best practices from the Texas Department of State Health Services Obesity Program and other sources.

- 1.2.1. Target primary care specialties in 2014 for obesity program expansion, expanding into at least six additional practices annually.
- Identify most appropriate practices to target with program promotion.
 - Identify programmatic changes necessary for implementation in targeted specialties.
 - Develop a healthy eating resources directory and select available outreach materials to promote the program within targeted specialties.
 - Evaluate response and effectiveness of the program annually, making necessary modifications.
- 1.2.2. Evaluate options to expand the program to other specialties, such as cardiology.

Objective 1.3 Increase healthy physical activity among El Paso County residents.

- 1.3.2. Promote the Move! El Paso walking trails program among both children and adults, identifying funding for necessary staff to provide community education and events at the trails.
- Develop a Move! El Paso promotional plan to include adult and youth activities to engage the community in use of these walking trails.
 - Organize and host, in collaboration with community partners, a Move! El Paso Annual Walk.
 - Measure the response based on use of trails and feedback from local residents.
 - Establish additional Move! El Paso trails.

Objective 1.4 Support volunteer efforts of Ft. Bliss personnel to reach out to young people in the community to promote and be role models for physical fitness.

- 1.4.1. In conjunction with Ft. Bliss representatives, establish a plan to encourage Ft. Bliss volunteer outreach to schools and/or youth organizations to promote healthy eating and active living among El Paso County youth.
- Obtain local media coverage of volunteer outreach to expand the influence of the Ft. Bliss volunteer activities.
 - Evaluate using social media to expand the influence of these Ft. Bliss volunteer activities.

Objective 1.5 Encourage and motivate El Paso County residents to have positive perceptions of their personal health and to establish goals to improve their personal health.

- 1.5.1. Beginning with the WIC program, develop a program to provide education and outreach to El Paso County residents to increase positive perceptions of their health and expand the positive aspects of their health.
- 1.5.2. Build on this program to prioritize other communities in El Paso County.

PRIORITY AREA 2: MENTAL HEALTH AND BEHAVIORAL HEALTH/WELLNESS

Goal 2: Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.

PdNHF Objectives:

- 2.1. Increase access to high quality mental health services for adults and adolescents in the PdN Region.
- 2.2. Increase the number of qualified, culturally competent mental health care providers in the Paso del Norte Region.
- 2.3. Expand mental health care treatment services in the Paso del Norte Region.
- 2.4. Integrate behavioral health with physical health throughout the Paso del Norte Region.

RHP 15 Workgroup Recommendations:

- Improve education perception of behavioral health in communities across the Region.
- Create an awareness campaign to de-stigmatize behavioral health, encouraging a view of it as a chronic disease.
- Provide mobile services to outreach communities.
- Increase training for jail workers to deal with the behavioral health of inmates.
- Improve communication of behavioral health resources available to the Region through directories and other media.
- Improve formulary coordination and availability of consistent prescriptions across programs.
- Establish a crisis-intervention center for low-income patients.
- Re-establish a psychiatric emergency department.
- Improve usage of telemedicine to reduce emergency room wait times for a psychiatric consultation.
- Increase behavioral health resources available to the elderly population.
- Increase education and resources to the youth of the Region and encourage early intervention and management of depression.

DPH CHA/CHIP Objectives and Initiatives

CHA/CHIP Objectives

- 2.1. Increase awareness on available community mental health services through distribution of the bilingual Wellness Network Resource Directory.
- 2.2. Increase access to appropriate mental health services through appropriate referral using the 2-1-1 Texas Information and Referral Line.
- 2.3. In collaboration with CAB members, develop and implement a culturally appropriate community awareness plan to reduce the stigma of mental health conditions and treatment in the community.
- 2.4. Promote partnerships and networking among mental health and related service providers through an annual Binational Partners Mental Health Partners Network conference.
- 2.5. Promote the electronic directory and use of 2-1-1 for mental health referrals with healthcare providers and Community Health Workers/*Promotores*.
- 2.6. Support initiatives integrating behavioral health and physical health in El Paso County.

CHA/CHIP Initiatives

Objective 2.1 Increase access to appropriate mental health services through distribution of the mental health resource directory and appropriate referral.

- 2.1.1. Annually update the mental health Wellness Resource Directory, and promote availability throughout the community.
 - Complete annual revision by December 2013.

- Distribute the hard copy directory to primary care and other physician practices beginning in January 2014, combine with information about use of the 2-1-1 information and referral line if additional referral information is needed.
- Post electronic directory on the DPH webpage and at partnering agencies' websites.

Objective 2.2 Increase access to appropriate mental health services through appropriate referral using the 2-1-1 Information and Referral Line.

- 2.2.1. As clinics, primary care practitioners and other providers increase evaluation of mental health issues, promote the 2-1-1 Information and referral line to enhance appropriate mental health referrals and linkage for treatment.
- Maintain a current 2-1-1 database with available community mental health resources.
 - Develop appropriate written materials and electronic links to promote the services to physicians and other health care professionals needing to make referrals to mental health providers by June 2014.
 - Engage media support to promote 2-1-1 as the number to call for mental health information and referral
- 2.2.2. Identify key points of entry for mental health disorders, such as jails, HIV clinics, STD clinics, homeless shelters, etc. and distribute the Wellness Network Resource Directory and promote the 2-1-1 information and referral line to case managers and others in these organizations for access to information and referral to mental health services
- Evaluate options to promote Wellness Network Resource Directory and promote 2-1-1 for information and referral to mental health services at group meetings, such as the Homeless Coalition and the Victims of Crime Coalition.
- 2.2.3. Promote the 2-1-1 Information and Referral Line for mental health referrals for individuals needing mental health evaluation and possible treatment.
- Develop a consumer marketing plan to promote the services to community residents by December 2014.
 - Evaluate success in linking people to services via 2-1-1 call center as measured by increasing call volume and referrals annually.
- 2.2.4. Develop partnerships with mental health providers to implement these marketing plans.

Objective 2.3 In collaboration with CAB members, develop and implement a culturally appropriate community awareness plan to reduce the stigma of mental health treatment in the community.

- 2.3.1. Establish a work group to develop a culturally appropriate community awareness plan to reduce the stigma of mental health treatment by December 2015.
- 2.3.2. Begin plan implementation in January 2016 with progress evaluation annually.

Objective 2.4 Promote partnerships and networking among mental health and related service providers through an annual Binational Mental Health Partners Network conference.

- 2.4.1. Create a Bi-national Mental Health Partners Network conference planning committee composed of DPH staff, mental health personnel and other service providers.
- 2.4.2. Host the Bi-national Mental Health Partners Network conference to promote partnerships and greater access to mental health and related services.
 - Evaluate success in developing new partnerships by increasing provider attendance at the conference annually.
- 2.4.3. Evaluate success of the Bi-national Mental Health Partners Network conference annually and make appropriate changes in the following year.

Objective 2.5. Promote the electronic directory and use of 2-1-1 for mental health referrals with health care providers and community health workers.

- 2.5.1. Develop a promotional plan to increase access to and use of the electronic directory and 2-1-1 for mental health referrals among health care providers and community health workers by June 2014.
- 2.5.2. Implement the promotional plan, achieving annual targets to be outlined in the plan.

Objective 2.6. Support initiatives integrating behavioral health and physical health in El Paso County.

- 2.6.1 As PDNHF collaborators and RHP 15 develop initiatives integrating behavioral health and physical health, promote the electronic directory and 2-1-1 referral line to support appropriate referrals by primary care and other medical providers.
- 2.6.2. Identify opportunities to appropriately refer DPH program participants to providers whose practices integrate behavioral health and physical health.

PRIORITY AREA 3: SUBSTANCE ABUSE/CHEMICAL DEPENDENCY/DRUG ABUSE

Goal 3: Reduce substance abuse to protect the health of all residents in the El Paso County

PdNHF Objectives:

- 3.1. Reduce the use of alcohol and drugs among youth (10 - 18 years of age) in the PdN Region.
- 3.2. Increase awareness among parents and other caregivers of youth (10-18 years of age) about the dangers of binge drinking and alcohol abuse in the PdN Region.
- 3.3. Establish three substance abuse treatment centers for youth and adults in the PdN Region.
- 3.4. Decrease the prevalence of alcohol and drug abuse among adults in the PdN Region.
- 3.5. Decrease the smoking rate in the Paso del Norte region.

DPH CHA/CHIP Objectives and Initiatives

CHA/CHIP Objectives

- 3.1. Reduce El Paso County residents' excessive alcohol use, binge drinking and driving while intoxicated annually.
- 3.2. Continue to support tobacco prevention programs among El Paso County residents, building on existing successful programs.

CHA/CHIP Initiatives

Objective 3.1 Reduce El Paso County residents' excessive alcohol use, binge drinking and driving while intoxicated annually.

- 3.1.1. In conjunction with law enforcement, El Paso County substance abuse treatment providers, Mothers Against Drunk Driving (MADD), and Ft. Bliss personnel, develop and implement a community awareness and education plan to reduce alcohol and drug use among priority populations.
 - Identify one to two priority populations for initial implementation by December 2013.
 - Identify educational resource materials available from national organizations and the military (Ft. Bliss) to customize for us in El Paso by June 2014.
 - Identify available bilingual resources by June 2014.
 - Partner with Police Department and Sheriff's Office to jointly offer a DWI prevention presentation to the community through the DPH Speakers Bureau.
 - Collaborate with El Paso Police Department's Area Representative (PAR) officers to increase awareness of the challenges associated with youth alcohol and drug use through presentations and community functions.
 - Collaborate with the El Paso City-County Police Department Citizen's Advisory Board in developing interventions.
 - Implement initial community awareness and education activities by October 2014.
 - Evaluate success and consider expansion to one additional priority population annually by December 2015 and December 2016.

Objective 3.2 Continue to support tobacco prevention programs among El Paso County residents, building on existing successful programs.

- 3.2.1. In conjunction with the Smoke Free Paso del Norte Coalition, maintain tobacco education program after it is completed in April 2014.
 - Evaluate effectiveness of current DPH tobacco prevention program and make modifications as appropriate.
 - Identify additional partners for program expansion.
 - Identify funding sources to maintain, modify and/or expand the program.

- 3.2.2. Support efforts of the Coalition to expand the current smoke free ordinance for the City of El Paso to include smoke free outdoor spaces owned or leased by the City. Propose tobacco program revisions to reflect ordinance revisions.
- 3.2.3 In conjunction with the El Paso Police Department, mandate two tobacco enforcement operations at each region during the year as well as zero tolerance on offenders.

PRIORITY AREA 4: HEALTHY SEXUALITY/TEEN PREGNANCY

Goal 4: Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.

PdNHF Objectives:

- 4.1. Establish comprehensive sex education programs that are evidence-based and medically accurate that emphasizes abstinence and includes methods to prevent Sexually Transmitted Diseases (STDs) and pregnancy in 50% of all public middle and high schools in the Paso del Norte Region.
- 4.2. Educate stakeholders about relevant evidence-based strategies to reduce teen pregnancy and data on needs and resources in the Paso del Norte Region.
- 4.3. Increase access to preventive care specific to reproductive/sexual health throughout the life span.
- 4.4. Increase youth access to contraceptive and reproductive health care services.

DPH CHA/CHIP Objectives and Initiatives

CHA/CHIP Objectives

- 4.1. Support PdNHF in establishing comprehensive sex education programs that are evidence-based and medically accurate. Timetable to be established in collaboration with PdNHF staff.
- 4.2. Maintain DPH family planning education and outreach programs, and support other family planning initiatives throughout El Paso County
- 4.3. In conjunction with the Teen Pregnancy Coalition and other collaborative partners define standardized teen pregnancy education and advocacy messaging by June 2015, implementing by December 2015.
- 4.4. Maintain DPH partnership with Del Sol Medical Center, expanding services and locations as appropriate.
- 4.5. Promote access to family planning services through the 2-1-1 Information and Referral Line.
- 4.6. Increase awareness on the prevention of Chlamydia and other STDs, particularly among youth
- 4.7. Increase HPV immunizations among male and female youth.

CHA/CHIP Initiatives

Objective 4.1 Support PdNHF in establishing comprehensive sex education programs that are evidence-based and medically accurate. Timetable to be established in collaboration with PdNHF staff.

- 4.1.1. Share previously conducted assessments of middle school sexuality programming with PdNHF Coalition to use as a basis for service planning.
- 4.1.2. Continue current abstinence programming with eight middle schools, expanding as possible.

Objective 4.2 Maintain DPH family planning education and outreach programs, and support other family planning initiatives throughout El Paso County.

- 4.2.1. Continue established program encouraging young mothers to lengthen time between pregnancies.
- 4.2.2. Educate and outreach to teens and young women about available family planning services.
- 4.2.3. Continue to identify other family planning needs through WIC and other DPH program, developing programs to fulfill the needs.

Objective 4.3 In conjunction with the Teen Pregnancy Coalition and other collaborative partners, define standardized teen pregnancy education and advocacy messaging by June 2015, followed by implementation and annual evaluation.

- 4.3.1. Establish work group to determine English and Spanish messaging for teen pregnancy education and advocacy by October 2013.
- 4.3.2. Identify target audiences for initial messaging by January 2014.
- 4.3.3. Devise standard messaging by June 2014, building on established, successful local, regional and/or national programs.
- 4.3.4. Communicate messaging and encourage implementation of standard messaging by appropriate providers throughout El Paso County by December 2014.
- 4.3.5. Evaluate success annually.

Objective 4.4 Maintain DPH partnership with Del Sol Medical Center, expanding services and locations as appropriate.

- 4.4.1. Maintain WIC and immunization services.
- 4.4.2. Maintain and/or expand the successful Teen Symposium.
- 4.4.3. Identify opportunities to increase joint services with Del Sol Medical Center at existing locations or other locations in the community.

Objective 4.5 Promote access to family planning services through the 2-1-1 Information and Referral Line.

- 4.5.1 As promotional plans for 2-1-1 Information and Referral Line are developed and educational and outreach activities implemented, include family planning access and referral services as a focus area for the priority population of women of child-bearing age (15 – 44).

