PUBLIC HEALTH
CITY OF EL PASO

2022 Community Health Assessment

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INTRODUCTION

Background

To further illustrate its commitment to health and well-being of the community, DPH and the CHA Advisory Board completed this Community Health Assessment to understand and document the greatest health needs currently faced by El Paso County residents.

This report will work to benefit the DPH, enabling the Department to learn about the health of the community and serving as the foundation for the development of community health improvement plans. The DPH's mission statement is as follows:

> "Our mission at the City of El Paso Department of Public Health is to deliver exceptional services to improve the overall health and well-being of the citizens of El Paso and the region; based on the research and data analysis of a comprehensive community health assessment, addressing healthcare disparities in support of a high quality of life for all."[1]

The gathering of data and prioritization of public health needs following this report will work to aid the DPH in this mission.

Additionally, the CHA Advisory Board for this report was comprised of members from various public and private organizations throughout the El Paso community. These stakeholders provided the focus group and survey data that are further analyzed in this report. The CHA process examines the overall health needs of the residents of El Paso County and allows the county to continuously evaluate how best to improve and promote the health of the community. While all of the organizations referenced above have historically assessed the health needs of the community and responded accordingly, this CHA is a more formal and collaborative approach by community partners to proactively work together to identify and respond to the needs of El Paso County residents.

Finally, this report was created in compliance with the Public Health Accreditation Board (PHAB)'s Standards & Measures for Initial Accreditation, Version 2022. The Standards "provide requirements and guidance for public health departments" [2] and are based on ensuring public health departments adhere their standards to the "10 Essential Public Health Services," a framework developed by the CDC and detailed by PHAB. In its demonstration of data and prioritization of El Paso County's community needs, this report is adherent to all PHAB Standards and Measures for Initial Accreditation, including the need to:

- Conduct and disseminate assessments focused on population health status and public health issues facing the community;

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[1]   Source: Mission Statement (n.d.). City of El Paso Department of Public Health. Retrieved November 1, 2022, from https://www.elpasotexas.gov/public-health

[2]   Source: *Standards & Measures for Initial Accreditation*. (2022). Public Health Accreditation Board, Centers for Disease Control and Prevention. Retrieved September 27, 2022, from https://phaboard.org/wp-content/uploads/Standards-Measures-Initial-Accreditation-Version-2022.pdf

- Participate in or conduct a collaborative process resulting in a comprehensive community health assessment;

- Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population;

- Analyze public health data to identify trends in health problems, environmental public health hazards, and social and economic factors that affect the public's health;

- Describe disparities in health status and health behaviors, as well as inequities in the factors that contribute to health challenges; and

- Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions.
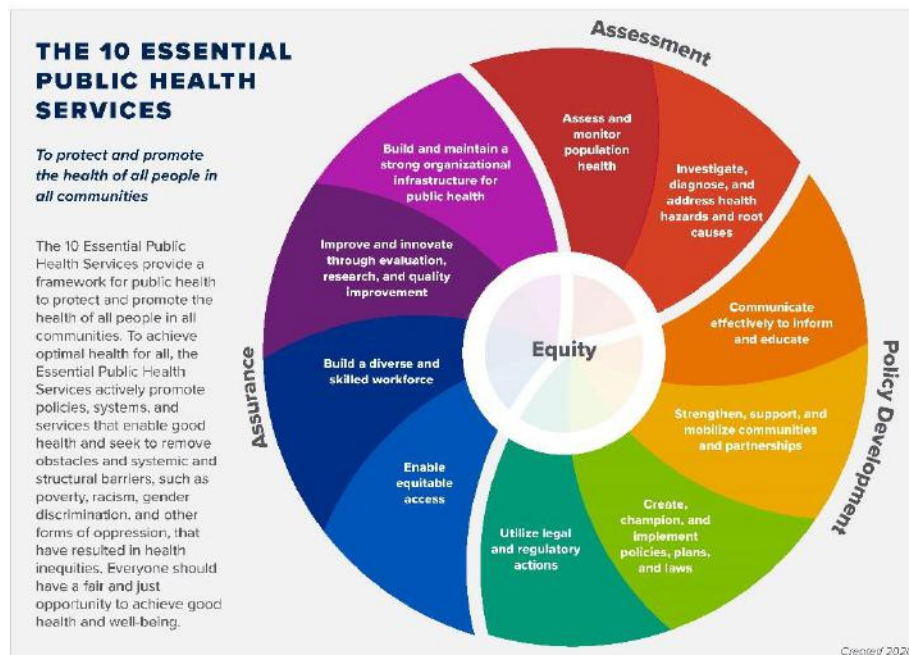
Process Overview

A significant amount of information has been reviewed during this planning process, and the CHA Advisory Board has been careful to ensure that a variety of sources were used to deliver a truly comprehensive report. Assessment methods included both secondary data as well as new, primary data that were collected directly from the community throughout the process. It is also important to note that, although unique to El Paso County, the sources and methodologies used to develop this report comply with the current standards and measures of the Public Health Accreditation Board (PHAB).

The purpose of this study is to better understand, quantify, and articulate the health needs of El Paso County. Key objectives of this CHA include:

- Identify the health needs of El Paso County residents.

- Understand health disparities between subpopulations or subgeographic areas that exist in El Paso County.

- Understand the challenges residents face when trying to maintain and/or improve their health.

- Understand where underserved populations turn for services needed to maintain and/or improve their health.

- Understand what is needed to help residents maintain and/or improve their health.

- Prioritize the needs of the community and clarify/focus on the highest priorities.

- Describe resources available to address the significant health needs identified through the CHA.

There are ten phases in the CHA process. Results of the first seven phases are discussed throughout this assessment; the development of community health improvement plans and subsequent phases will take place in the near future.

CHA Process

Establish a community health assessment team

Collect and analyze primary (new) data

Collect and analyze secondary (existing) data

Determine health priorities

Identify potential resources to address priorities

Create the CHA document

Disseminate the CHA document

Develop community health improvement plans

Implement the community health improvement plans

Evaluate the impact of the community health improvement plan

Summary of Prior CHA Implementation Strategies

A CHA is an ongoing process that begins with the evaluation of the previous CHA. In 2013, El Paso County completed its previous assessment. Associated implementation strategies focused on six priority areas, with a unifying goal created to address each.

Below are the priority areas and their associated goals for the 2013 El Paso County CHA:

Priority	Goal
Obesity/Diabetes/Fitness/Nutrition	Create communities that promote a life-long commitment to healthy eating and active living.
Health and Behavioral Health/Wellness	Improve overall mental health and wellness through prevention and by ensuring access to appropriate, quality mental health services.
Substance Abuse/Chemical Dependency/Drug Abuse	Reduce substance abuse to protect the health of all residents in the Paso del Norte Region.
Healthy Sexuality/Teen Pregnancy	Ensure the provision of healthy sexuality education throughout the life span and reduce teen pregnancy.
Access to Healthcare	Improve access to comprehensive, coordinated, high quality health care services for everyone.
Surveillance and Communicable Disease Prevention	Expand public health/epidemiology surveillance and early identification of the most prevalent communicable diseases in El Paso County.

For additional discussion of current priority needs and description of the data that supports those priorities, please see Chapter 3.

Report Structure

The outline below provides detailed information about each section of the report.

1) *Methodology* – The methodology chapter provides an overall summary of how the priority health need areas were selected as well as how information was collected and incorporated into the development of this CHA, including study limitations.

2) *County Profile* – This chapter details the demographic data (such as age, gender, and race) and socioeconomic data of El Paso County residents. This chapter also describes the impact of health disparities among subpopulations and subgeographic areas throughout the county.

3) *Priority Need Areas* – This chapter describes each identified priority health need areas for El Paso County and summarizes the primary and secondary data that support these prioritizations.

4) *Community Assets and Resources* – This chapter documents existing health resources currently available to the El Paso County community.

5) *Next Steps* – This chapter briefly summarizes the next steps that will occur to address the priority health need areas discussed throughout this document.

In addition, the appendices discuss the data used during the development of this report in detail, including:

1) *County Demographic and Socioeconomic Detail* – Information regarding the population characteristics (such as age, gender, and race) of El Paso County are presented in Appendix 1.

2) *Detailed Secondary Data Findings* – Secondary data measures and findings used in the prioritization process are presented in Appendix 2.

3) *Detailed Primary Data Findings* – Summaries of new data findings from community and key community health leader surveys as well as focus groups are presented in Appendix 3.

Summary Findings: El Paso County Priority Health Need Areas

To achieve the study objectives, both primary and secondary data were collected and reviewed. Primary data included information gathered from internet-based and paper surveys, focus groups, and interviews with key community leadership and community members. Secondary data included information regarding the demographics, health and healthcare resources, behavioral health, disease trends, and county rankings of El Paso County. The data collection and analysis process began in May 2022 and continued through to the development of this document in October 2022.

Given the size of El Paso County, both in geography and population, significant variations in demographics and health needs exist within the region. At the same time, consistent needs are present across the whole county and thus serve as the foundation for determining priority health needs at the county level. This document will discuss the priority health need areas for El Paso County, as well as how the severity of those needs might vary across racial and geographic sub-groups based on the information obtained and analyzed during this process.

Through the prioritization process discussed in this document, the CHA Advisory Board identified El Paso County's priority health need areas from a list of over 100 potential health needs. Please note that the final priority need areas were not ranked in any hierarchical order of importance and all will be addressed within the scope of services. After analysis of all relevant data and discussions with the CHA Advisory Board, the following three focus areas have been identified as priorities for the 2022 CHA:

The process used to prioritize findings in this assessment are discussed later in the report. It is important to note that health, healthcare, and associated community needs rarely exist in a vacuum. Instead, they are very much interrelated with each other, with improvements in one driving advancements within another. As such, although it was necessary for this process to separate the various areas for purposes of measuring need, the interrelationship should be acknowledged as improvement initiatives are considered going forward.

Further, many health needs are the result of underlying societal and socioeconomic factors. Many studies show that factors such as income, education, and the physical environment affect the health status of individuals and communities. This CHA acknowledges that linkage and focuses on identifying and documenting the greatest health needs as they present themselves today.

Lastly, DPH believes that some of the most effective strategies will be those that involve support and collaboration with community organizations and residents. Following the dissemination of this CHA, DPH will use it to guide the development of an implementation plan that can be used to ensure the priority need areas are being addressed in the most efficient, effective, and equitable way. As detailed further in Chapter 5, the implementation plan will be comprised of actionable objectives through which progress can be measured.

CHAPTER 1 | METHODOLOGY

Study Design

A multi-step process was used to assess the community needs, challenges, and opportunities for El Paso County. Multiple sources, including primary and secondary data sources, were incorporated throughout the study to paint a more complete picture of the community's health needs. While the CHA Advisory Board viewed the primary and secondary data equally, there were instances where one provided more compelling evidence of community health needs than the other. In these instances, the health needs identified were discussed based on the applicable data gathered. Multiple methodologies were utilized to identify key areas of need, including analysis of data, content analysis of patient feedback, and engagement with community leaders and partners.

Over the course of six months, the Steering Committee met four times to review data, evaluate trends, and prioritize health needs for El Paso County. Members of the Steering Committee were surveyed, recommended organizations to survey and interview, and provided feedback regarding findings throughout the process. Additional data were collected through primary surveys of community members and review of a range of secondary data sources, detailed below. Prioritization was set through a polling exercise at the conclusion of the fourth Steering Committee meeting.

Specifically, the following data types were collected and analyzed:

Primary Data

Community engagement and feedback was obtained through key stakeholder focus group meetings, key leader web surveys, and a broad community survey. Significant input and direction were also leveraged

from the CHA Advisory Board. All stakeholders were asked to provide their feedback about the factors that influence the health status of the greater El Paso County community. The data were aggregated by source (i.e., Community Leaders and Partners and Community Members) and then analyzed to understand the current perceived health needs of El Paso County. Thanks to the hard work of our dedicated staff, partners, and volunteers, El Paso County was able to gather an abundance of primary data to gain a better understanding of the health needs in the community and the role that community stakeholders play in helping El Paso County community members lead healthy, happy lives. Utilizing these sources, the CHA Advisory Board was able to incorporate input from nearly 40 key leaders, and over 3,500 El Paso County residents.

Of note, in order to ensure that historically underserved populations including minorities, persons with low-income, uninsured or underinsured, and those with limited English proficiency were represented in this assessment, El Paso County distributed the community survey in English and Spanish for community members who may prefer to respond in Spanish. Surveys were also distributed door-to-door via hard copies, for ease of accessibility. This is especially important given the demographic makeup of El Paso

County, a "majority-minority" community that is over 80% Hispanic in which over 30% of survey respondents stated they spoke Spanish regularly at home (please see Chapter 2 for a further discussion of these demographic data). As a result of these efforts, El Paso County was able to obtain input from a truly representative sample of its community.

For more information regarding specific questions asked as part of the focus groups and surveys, please refer to Appendix 3.

<u>Secondary Data</u>

Key sources for secondary data on El Paso County included data made available by participating organizations and numerous public data sources related to demographics, social and economic determinants of health, environmental health, health status and disease trends, mental/behavioral health trends, and modifiable health risks. Key information sources leveraged during this process included:

- *County Health Rankings*, developed in partnership by Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute;

- *The Opportunity Atlas*, developed in partnership by the U.S. Census Bureau, Harvard University, and Brown University;

- *The National Equity Atlas*, developed in partnership by PolicyLink and the USC Equity Research Institute;

- *Minority Health Social Vulnerability Index*, developed by the U.S. Department of Health and Human Services Office of Minority Health;

- *Food Access Research Atlas*, developed by the U.S. Food and Drug Administration;

- *UNC Health Literacy Data Map*, developed by the University of North Carolina at Chapel Hill;

- *American Community Survey,* developed by the U.S. Census Bureau; and

- Needs assessments from various local organizations, including the Coalition for a Healthy Paso del Norte, University Medical Center, El Paso Children's Hospital, El Paso Behavioral Health Consortium, the Combined Arms Veteran Needs Assessment Survey, the Texas State Health Plan, and the City of El Paso;

For more information regarding data sources, please refer to Appendix 2.