Objective 4.6 Increase awareness on the prevention of Chlamydia and other STDs, particularly among youth.

4.6.1. Implement a Chlamydia prevention community awareness campaign in partnership with Del Sol Medical Center and the Teen Pregnancy Coalition.

Objective 4.7 Increase HPV immunizations among male and female youth.

4.7.1. Implement an HPV vaccination campaign in partnership with the University of Texas-School of Public Health-Houston.

PRIORITY AREA 5: IMPROVE ACCESS TO HEALTHCARE

Goal 5: Improve access to comprehensive, coordinated, high quality health care services for everyone.

PdNHF Objectives:

- 5.1. To increase the proportion of people with medical health insurance coverage in the Paso del Norte Region.
- 5.2. To increase the number of adults and children in the Paso del Norte Region who have a Primary Care Provider.
- 5.3. To develop a regional legislative policy agenda that addresses access to comprehensive, affordable, high quality health care services for the Paso del Norte Region.
- 5.4. Increase access to evidence-based clinical preventive health care services in the Paso del Norte Region.
- 5.5. To increase the number of adults and children in the Paso del Norte Region who have access to Specialty Care Providers.

RHP 15 Workgroup Recommendations:

- Increase access to primary care through expansion of medical homes, primary care clinics, and more effective navigation upon discharge.
- Recruitment and retention of specialist providers. Increase the number of specialist and scope of services offered in the community. Under-supply of physicians in El Paso, particularly specialists in the areas of Psychiatry, Emergency Medicine, General Surgery, Cardiology, and Neurology.
- Provide mobile exam rooms in order to increase accessibility at a lower cost.
- Provide community workshop with all providers, rather than fragmented health fairs.
- Expand upon program with El Paso Community College and the Magnet schools to obtain high school diploma and LVN concurrently.
- Reestablish previously successful Texas Teach-Lubbock tele-consult programs in the county (ended due to shortage of funding).
- Utilize Nurse Practitioners and Physician Assistants as much as possible to relieve the strain on physician supply.

- Better manage patients with chronic diseases, such as Diabetes, CHF, Asthma, COPD, Epilepsy, Dementia, and Renal disease to help prevent unnecessary readmission and get patients the care they need to prevent, self-manage, and address in an appropriate setting;
- Increase patient satisfaction through delivery of high-quality, effective healthcare services.
- Advocate for reciprocity agreement with other states; if a physician has a license in New Mexico, they cannot practice in Texas.

DPH CHA/CHIP Objectives and Initiatives

CHA/CHIP Objectives

- 5.1. Expand the DPH pediatric dental clinic, including implementation of the new mobile clinic, to enhance access to dental care for El Paso City-County children.
- 5.2. Serve as a consumer resource to support implementation of the Affordable Care Act Insurance Exchange among El Paso City-County residents.
- 5.3. Serve as a provider resource to support implementation of the Affordable Care Act Insurance Exchange for El Paso County.
- 5.4. Collaborate with CAB and other community stakeholders to support integrated health care service delivery across the care continuum.

CHA/CHIP Initiatives

Objective 5.1 Expand the DPH pediatric dental clinic, including implementation of the new mobile clinic, to enhance access to dental care for El Paso City-County children.

- 5.1.1. Implement the DPH pediatric dentistry mobile van to increase access to children throughout the community, with emphasis on vulnerable populations, underprivileged and those without insurance by December 2013.
- 5.1.2. Identify funding sources to further increase access to dentistry for children throughout El Paso County, applying for funding whenever available.
- 5.1.3. Identify collaborative opportunities to expand access to dentistry for children throughout El Paso County, implementing new programs whenever possible.

Objective 5.2 Serve as a consumer resource to support implementation of the Affordable Care Act Insurance Exchange among El Paso County residents.

- 5.2.1. Identify and train DPH management-level personnel to lead the process to support El Paso County residents' enrollment in health insurance exchange(s) by October 2013.
- 5.2.2. Lead personnel will train program staff to understand and support enrollment in appropriate exchange(s)/plan(s) by January 2014.
- 5.2.3. Promote 2-1-1 as the source for information and linkages to health insurance exchanges.
- 5.2.4. Develop and implement a consumer-focused promotional plan to inform El Paso City-County residents of this and other available services to support enrollment in health insurance exchange(s) by January 2014.

Objective 5.3 Serve as a provider resource to support implementation of the Affordable Care Act Insurance Exchange for El Paso County.

- 5.3.1. Collaborate with El Paso City-County health care organizations and community agencies to establish a plan to support residents' enrollment in the Affordable Care Act insurance exchange, beginning in October 2013.
- 5.3.2. Develop and implement a provider-focused promotional plan to inform El Paso City-County residents of this and other available services to support enrollment in health insurance exchange(s) by January 2014.

Objective 5.4 Collaborate with CAB and other community stakeholders to support integrated health care service delivery across the care continuum.

- 5.4.1. Support initiatives to integrate medical care and services provided by the three El Paso County federally qualified health centers (FQHC) with care and services available through regional acute care hospitals.
- 5.4.2. Identify opportunities for DPH personnel to participate in targeted multidisciplinary patient-centered medical home (PCMH) pilot projects in El Paso County by providing services such as patient/family education, community prevention activities and post-discharge activities and support. Participation will include at least one new PCMH initiative annually.
- 5.4.3. Work with acute care facilities and medical clinics to support physician and other health care provider recruitment to El Paso County.

Priority Area 6: Surveillance and Communicable Disease Prevention

Goal 6: Expand public health/epidemiology surveillance and early identification of the most prevalent communicable diseases in El Paso County.

Objective 6.1 Expand DPH surveillance systems including electronic health data systems, particularly El Paso's new Health Information Exchange and BioSense 2.0 Syndromic Surveillance software.

- 6.1.1. Participate with the PdNHF in strengthening the health information exchange beginning in June 2014 and ongoing.
- 6.1.2. Implement a syndromic surveillance system in the El Paso Co. hospital networks by June 2014.
- 6.1.3. Assess El Paso Department of Public Health surveillance processes and systems, including electronic reporting systems by December, 2014.

Objective 6.2 Target surveillance and communicable disease prevention and interventions to geographic areas of highest need including *colonias*, select ZIP codes El Paso.

- 6.2.1. Begin with one priority area in 2014, expanding by one to two priority areas annually.
- 6.2.2. Prioritize populations for communicable disease prevention and interventions, using surveillance data to identify at least one priority population annually by Dec. 2014.



Community Health Assessment and Improvement Plan

Appendices



APPENDIX A

**City of El Paso Department of Health
Community Health Assessment and Improvement Plan
Community Advisory Committee (CAB)**

Organization	Name	Title
Aliviane, Inc.	Guillermo Valenzuela	Director of Community Affairs
William Beaumont Army Medical Center	Sandra LaFon, MD, MPH&TM COL	Chief of PM/Public Health
William Beaumont Army Medical Center	Elizabeth (Betsy) Miller, APHN, AWC	Chief, Department of Preventive Medicine
City Council Member	Michiel Noe, MD	
City of El Paso Department of Parks & Recreation	Marcia Tuck	Open Space, Trails and Parks Coordinator
City of El Paso Fire Department	Samuel Pena	Fire Chief
Clinica de Salud Familiar La Fe (FQHC)	Salvador Balcorta	CEO
Clinica San Vicente (FQHC)	Jose Luna, MD	Medical Director
Del Sol Medical Center	Jacob Cintron	CEO
Del Sol Medical Center	Bertha Gallardo	Public Affairs Officer
El Paso Police Department	Greg Allen	Chief of Police
Emergence Health Network	Kristen D. Daugherty	CEO
Emergence Health Network	Rene Hurtado	Liaison
Homeless Coalition	Camille Castillo	Executive Director
Housing Authority	Maria Garcia	
Susan G. Komen Foundation	Stephanie Flora	Executive Director
PAHO	Maria Teresa Cerqueira	CEO
Paso del Norte Health Foundation	Michael Kelly	Senior Officer
Project Vida	Bill Slesinger	CEO
Rio Grande Cancer Foundation	Patti Tiscareno	CEO
Sun Metro	Jay Banasiak	Transportation Director
Texas Tech USHC, Paul L. Foster School of Medicine	Daniel A. Terreros, M.D., Ph.D.,	Tenured Professor of Pathology,
United States Army Garrison Fort Bliss	Col. Leonard Gruppo	
United Way of El Paso County	Deborah A. Zuloaga	CEO
Ysleta del Sur Pueblo Health Center	Luis Gonzalez	Director

APPENDIX B

Community Health Assessments (CHAs) are at the core of nearly all of the Ten Essential Public Health Services. Specifically, Community Health Assessments achieve the following:

Essential Service 1: Monitor health status to identify and solve community health problems.

The CHA is one mechanism that can be used to evaluate and monitor health status while identifying health needs and potential solutions.

Essential Service 2: Diagnose and investigate health problems and health hazards in the community.

Similar to Essential Service 1, the information gained during the CHA process serves as a diagnosis of health problems and hazards within the community.

Essential Service 3: Inform, educate, and empower people about health issues.

During primary data collection (e.g. health surveys, focus groups, evaluation of health status and partnerships are formed. The analyzed to form priorities and action plans are developed. The community is informed, educated, and empowered about health issues throughout the entire process with special emphasis in the communication of CHA results and within the action plans for the health priorities.

Source: Centers for Disease Control and Prevention. Environmental Health Services.

Essential Service 4: Mobilize community partnerships and action to identify and solve health problems. Similar to Essential Service 3, the community is mobilized in partnership during primary data collection for the CHA (identify) and within the action plans for chosen health priorities (solve).

Essential Service 5: Develop policies and plans that support individual and community health efforts.

The intent of the CHA process is to evaluate health trends within the community and identify health priorities. By doing so, action plans can be developed that incorporate policies, partnerships, and community wide efforts to improve community health.

Essential Service 6: Enforce laws and regulations that protect health and ensure safety.

While the CHA process does not fall within this Essential Service, it can identify health issues related to improper enforcement or ineffective implementation of laws and regulations.

Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable. As part of action plans developed as a result of the CHA process, community residents may be linked to needed health services.

Essential Service 8: Assure competent public and personal health care workforce.

Workforce challenges are identified during the CHA process, and potential solutions can be included in action plans for chosen health priorities.



Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services. As with Essential Service 6, the CHA process does not directly evaluate the effectiveness, accessibility or quality of personal and population based health services; however, the evaluation of health status enables the CHA team and community partners to identify health areas that may need additional health services.

Essential Service 10: Research underpins all essential services. The CHNA process seeks new insights and innovative service models leading to efficient and effective community health improvement.

APPENDIX C



El Paso County Community Health Assessment Manager Focus Group Guide April 4, 2013

Thank you all for coming today. My name is ___ and I am a consultant with New Solutions, Inc. We are working with the City of El Paso on a county-wide Community Health Assessment. Paso del Norte developed a strategic health framework based on community needs last year. We are building on that in developing a public health assessment. Today I would like to talk about your patients'/clients' health needs, and strategies to improve their health and the overall health of the community.

1. **Let's begin with introductions.** Please tell the group your name, your organization and any population or geographic area within El Paso County that you represent or have a detailed understanding of the health needs.
2. **Think about a "healthy community."** On the paper in front of you, please take a minute and write down the three most important factors that you feel contribute to a healthy community. Ok, now let's talk about these factors.

(Go around the room, scribe to write key words on flip chart. Possibilities include: access to health care, preventive health care education, healthy behaviors/lifestyles, access to recreation, population with insurance/reasonably priced health care, good jobs/healthy economy, good schools/population literacy, low crime/safe neighborhoods, tolerance for diversity, etc.)

- a. Please write down your opinion of the health of the El Paso County community—Excellent, Very good, Average, Below average, Poor
- b. Why did you provide this rating?
3. What **key assets** promote health in El Paso County or make El Paso a healthy community?
4. What are the **top health care needs or barriers to good health** that limit the health of people living in El Paso County? (Discussion may center around the five key areas outlined by PdN.)
5. Let's discuss some of these key health care needs/barriers in more detail, looking at the causes, communities most affected, and what can be done to reduce this need and improve health.
 - a. Let's begin by discussing _____ (first need). What are the causes of this need/barrier?
 - b. Does it affect all communities throughout El Paso equally? If no, what communities are most affected and why? If yes, are the causes the same in all communities?
 - c. What can be done to reduce this need and improve health (in each identified community or overall)?
 - Proceed with these questions for all needs identified.

Let's spend a little time discussing SPECIFIC POPULATIONS' unfulfilled needs or barriers to good health.

6. Are there any unfilled **WOMEN'S** health needs that we have not discussed? (Family planning, teen pregnancy, early and adequate prenatal care, breast health—mammography, gynecologic care, etc.). Do these vary with neighborhoods? Do they vary with race/ethnicity?
7. Are there any other unfulfilled health needs predominantly affecting **MEN** that we have not discussed? Do these vary with neighborhoods? Do they vary with race/ethnicity?
8. Are there any health needs we have not discussed affecting **CHILDREN AND YOUTH**? Do these vary with neighborhoods? Do they vary with race/ethnicity?

By health disparity, we mean differences in the burden (or amount) of diseases and other adverse health conditions that exist among specific populations or groups. This often focuses on differences between racial/ethnic groups or socioeconomic groups.

9. Have you seen any evidence of health disparities with the people you work with?
 - a. Please describe this (What is the cause of this disparity? What population(s) or communities are most affected?)
 - b. What can be done to reduce this disparity and improve health?
10. I would like to take a minute to review the PdNHF Strategic Health Framework. Based on our conversation today, are there things you would change in this framework?

Thank you very much for helping today. I appreciate your input into the El Paso County Community Health Assessment. If you have thoughts or suggestions going forward, please contact Angela Mora. We want to be sure to consider them in this process.