Comparisons

The secondary data collected throughout the process are only relevant if compared to a benchmark, goal, or comparative geography. In other words, without the ability to evaluate El Paso County against an outside measure, it would be impossible to determine how it is performing relative to other, similar counties. For the 2022 CHA, each data measure was compared to outside data as available, including the following:

- *County Health Rankings* Top Performers: This is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute that ranks counties across the nation by various health factors.

- Comparable Texas counties: Because of the unique position of El Paso as a border city with a large population of Hispanic/Latinx residents, the Advisory Board identified a "peer group" of counties in Texas that more closely resemble the population size and ethnicity of El Paso County. These counties include:

  - Bexar County,

  - Cameron County,

  - Hidalgo County, and

  - Webb County.

- State of Texas: As part of the process, the CHA Advisory Board determined that comparisons with the state of Texas in total would be appropriate. While certain differences exist, the geographic overlap creates similarities that increase the meaningfulness of comparisons.

Prioritization Process Overview and Results

The process of determining the priority health needs for the 2022 CHA began with the collection and analysis of hundreds of data points. All individual data measures from both primary and secondary sources were gathered, analyzed, and interpreted. In order to combine data points into more easily discussable categories, all individual data measures were grouped into six categories and twenty corresponding focus areas based on "common themes." These focus areas are detailed further in Appendix 2.

Source: *County Health Rankings*; Ascendient.
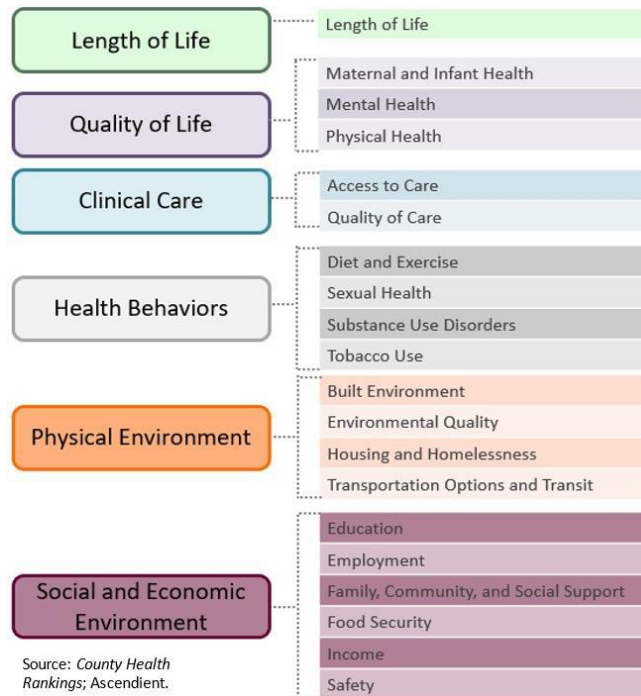
Given the large number of individual data measures that were collected, analyzed, and interpreted throughout this process to develop the twenty categories, it was not feasible to make each of them a priority. The CHA Advisory Board took into consideration need variation by geography, priorities from primary data, and community leadership's ability to impact the need to help determine which health needs should be priorities. Following the aggregation of the primary and secondary data into the focus areas detailed in Appendix 2, members of the CHA Advisory Board were then polled to evaluate and prioritize the health needs of El Paso County while considering the following factors:

- Urgency/seriousness of solving the problem;

- Ability of the health department to directly impact the problem;

- Cost and/or return on investment;

- Size and impact of the problem;

- Availability of resources (staff, time, money, equipment) to solve the problem; and

- Consideration of the *Healthy People 2030* "Social Determinants of Health and Health Equity."[3]

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[3] Source: Social Determinants of Health. (2020). *Healthy People 2030*, the Office of Disease Prevention and Health Promotion. Retrieved September 27, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health

Social Determinants of Health
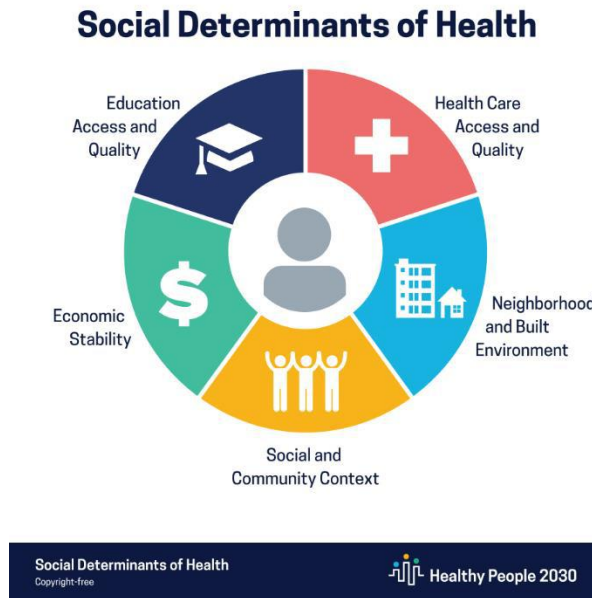
Study Limitations

The development of a CHA is a lengthy and time-consuming process. As such, more recent data may have been made available after the collection and analysis period of this process. Secondary data are typically available at a lag time of one to three years from the data occurrence. One limitation in the data analyses process is the staleness of the data which may not depict the most recent occurrences experienced within the community. Given the staleness of secondary data, the CHA Advisory Board attempted to compensate for these limitations through the collection of primary data, including focus groups, community surveys, and internet-based key community health leader surveys. Secondary data are also limited regarding availability by demographic cohorts such as gender, age, race, and ethnicity.

Given the size of El Paso County in both population and geography, this study was limited in its capacity to fully capture health disparities and health needs across racial and ethnic lines. Additionally, gaps in information for particular sub-segments of the population exist. Many of the available data sets do not necessarily isolate historically underserved populations including the uninsured, low-income persons, and/or certain minority groups. However, in an effort to capture a more holistic and culturally competent point of view of the need in the county despite the lack of available data, attempts were made to include underserved sub-segments of the greater El Paso County population through the primary data that was gathered. For example, in order to capture El Paso County's sizeable Spanish-speaking population (discussed further in Chapter 2), surveys were distributed in English and Spanish, with hard copies provided door-to-door for those who lacked reliable internet access. In no small part due to the incredible effort of DPH employees and the dedication of the CHA Advisory Board, El Paso County was able to collect over 3,500 community survey responses, a testament to the care and pride that El Paso County residents have for the wellness of their community.

Finally, segments of this CHA have relied on input from key community health leaders through the internet-based surveys and focus groups. Since it would be unrealistic to gather input from every single

member of the community, the participants have offered their best expertise and understanding on behalf of the community for which they are representatives.

CHAPTER 2 | COUNTY PROFILE

Geography

El Paso County is the westernmost county of the state of Texas, bordering both New Mexico and Mexico. It occupies 1,015 square miles, of which only 2.3 square miles are water. Its county seat is El Paso, which itself occupies nearly 260 square miles of land, less than one square mile of which is water.
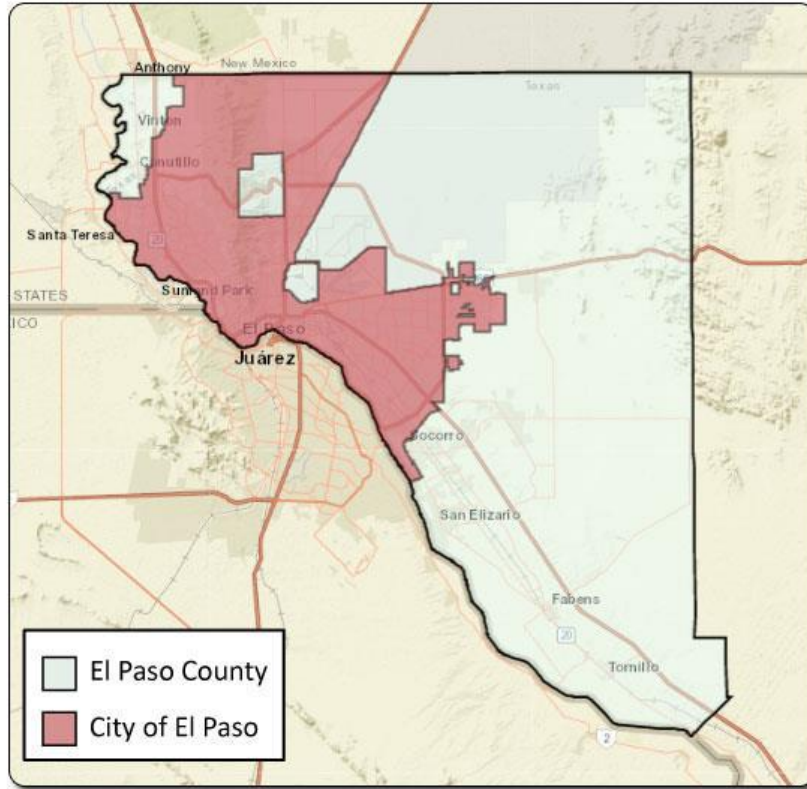
Target Population

Population figures discussed throughout this chapter were obtained from Esri, a leading GIS provider that utilizes U.S. Census data projected forward using proprietary methodologies.

The city of El Paso comprises the majority of El Paso County's population.

2021 Total Population			
	El Paso City	**El Paso County**	**Texas**
Population	700,694	879,881	29,969,514

Source: Esri

The age distribution of the city of El Paso, El Paso County, and the state of Texas is comparable, with none of the three having a particularly high percentage of its population over the age of 65.

2021 Age Distribution			
	El Paso City	El Paso County	Texas
Percentage below 15	21.7%	22.4%	20.9%
Percentage between 15 and 44	42.4%	43.3%	42.0%
Percentage between 45 and 64	21.8%	21.4%	23.2%
Percentage 65 and older	14.1%	13.0%	13.8%

Source: Esri

The population distribution by gender is nearly equal and evenly distributed across both El Paso County and the state of Texas.

2020 Gender Distribution		
	El Paso County	Texas
Female	50.5%	50.3%
Male	49.5%	49.7%

Source: 2020 Census Population Estimates

Overall, El Paso County has a smaller proportion of white non-Hispanic, Black non-Hispanic, and Asian populations than the state of Texas. This discrepancy does not mean that El Paso County is "less" diverse than Texas overall, however; the county is overwhelmingly majority-minority, as discussed below.

2020 Racial Distribution		
	El Paso County	Texas
White Non-Hispanic	11.6%	40.8%
Black Non-Hispanic	3.2%	12.2%
Asian	1.4%	5.4%
American Indian & Alaska Native	1.1%	1.0%
Native Hawaiian/Other Pacific Islander	0.2%	0.2%

Source: 2020 Census Population Estimates

Both the city of El Paso and El Paso County are majority Hispanic. Over four-fifths of all residents of both populations, regardless of race, identify as Hispanic. This is over twice the ratio of the Hispanic population within the state of Texas as a whole.

2021 Ethnic Distribution			
	El Paso City	El Paso County	Texas
Hispanic	81.4%	83.0%	40.3%
Non-Hispanic	18.6%	17.0%	59.7%

Source: Esri

This in turn influences the languages that El Paso County residents speak at home. According to primary data collected via community surveys (questions detailed in Appendix 3), over half of survey respondents indicated that they regularly speak Spanish at home. Additionally, more than three-quarters of respondents indicated speaking English at home, and over 30% reported speaking more than one language at home.

What languages do you speak at home? Please select all that apply.
n=3,649
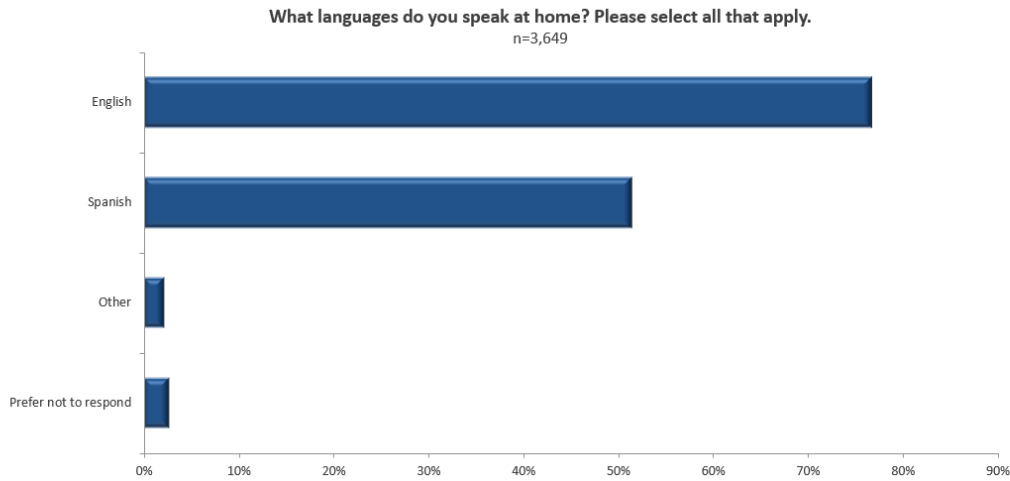
In addition to demographic data, socioeconomic factors in the community such as income, poverty, and food scarcity play a significant role in identifying healthcare needs. The median household income in both the city of El Paso and El Paso County is substantially lower than that of the state of Texas.

2021 Median Household Income			
	El Paso City	**El Paso County**	**Texas**
Income	$50,141	$49,030	$63,524

Source: Esri

A significant number of the community's residents currently live below the federally established poverty level, as well. In 2020, nearly one-fifth of the households of both the city of El Paso and El Paso County were below the federal poverty level. This is higher than the percent of households below the federal poverty level for the state of Texas, a figure that is itself higher than the United States percentage of households below the federal poverty level.