APPENDIX D

Planning Zones by ZIP Code

Planning Area	Zip Code	City
Central	79901	El Paso
	79902	El Paso
	79903	El Paso
	79904	El Paso
	79905	El Paso
	79925	El Paso
	79930	El Paso
East	79925	El Paso
	79936	El Paso
Far Northwest	79821	Vinton
	79835	Canutillo
	79935	Anthony
Fort Bliss	79906	El Paso
	79908	Fort Bliss
Mission Valley	79907	El Paso
	79915	El Paso
Northeast	79904	El Paso
	79924	El Paso
	79934	El Paso
Northwest	79835	Canutillo
	79912	El Paso
	79922	El Paso
	79932	El Paso
	79935	Anthony
Southeast	79836	Clint
	79849	San Elizario
	79927	Horizon City
	79938	Homestead Meadows N.

If a ZIP code is included in two planning areas, it is assigned to the Planning Area with the majority of the land mass. If a ZIP code is evenly divided by land mass, it is split between the two Planning Areas.

APPENDIX E

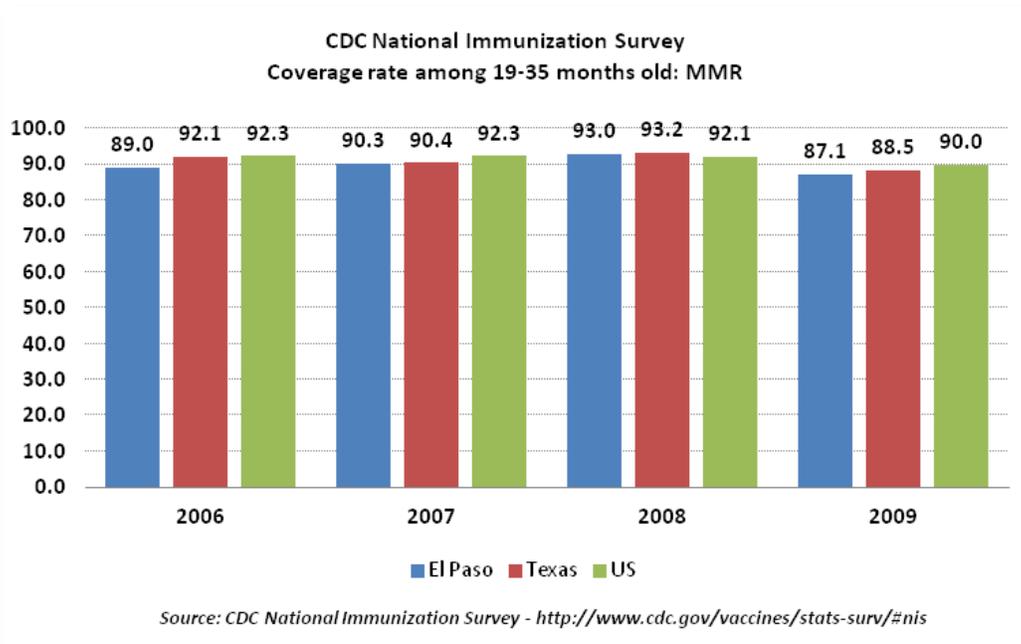
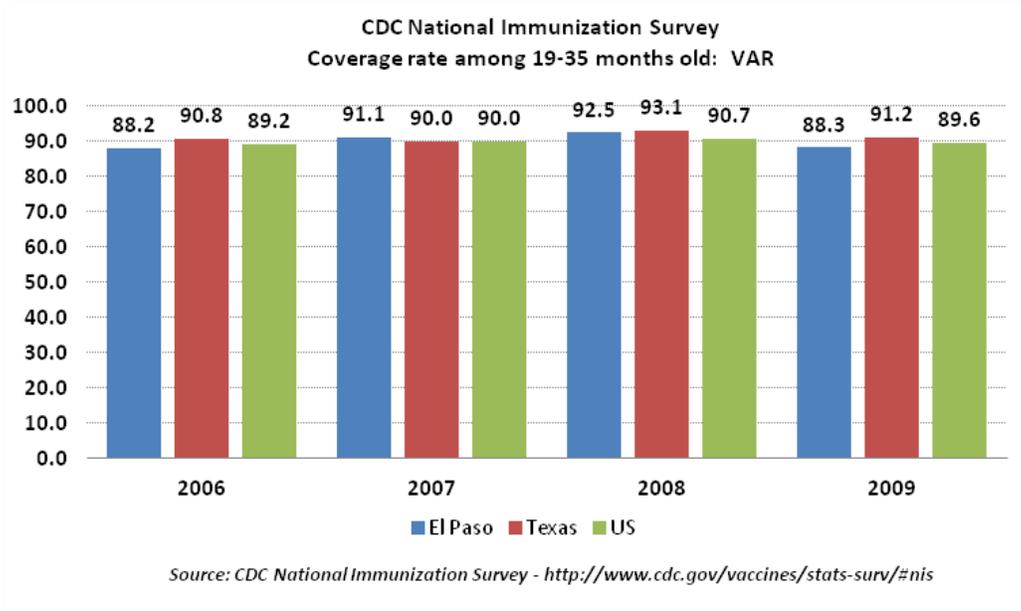
CNI Score

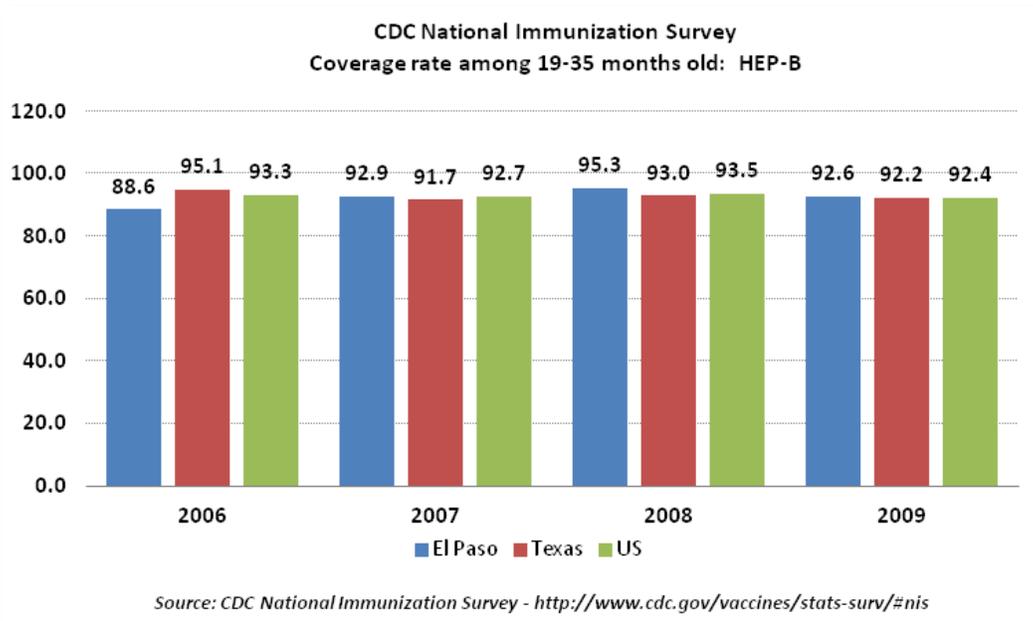
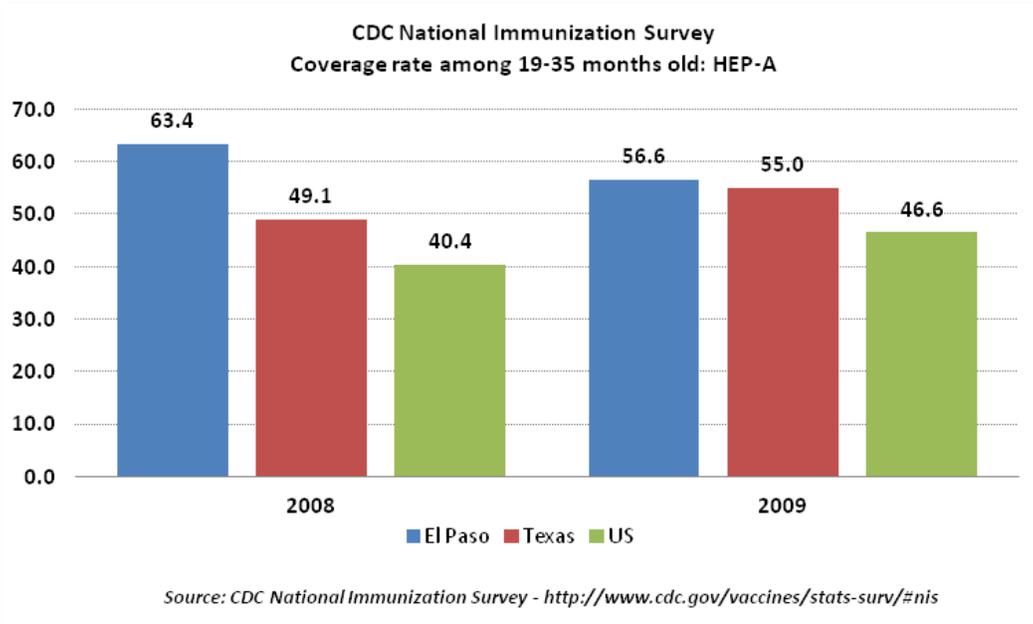
Planning Area	Zip Code	CNI Score (Zip)	Planning Area CNI (weighted by population)
Central	79901	5	4.89
	79902	5	
	79903	5	
	79904	5	
	79905	5	
	79925	4.2	
	79930	5	
East	79925	4.2	3.86
	79936	3.8	
FNW	79821	4.6	4.52
	79835	4.6	
	79935	4.4	
Fort Bliss	79906	3.6	3.48
	79908	2.8	
Mission Valley	79907	5	5.00
	79915	5	
NE	79904	5	4.30
	79924	4.4	
	79934	3.4	
NW	79835	4.6	3.96
	79912	3.8	
	79922	3.4	
	79932	4.4	
	79935	4.4	
SE	79836	4.8	4.40
	79849	4.4	
	79927	4.6	
	79938	4	

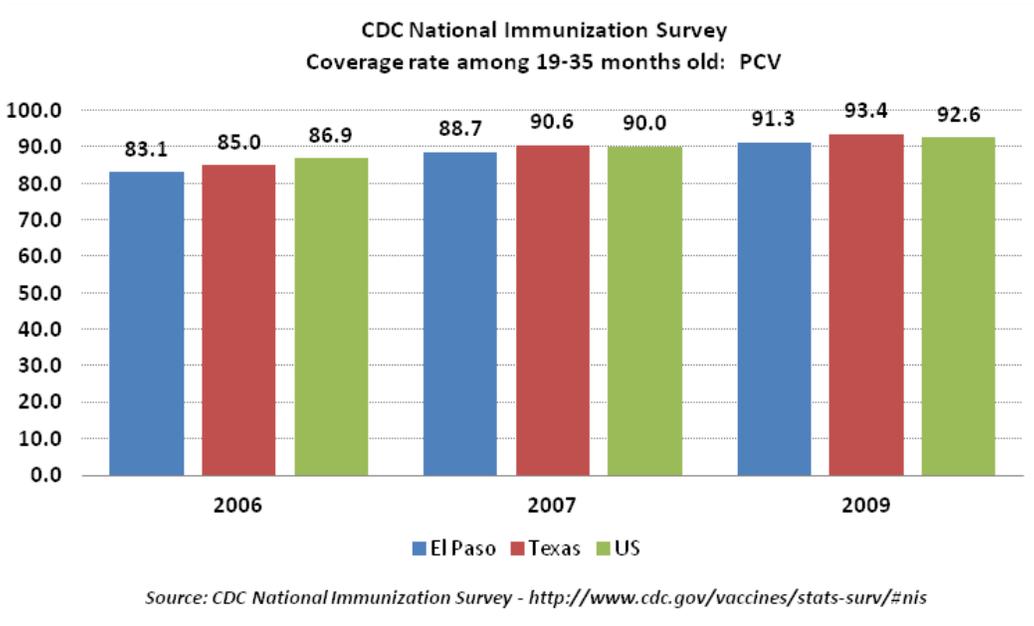
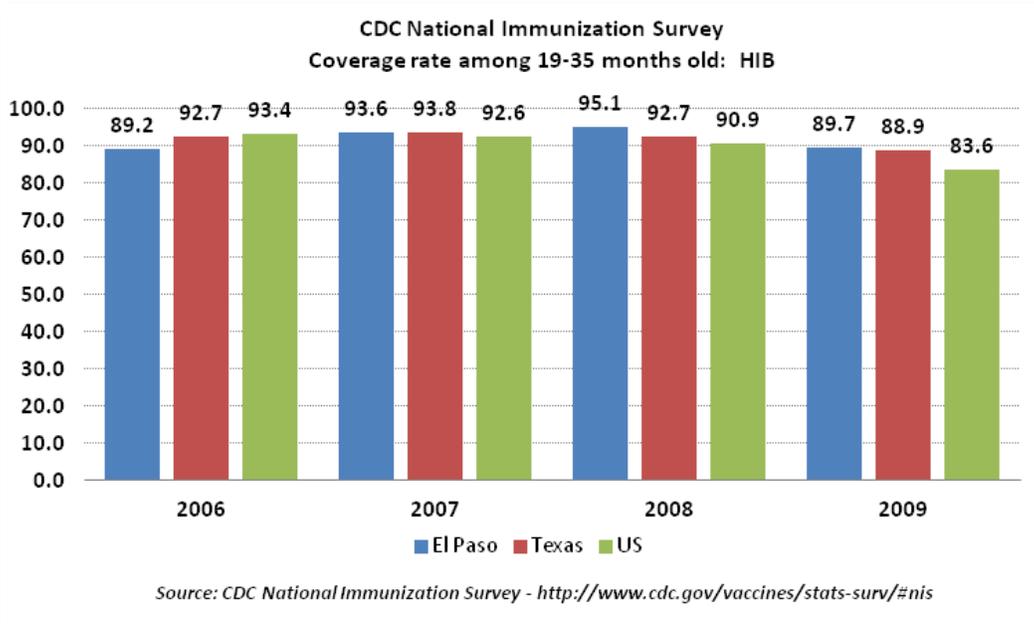
APPENDIX F

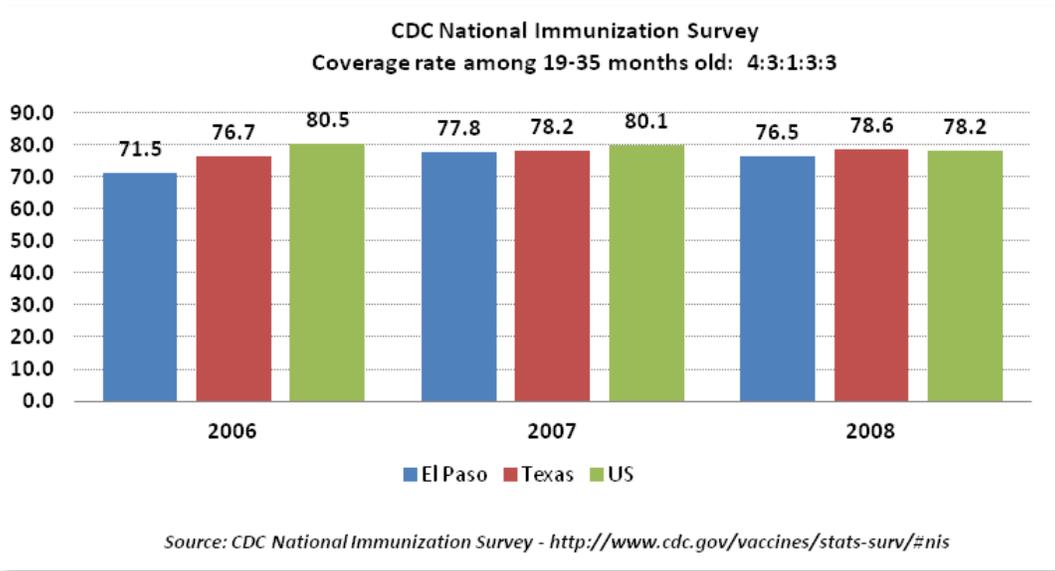
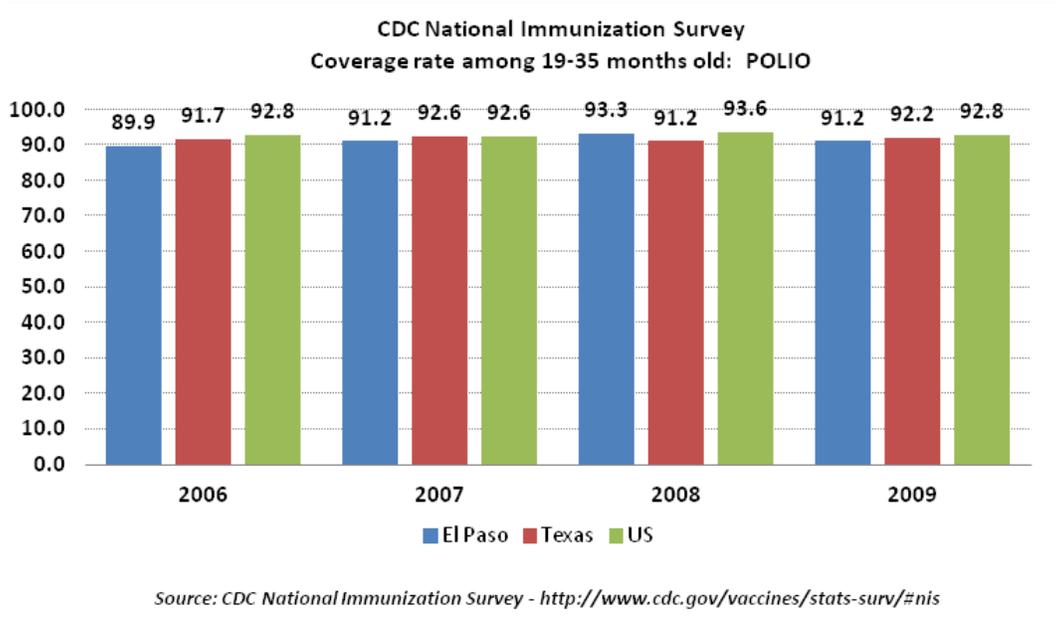
**CDC NATIONAL IMMUNIZATION SURVEY
DETAILS**

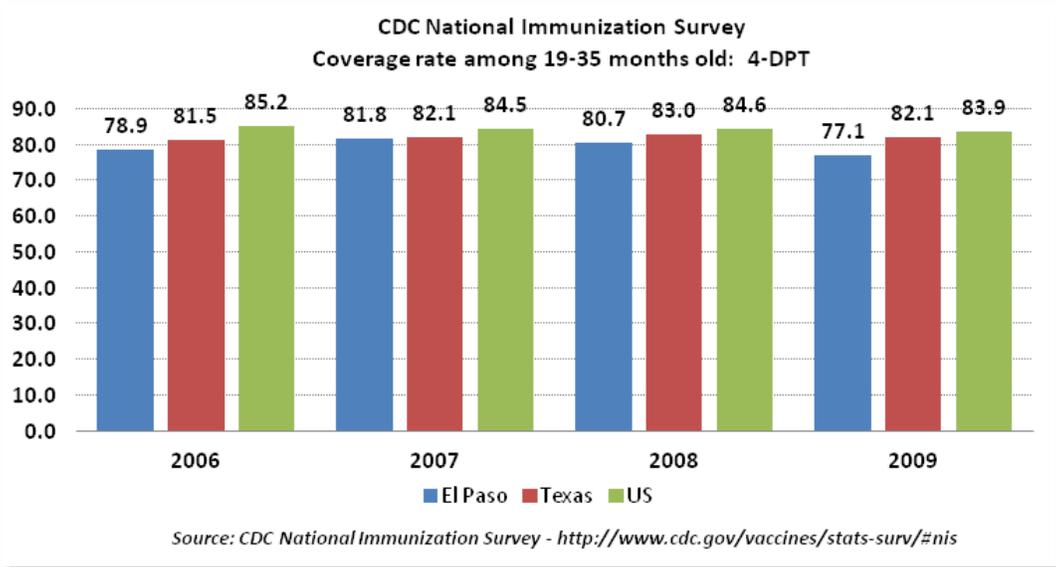
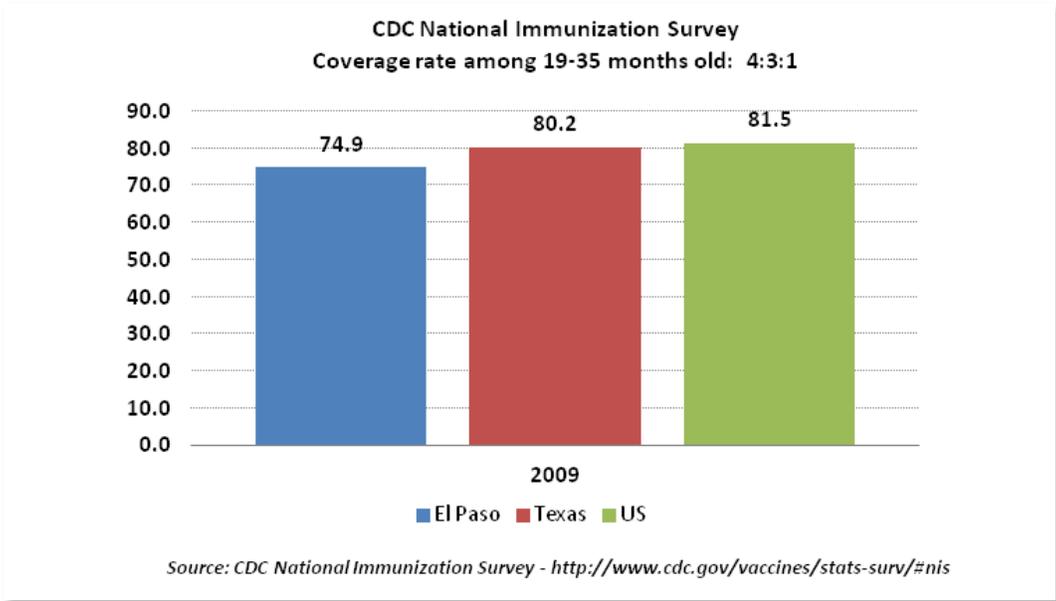
19-35 MONTHS OLD



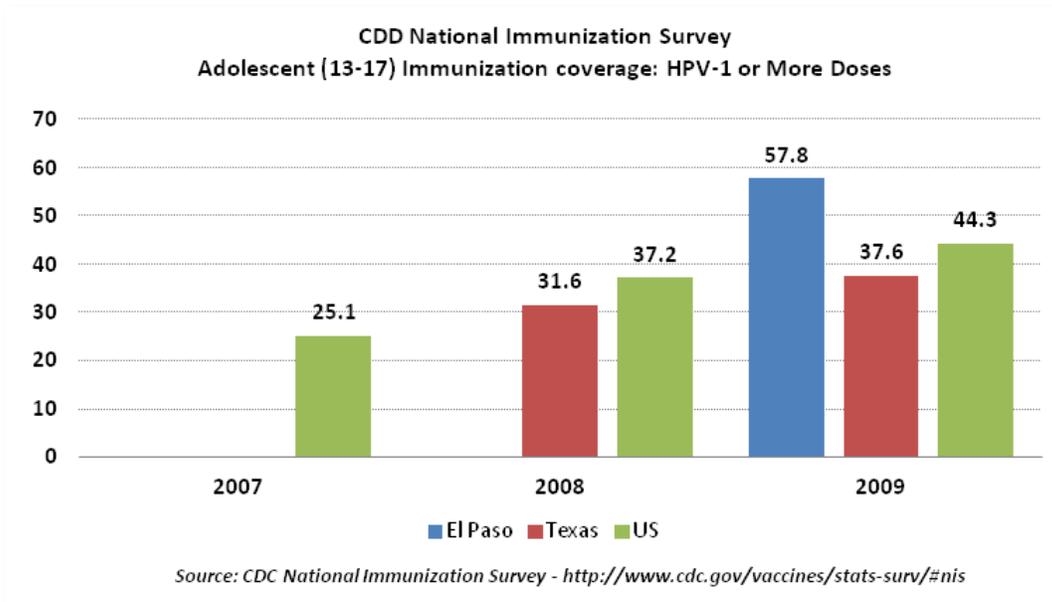
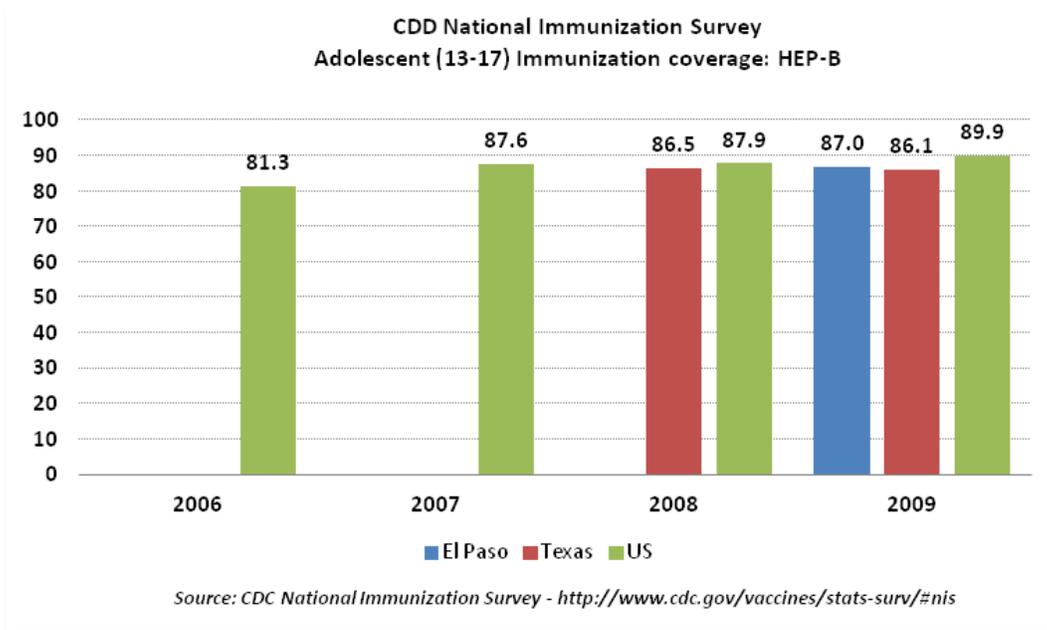