2020 Percent of Households Below the Federal Poverty Level			
	El Paso City	**El Paso County**	**Texas**	**United States**
Percent Below FPL	18.4%	18.4%	12.6%	12.1%

Source: Esri

Given El Paso County's Prioritized Needs, discussed further in Chapter 3, it is worth noting the percentage of households in the city of El Paso and El Paso County reliant on support programs such as Food Stamps and SNAP benefits. As of 2020, the most recent year for which data is available, both the city of El Paso and El Paso County have a markedly higher percentage of households utilizing Food Stamps and SNAP benefits than the state of Texas overall.

2020 Households Receiving Food Stamps/SNAP			
	El Paso City	El Paso County	Texas
Households Receiving Food Stamps/SNAP	43,961	54,945	1,137,919
Total Households	243,598	296,400	10,532,758
Percentage of Total Households Receiving Food Stamps/SNAP	18.0%	18.5%	10.8%

Source: Esri

Finally, the El Paso community represents a unique mix of residents resulting from geographic, demographic, and employment factors specific to the region.

As noted above, El Paso is a majority-minority county, with a population composed of more than four-fifths Hispanic residents. More than half of all residents report speaking Spanish at home. The community also includes the federally recognized Yselta del Sur Pueblo Native American tribal entity, which reports over 4,000 members nationwide. El Paso is also a border community, sharing an international border with the city of Ciudad Juárez ("Juárez,") a major Mexican municipality with a population of over 1.5 million. There are six official managed ports of entry between Juárez and the El Paso;[4] as such, there is a great deal of migration between the two communities, both for permanent and day-to-day reasons. Furthermore, given that El Paso is a border community, numerous branches of federal law enforcement provide employment in the region, including U.S. Customs and Border Protection, the Federal Bureau of Investigation, and the Drug Enforcement Agency. In addition, the Fort Bliss military base, home to over 90,000 soldiers and their family members, is headquartered in El Paso.

To understand how the community service area compares regarding other key socioeconomic factors, see the Community Need Index discussion in Appendix 1.

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[4] Source: City of El Paso International Bridges (n.d.). City of El Paso. Retrieved November 1, 2022, from https://www.elpasotexas.gov/international-bridges/#:~:text=Managing%20the%20world's%20largest%20international,Texas%20and%20Ciudad%20Juarez%2C%20Chihuahua.

Social Determinants of Health

In addition to the considerations noted above, there are many other contributing factors that can either positively or negatively influence an individual's health. El Paso County recognizes this fact and believes that in order to portray a complete picture of the health-related status of the county it first must address the factors contributing to the health of the community. According to the Centers for Disease Control and Prevention's "Social Determinants of Health" from their *Healthy People 2030* public health priorities initiative, factors contributing to an individual's health status can include the following:

As seen in the examples above, many of the factors that contribute to health are either not controllable or are societal in nature. As such, health and healthcare organizations need to consider many underlying factors that may impact an individual's health and not simply their current health conditions.

It is widely acknowledged that those with lower income, lower social status and lower levels of education have more difficulty obtaining healthcare services than their counterparts in the community. The inability to access healthcare services contributes to poor health status. Further, members of impoverished communities can also function under high levels of day-to-day stress which contributes to worse health outcomes, particularly as it relates to mental and behavioral health.

The CHA Advisory Board collected new data via focus groups and various surveys to ensure that residents and key community health leaders could provide input regarding the needs of their specific communities. An analysis of the racial and geographic disparities that emerged in the information obtained and analyzed during this process is detailed below.

Disparities

Recognizing that El Paso County includes substantial diversity, as discussed above, the Advisory Board evaluated factors that may cause health disparities in its community. These included racial equity; racial segregation; financial barriers; nutrition; social, behavioral, and economic factors that influence health; and English proficiency.

The Racial Equity Index measures racial disparities in indicators of inclusion and prosperity. El Paso County performs in-line with other, comparable counties in Texas, although it performs slightly worse than the United States overall. Note that higher scores indicate smaller racial gaps and better results.
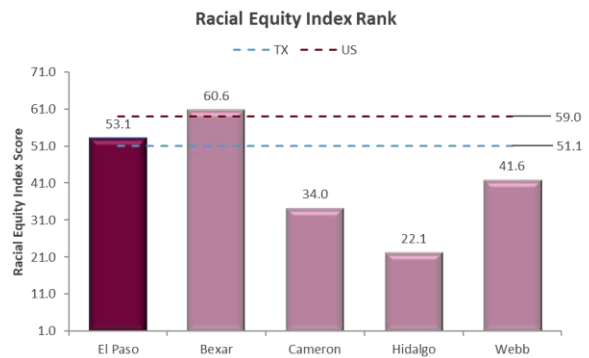
The index of dissimilarity is a demographic measure, ranging from 0 to 100, that represents the evenness with which two groups are distributed across the census tracts that make up a county, with lower scores representing greater integration. As measured by the 2022 County Health Rankings index of dissimilarity, El Paso County demonstrates far less segregation than both Texas and the United States overall, both between non-white and white individuals and black and white individuals:
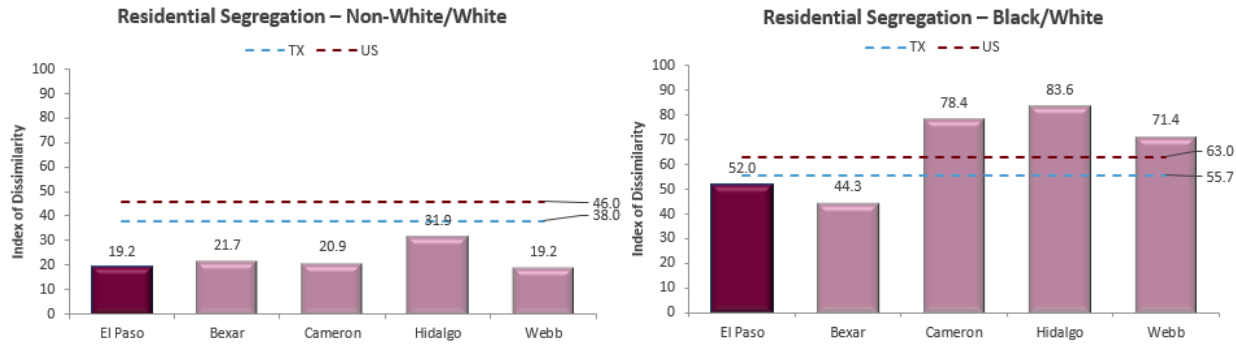
Consistent with primary data results, a large proportion of El Paso County residents reported speaking English less than "very well."   Based on the American Community Survey 5-Year Estimates (2016-2020), nearly a third of El Paso County residents reported speaking English less than "very well." This is far higher than the rate of both the state of Texas and the United States.
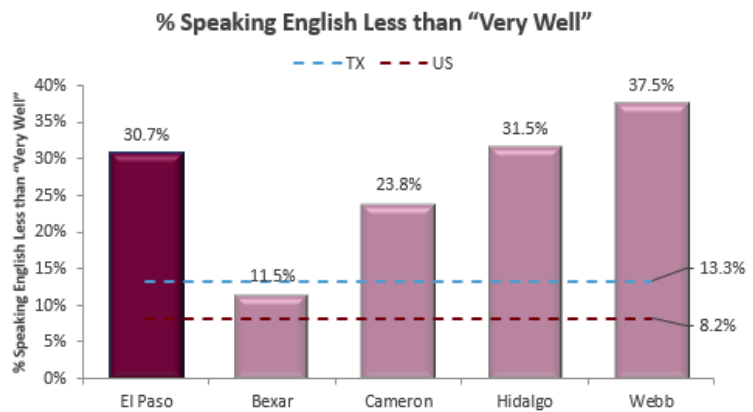
Relevant to this report, a community's overall lack of linguistic literacy has been found to be correlated with their "health literacy," or "the degree to which individuals…find, understand, and use health-related information or services."[5] *Healthy People 2030* found that "limited literacy is a barrier to accessing health information, proper medication use, and utilization of preventive services," and that "[q]uality of care is

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[5]   Source: Health Literacy in Healthy People 2030. (2020). *Healthy People 2030*, Office of Disease Prevention and Health Promotion. Retrieved September 27, 2022, from https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030

lowered when patients do not understand their health care providers, when patients do not speak the same language, and when a provider's approach is not linguistically competent."[6]

When examining El Paso County, this correlation holds true. According to the 2010 UNC Health Literacy Data Map, El Paso County was less "health literate" than the United States and Texas average.

Additional findings are further reported in Chapter 3 and the appendices.

Health Literacy Estimate*

* Health literacy estimate represents population-based weighted average of health literacy scores of census block groups by county.

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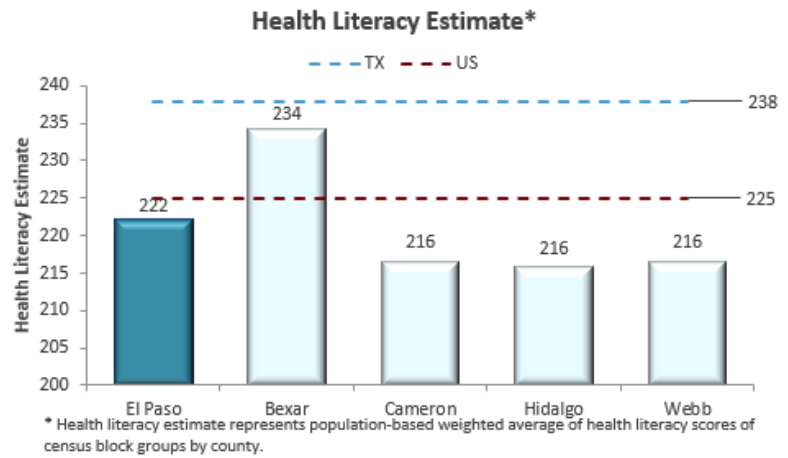
[6]   Source: Language and Literacy. (2020). *Healthy People 2030,* Office of Disease Prevention and Health Promotion. Retrieved September 27, 2022, from https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy

Community Need Index

One resource that is helpful in demonstrating need variation and disparities among geographies is the Community Need Index (CNI) developed by Dignity Health and Truven Health Analytics. The CNI identifies the severity of health disparity at the ZIP code level and demonstrates the link among community need, access to care, and healthcare utilization. Rather than relying solely on public health data, the CNI accounts for the underlying economic and structural barriers that affect overall health including social determinants of health. The CNI identifies five prominent barriers that make it possible to quantify healthcare access in communities across the nation. These barriers include those related to income, culture/language, education, insurance, and housing.

Using data related to these barriers, a score is assigned to each barrier condition (with one (1) representing less community need and five (5) representing more community need). The scores are then aggregated and averaged for a final CNI score (each barrier receives equal weight in the average). A score of 1.0 indicates an area with the lowest socioeconomic barriers, while a score of 5.0 represents an area with the most socioeconomic barriers.

As shown on the map below, areas of greatest need are located in the western portions of El Paso County.
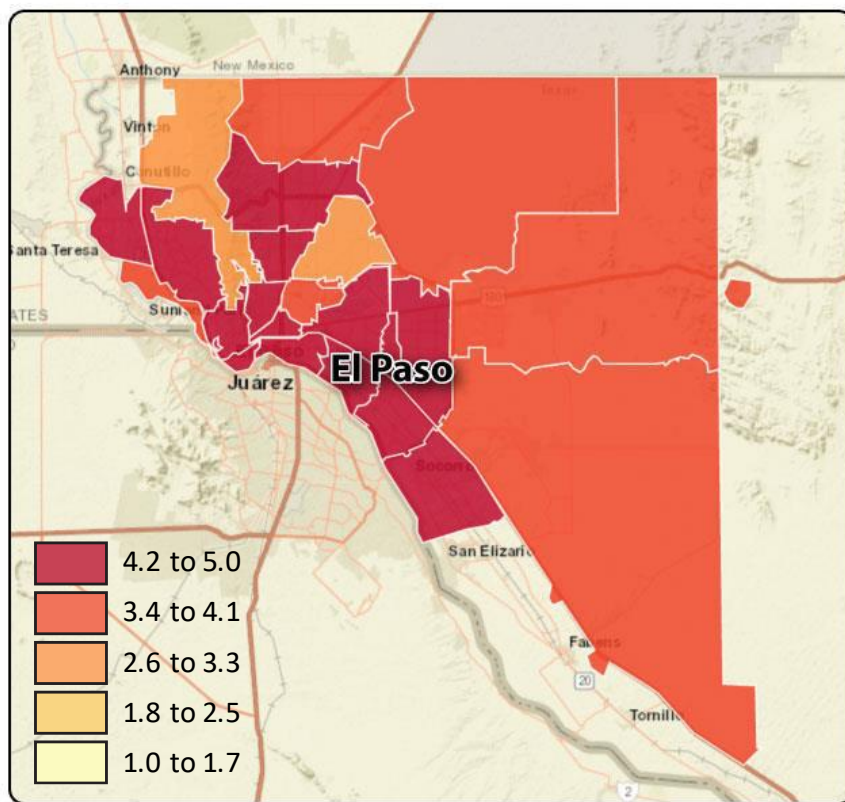
Source: Dignity Health and Truven Health Analytics, Community Need Index. Data accessed August 2022.

The average CNI across the entirety of El Paso County was **4.5**, indicating an overall high community need. However, there was significant variability across the county by ZIP code. While some areas were given a 5.0 CNI score, others were given a score as low at 2.8.