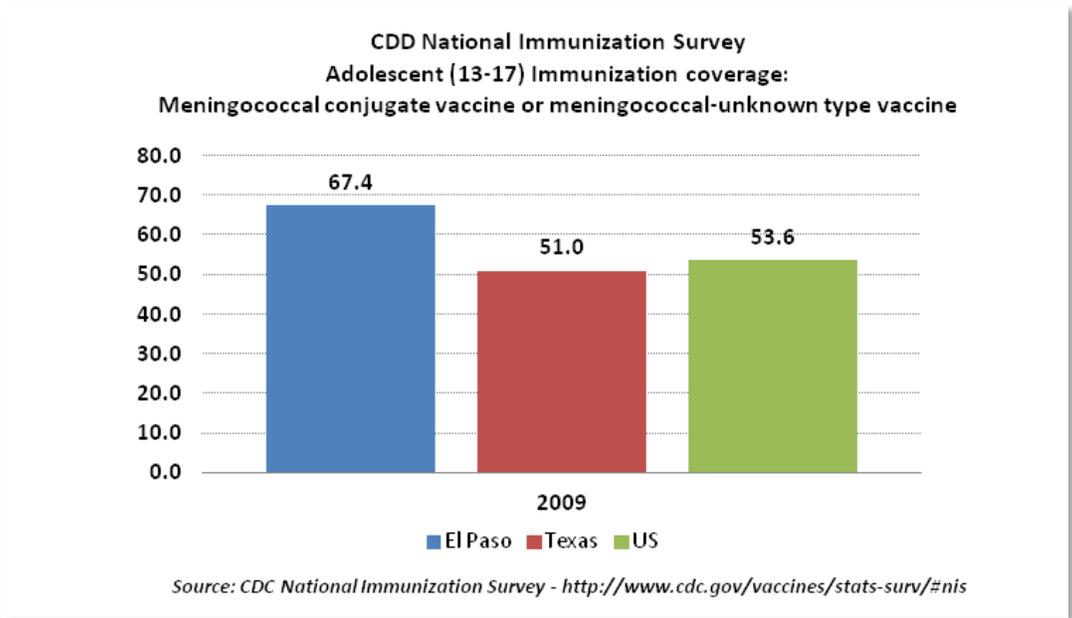
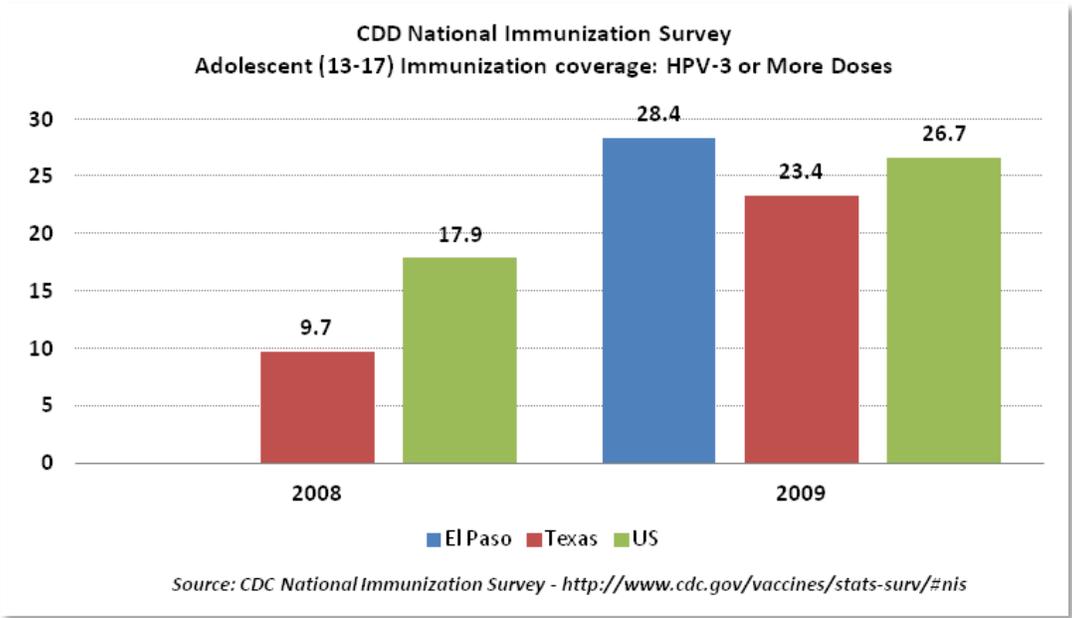




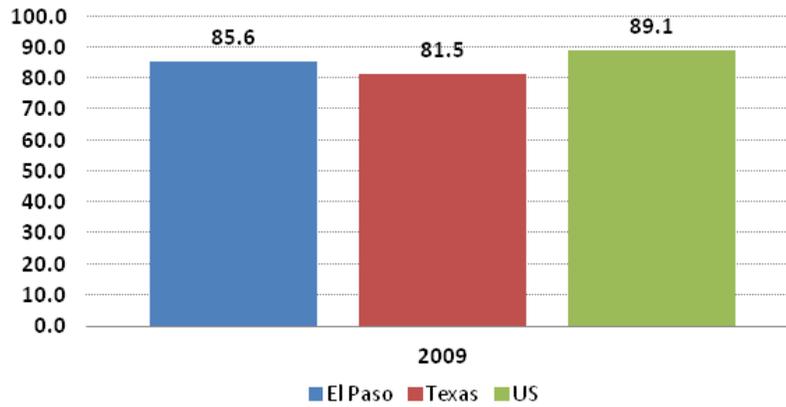


ADOLESCENTS (13-17)





CDD National Immunization Survey
Adolescent (13-17) Immunization coverage: MMR



Source: CDC National Immunization Survey - <http://www.cdc.gov/vaccines/stats-surv/#nis>

APPENDIX G

PROVIDER INVENTORY LISTS

<i>Clinics & Health Centers</i>				
PROVIDER NAME	ADDRESS	ZIP	PROVIDER SERVICE	WEBSITE
Candelaria Medical Ctr	8269 N. Loop	79907	Primary Care	n/a
Centro	8061 Alameda	79915	Dental Care	www.sanvicente.org
Centro	8061 Alameda	79915	Primary Care	www.sanvicente.org
Centro de Salud Familiar La Fe	1314 E. Yandell Dr	79902	Primary Care	www.lafe-ep.org
Del Sol Medical Center	10301 Gateway West	79925	Acute Care Hospitals	N/A
East Side Medical Care Center	1721 N. Lee Trevino	79936	Primary Care	www.epmedicalcare.com
El Paso Medical Group	1201 E. Schuster Ave	79902	Primary Care	n/a
El Paso Baptist Clinic	816 S Florence	79901	Primary Care	www.elpasobaptistclinic.com
El Paso Children's Hospital	4845 Alameda	79905	Acute Care Hospitals	N/A
El Paso Veteran Affairs Healthcare System	5001 N Piedras Ave.	79930	Primary Care	N/A
Familiar La Fe	1313 San Antonio	79849	Dental Care	www.lafe-ep.org
Familiar La Fe	700 S. Ochoa	79901	Dental Care	www.lafe-ep.org
Familiar La Fe	1313 San Antonio	79849	Primary Care	www.lafe-ep.org
Familiar La Fe	700 S. Ochoa	79901	Primary Care	www.lafe-ep.org
Familiar La Fe	823 E. Yandell	79903	Primary Care	www.lafe-ep.org
Las Palmas	1801 N. Oregon St.	79902	Acute Care Hospitals	N/A
Montwood Family Medical Ctr	3022 Trawood Dr	79936	Primary Care	www.montwoodmedicalcenter.com
Priority Urgent Care- Yarbrough	10501 Gateway West	79938	Urgent Care	n/a
Project Vida	3607 Rivera	79905	Dental Care	www.projectvidaelpaso.org
Project Vida	3612 Pera	79905	Dental Care	www.projectvidaelpaso.org
Project Vida	14900 Greg Dr	79907	Primary Care	www.projectvidaelpaso.org
Project Vida	3612 Pera	79905	Primary Care	www.projectvidaelpaso.org
Project Vida	4875 Maxwell	79904	Primary Care	www.projectvidaelpaso.org
Providence Memorial	2001 N. Oregon St.	79902	Acute Care Hospitals	N/A
San Vicente	1208 Myrtle	79901	Primary Care	www.sanvicente.org
San Vicente	13017 Perico Rd	79849	Primary Care	www.sanvicente.org

<i>Clinics & Health Centers (continued...)</i>				
Sierra East Medical Center	3280 Joe Battle Blvd.	79938	Acute Care Hospitals	N/A
Sierra Medical Center	1625 Medical Center Dr.	79902	Acute Care Hospitals	N/A
Southwest Urgent Care	2030 N. Mesa St	79901	Urgent Care	www.southwesturgentcarecenter.com
Sun City Family Medical	2931 Montana Ave	79901	Primary Care	www.suncitymedical.com
Sunny Smiles	1788 North Zaragoza	79936	Dental Care	www.sunnysmilesep.com/
Texas Tech Health Centers	11950 Bob Mitchell	79935	Primary Care	www.ttuhs.edu/el Paso
Texas Tech Health Centers	1201 Schuster El Paso	79902	Primary Care	www.ttuhs.edu/el Paso
Texas Tech Health Centers	313 Rio Vista Dr	79927	Primary Care	www.ttuhs.edu/el Paso
Texas Tech Health Centers	4801 Alberta	79905	Primary Care	www.ttuhs.edu/el Paso
Texas Tech Health Centers	9839 Kenworthy	79924	Primary Care	www.ttuhs.edu/el Paso
UMC East	1485 George Dieter	79935	Primary Care	www.umcel Paso.org
UMC Fabens	101 Potasio	79838	Primary Care	www.umcel Paso.org
UMC West	5021 Crossroads	79932	Primary Care	www.umcel Paso.org
UMC Ysleta	300 S. Zaragoza	79907	Primary Care	www.umcel Paso.org
United Medical Walk-in Clinic PA	3130 N. Lee Trevino	79936	Primary Care	http://www.umwic.com
University Medical Center	4815 Alameda	79905	Acute Care Hospitals	N/A
Upper Valley Urgent Care Center	121 E. Redd Rd	79932	Urgent Care	www.uvucc.com
William Beaumont	5005 N. Piedras St.	79920	Acute Care Hospitals	N/A
Zaragoza Medical Ctr	1030 N Zaragoza Rd	79907	Primary Care	N/A

Public Health Providers

PROVIDER NAME	PROVIDER SERVICE	ADDRESS	ZIP	WEBSITE
Americas	Mobile Unit Site	10039 North Loop	79927	N/A
Anthony	Mobile Unit Site	401 Wildcat St	79821	N/A
Canutillo	WIC	300 Farm Rd	79835	N/A
Del Valle	Mobile Unit Site	950 Bordeaux	79907	N/A
Dell City	Mobile Unit Site	Main St.	79837	N/A
Fabens	WIC	101 Potasio	79838	N/A
Fort Bliss	WIC	Bldg 51 Slater Rd	79906	N/A
Ft Hancock	Mobile Unit Site	100 School Drive	79838	N/A
George Dieter Dr	WIC	1757 George Dieter	79936	N/A
Henderson	WIC	721 Mesa St.	79901	N/A
Henderson Hlth Ctr	Department of Public Health Services - Immunizations	721 Mesa St.	79901	N/A
Horizon	Mobile Unit Site	15371 Kenwood Ave	79853	N/A
Lee Trevino	WIC	1840 Lee Trevino Ste 201	79935	N/A
Montana Vista	WIC	14612 Gregg Dr.	79938	N/A
North Loop	WIC	8010 North Loop Dr	79915	N/A
Northeast Health Ctr	Department of Public Health Services - Immunizations	5587 Transmountain Rd.	79924	N/A
Pershing	WIC	3707 Pershing	79930	N/A
Preventive Medicine Clinic	Department of Public Health Services - STD Clinic	5115 El Paso Dr.	79905	N/A
Project Vida	Mobile Unit Site	3607 Pera	79905	N/A
Rawlings Dental Clinic	Department of Public Health Services - Dental	3301 Pera Ave.	79905	N/A
Riverside/Tejas	Mobile Unit Site	300 Vocational	79915	N/A

<i>Public Health Providers (cont...)</i>				
Salvation Army	Mobile Unit Site	4300 Paisano	79905	N/A
San Elizario	WIC	12004 Socorro Rd	79849	N/A
SAPC	Mobile Unit Site	2231 Arizona	79930	N/A
Sparks	Mobile Unit Site	106 Peyton	79928	N/A
Sunrise	WIC	8500 Dyer Ste 54	79904	N/A
TB Clinic	Department of Public Health Services - TB Clinic	5115 El Paso Dr.	79905	N/A
Tigua Health Ctr	Department of Public Health Services - Immunizations	7862 San Jose Rd.	79915	N/A
Westside	WIC	5195 Mace	79932	N/A
Westside Health Ctr	Department of Public Health Services - Immunizations	5195 Mace	79932	N/A
Westway	Mobile Unit Site	8401 Remington	79835	N/A
Ysleta	WIC	110 Candelaria	79907	N/A
Ysleta Health Ctr	Department of Public Health Services - Immunizations	Candelaria Rd.	79907	N/A

Women's Health & Pediatrics

PROVIDER NAME	ADDRESS	ZIP	PROVIDER SERVICE	WEBSITE
Centro de Salud Familiar La Fe	1314 E. Yandell Dr	79902	W/P	www.lafe-ep.org
El Paso Pediatric Associates	1160 Saddle Bronc Dr	79925	Pediatrics	www.elpasoped.com
El Paso Veteran Affairs Healthcare System	5001 N Piedras Ave.	79931	Women's Health	N/A
Familiar La Fe	815 E. Yandell	79902	Pediatrics	www.lafe-ep.org
Familiar La Fe	200 Lisbon	79905	W/P	www.lafe-ep.org
Montwood Family Medical Ctr	3022 Trawood Dr	79936	Pediatrics	www.montwoodmedicalcenter.com
Project Vida	14900 Greg Dr	79907	Family Planning	www.projectvidaelpaso.org
Project Vida	3612 Pera	79905	Family Planning	www.projectvidaelpaso.org
Project Vida	4875 Maxwell	79904	Family Planning	www.projectvidaelpaso.org
Reproductive Services of El Paso	730 E. Yandell	79901	Women's Health	www.ReproductiveServices.com
Texas Tech Health Centers	11861 Physicians Dr.	79936	Pediatrics	www.ttuhs.edu/elpaso
Texas Tech Health Centers	11950 Bob Mitchell	79935	Pediatrics	www.ttuhs.edu/elpaso
Texas Tech Health Centers	4801 Alberta	79927	W/P	www.ttuhs.edu/elpaso

<i>Women's Health & Pediatrics (continued...)</i>				
UMC East	1485 George Dieter	79935	W/P	www.umcelpaso.org
UMC Fabens	101 Potasio	79838	W/P	www.umcelpaso.org
UMC Northeast	9839 Kenworthy	79924	Women's Health	www.umcelpaso.org
UMC West	5021 Crossroads	79932	Women's Health	www.umcelpaso.org
UMC Women's Health Center	4824 Alberta	79905	Women's Health	www.umcelpaso.org
UMC Ysleta	300 S. Zaragoza	79907	W/P	www.umcelpaso.org