2021 Weighted Average CNI by ZIP Code		
El Paso County ZIP Code	**Primary City**	**Weighted Average CNI**
79904	El Paso	5.0
79905	El Paso	5.0
79906	El Paso	3.8
79907	El Paso	5.0
79908	El Paso	3.6
79911	El Paso	2.8
79912	El Paso	4.4
79915	El Paso	5.0
79916	Fort Bliss	4.0
79918	Fort Bliss	3.2
79922	El Paso	3.6
79924	El Paso	4.6
79925	El Paso	4.6
79927	El Paso	4.6
79928	El Paso	4.2
79930	El Paso	4.8
79932	El Paso	4.4
79934	El Paso	4.0
79935	El Paso	4.4
79936	El Paso	4.4
79938	El Paso	3.6
79968	El Paso	4.6
79901	El Paso	5.0
79902	El Paso	5.0
79903	El Paso	4.8
El Paso County Average		**4.5**

Health Outcome and Health Factor Rankings

El Paso County also reviewed and analyzed data from the Robert Wood Johnson Foundation and the University of Wisconsin County Health Rankings for the year 2022 (data that is further explained in Appendix 2, below). Out of 244 reported counties in Texas for health outcomes, El Paso County ranks well, placing 56th overall. This includes ranking 33rd amongst 244 reported counties on Length of Life, and

125th amongst 244 reported counties on Quality of Life. These categories are discussed further in Appendix 2.

Health Factor Rankings
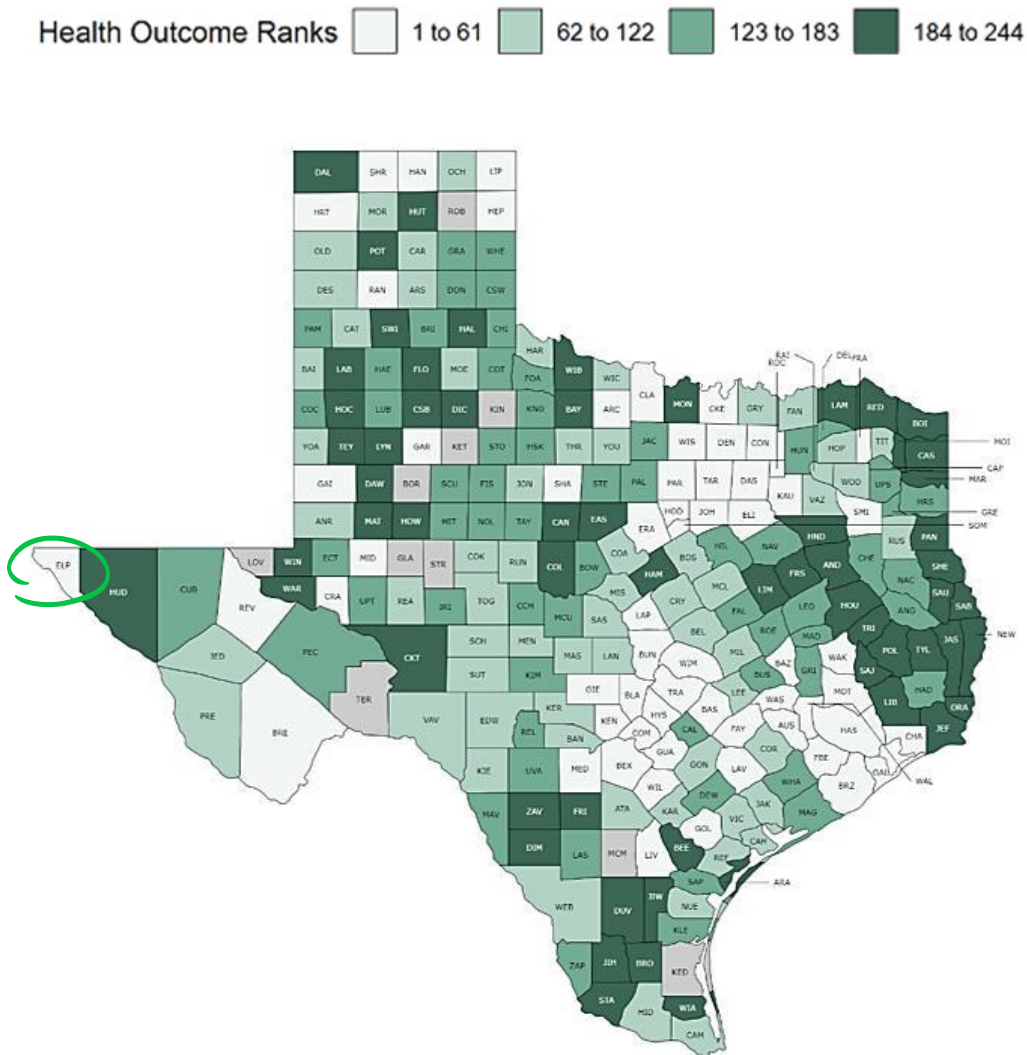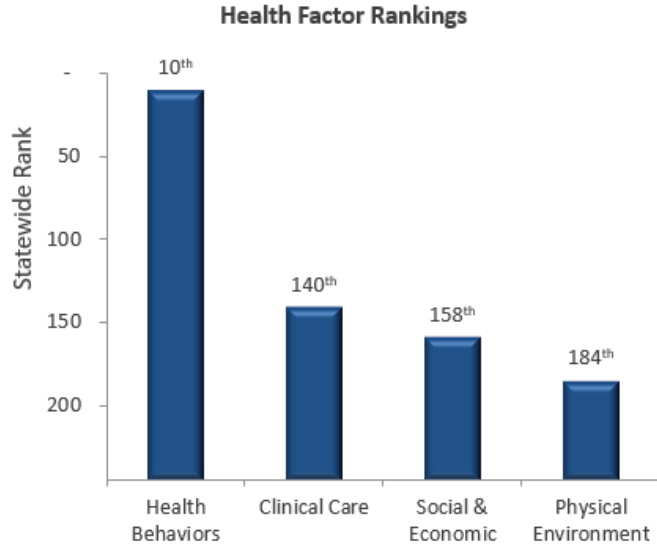
Lastly, out of 244 reported counties in Texas for health outcomes, El Paso County also ranks well, placing 77th overall. This includes ranking 10th amongst 244 reported counties on Health Behaviors, although the county ranked significantly lower on Clinical Care, Social & Economic, and Physical Environment. These categories are discussed further in Appendix 2.
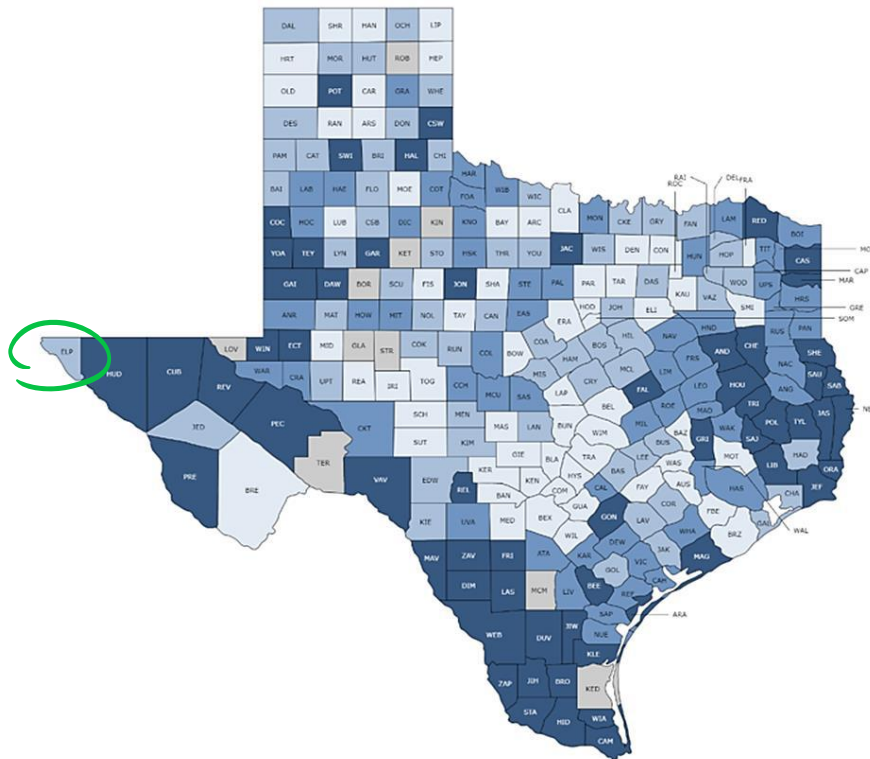
CHAPTER 3 | PRIORITY NEED AREAS

This chapter describes each of the three priority areas in more detail and discusses the data that supports each priority. As mentioned previously, these priority need areas are not listed in any hierarchical order of importance and all will be addressed by the Advisory Board in a health improvement plan guided by this CHA. As noted in Chapter 1, the Advisory Board considered the following factors when determining the priority needs reported in this assessment:

- Urgency/seriousness of solving the problem;

- Ability of the health department to directly impact the problem;

- Cost and/or return on investment;

- Size and impact of the problem;

- Availability of resources (staff, time, money, equipment) to solve the problem; and

- Consideration of the *Healthy People 2030* "Social Determinants of Health and Health Equity."

Through the prioritization process discussed in this report, the Advisory Board identified El Paso County's priority health need areas from a list of over 100 potential health needs. Each of the three priority health need areas is discussed below, including relevant primary and secondary data considered by the Advisory Board.

Priority Need: Chronic Health Conditions (Obesity, Cardiovascular Health, Diabetes, Hypertension)

A healthy diet, access to nutritious foods, and regular physical activity help promote health by reducing the risk of not only obesity, but chronic health conditions related to obesity – mainly, heart disease, hypertension, and diabetes. Regular physical activity also strengthens muscles, bones, and joints; improves mood and energy levels; and helps participants maintain a healthy weight. In contrast, diabetes and obesity – potential consequences of unhealthy diet and inadequate physical activity – are risk factors for many serious health conditions and chronic diseases.

Obesity occurs more frequently among under-represented populations, including the Hispanic population. According to the CDC data collected between 2017 and March 2020, 45.6% of Hispanic adults aged 20 and older were obese. This was the second-highest rate amongst all measured cohorts behind only non-Hispanic black adults aged 20 and older (49.9%). Of note, the non-Hispanic white aged 20 and older obesity rate was 41.4%; the overall obesity rate amongst all adults 20 and older was 42.4%. Significantly, this disparity extends for all age groups. The same CDC data set found that the childhood (age 19 and younger) obesity rate for Hispanics was 26.2%, the highest amongst all measured cohorts.[7]

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[7]   Source: Stierman, Bryan et al. (2020). National Health and Nutrition Examination Survey 2017—March 2020 Prepandemic Data Files Development of Files and Prevalence Estimates for Selected Health Outcomes. National Health Statistics Reports (NHSR) No. 158. Retrieved from http://dx.doi.org/10.15620/cdc:106273

Hispanic communities also, on average, struggle with diabetes more than communities of other ethnicities or racial backgrounds; as type 2 diabetes is a risk of obesity,[8] this correlation is supported, and indeed extends to the health priorities of the greater El Paso community, as discussed further below. In short, CDC data corroborates this concern. 21.2% of Hispanic adults aged 20 and over are diabetic. This is the highest rate amongst all measured cohorts by a comfortable (over 2.4%) margin.[9]

Interestingly, Hispanic adults do not struggle as much with either hypertension or heart disease relative to other cohorts. The prevalence of hypertension amongst Hispanic adults aged 20 and older is 42.7% - the *lowest* out of all measured cohorts. Similarly, the rate of heart disease for Hispanic adults aged 18 and older as measured in 2017 was "only" 7.4%, lower than the measured rate for both non-Hispanic black (9.5%) and non-Hispanic white (11.5%) adults. However, chronic diseases are often correlated; the CDC states that both diabetes and obesity can put an individual at risk for heart disease.[10] It follows, then, that the risk for communities like that of El Paso is not inherently low.

Finally, it is critical to note in this assessment what can and cannot be the "cause" of a health disparity amongst a statistically defined group of people. In short: race or ethnicity does not determine health outcomes.   Rather, health outcomes are driven by systemic and societal causes that also often, unfortunately, negatively correlate with underrepresented groups. It is vital, then, to note that the CDC, in the study cited above, stated that those whose family income was 130% or less than the federal poverty line had a 43.9% obesity rate, regardless of race or ethnicity. This is nearly four percent higher than the obesity rate of those whose family income was 350% or more over the federal poverty line (39.0%).[11] Note that El Paso County, as shown in Chapter 2, has nearly twenty percent of all households below the federal poverty level, more than six percentage points higher than the value for the state of Texas. As seen in the data below, these needs do not exist in isolation, but, rather, constantly intersect; often, they originate from the same root.

<u>Secondary Data Findings</u>

In line with the above, the El Paso County community has a high proportion of its residents who are both obese, as well as in "fair or poor health." While El Paso County's obesity rate is in-line with that of Texas and the United States as a whole, its percentage of its population in fair or poor health is markedly higher than both, according to the 2022 County Health Rankings.

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[8]   Source: Adult Obesity Facts (2022). Centers for Disease Control and Prevention. Retrieved September 27, 2022, from https://www.cdc.gov/obesity/data/adult.html
[9]   Source: Ibid, Stierman et al (footnote 7).
[10]   Source: Heart Disease Facts (2022). Centers for Disease Control and Prevention. Retrieved September 27, 2022, from https://www.cdc.gov/heartdisease/facts.htm
[11]   Source: Ibid, Stierman et al (footnote 7).