<i>Behavioral Health Outpatient & Hospitals</i>				
AGENCY	ADDRESS	ZIP	Provider Services	WEBSITE
Aliviane Inner Resource Recovery Aliviane Treatment for Youth	1900 Wyoming	79903	Substance Abuse	N/A
Aliviane Outpatient Treatment	1801 West Broadway	79855	Substance Abuse	N/A
Aliviane Outpatient Treatment Aliviane Outpatient Treatment	500 West Avenue	79832	Substance Abuse	N/A
Aliviane residential recovery for men Aliviane Inner Resource Recovery	10690 Socorro Rd	79927	Substance Abuse	N/A
Aliviane Svcs for Tigua women & children, behavioral hlth outpt clinic for men, women, and youth	7722 N Loop Dr	79915	Substance Abuse	www.aliviane.org
Aliviane Treatment for Youth Aliviane Outpatient Treatment	2007 Texas Ave	79901	Substance Abuse	N/A
Alternatives Center for Behavioral Health	7760 Alabama St.	79930	Behavioral	N/A
Amanecer Psychological Services	1219 Barranca	79935	Behavioral	n/a
Amanecer Psychological Services	1219 Barranca St.	79935	Behavioral	N/A
Casa Vida de Salud	3501 Hueco St.	79903	Substance Abuse	N/A
El Paso Child Guidance Center	2701 E. Yandell Dr	79903	Behavioral	www.elpasochildguidancecenter.org
El Paso Psychiatric Center	4615 Alameda Ave.	79905	Behavioral Health Centers/Hospitals	N/A
El Paso Psychiatric Center (EPPC)	4615 Alameda Ave	79905	Behavioral	n/a
Emergence Health Network	1600 Montana	79902	Behavioral	www.emergencehealthnetwork.org
Family Service of El Paso	6040 Surety Dr	79905	Behavioral	www.familyserviceofelpaso.com
Highlands Regional Rehabilitation Hospital	1395 George Dieter Dr.	79936	Behavioral Health Centers/Hospitals	N/A

<i>Behavioral Health Outpatient & Hospitals (continued...)</i>				
La Familia del Paso	1511 E Yandell Dr.	79902	Behavioral	N/A
New Beginnings Outpatient Services	6044 Gateway Blvd.	79905	Substance Abuse	N/A
OSAR – University Medical Center	5959 Gateway Blvd.	79925	Substance Abuse	N/A
San Vicente	1208 Myrtle	79901	Behavioral	www.sanvicente.org
Sun City Behavioral Health Care	2931 Montana Ave	79903	Behavioral	N/A
Texas Tech Health Centers	4615 Alameda	79905	Behavioral	N/A
United States of Veterans Affairs	1155 Westmoreland	79925	Behavioral	www.vetcenter.va.gov
University Behavioral Health	1900 Denver Ave.	79902	Behavioral Health Centers/Hospitals	N/A

APPENDIX H

DWI STATISTICS

2005-2012 Statistics (ALCOHOL / NARCOTICS / SUICIDE)																	
OFFENSE	2005	2006	% Difference 2005-2006	2007	% Difference 2006-2007	2008	% Difference 2007-2008	2009	% Difference 2008-2009	2010	% Difference 2009-2010	2011	% Difference 2010-2011	2012	% Difference 2011-2012	TOTALS 2005-2012	AVERAGE PER YEAR
DWI's	178	191	7% increase	223	16% increase	290	30% increase	352	21% increase	217	38% decrease	265	22% increase	411	55% increase	2127	265.8
PUBLIC INTOXICATION	17	3	84% decrease	7	133% increase	4	42% decrease	4	SAME - 0 Difference	7	75% increase	7	SAME - 0 Difference	6	17% decrease	57	7.1
POSSESSION (NARCOTICS)	357	433	23% increase	411	5% decrease	447	9% increase	551	23% increase	460	16% decrease	582	27% increase	580	0.3% decrease	3826	477
SUICIDE RATES (UNATTENDED)	3	4	33% increase	4	SAME - 0 Difference	9	125% increase	4	56% decrease	3	25% decrease	4	33% increase	4	SAME - 0 Difference	35	4.3

YEAR TO DATE 2007-2013 UCM OFFENSES																
	2007	2008	% Difference 2007-2008	2009	% Difference 2008-2009	2010	% Difference 2009-2010	2011	% Difference 2010-2011	2012	% Difference 2011-2012	2013	% Difference 2011-2012	TOTAL	AVERAGE PER YEAR	
MURDER	3	2	33% decrease	4	100% increase	2	50% decrease	6	200% increase	5	17% decrease	0	100% decrease (so far)	22	3.1	
RAPE	18	26	44% increase	44	69% increase	34	23% decrease	18	47% decrease	28	55% increase	4	86% decrease (so far)	172	24.5	
ROBBERY	29	37	10% increase	30	6% decrease	23	23% decrease	32	39% increase	24	25% decrease	2	91% decrease (so far)	172	24.5	
AGG ASSLT	173	167	6% decrease	192	19% increase	252	31% increase	149	41% decrease	194	30% increase	29	85% decrease (so far)	1151	164.4	

2005-2012 ALCOHOL RELATED FATAL ACCIDENTS																	
OFFENSE	2005	2006	% Difference 2005-2006	2007	% Difference 2006-2007	2008	% Difference 2007-2008	2009	% Difference 2008-2009	2010	% Difference 2009-2010	2011	% Difference 2010-2011	2012	% Difference 2011-2012	TOTALS 2005-2012	AVERAGE PER YEAR
ALCOHOL RELATED FATAL ACCIDENTS	1	0	100% decrease	1	100% increase	1	SAME - 0 Difference	2	100% increase	3	100% increase	2	33% decrease	1	33% decrease	11	1.3

APPENDIX I

PASO DEL NORTE 2012 REGIONAL STRATEGIC HEALTH FRAMEWORK

El Paso County Priorities

PRIORITY AREA 1: OBESITY/DIABETES/FITNESS/NUTRITION

Goal 1: Create communities that promote a life-long commitment to healthy eating and active living.

Objective 1.1: To increase healthy eating among adults in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 1.1.1: Increase availability of lower cost healthier food and beverage choices in various venues (community recreational facilities, city and county buildings, hospital cafeterias, worksite cafeterias, vending machines).
- 1.1.3: Improve availability of mechanisms for purchasing foods from farms (farmers' markets, farm stands, community supported agriculture, "pick your own", and farm to work initiatives).
- 1.1.4: Work with schools and local city and county partners to implement joint use agreements that allow the use of athletic facilities and outdoor recreational facilities by the public on a regular basis (school gyms, parks and green space, outdoor sports fields and facilities, walking and biking trails, public pools, and community playgrounds).

Objective 1.2: To increase healthy eating among children and young people in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 1.2.1: Assess the school districts' health policies and programs and develop a plan for improvement.
- 1.2.2: Address physical activity and nutrition through a coordinated school health program (CSHP) that includes health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff and parent involvement.
- 1.2.3: Strengthen the schools' nutrition policies.
- 1.2.4: Implement a quality school meals program.
- 1.2.7: Implement a policy that requires "recess before lunch" in elementary schools.
- 1.2.7: Implement a high quality health promotion program for school staff that focuses on nutrition and weight management worksite initiative.
- 1.2.8: Implement a high quality course of study in health education that includes nutrition education and the impact of overweight and obesity on health throughout the life span.

Objective 1.3: To create a physical environment that supports physical activity participation for residents in the region.

Evidence-based or Evidence-informed Strategies:

- 1.3.1: Enhance infrastructure supporting bicycling by creating bike lanes, shared-use paths, and routes on existing new roads; providing bike racks in vicinity of commercial and other public spaces.
- 1.3.2: Enhance infrastructure that supports walking that includes, but is not limited to sidewalks, footpaths, walking trails, and pedestrian crossings.
- 1.3.3: Support locating schools within easy walking distance of residential areas.
- 1.3.4: Develop and implement Active Living Master Plan.
- 1.3.5: Implement policy changes including Safe Passage Policy for cyclists and a Complete Streets policy to be implemented by municipalities.

Objective 1.4: To increase physical activity among children and young people in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 1.4.1: Assess school-based physical activity policies and programs and develop a plan for improvement.
- 1.4.3: Address physical activity and nutrition through a Coordinated School Health Program (CSHP) that includes health education, physical education, health services, nutrition services, counseling and psychological services, healthy school environment, health promotion for staff and parent involvement.
- 1.4.5: Implement Safe Routes to Schools.
- 1.4.7: Implement a high quality course of study in health education.
- 1.4.12: Implement an education program for motorists that include rules related to sharing the road with cyclists and informing motorists about the rights of cyclists.
- 1.4.13: Implement a swimming program for young people through local YM/YWCA and/or parks and recreation program that teaches swimming lessons and swimming as exercise/aerobic resistance.

Objective 1.5: To implement a multi-media campaign that will increase understanding regarding the importance of healthy eating and active living in addressing overweight and obesity in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 1.5.1: Clearly define the problem of overweight and obesity within the population and present it to media and key stakeholders.
- 1.5.2: Develop the components of a mass media campaign that include paid advertising (TV, radio, billboards, bus ads, print media, websites), social networking (Facebook, YouTube, Twitter, blogs, broadcast texting, LinkedIn, Face book, Twitter) and community sectors, schools, worksites, community organizations and sports teams.

PRIORITY AREA 2: MENTAL HEALTH AND BEHAVIORAL HEALTH/WELLNESS

Goal 2: **Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.**

Objective 2.1: **To increase access to high quality mental health services for adults and adolescents in the Paso del Norte Region.**

Evidence-based or Evidence-informed Strategies:

- 2.1.1: Conduct a regional assessment of existing mental health services currently available for adults and adolescents.
- 2.1.2: Based on regional assessment results, develop a plan for addressing deficiencies related to diagnosis services, effective treatment, and follow-up.
- 2.1.3: Identify policy changes, workforce development and financial resources necessary to implement improvement plan.
- 2.1.4: Implement Regional Mental Health Services Improvement Plan.
- 2.1.5: Assess improvements, make adjustments as needed.

Objective 2.2: **To increase the number of qualified, culturally competent mental health care providers in the Paso del Norte Region.**

Evidence-based or Evidence-informed Strategies:

- 2.2.1: Conduct a regional assessment of existing number of mental health care providers currently available for adults and adolescents.
- 2.2.2: Based on regional assessment results, develop a plan for addressing mental health care provider short falls including cultural competency.
- 2.2.3: Identify workforce development and financial resources necessary to increase mental health care providers in target area.
- 2.2.4: Invest in mental health care providers through increased resources for training, new incentives for physicians for providing mental health care to patients, and support for caregivers who choose to enter mental health care in underserved areas.

Objective 2.3: **To expand mental health care treatment services in the Paso del Norte Region.**

Evidence-based or Evidence-informed Strategies:

- 2.3.1: Establish three primary care facilities that provide mental health treatment.
- 2.3.2: Develop and implement a treatment protocol for children with mental health problems so as to increase appropriate treatment plan.
- 2.3.3: Train juvenile residential facilities staff so that they screen admissions for mental health problems.
- 2.3.4: Train primary care providers so that they consistently screen patients for depression.
- 2.3.5: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders.

Objective 2.4: To integrate behavioral health with physical health throughout the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 2.4.1: Identify and implement standardized health and behavioral health screening tools during patient assessments.
- 2.4.2: Develop policies to address training, continuing education and workforce needs of providers and entities participating in integrated healthcare practices.
- 2.4.3: Identify and implement methods to improve collaboration and coordination between healthcare systems and providers.
- 2.4.4: Identify and implement strategies to encourage integration in both public and the private sector programs.
- 2.4.5: Incorporate allied health professionals and other related professionals within primary care and behavioral health settings.

PRIORITY AREA 3: SUBSTANCE ABUSE/CHEMICAL DEPENDENCY/DRUG ABUSE

Goal 3: Reduce substance abuse to protect the health of all residents in the Paso del Norte Region.

Objective 3.1: To reduce the use of alcohol and drugs among youth (10 - 18 years of age) in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 3.1.1: Develop and implement media campaigns directed at youth that disseminate information to increase knowledge, alter attitudes, and advise about treatment options.
- 3.1.2: Work with law enforcement to enhance enforcement of underage drinking and driving laws.
- 3.1.3: Review and change local or state policies related to alcohol abuse prevention by minors, if appropriate (i.e., community laws prohibiting alcohol advertising in close proximity to schools, billboards, sides of buses, and in other public areas).
- 3.1.4: Implement evidence-based prevention education programs in schools and outside of schools that teach critical personal and social skills that promote health and well-being among youth to help them avoid substance abuse.
- 3.1.5: Implement existing substance abuse models that strengthen families, parenting skills and other established strong consistent norms about alcohol and drug use.
- 3.1.6: Promote public policy to reduce provision of alcohol by caregivers to minors.
- 3.1.7: Implement education efforts aimed at caregivers to reduce provision of alcohol to minors.

Objective 3.2: To increase awareness among parents and other caregivers of youth (10-18 years of age) about the dangers of binge drinking and alcohol abuse in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

3.2.3: Implement evidence-based education programs for parents on attitudes and behaviors related to binge drinking and alcohol abuse.

Objective 3.3: To establish three alcohol and drug (substance abuse) treatment centers for youth and adults in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

3.3.1: Identify what services will be offered by substance abuse treatment centers so as to best serve needs of community.

3.3.2: Identify partners to support creation of substance abuse treatment centers.

3.3.3: Identify location for alcohol and drug treatment centers in areas identified as having highest need.

3.3.4: Identify and implement effective evidence-based treatment approach at treatment centers.

3.3.5: Notify schools, especially school nurses and counselors, of substance abuse treatment options for youth.

3.3.6: Identify and bring on a dedicated team who will be responsible for implementing these objectives.

Objective 3.4: To decrease the prevalence of alcohol and drug abuse among adults in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

3.4.1: Develop or work with existing substance abuse prevention coalitions that focus on building community capacity, increasing service integration, influencing policy change, conducting needs assessments, and developing appropriate community programs.

3.4.2: Identify, purchase (or develop) and disseminate alcohol and drug abuse prevention education materials for adults for each region.

3.4.3: Implement community-based education programs on alcohol abuse (Cognitive behavioral therapy, motivational enhancement, and 12-step facilitation) using strategies appropriate to culture, language, and literacy skills.

3.4.4: Implement alcohol screening in all points of entry into the health care system i.e. ask about alcohol use, assess for alcohol related problems, advise, determine level of risk/dependence and refer to specialist if indicated.

3.4.5: Identify and bring on a dedicated team who will be responsible for implementing these objectives.

Objective 3.5: Decrease the smoking rate in the Paso del Norte region.

Evidence-based or Evidence-informed Strategies:

- 3.5.1: Sustain the Smoke Free Paso del Norte coalition.
- 3.5.2: Conduct an assessment of the region to determine what smoke free ordinances are in place and where additional work is needed.

PRIORITY AREA 4: HEALTHY SEXUALITY/TEEN PREGNANCY

Goal 4: Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.

Objective 4.1: To establish comprehensive sex education programs that are evidence-based and medically accurate that emphasizes abstinence and includes methods to prevent Sexually Transmitted Diseases (STDs) and pregnancy in 50% of all public middle and high schools in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 4.1.1: Conduct a regional assessment to determine which school districts currently offer evidence-based sex education programs.
- 4.1.2: Based on regional assessment results, develop a plan for increasing the number of school districts in the region that offer evidence-based sexuality education programs.
- 4.1.3: Identify policy changes, workforce development, and financial resources necessary to implement evidence-based sexuality education programs.
- 4.1.4: Implement evidence-based sexuality education programs.
- 4.1.5: Assess progress towards meeting objective.

Objective 4.2: Educate stakeholders about relevant evidence-based strategies to reduce teen pregnancy and data on needs and resources in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 4.2.3: Engage youth (i.e. teen health advocates) to attend and present before the legislature and other key stakeholders.
- 4.2.4: Organize educational session that brings together national and local leaders in teen pregnancy prevention with state legislators.
- 4.2.5: Provide evidence-based curricula materials to school leaders, parents, state legislators and other key stakeholders.

Objectives 4.3: To increase access to preventive care specific to reproductive/sexual health throughout the life span.

Evidence-based or Evidence-informed Strategies:

- 4.3.1: Conduct an assessment to determine availability of contraceptive and broader reproductive health services, including patient education and counseling available to women and men in the region.
- 4.3.2: Based on results of assessment, develop a plan to ensure the availability of broader reproductive health services for women and men in the region/target population that include contraceptives, breast and pelvic examination, cervical cancer screening, sexually transmitted infections (STI) and human immunodeficiency virus (HIV) prevention education, counseling, testing, and referral, and pregnancy diagnosis and counseling.
- 4.3.3: Identify and implement efforts to reduce barriers to people's use of family planning services by addressing cost, publicly funded services, insurance coverage, family planning clinic locations and hours that are convenient for clients, lack of awareness of family planning services, transportation issues, and inadequate services for men.

Objective 4.4: To increase youth access to contraceptive and reproductive health care services.

Evidence-based or Evidence-informed Strategies:

- 4.4.1: Establish linkages between teen pregnancy prevention program partners and clinics that serve at risk youth from the target community.
- 4.4.2: Ensure clinics are providing culturally competent reproductive health care services that are available to youth.
- 4.4.3: Identify barriers and identify mechanisms to address barriers to accessing reproductive health care services.
- 4.4.4: Ensure adequate resources are available for free or low cost contraceptive and reproductive health care services are available to youth.

PRIORITY AREA 5: IMPROVE ACCESS TO HEALTHCARE

Goal 5: Improve access to comprehensive, coordinated, high quality health care services for everyone.

Objective 5.1: To increase the proportion of people with medical health insurance coverage in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 5.1.1: Improve design of health insurance schemes to include modification of eligibility criteria, making the premium affordable and improving the content and quality of healthcare package.
- 5.1.2: Improve implementation of insurance schemes (outreach strategies) so as to enroll more eligible populations, by increasing awareness of schemes and benefits, modifying

enrollment to make application process easier and more user friendly, and improving the management and organization of insurance schemes.

- 5.1.3: Design and implement an advertising campaign via television, radio, print, web, and social media in each region in both English and Spanish to inform more eligible families about insurance benefits like CHIP including information on eligibility, exemption from premiums and cost sharing requirements.
- 5.1.4: Implement regional access to health care coalition to ensure contribution to federal, state and local debates about improving access for most vulnerable populations (children, elderly, women, low income populations, rural populations, racial/ethnic minorities and immigrants).

Objective 5.2: To increase the number of adults and children in the Paso del Norte Region who have a Primary Care Provider.

Evidence-based or Evidence-informed Strategies:

- 5.2.1: Assess the region's health care infrastructure to determine local availability of health professionals, PCP's in particular.
- 5.2.2: Invest in primary caregivers through increased resources for training, new incentives for physicians for providing primary care to patients, and support for caregivers who choose to enter primary care in underserved areas.
- 5.2.3: Determine the existence of any outdated restrictions on non-MD/DO providers and change outdated restrictions so as to broaden scope of practice to fullest extent possible.
- 5.2.4: Train more non-physician primary care providers and get them into the field.
- 5.2.5: Enhance collaboration between local for profit hospitals and Texas Tech to establish additional residencies.
- 5.2.6: Develop and implement an assessment to verify any unjustified payment disparities, for local doctors down to non-physician staff, with government and local insurers.

Objective 5.3: Develop a regional legislative policy agenda that addresses access to comprehensive, affordable, high quality health care services for the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 5.3.1: Form a coalition of key stakeholders to work together on regional legislative policy agenda to include a response to the possibility that Texas won't create a state insurance exchange or accept expanded Medicaid funds outlined in the Affordable Care Act.
- 5.3.2: Identify priority access to health care policies to be addressed.
- 5.3.3: Determine approach to present legislative policy agenda to federal, state, and local decision makers.
- 5.3.4: Advocate for agreed upon policy change by providing information, education and briefings to law makers.
- 5.3.5: Explore and develop briefing on cross-border health coverage options.

Objective 5.4: Increase access to evidence-based clinical preventive health care services in the Paso del Norte Region.

Evidence-based or Evidence-informed Strategies:

- 5.4.1: Identify preventive health care services available at no or low cost to highest risk populations in the Paso del Norte Region.
- 5.4.2: Develop an educational media campaign that promotes preventive health screenings, vaccinations, and counseling including: blood pressure, diabetes and cholesterol tests; cancer screenings including mammograms and colonoscopies; counseling on smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use; routine vaccination against disease such as measles, polio, or meningitis; flu and pneumonia shots; counseling, screening, and vaccines to ensure healthy pregnancies; regular well-baby and well-child visits, from birth to age 21.
- 5.4.3: Develop effective communication and coordination of preventive care to ensure patient receives seamless best quality of care at lowest cost.
- 5.4.4: Include clinical preventive health care provisions from the Affordable Care Act and ensure that these provisions are well publicized through the educational media campaign.

Objective 5.5: To increase the number of adults and children in the Paso del Norte Region who have access to Specialty Care Providers.

Evidence-based or Evidence-informed Strategies:

- 5.5.1: Assess the region's health care infrastructure to determine local availability of Specialty Care Providers.
- 5.5.2: Invest in Specialty Care Providers through increased resources for training, new incentives for physicians for providing specialty care to patients, and support for caregivers who choose to enter specialty care in underserved areas.

APPENDIX J

2011 – 2016 TEXAS STATE HEALTH PLAN RECOMMENDATIONS

Texas must take the necessary steps to achieve education and training in the health professions that will ensure that an appropriately skilled, sufficient, and experienced workforce becomes a reality for the state. This will be achieved through effective and innovative models of education and practice that provide work-ready graduates, improve the participation of minorities in the health professions, and retain trained health professionals in the workforce.

The Statewide Health Coordinating Council believes that the following recommendations are essential to fulfill these workforce goals and thereby ensure a quality health workforce for Texas.

General Workforce Recommendations

1. Require all health professions licensing boards to standardize the collection of critical data by implementing the Minimum Data Set developed by the Statewide Health Coordinating Council.
2. Regulatory boards should allocate funds to support the collection of health workforce supply and demand data in the Health Professions Resource Center and to support needed research based on these data.
3. Realign health workforce efforts in a structure that is better able to collaborate and coordinate health workforce planning and data collection to enable Texas to be more responsive to potential funding opportunities.
4. The Texas Higher Education Coordinating Board should study, develop and implement positive financial incentives for schools that create innovative models in education for the health professions that will move toward shared or combined curricula, interdisciplinary classes across health programs, technology and simulation centers, and the use of multidisciplinary faculty or interdisciplinary teams among the health education programs.
5. Continue to support the College for all Texans and GenTx Campaign administered by the Texas Higher Education Coordinating Board to ensure diversity and minority participation in higher education. (For information on the program, visit <http://www.collegefortexans.com> or <http://www.thecb.state.tx.us/SAM/overview/>).
6. The Texas Higher Education Coordinating Board should develop and implement field of study curricula for additional health profession programs and require adoption of these curricula by public educational institutions to encourage and promote a seamless transition and career mobility within the professions.
7. Support initiatives that result in the creation of a representative and culturally competent health workforce for Texas. This could include items such as
 - programs that interest minority students in health careers,
 - curricula for preparing practitioners to recognize health disparities and to implement appropriate interventions,
 - new models for education in the health professions,
 - strategies for reducing the loss of intellectual capital across countries and regions, and
 - the addition of multilingual and technological competencies
8. Direct the regulatory boards for the health professions to permit exceptions to their regulations to facilitate the increase in innovative, outcome-oriented demonstration projects.
9. Support initiatives that will promote the application of technology in all areas of health education and all areas of clinical care throughout the health care continuum. This should

- include applications for initial professional and continuing education, recruitment and retention efforts, health care practice, and community health education.
10. Support the expansion and enhancement of funding of the Area Health Education Centers to guarantee that vital health career development efforts and recruitment and retention strategies are available in areas not provided through other means or agency efforts. Applications for professional and continuing education, recruitment and retention efforts, health care practice, and community health education.
 11. Enhance and strengthen public and private partnerships to include regional strategic mapping of staff and services between organizations to improve resource allocation, trim numerous costs, and avoid service duplication.

Primary Care Recommendations

1. Support public health prevention and education programs designed to decrease the incidence and severity of chronic disease and decrease health disparities in the population by enabling individuals to take personal responsibility for their health.
2. Reinstate general revenue funds in support of the Medicaid draw-down of federal funds for graduate medical education to 2002-03 biennial levels as a way of maintaining physician supply.
3. Work with others to actively and urgently seek relief from the Centers for Medicare and Medicaid Services to eliminate the current outdated caps on funding graduate medical education training slots and to increase and to distribute the funds according to geographically equitable calculations.
4. Sustain and increase general revenue funding for graduate medical education and the Family Practice Residency Program through the trustee funds to the Texas Higher Education Coordinating Board to the 2002-03 biennial levels.
5. Sustain special item funding to support enrollment at the state's pharmacy schools to help relieve the current shortage of pharmacists in the state.
6. Support the growth in the numbers of Federally Qualified Health Centers and community primary care clinics in Texas.
7. The Texas Higher Education Coordinating Board should provide funding for community based residency programs.
8. Support methodologies for the development of innovative educational models for the delivery of primary care that would include physical, mental, and oral health.
9. Support demonstration projects that use interdisciplinary teams of health professionals for prevention and management of chronic disease and that utilize an appropriate mix of caregivers and responsibilities.
10. The Health and Humans Services Commission should support changes in Medicaid, Children's Health Insurance Program, and Texas Vendor Drug Program rules and policies to trace outcomes and increased accountability by
 - Identifying the practitioner that prescribed the drug instead of the delegating physician,
 - Requiring all providers to bill services under their own names
11. The Office of State and Federal Relations should encourage federal legislation that allows Nurse Practitioners, Clinical Nurse Specialists, and Physician Assistants to order home health care services, and then change state regulations accordingly.
12. Support legislation, regulation, and reimbursement methodologies that will support the training and use of state certified Community Health Workforce providers to assist in the cost-effective management of health care.

13. Provide positive financial incentives for providers who implement the use of evidence-based health care and the use of outcome-based practice guidelines that have been approved by an agreed upon nationally recognized health association.

Nursing Workforce Recommendations

1. Continue the Nursing Innovation Grant Program funded by tobacco earnings from the Permanent Fund for Higher Education Nursing, Allied Health, and other Health-Related Programs and administered by the Texas Higher Education Coordinating Board.
2. Support innovative programs to combat the state's nursing shortage while increasing diversity, particularly of Hispanic nurses, in the health care workforce. Project partners should work with diverse middle and high school students in the state, in order to foster interest in nursing careers, and provide students with a nurse mentor, intensive tutoring, experiential learning opportunities and a structured curriculum to prepare them for a nursing program in a college or university.
3. Enhance resources for recruitment, hiring and retention of faculty for nursing programs.
4. Encourage and prioritize the expansion of Advanced Practice Nursing programs, including nurse-midwifery, to meet the expectations of a reformed health care system and the demand for more qualified and educated nurses.
5. Continue to sustain and continue to provide increased funding levels to nursing programs throughout the state to support continued growth in the number of new graduates from Texas schools of nursing.
6. Support implementation of the following strategies in the recruitment and retention of a qualified and well prepared nursing workforce in public health, long-term care settings, and public psychiatric/mental health settings:
 - Funding of a career ladder for public health nurses in order to address recruitment and retention concerns.
 - Extension of student loan forgiveness programs for RNs entering public health nursing in Texas, especially those willing to practice in medically underserved, rural and border areas and those who would promote cultural diversity within the Texas public health nursing workforce.
 - Creation of training stipends for students in Texas professional nursing programs as well as psychiatric/mental health and primary care advanced practice nursing programs to encourage interest in public health nursing and promote public health nursing practice competencies.
 - Creation of partnerships with higher education institutions to develop innovative approaches to recruit minority students to the field of public health nursing, including targeting paraprofessional nursing staff members with a demonstrated interest in public health nursing.
 - Development of increased part-time and flexible schedules to retain experienced older nurses in the public health workforce in order to meet ratios and to train and mentor younger nurses.
 - Creation of more opportunities for public health nurses to have meaningful roles in statewide, agency, and municipal public health services operational management; strategic planning; and health policy planning, deployment and evaluations.
7. Develop best practices and effective capabilities for nurses and nursing students using the Nursing Informatics Competencies Model from the TIGER Informatics Competencies Collaborative (TICC) initiatives which consist of three parts: Basic computer Competencies,

Information Literacy, Information Management (including use of an electronic health record) and information minimum set of competencies.