% Adults with Obesity

– – – TX   – – – US   – – – Top Performers

% Fair or Poor Health

– – – TX   – – – US   – – – Top Performers
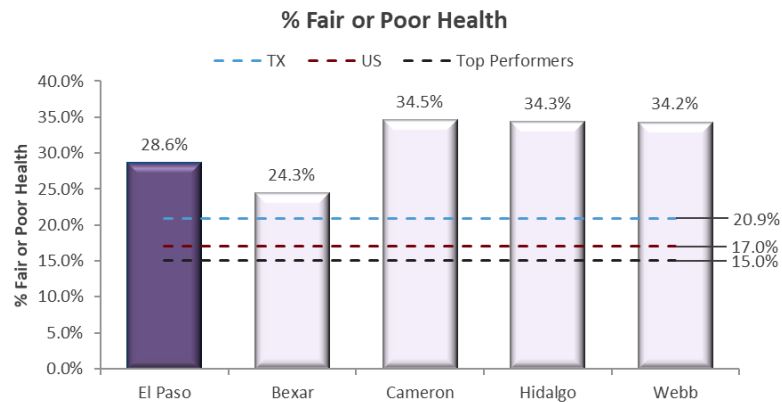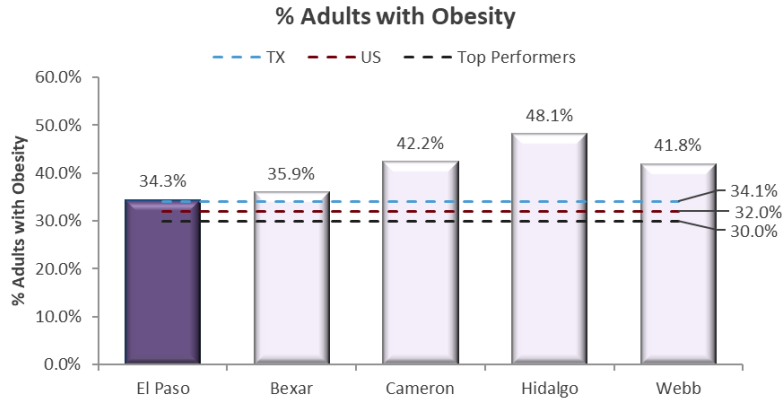
According to the same rankings, El Paso County's diabetes prevalence was also higher than the state and national average.

Diabetes Prevalence

– – – TX   – – – US
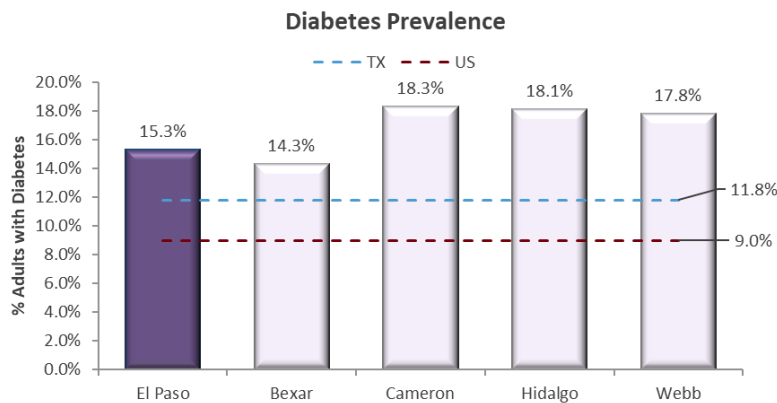
It follows, then, that El Paso County residents experienced, on average, more physically unhealthy days and more frequency physical distress than the average Texas and the nation as a whole.

Average Number of Physically Unhealthy Days

Frequent Physical Distress
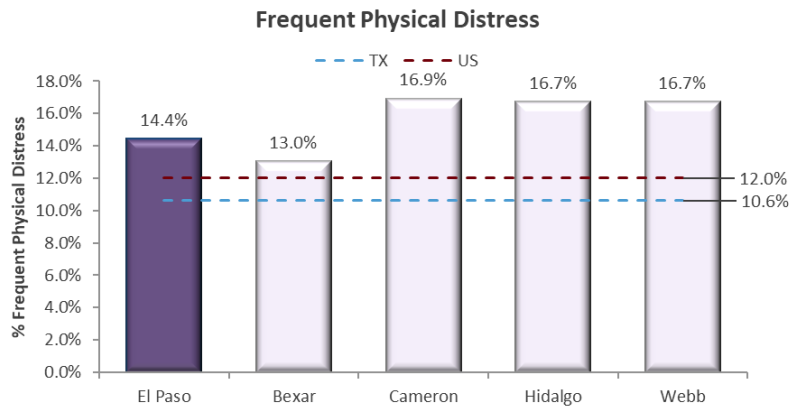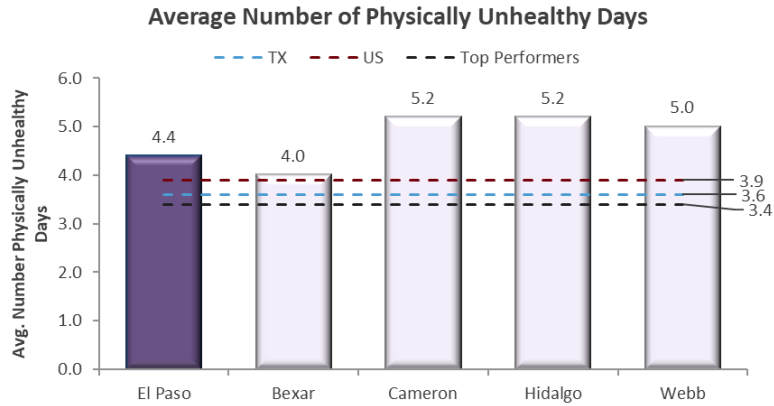
Primary Data Findings - Community Leaders and Partners

Key community leaders continuously identified chronic health conditions as a critical issue necessary for the El Paso community to address moving forward. For example, Cardiovascular health/Diabetes/Hypertension was voted the top community health need of El Paso County of the 39 leaders surveyed as a part of the CHA's key leader survey, with Obesity as the second community health need, two factors that, as discussed above, are empirically and evidentially linked.

From the list provided, please select what you believe to be the top THREE (3) community health needs of El Paso County.
n=39
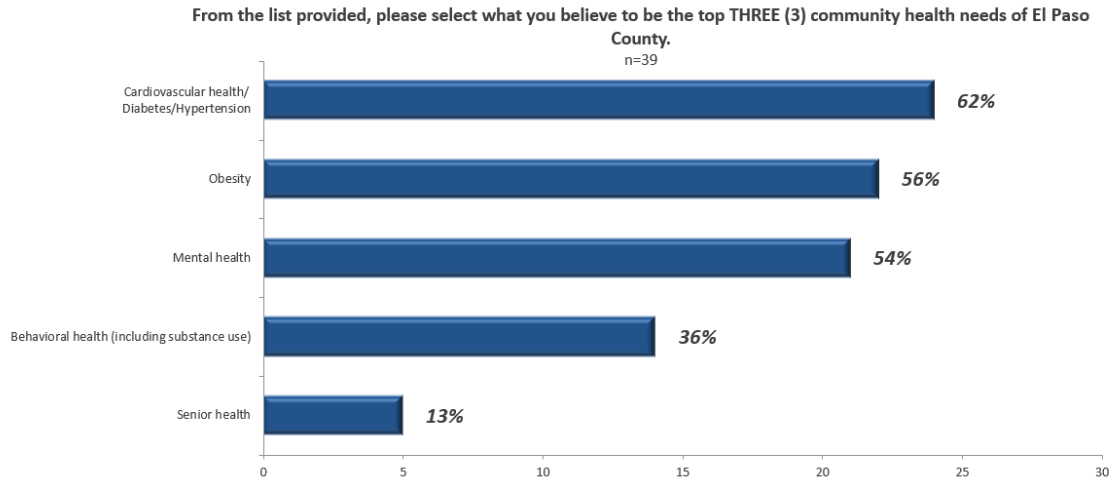
Furthermore, when asked which three areas most impacted the health of their community, 64% of key leaders surveyed voted "Diet and Exercise" as one of the top three impacting areas.

From the list provided, which THREE (3) areas most impact the health of the community you serve?
n=39
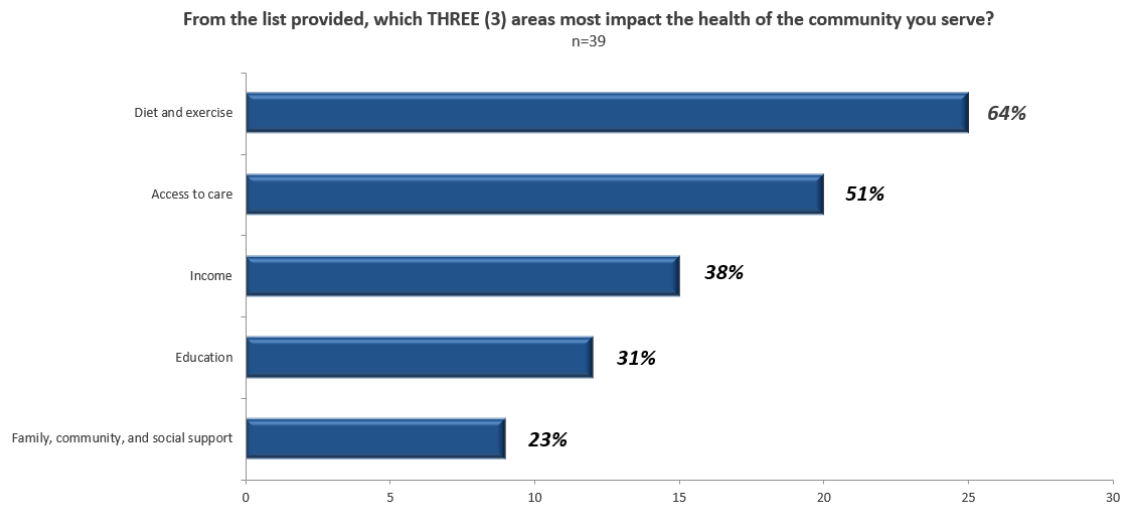
Primary Data Findings – Community Members

As noted in Chapter 1 and detailed in Appendix 3, the CHA Advisory Board received over 3,500 responses from El Paso community members via a community survey. While by definition not comprehensive, this robust collection of community input nevertheless provides a very sufficient portrait of the health priorities from the perspective of members of the El Paso County community.

Notably, community members and key community leaders were aligned with regards to the top three community health needs of El Paso County, with Obesity and Cardiovascular health/Diabetes/Hypertension ranking as the top two choices of respondents, in that order.

From the list provided, please select what you believe to be the top THREE (3) community health needs of El Paso County.
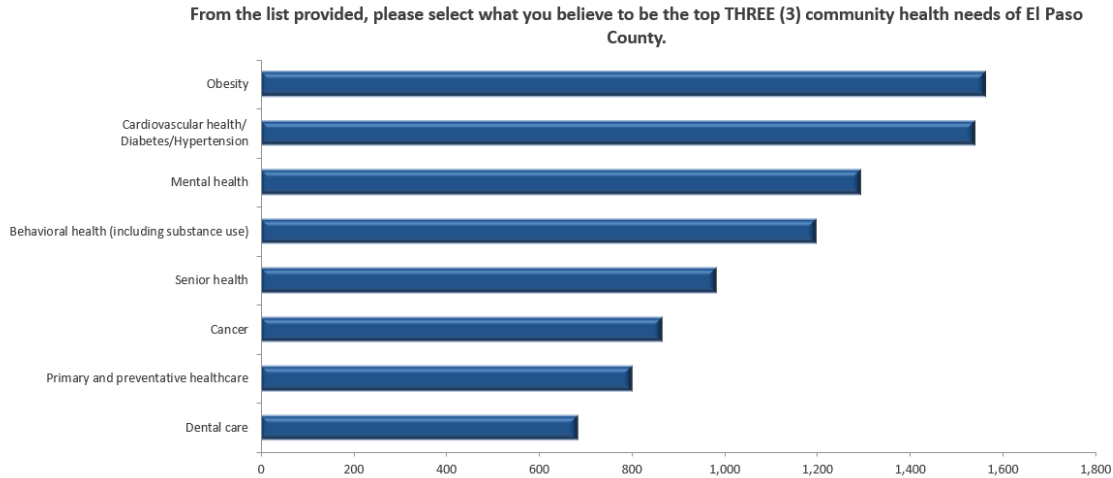
Priority Need: Mental and Behavioral Health

Morbidities for mental health are prevalent across all Americans 18 and older, regardless of identifying factors: according to the National Center for Health Statistics, nearly 12% of adults aged 18 and older in 2021 regularly experienced feelings of "worry, nervousness, or anxiety;" and nearly 5% of adults regularly had feelings of depression.[12] Unfortunately, the disparities that exist for the Hispanic community around physical health extend to mental health. According to the Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS), as cited by Mental Health America, 16% of the United States Latino or Hispanic population reported having a mental illness.[13] Furthermore, the rate of access to mental health resources amongst Hispanic adults is lower, with only 9.7% of Hispanic adults receiving mental health services in 2019 (for context, compare this to 19.8% of non-Hispanic adults).[14]

As will be discussed further below, access is critical when evaluating the prioritization of mental and behavioral health. And while access to a mental health specialist is certainly a positive for any community, it is not necessarily the most prominent way that care is sought amongst Hispanic communities: 10% of Hispanic patients seek mental care from their primary care provider, compared to only 5% who seek such services from a mental health specialist.[15] Contributing to this might be the ease of communication, or the comfort that a patient might have with that primary care provider that they might not otherwise have

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12   Source: Adjaye-Gbewonyo, D. and Boersma, P. (2021). Early Release of Selected Estimates Based on Data From the 2021 National Health Interview Survey. National Center for Health Statistics, U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease202204.pdf

13   Source: Latinx/Hispanic Communities and Mental Health. (n.d.). Mental Health America. Retrieved September 27, 2022, from https://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health

14   Source: 2019 NSDUH Detailed Tables. (2020). Substance Abuse and Mental Health Services Administration. Retrieved September 27, 2022, from https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

15   Source: Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General (2001). Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Retrieved September 27, 2022, from https://www.ncbi.nlm.nih.gov/books/NBK44247/?

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with a less well-known specialist. The American Psychiatric Association claims that "Hispanics are more likely to report poor communication with their health provider" and "bilingual patients are evaluated differently when interviewed in English as opposed to Spanish and that Hispanics are more frequently undertreated."[16] Given El Paso County's very high rate of Spanish-speaking individuals, it is critical that any mental or behavioral health care is not only physically accessible, but linguistically accessible, as well.