Sources: http://tigersummit.com/Competencies_New_B949.html

8. Improve and expand existing Texas Nursing/Clinical/Health informatics education programs by collaborating with industry, service, and academic partners to support and enhance the use of technology and informatics in practices.

Allied Health Professions Recommendations

1. Enhance resources for health professions schools (formerly allied health professions) in order to expand enrollments and provide for graduate programs for developing faculty in the health professions.
2. Establish and support a mechanism and staff to create an office for allied health professions workforce issues in the Health Professions Resource Center.
3. Explore means to expand access to health care through innovative programs and initiatives to better utilize health professionals in medically underserved, rural, and border areas.
4. Increase faculty, expand student loan forgiveness, and provide tuition assistance to health professions faculty to pursue an advanced degree.
5. Continue to extend student loan forgiveness programs for health professionals serving in medically underserved, rural, and border areas.
6. Support the establishment of state licensure for key health clinical laboratory sciences.
7. Encourage partnerships among high schools, community colleges, universities, and academic health centers to promote the allied health professions (e.g. dual credit courses, pre-professional training.)
8. Promote the application of technology in the educational training of all allied health professionals.

Access to Care Recommendations

1. Medical Homes and Integrated Health Models
 - Develop, implement and incentivize medical home and integrated health care models.
 - Encourage practices to embrace the concept of medical homes utilizing care managers, cross disciplinary team-based care, and patient-centered practices.
 - Promote the concept of medical home for preventative and care of chronic diseases and continuum of care.
 - Adopt strategies that use a holistic approach to healthcare service delivery including substance abuse and mental health services.
2. Retention strategies. Improve supply ratios through improving retention rates of healthcare professionals and paraprofessionals. Examples include:
 - Make reimbursement rates more equitable for physicians, especially primary care and other health care providers who perform medical activities typically performed by a physician such as physician assistants (PAs), nurse practitioners (NPs), pharmacists, thereby increasing the capacity to serve the Medicaid and CHIP population.
 - Expand and enhance incentives for PAs. Provide strong incentives designed to channel a greater number of PA graduates into primary care and group practices that are located in medically underserved communities.
 - Increase incentives in payor programs (such as Medicaid), to encourage a greater number of providers to serve this and other underserved populations, in light of lower

reimbursement rates associated with Medicaid and CHIP. This will also assist with increasing capacity of health care services to low income, Medicaid and CHIP eligible persons.

- Ensure retention of quality substance abuse service providers by increasing salary ranges to make them more competitive with the salaries of other health care providers.
 - Support the DSHS substance abuse exceptional item in the FY 2010-2011 Legislative Appropriations Request for a \$33 million increase in prevention and treatment funding. (LCDs)
3. Addressing Maldistribution Through Incentives. Examples include:
- Develop, provide and expand incentives to boost the number of international medical graduates in Texas, such as through the Conrad 30 J1 Visa Waiver Program waiving the H-1 physicians two year return home in exchange for 3 years of service in a designated workforce shortage area.
 - Provide tax break incentives to providers who treat the uninsured thereby increasing supply of providers who accept patients with no insurance or low reimbursement rates through Medicaid or CHIP.
 - Create incentives for relocating practices where care is inaccessible through promotion and redesign of the Healthy Texas Reinsurance Program.
 - Provide incentives to community colleges, non profits, and health care facilities to facilitate training opportunities to increase the number of CHWs and paraprofessionals.

Technology Recommendations

1. Establish a Telemedicine Advisory Committee to assist in evaluating policies for telemedicine.
2. Provide healthcare providers with reimbursements for a wider range of covered medical services other than Medicaid Coverage and Reimbursements.
3. Establish uniform standards for physician credentials, professional conduct and discipline. State requirement for licensure often differ between states.
4. Explore the possibility for regional agreements, especially among medical boards in areas in which Telemedicine care frequently occurs across state lines.
5. Support a resolution to encourage insurers to expand the definition of telemedicine coverage for medical services to include interactive audio, video and/or other media for diagnosis, consultation and/or treatment for reimbursement.
6. Develop information and educational materials to educate the Texas Medical Board about the telemedicine practice environment with the emphasis on benefits to patients as well as protecting patient safety, to ensure regulatory policies which benefit all citizens of the state, especially those in remote or underserved areas.
7. Develop of information and education materials to educate the citizens of Texas on health insurance coverage, informed consent, and confidentiality for telemedicine medical services and telehealth services.
8. Standardize HIT core competencies into training for all clinicians and model curriculum after the American Health Information Management Association (AHIMA) and the American Medical Informatics Association (AMIA).
9. Seek and secure federal funding for EMR/HIT workforce development and projects in Texas.
10. Assure HIT training for Texas health professionals' workforce.

Prevention and Education Recommendations

1. Support and ensure priority is given to programs that intervene early in the life cycle.
2. Ensure funding of quality early care and education programs. (Quality as measured by entities such as The National Association for the Education of Young Children.)
3. Ensure efficiency in matching federal dollars earmarked for early childhood programs and the distribution of federal and state dollars to the grassroots communities.
4. Fund parenting education in English and Spanish. Parenting education should include child development and nutrition. (Education programs for children and adults succeed only when instructional time is substantial.)
5. Continue funding the Supplemental Food Program for “Women, Infants, and Children” (WIC) and other prenatal programs that address perinatal health.
6. Support through legislation and funding availability and accessibility of quality services for children and their families. Services should include:
 - Home visiting programs
 - Intervention programs which address mental health issues such as depression and substance abuse problems
7. Continue efforts to improve immunization rates in Texas through legislation and funding programs which require the collaboration of public schools and local health care providers to improve immunization rates.
8. Support through legislation and funding access to basic medical care for pregnant women and help prevent threats to healthy development, as well as provide early detection and intervention for problems that may emerge.
9. Expand public awareness campaigns through legislation with more extensive dissemination of accurate scientific information through warning labels and proactive controls on toxic exposures. The public awareness campaign should include global health issues such as STDs, safety, and wellness.
10. Support local initiatives to prevent tobacco use in public places through legislation.
11. Implement the strategies and associated measurements that communities and local governments can use to plan and monitor environmental and policy-level changes for obesity prevention through legislation. The strategies recommended for communities to implement fall into categories as follows:
 - Continue efforts to improve healthy eating and reward the implementation of best practices in nutrition education in schools and early childhood environments.
 - Increase and improve the availability of affordable healthy food and beverages in public service venues and underserved areas. Additionally, communities should provide incentives for the production, distribution, and procurement of foods from local farms.
 - Support healthy food and beverage choices by restricting availability of less healthy foods and beverages in public service venues.
 - Increase support for breastfeeding through public awareness campaigns.
 - Fund physical activity programs in schools; increase opportunities for extracurricular physical activity, and support schools that promote physical education.
 - Support legislation and funding to require physical activity programming in early childhood environments and all grade levels.
 - Support legislation and funding which create safe communities that support physical activity by improving access to outdoor recreational facilities, enhancing traffic safety areas where persons could be physically active and improving access to public transportation.

12. Support through funding and legislation partnerships with institutions of post-secondary education, the health sector, and state government to address obesity.
13. Support legislation and funding of partnerships between the community, the health system, self-management support, delivery system design and clinical information systems which encourage high-quality chronic disease care.
14. Support legislation and funding of educational programs for health care professions which focus on outcomes and the use of measurement in driving improvements in health care.
15. Support legislation and funding for post-secondary institutions to create innovative models in education for the health professions that will move toward shared or combined curricula, interdisciplinary classes across health programs, and the use of multidisciplinary faculty or interdisciplinary teams among the health programs.
16. Continue to support the College for all Texans Campaign and GenTx Campaign administered by the Texas Higher Education Coordinating Board to ensure diversity and minority participation in post-secondary programs which prepare the health workforce.
17. Encourage the development and implementation of the field of study curricula for additional health profession programs to promote a seamless transition from community colleges to four-year institutions and career mobility within the health professions.
18. Support initiatives that result in the creation of a representation and culturally competent health workforce for Texas. Examples include the addition of multilingual and technological competencies.

APPENDIX K

EL PASO CITY—COUNTY WALKING PATHS, PARKS, RECREATIONAL FACILITIES

Walking path distances throughtout the City of El Paso Parks		
WEST	Feet	miles
Galatzan	2600	0.5
Westside Corn.	6330	1.2
White Spur	1650	0.3
Francisco Delgado	1420	0.3
Paul Harvey	2415	0.5
Cresmont	2590	0.5
Mission Hills	3265	0.6
Montoya Heights	1355	0.3
EAST	Feet	miles
Edgemere Median	7348	1.4
Reese McCord	3245	0.6
Ponder	3310	0.6
Pico Norte	1801	0.3
Ranchos Del Sol	1865	0.4
Vista Del Valle	4545	0.9
Chester Jordan	1785	0.3
Eastwood	5405	1.0
Pebble Hills	2564	0.5
Carlos David Bombach	2890	0.5
Dick Shinaut	3230	0.6
Sai Berroteran	2860	0.5
NORTHEAST	Feet	miles
Nations Tobin	5203	1.0
Veterans	5338	1.0
Skyline Youth Optimist	2635	0.5
Arlington	2271	0.4
Chuck Heinrich (in development not ready)	1880	0.4
LOWER VALLEY	Feet	miles
Blackie Chesher	5450	1.0
Shawver	5280	1.0
Hidden Valley (Cowboy Park)	2846	0.5
Marion Manor	3237	0.6
Pueblo Viejo	7695	1.5
Lionel Forti	3310	0.6
Ysleta	955	0.2
Lomaland	2654	0.5
Capistrano	2640	0.5
Thomas Manor	2000	0.4
Yucca	4352	0.8
Carolina Rec.	510	0.1
Caribe Estates	1176	0.2
Marty Robbins	2935	0.6
Ranchos Del Sol	1865	0.4
CENTRAL	Feet	miles
Memorial	3255	0.6
Lincoln	2875	0.5
Modesto Gomez	3815	0.7
Loreito Lincoln	1341	0.3
Paseo De Los Heroes	1660	0.3
De Vargas	1150	0.2



Welcome!

The Parks and Recreation Department offers more than 250 parks, 110 sports fields, 16 recreation centers, 37 senior centers, two sport centers, six reservoirs, scenic trails, 101 soccer and four e-sport swimming pools. We invite you to visit these facilities and participate in a variety of recreational programs or self-directed recreational pursuits.

The Department oversees a multitude of events and activities throughout the year for residents of all ages. For an up-to-date listing, please visit our website, www.el-paso.com/parks

Your El Paso Parks and Recreation Team

RECREATION CENTERS

Administration	911 S. Oregon St.	915 524-4033
Armpo	2906 E. 27th St.	915 524-4836
Cerritos	5602 N. Cerritos Trl.	915 524-4836
Chilhowe	4177 Cherokee Rd.	915 524-4836
Dave Proctor	7400 E. High Street Dr.	915 524-4836
Goldstein	5400 Woodlawn Dr.	915 524-4836
Gray and Adams	3001 E. Howard Dr.	915 524-4836
Harriet and Victoria	3400 E. Missouri Ave.	915 524-4836
Mayor Babb's	11650 West 48th Dr.	915 524-4836
Mudgus Cove	9201 Wisconsin Blvd.	915 524-4836
Nelson Ridge East	4435 Maxwell Ave.	915 524-4836
Park 7000	607 N. Virginia St.	915 524-4836
Tom Jones	9901 American Ave.	915 524-4836
Tom Clippert	8001 Texas Dr.	915 524-4836
Tom Lee	45 N. Greenwood St.	915 524-4836
Smiley	6700 Southview Ave.	915 524-4836
Wardens	2901 Eastern Dr.	915 524-4836

SENIOR CENTERS

Administration	911 S. Oregon St.	915 524-4033
Eastside	3200 Sierra Dr.	915 524-4836
Edrick/Venture	931 J. Alameda Ave.	915 524-4836
Grandview	31344 Cherokee Ave.	915 524-4836
Hesperus	5401 N. Canton St.	915 524-4836
Hillsdale	4031 Bell Dr.	915 524-4836
Mountain	1000 Lynn St.	915 524-4836
Palmyra	6500 Wade Berg Dr.	915 524-4836
Seaman	2701 Embury Ct.	915 524-4836
Southview	600 S. Chelsea St.	915 524-4836
Woolington Creek	4400 Maxwell Ave.	915 524-4836

INDOOR POOLS

Administration	911 S. Oregon St.	915 524-4033
Armpo	911 S. Oregon St.	915 524-4033
Chilow	4431 Parker Dr.	915 524-4836
Edrick	1520 Parkway Blvd.	915 524-4836
Grandview	500 Southview Dr.	915 524-4836
Hesperus	11650 West 48th Dr.	915 524-4836
Mountain	3241 Canyon Ave.	915 524-4836
Palmyra	901 N. Virginia St.	915 524-4836
Thompson & Alameda	9001 Vantage Blvd.	915 524-4836
Wardens	3301 Cedar St.	915 524-4836
William W. Cowan	8100 International Dr.	915 524-4836

OUTDOOR POOLS

Administration	911 S. Oregon St.	915 524-4033
Armpo	911 S. Oregon St.	915 524-4033
Chilow	1235 Silver St.	915 524-4836
Edrick	6001 Redwood Dr.	915 524-4836
Mountain	110 Reno Drive	915 524-4836
Palmyra	911 S. Oregon St.	915 524-4836
Wardens	4821 Dunn St.	915 524-4836
William W. Cowan	8901 Redwood Dr.	915 524-4836

SPORTS CENTERS

Administration	911 S. Oregon St.	915 524-4033
Chilow	1235 Silver St.	915 524-4836
Edrick	6001 Redwood Dr.	915 524-4836
Mountain	110 Reno Drive	915 524-4836

INFORMATION

After School Programs	911 S. Oregon St.	915 524-4033
Lost and Found	911 S. Oregon St.	915 524-4033
Special Events	911 S. Oregon St.	915 524-4033
Swim Bands	911 S. Oregon St.	915 524-4033



El Paso
Parks & Recreation



City of El Paso Department of Public Health
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