To reiterate: none of these priorities exists in a vacuum, something that the CHA Advisory Board was certainly aware of in determining them to be of utmost importance to the El Paso community. Mental health and physical health are inextricably linked, however; the CDC cautions that obesity in children can lead to a multitude of mental and behavioral conditions, including:

- Psychological problems such as anxiety and depression,
- Low self-esteem and lower self-reported quality of life, and
- Social problems such as bullying.[17]

Secondary Data Findings

El Paso County residents are reported to have a slightly higher than average number of mentally unhealthy days according to the 2022 County Health Rankings.

Average Number of Mentally Unhealthy Days
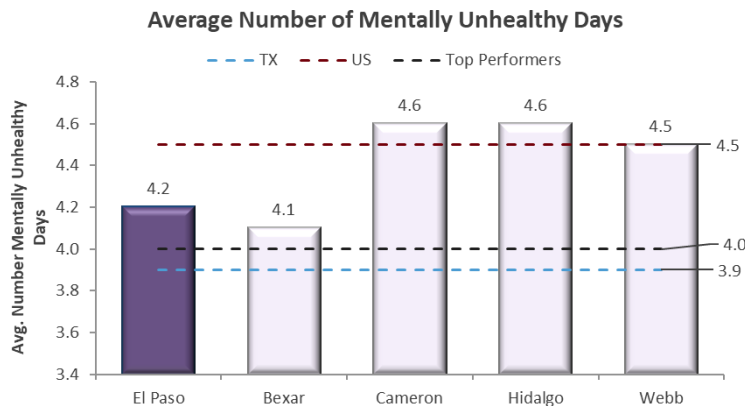
Primary Data Findings - Community Leaders and Partners

Key leaders were unequivocal in their call for further mental and behavioral health resources for the El Paso County community. In addition to identifying it as the third most-pressing El Paso County community health need, a majority (27 out of 39) of community leaders agreed that "persons with mental illness" needed additional community resources. This was the most agreed upon population sub-group in need of community resources amongst key leaders surveyed.

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16   Source: Mental Health Disparities: Hispanics and Latinos. (2017). American Psychiatric Association. Retrieved September 27, 2022, from https://www.psychiatry.org/File%20Library/Psychiatrists/Cultural-Competency/Mental-Health-Disparities/Mental-Health-Facts-for-Hispanic-Latino.pdf

17   Source: Consequences of Obesity. (2022). Centers for Disease Control and Prevention. Retrieved September 27, 2022, from https://www.cdc.gov/obesity/basics/consequences.html

In your opinion, which population sub-group(s) needs additional resources within the community you serve? Please select all that apply.

n=39

Persons with mental illness	
Persons in poverty	
Persons with substance use disorders	
Seniors	
Homeless population	
Youth	
Persons with disabilities	

0% 10% 20% 30% 40% 50% 60% 70% 80%
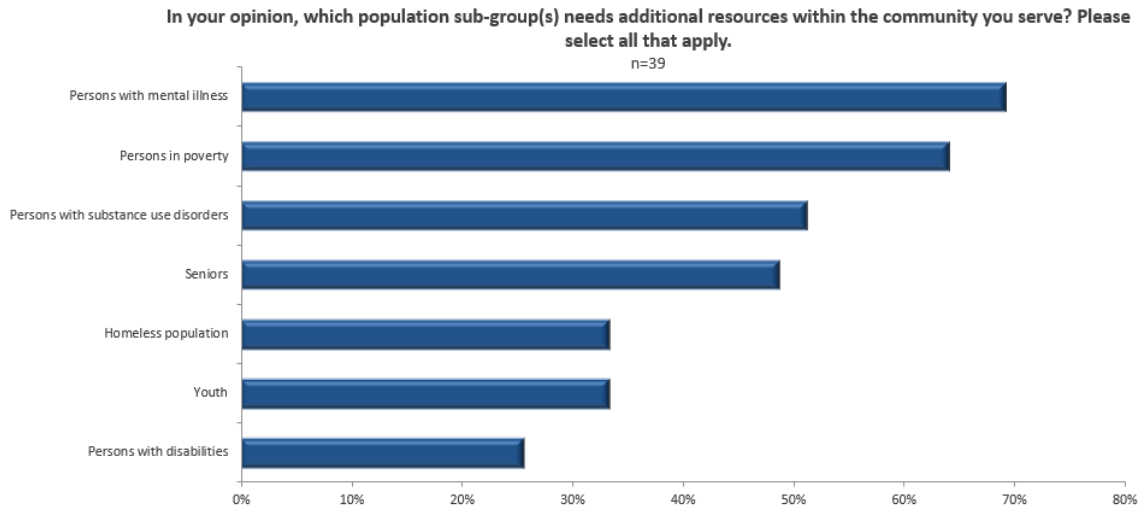
Primary Data Findings – Community Members

Community members would no doubt be aware of both mental health and behavioral health issues present in their communities day-to-day, and this awareness manifested in the community's survey responses with regards to mental health and mental health resources. A plurality (40%) of community members surveyed either strongly disagreed, somewhat disagreed, or neither agreed nor disagreed that they could "access good mental health services in [their] community." Furthermore, "Persons with mental illness" were ranked as the population sub-group second-most in need of additional resources within the El Paso County community.

On a scale of 1 to 5, please rate the following statements for the community in which you live?
"I can access good mental health services in my community."

n = 3,638

Strongly Agree	
Somewhat Agree	
Neither Agree Nor Disagree	
Somewhat Disagree	
Strongly Disagree	

0% 5% 10% 15% 20% 25%

In your opinion, which population sub-group(s) needs additional resources within your community?
n=3,641
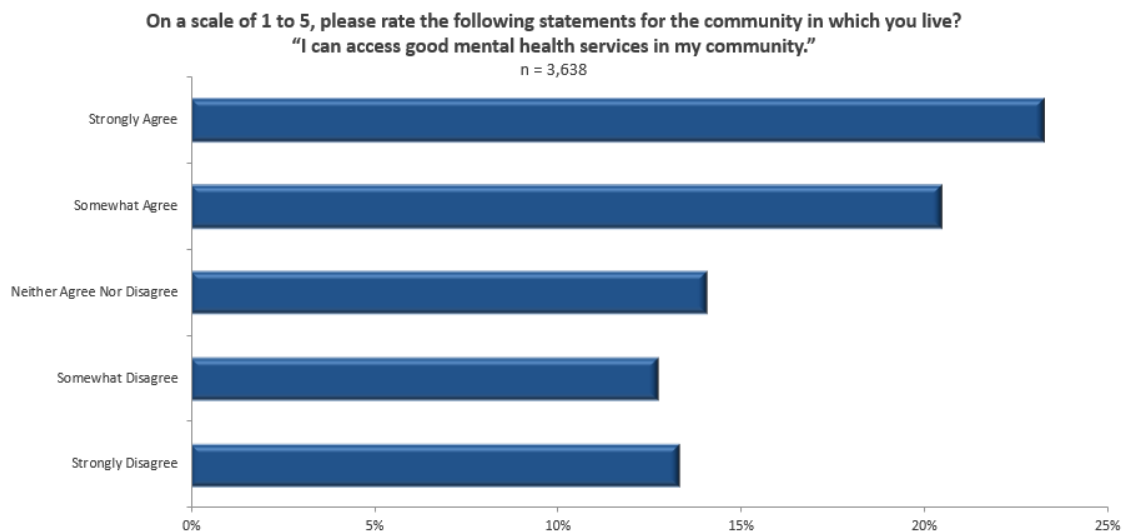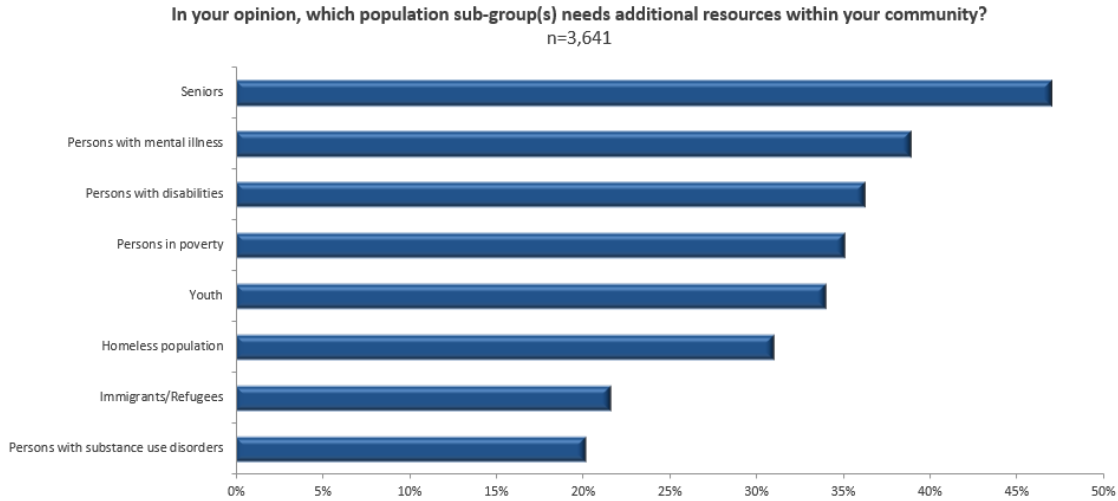
Priority Need: Access to Care

Access to Care represents the presence of several components, including coverage (i.e.: insurance), a physical location where care is provided, the ability to receive timely health care when needed, and an adequate workforce of providers. Taken together, these components enable individuals to obtain timely health services that achieve the best possible health outcomes.

It is widely acknowledged that under-represented populations, such as low-income or minority populations, experience greater disparities in obtaining health care services, as already discussed above. The inability to access health care services contributes to poor health status. Thus, health disparities are well-known to be associated with access to care.[18]

As will be seen in the findings below, both secondary data and primary resources within the El Paso community recognized the necessity of expanding access to key health resources that El Paso community members can utilize. More detail about the factors defining "Access to Care" can be found in Appendix 2.

Secondary Data Findings

As detailed above, various factors contribute to health care access, not all of which were determined to be of high need for El Paso County, as detailed in Appendix 2. However, the percentage of a population that is uninsured or underinsured is a crucial indicator of how easily accessible healthcare is for that population, and nearly one-quarter of El Paso County residents are uninsured, according to the 2022 County Health Rankings. This is higher than the benchmark for the state of Texas, more than twice as high as the benchmark of the United States, and four times as high as the benchmark for top performing locales.

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[18]   Source: Chartbook on Access to Health Care. (n.d.) Retrieved from https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/index.html. Last updated June 2018.
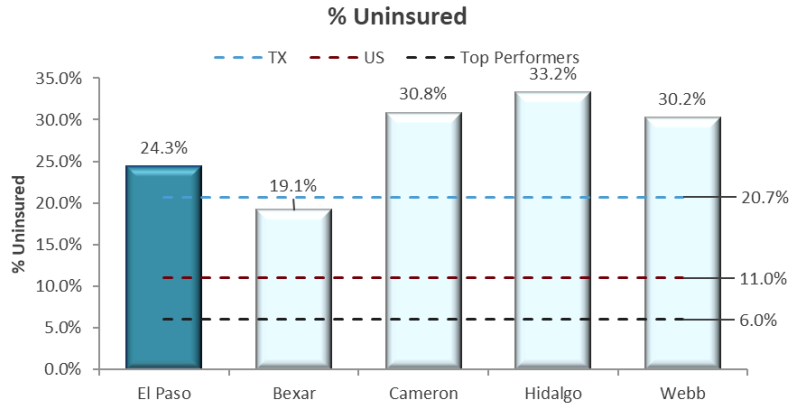
% Uninsured

The percentage of adults that were uninsured in El Paso County was similarly high, and higher than the benchmarks for both the state of Texas and the United States.

% Uninsured Adults
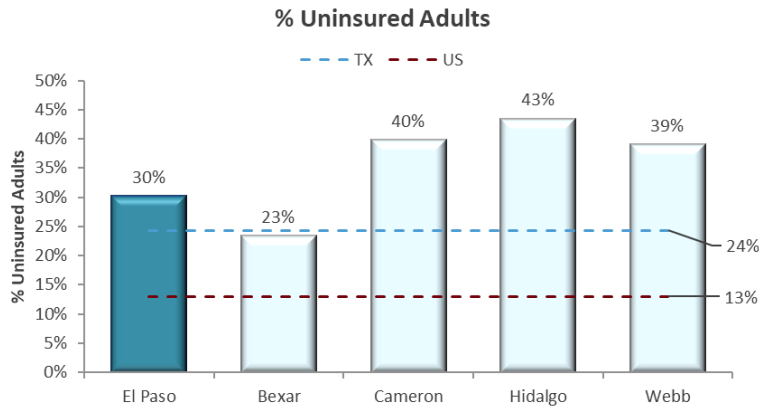
Furthermore, El Paso County has a relatively high population per primary care provider, at 2,003 residents per provider – again, higher than all comparable state and national benchmarks. In addition to affecting the quality and time of care that any provider can grant for any given patient, it also makes provider access more difficult for any given community member, difficulty that is corroborated via the community survey responses below.

Population per Primary Care Provider
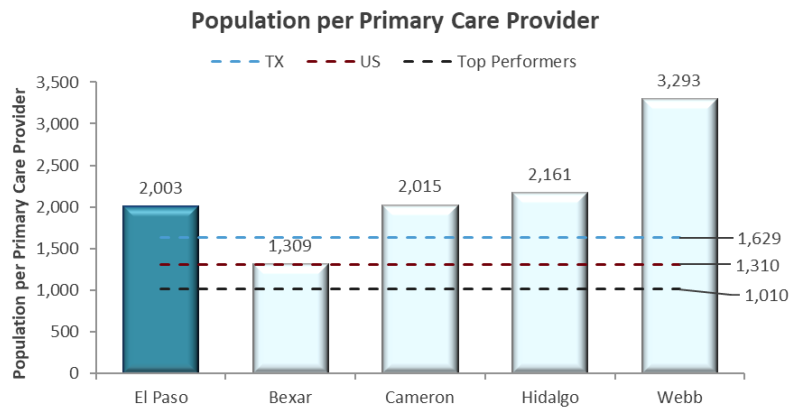
Primary Data Findings - Community Leaders and Partners

Access to care was a recurring theme throughout key leader data. Throughout multiple questions of the key leader web survey, participants noted availability and access as a pain point. A number of the clinical care issues that key leaders identified as needing the most improvement in the communities they served can be associated with access, including "Availability of health providers," "Ability to receive preventative care/screenings," "Number of health providers," and "Lack of integrated care (behavioral health/medical care)."

In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in the community you serve?

n=39

Category	Value
Availability of health providers	10
Ability to receive preventive care/screenings	6
Quality of provided healthcare	5
Number of health providers	5
Other (Please explain)	5
Lack of integrated care (behavioral health/medical care)	4
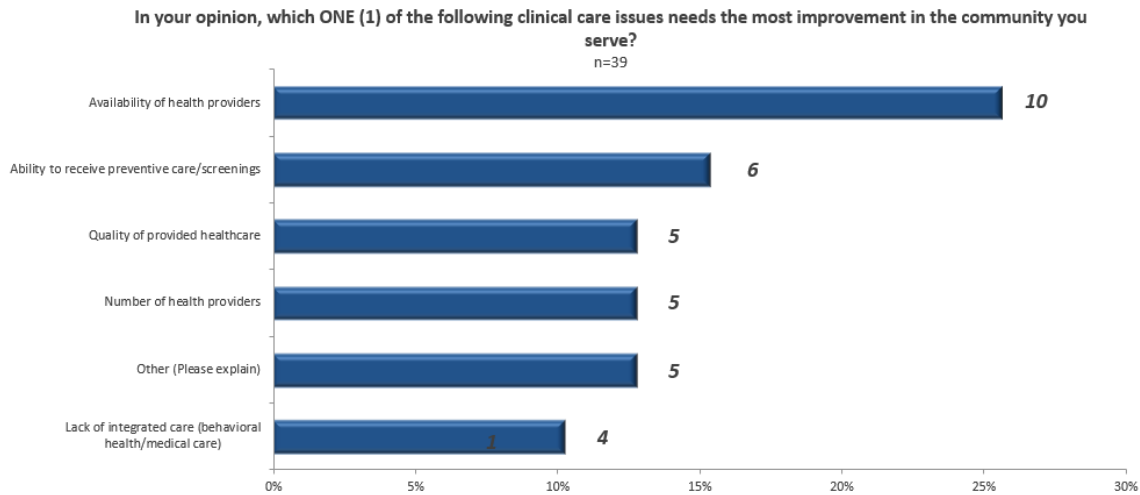
Key leaders "Strongly Disagree[d]" or "Somewhat Disagree[d]" with various statement of access, including that "[r]esidents can access a doctor, including nurse practitioners and physician assistants…when needed" (56% either "Strongly Disagree" or "Somewhat Disagree") and "There are enough providers accepting Medicaid in the community" (41% either "Strongly Disagree" or "Somewhat Disagree.")

On a scale of 1 to 5, please rate the following statements for the community you serve?

n = 39

Statement	1 (Strongly Disagree)	2 (Somewhat Disagree)	3 (Neither Agree Nor Disagree)	4 (Somewhat Agree)	5 (Strongly Agree)	Unsure/Do Not Know
There are enough bilingual healthcare providers in the community.	18%	15%	15%	26%	23%	3%
There are enough providers accepting Medicare in the community.	21%	13%	21%	28%	8%	10%
There are enough providers accepting Medicaid in the community.	21%	21%	18%	26%	5%	10%
Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.	26%	31%	8%	28%	8%	

Rates of disagreement were even higher when asked about access rates for mental health providers (79% either "Strongly Disagree" or "Somewhat Disagree"), providers accepting patients without insurance (82% either "Strongly Disagree" or "Somewhat Disagree"), and substance abuse treatment providers (85% either "Strongly Disagree" or "Somewhat Disagree").

On a scale of 1 to 5, please rate the following statements for the community you serve?

n = 39

	1	2	3	4	5
Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.	44%	36%	8%	10%	3%
There are enough mental health providers in the community.	49%	31%	8%	5%	8%
There are enough providers accepting patients without insurance in the community.	51%	31%	8%	3% 3%	5%
There are enough substance abuse treatment providers in the community.	59%	26%	3%	5%	8%

■ 1 (Strongly Disagree) ■ 2 (Somewhat Disagree) ■ 3 (Neither Agree Nor Disagree) ■ 4 (Somewhat Agree) ■ 5 (Strongly Agree) ■ Unsure/Do Not Know

Finally, key leaders' responses to the survey question "If you were in charge, what specific thing(s) would you do to improve the health of the community you serve, and why?" were consolidated, with key terms aggregated into a word cloud. As seen below, "Access" was the most prominent noun used across all responses (and therefore occupies the greatest amount of space within the word cloud).

Primary Data Findings – Community Members

Like key leaders, members of the El Paso community also considered "Availability of healthcare providers" a clinical care issue that needed improvement in their community.

In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in your community?
n=3,634
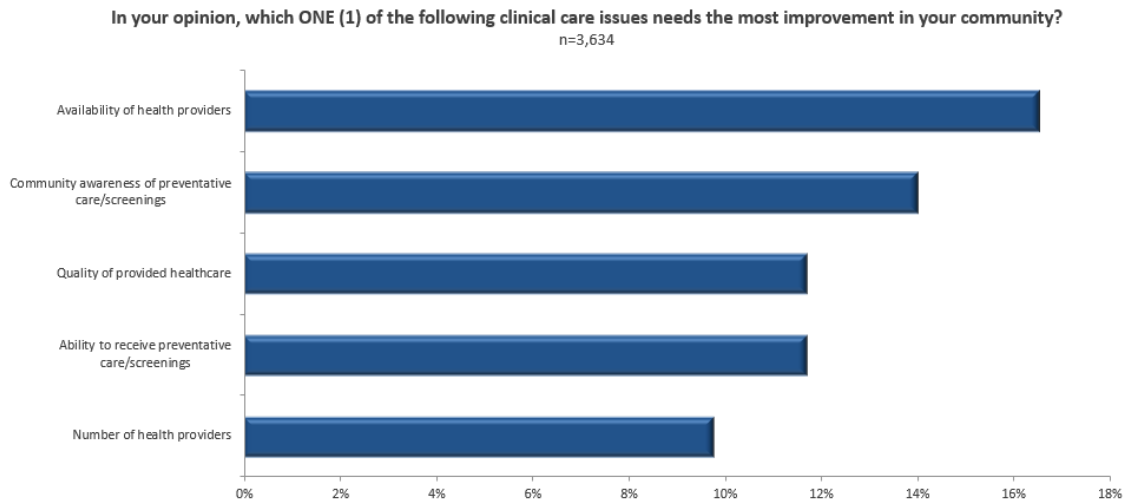
Fittingly, "Access to care" ranked second in terms of areas that impacted the health of the community the most.

From the list provided, which THREE (3) areas most impact the health of your community?
n=3,635
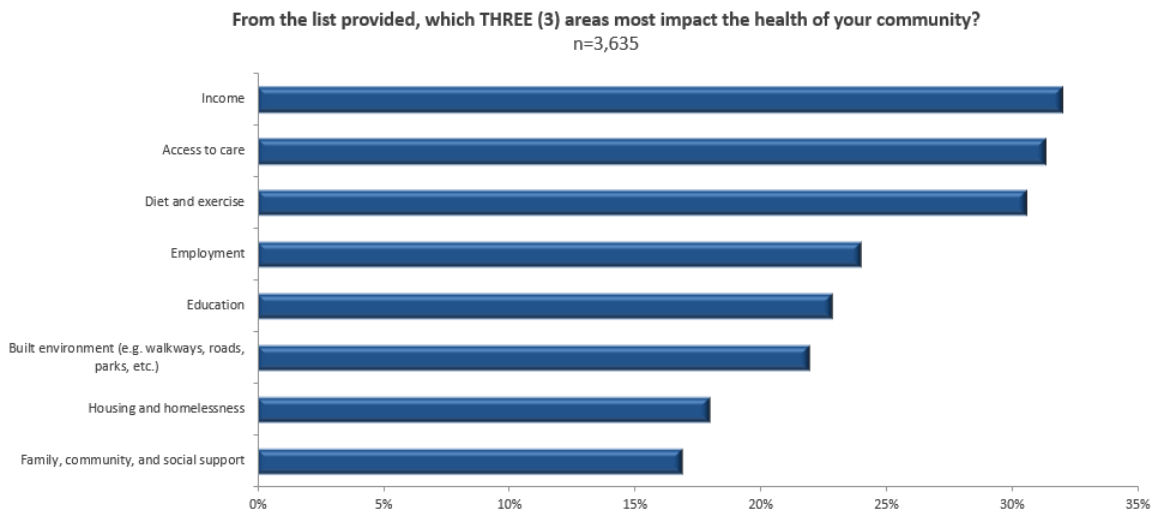
CHAPTER 4 | COMMUNITY ASSETS AND RESOURCES

Although DPH's upcoming Community Health Improvement Plan will include specific actions to address the priority health needs of the county, it is important to recognize and make the community aware of the variety of existing resources that are already available. The following section details existing resources, facilities, and programs throughout El Paso County.

The list of resources below is representative of the services available to El Paso County residents; however, this list is not exhaustive. Additionally, while the resources, facilities, and programs listed in this section have been categorized into common groups, these organizations and programs may offer additional services as well. Please note that while the community overall may be adequately served by existing capacity in some areas, not every area is equally served, and the need for additional resources may be greater in one geography as compared to another.

As shown, this health resource inventory was compiled based on input and information from El Paso County and has been categorized based upon the prioritized needs identified by the Steering Committee.

Chronic Health Conditions (Obesity, Cardiovascular Health, Diabetes, Hypertension)

The City of El Paso has more than 280 parks throughout the city, with most parks offering paved pathways for exercise. El Paso also contains rich natural resources that promote outdoor activity. For example, Franklin Mountains State Park, which divides the city, includes over 100 miles of hiking trails. Paso Del Norte Trail, a partnership among numerous regional stakeholders, continuously works to plan, expand, and improve trails throughout the El Paso region. The El Paso Parks and Recreation Department has more than 20 recreation centers located through the city, offering fitness equipment, basketball and pickleball courts, and youth programming.

Numerous fitness and recreational programs are available throughout El Paso to help fight obesity. The YWCA El Paso Del Norte Region and the YMCA of El Paso offer a range of low-cost programs to promote fitness and physical activity. The YMCA offers youth sports programs to help children learn and improve their skills in a range of sports, such as soccer, basketball, volleyball, and T-ball. The City of El Paso has developed Live Active El Paso, a platform offering free exercise classes and wellness challenges for residents. El Paso Community College provides both in-person and virtual affordably priced continuing education fitness programs, helping members of the region learn fundamentals of a range of athletic activities.

Healthy eating programs promote weight loss and improve health. Throughout El Paso County, various initiatives target dietary improvements. In 2018, El Paso County developed the Health Food Financing Initiative, a program offering long-term capital to projects addressing food access issues in low income, underserved communities throughout the county. The goal of the initiative is to make healthier foods more readily available in areas of the county with unmet food-related needs. Live Active El Paso

(referenced above), offered through the City of El Paso, provides healthy eating guides and healthy recipes for residents. Through the Department of Public Health, the city has developed the Be Well El Paso initiative, which works to expand healthy eating choices for residents by offering individual and group health coaching and nutrition education. In addition, the Paso del Norte Health Foundation provides grants to support healthy eating programs throughout the region. Some example programs they have funded include "Tasterspace" (a pilot nutrition education program among school-aged children in El Paso), "Kelly FreshStart" (assisting low-income, food insecure adults to achieving more independent and food secure lives), and "Converting El Paso Food Pantries to Client Choice Models" (supporting the conversion of ten food pantries to a client-choice model in order to increase health food options). In addition, Texas Tech University Health Sciences Center El Paso offers community-based education and outreach to inform residents about dietary guidelines, physical activity, and goal-setting, helping individuals to understand the health-related impacts of obesity.

Specific obesity management programs are also available in El Paso. With partial funding from the Paso del Norte Health Foundation, El Paso Children's Hospital created the Empower Program to provide outpatient education for children with Type 2 diabetes and pre-diabetes. The Program works with families to develop personalized plans with a specialized dietitian and social worker to help manage the child's health. It also offers public cooking classes and recipes in virtual and in-person formats. The Hospitals of Providence have developed two weight loss centers in El Paso, offering both surgical and non-surgical interventions to address obesity. As a community with a large military base, the Department of Veterans Affairs offers the MOVE! Weight Management Program. The program serves to screen veterans for obesity, refer them for weight management services, and make obesity-related treatment options available to them.

The El Paso Center for Diabetes provides diabetes education, camps for children, employee health programs, support groups, healthy recipes, screenings, and nutritional therapy services for diabetic members of the community. Project Vida is a church-founded health center offering a range of community services to the underserved members of the El Paso community. Project Vida offers diabetes care coordination, self-management education, and support groups for individuals with diabetes, as well as healthy cooking classes and free or low-cost fitness classes for all members of the community. In addition, the Diabetes Alliance of El Paso brings together stakeholders throughout El Paso, including clinicians, non-profit organizations, educators, and government organizations, to provide a centralized repository for diabetes resources and education.

In addition to diabetes services, Project Vida offers a Hypertension Care Program that includes care coordination, education, and home monitoring services. The Texas Tech University Health Sciences Center at El Paso has developed a training program for Promotores de Salud (community health workers), who deliver health education around health issues (including cardiovascular health) to underserved residents of El Paso. In addition, cardiovascular health services are also provided among many healthcare providers in El Paso, including University Medical Center, The Hospitals of Providence, Las Palmas del Sol, and others.

Mental and Behavioral Health

Existing resources to support mental and behavioral health in El Paso include both clinical and community services. Emergence Health Network (EHN) is the Local Mental Health Authority in El Paso County. EHN operates mental health and substance abuse outpatient clinics and programs, crisis and suicide prevention services, training and education programs, and a range of other clinical services to improve mental health. Family Services of El Paso is a non-profit social service agency that offers counseling and therapy services. Several inpatient behavioral health facilities are available, including Rio Vista Behavioral Health, El Paso Behavioral Health System, and El Paso Psychiatric Center. The National Alliance on Mental Illness (NAMI) El Paso chapter provides education, support groups, and advocacy for mental illness. Project Vida offers behavioral health services at its low-cost healthcare clinics. The Recovery Alliance of El Paso provides recovery coaching, sober housing, and peer services to individuals in recovery from alcoholism and drug addiction. In 2019, the United Way of El Paso opened the El Paso United Family Resiliency Center in response to the 2019 mass shooting at a Walmart store in El Paso. The Center provides case management to connect individuals and families with appropriate mental health and peer support services, referrals, and education. The El Paso Child Guidance Center provides coordinated mental health services, including therapy and psychiatry, for children and their parents. It is a leader in trauma-informed care in the El Paso region and, with funding through the Paso del Norte Health Foundation, recently established the West Texas Trauma Informed Care Consortium to expand opportunities for trauma-informed intervention services among residents.

In addition to providers and facilitators of clinical and support services, the Paso del Norte Health Foundation is a nonprofit organization that drives numerous mental health and emotional well-being initiatives in the region. Among them, the Think.Change project works with the El Paso Housing Authority to improve the mental health environment of residents of El Paso and reduce stigmas around mental health. Additionally, the El Paso Behavioral Health Consortium convenes partners in behavioral health to lead collaboration and improvements in the behavioral health system of care in El Paso County. Most recently, The Paso del Norte Health Foundation and the Meadows Mental Health Policy Institute announced the development of the Paso del Norte Center at the Meadows Mental Health Policy Institute, a regional mental health center that will provide policy and program guidance for regional mental health initiatives.

Access to Care

While access to care has been identified as a priority need in El Paso, the community has some existing resources to support access. To promote workforce development, El Paso is home to several health professional training programs. Texas Tech University Health Sciences Center El Paso offers programs of study to achieve a Doctor of Medicine, Bachelor and Master of Science in Nursing, and Doctor of Dental Medicine degree. The University of Texas El Paso College of Health Sciences offers graduate degrees in other health professions, such as physical therapy, occupational therapy, speech language pathology and social work. Services are offered from a broad array of providers, including acute care and long-term hospitals, psychiatric facilities, pediatric hospitals, urgent care providers, surgical facilities, and outpatient clinics. The University Medical Center of El Paso is the primary teaching institution for Texas Tech University's El Paso School of Medicine and the region's level 1 trauma center.

The region is also served by several Federally Qualified Health Centers (FQHCs), where patients may be eligible for discounted services on a sliding fee scale. A number of programs in the community are also available to help improve patient coverage. Project Vida (described above) offers programs to help residents navigate enrollment in health care coverage and obtain insurance. The County Indigent Health Care Program provides limited benefits to low-income Texas residents who do not qualify for other state or federal health care programs. El Paso Health is a licensed health maintenance organization established by the El Paso County Hospital District that enables the district to enter into contract with Texas Health and Human Services to offer coverage for recipients of STAR, CHIP, and CHIP Perinatal in El Paso County. In addition, the City of El Paso offers a mobile vaccination program and hosts wellness fairs that include immunizations, free screenings, testing, and dental exams, all of which are offered in coordination with the El Paso DPH.

CHAPTER 5 | NEXT STEPS

The next and final step in the CHA process is to develop community-based health improvement strategies and action plans to address the priorities identified in this assessment. El Paso County will leverage information from this CHA to develop an implementation and action plan, while also working together with other partners in the service area to ensure the priority need areas are being addressed in the most efficient and effective way. El Paso County believes that the most effective strategies will be those that have the collaborative support of community organizations and residents. The strategies developed will include measurable objectives through which progress can be measured.

APPENDICES

APPENDIX 1 | COUNTY DEMOGRAPHIC AND SOCIOECONOMIC DETAIL

Detailed information regarding the demographics and socioeconomics of the city of El Paso and El Paso County can be found in the tables below.

City and County Demographics

Age and Total Population

The table below shows the percentage and total population of the city of El Paso, El Paso County, and Texas by age cohort.

2021 Total Population by Age Cohort			
	El Paso City	**El Paso County**	**Texas**
Percentage of Population below 15	21.7%	22.4%	20.9%
Total Population below 15	152,186	196,694	6,269,131
Percentage of Population between 15 and 44	42.4%	43.3%	42.0%
Total Population between 15 and 44	297,339	380,933	12,596,666
Percentage of Population between 45 and 64	21.8%	21.4%	23.2%
Total Population between 45 and 64	152,601	187,902	6,957,653
Percentage of Population 65 and Older	14.1%	13.0%	13.8%
Total Population 65 and Older	98,568	114,352	1,146,064
Total Population	**700,694**	**879,881**	**29,969,514**

Source: Esri

Race

The table below shows the percentage and total population of El Paso County and Texas by race.

2020 Total Population by Race		
	El Paso County	**Texas**
Percentage of Population White Non-Hispanic	11.6%	40.8%
Total Population White Non-Hispanic	97,545	11,975,667
Percentage of Population Black Non-Hispanic	3.2%	12.2%
Total Population Black Non-Hispanic	26,724	3,586,857
Percentage of Population Asian	1.4%	5.4%

Total Population Asian	11,972	1,584,830
Percentage of Population American Indian & Alaska Native	1.1%	1.0%
Total Population American Indian & Alaska Native	9,160	307,285
Percentage of Population Native Hawaiian/Other Pacific Islander	0.2%	0.2%
Total Population Native Hawaiian/Other Pacific Islander	1,957	45,057

Source: 2020 Census Population Estimates

Ethnicity

The table below shows the percentage and total population of the city of El Paso, El Paso County, and Texas by ethnicity.

2021 Total Population by Ethnicity			
	El Paso City	**El Paso County**	**Texas**
Percentage of Population Hispanic	81.4%	83.0%	40.3%
Total Population Hispanic	570,480	730,411	12,087,461
Percentage of Population Non-Hispanic	18.6%	17.0%	59.7%
Total Population Non-Hispanic	130,217	149,470	17,882,053

Source: Esri

APPENDIX 2 | DETAILED SECONDARY DATA FINDINGS

Many individual secondary data measures were analyzed as part of the CHA process. These data provide detailed insight into the health status and health-related behavior of residents in the county. These secondary data are based on statistics of actual occurrences, such as the incidence of certain diseases, as well as statistics related to social determinants of health.

Methodology

All individual secondary data measures were grouped into six categories and 20 corresponding focus areas based on "common themes." In order to draw conclusions about the secondary data for El Paso County, its performance on each data measure was compared to targets/benchmarks. If El Paso County's performance was more than five percent worse than the comparative benchmark, it was concluded that improvements are needed to better the health of the community. Conversely, if an area performed more than five percent better than the benchmark, it was concluded that the need for improvement is less acute. The most recently available data were compared to these targets/benchmarks in the following order (as applicable):

- National Benchmark/University of Wisconsin Population Health Institute's County Health Rankings Top Performers Benchmark
- *The Opportunity Atlas* state and national averages
- *The National Equity Atlas* state and national averages
- *Minority Health Social Vulnerability Index* state and national averages
- *Food Access Research Atlas* state and national averages
- *UNC Health Literacy Data Map* state and national averages
- *American Community Survey* 2020 5-year estimates, state and national averages

The following methodology was used to assign a priority level to each individual secondary data measure:

- If the data were more than 5 percent worse = High need
- If the data were within or equal to 5 percent (better or worse) = Medium need
- If the data were more than 5 percent better = Low need

Data Sources

The following tables are organized by each of the twenty focus areas and contain information related to the secondary data measures analyzed including a description of each measure, the data source, and most recent data time periods.

Access to Care

Measure	Description	Data Source	Most Recent Data Year(s)
% Uninsured	Percentage of the population under age 65 without health insurance coverage.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Primary Care Physicians Ratio	Ratio of the population to primary care physicians. Primary care physicians include practicing non-federal physicians (M.D.'s and D.O.'s) under age 75 specializing in general practice medicine, family medicine, internal medicine, and pediatrics. The ratio represents the number of individuals served by one physician in a county, if the population was equally distributed across physicians. Prior to the 2013 County Health Rankings, primary care physicians were defined only as M.D.s In 2013, D.O.s were incorporated into the definition of primary care physicians and obstetrics/gynecology was removed as a primary care physician type.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Dentist Ratio	Ratio of the population to dentists. The ratio represents the population served by one dentist if the entire population of a county was distributed equally across all practicing dentists.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Uninsured Children	Percentage of the population under age 19 without health insurance coverage.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Uninsured Adults	Percent of adults under age 65 without health insurance.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Other Primary Care Provider Ratio	Ratio of population to primary care providers other than physicians.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County	2022

Measure	Description	Data Source	Most Recent Data Year(s)
		Health Rankings. Data accessed June 2022.	
Health Literacy Estimate	Estimated health literacy level	UNC Health Literacy Data Map. Data accessed June 2022	2010
Hospitals per 100,000	Hospitals per 100,000 people	Minority Health Social Vulnerability Index. Data accessed June 2022.	2017

Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Food Environment Index	The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10. The Food Environment Index is comprised of two variables: Limited access to healthy foods from the USDA's Food Environment Atlas estimates the percentage of the population who are low income and do not live close to a grocery store. Living close to a grocery store is defined differently in rural and nonrural areas: in rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than 1 mile. Low income is defined as having an annual family income of less than or equal to 200 percent of the federal poverty threshold for the family size. Food insecurity from Feeding America estimates the percentage of the population who did not have access to a reliable source of food during the past year. The two variables are scaled from 0 to 10 (zero being the worst value in the nation, and 10 being the best) and averaged to produce the Food Environment Index. In 2016, the average value for counties was 7.0 and most counties fell between about 5.4 and 8.3.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% with Access to Exercise Opportunities	Percentage of individuals in a county who live reasonably close to a location for physical activity.	Robert Wood Johnson Foundation & University of Wisconsin Population	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	Locations for physical activity are defined as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they: reside in a census block that is within a half mile of a park or reside in an urban census block that is within one mile of a recreational facility or reside in a rural census block that is within three miles of a recreational facility. The numerator is the number of individuals who live in census blocks meeting at least one of the above criteria. The denominator is the total county population. Locations for physical activity are defined as parks or recreational facilities. Parks include local, state, and national parks. Recreational facilities include YMCAs as well as businesses identified by the following Standard Industry Classification (SIC) codes and include a wide variety of facilities including gyms, community centers, dance studios and pools: 799101, 799102, 799103, 799106, 799107, 799108, 799109, 799110, 799111, 799112, 799201, 799701, 799702, 799703, 799704, 799707, 799711, 799717, 799723, 799901, 799908, 799958, 799969, 799971, 799984, or 799998. The way this measure is calculated has changed over time. In 2018, County Health Rankings switched from using North American Information Classification System (NAICS) codes to using Standard Industry Classification (SIC)codes due to lack of availability of a nationally reliable and updated data source.	Health Institute, County Health Rankings. Data accessed June 2022.	

Diet and Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
% Physically Inactive	Percentage of adults age 20 and over reporting no leisure-time physical activity.	Robert Wood Johnson Foundation & University of Wisconsin Population	2022

Measure	Description	Data Source	Most Recent Data Year(s)
		Health Institute, County Health Rankings. Data accessed June 2022.	

Education

Measure	Description	Data Source	Most Recent Data Year(s)
% Completed High School	Percentage of the ninth-grade cohort in public schools that graduates from high school in four years. Please note this measure was modified in the 2011, 2012, and 2014 Rankings.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Some College	Percentage of the population ages 25-44 with some post-secondary education, such as enrollment in vocational/technical schools, junior colleges, or four-year colleges. It includes individuals who pursued education following high school but did not receive a degree as well as those who attain degrees. The numerator is the number of adults ages 25-44 who have obtained some level of post-secondary education. The denominator is the population ages 25-44 in a county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Average Grade Performance - Reading	Average grade level performance for 3rd graders on English Language Arts standardized tests.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Average Grade Performance - Math	Average grade level performance for 3rd graders on math standardized tests.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed December 2020.	2022
College Graduation Rate (%) – All	Percentage of children who grew up in the area who hold a 4-year college degree.	The Opportunity Atlas. Opportunity Insights, Harvard University. Data accessed August 2022.	2010

Employment

Measure	Description	Data Source	Most Recent Data Year(s)
% Unemployed	Percentage of a county's workforce that is not employed. The numerator is the number of individuals over age 16 in a county who are seeking work but do not have a job. The denominator is the total labor force, which includes all individuals over age 16 who are actively searching for work and unemployed plus those who are employed. Unemployment estimates are modeled.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Average Daily PM2.5	Average daily density of fine particulate matter in micrograms per cubic meter. Fine particulate matter is defined as particles of air pollutants with an aerodynamic diameter less than 2.5 micrometers (PM2.5). Air Pollution is modeled. For 2017, County Health Rankings is using data provided by the EPHT Network. From 2013-2016 the County Health Rankings used data provided by the NASA Applied Sciences Program, which used a similar methodology but also incorporates satellite data. For 2012 and prior years of the County Health Rankings, data were obtained from the EPHT Network, but the measures of air quality differed from the current measure: County Health Rankings reported the average number of days annually that both PM2.5 and ozone pollution were reported to be over the accepted limit.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Presence of Water Violation	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
% Children in Single-Parent Households	Percentage of children (less than 18 years of age) in family households that live in a household headed by a single parent. The single parent could be a male or female and is without the presence of a spouse. Foster children and children living in non-family households or group quarters are not included in either the numerator or denominator.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Social Association Rate	Number of organizations per 10,000 population in a county. The numerator is the number of organizations or associations in a county. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. The denominator is the population of a county. Social Associations does not measure all of the social support available within a county. Data and business codes are self-reported by businesses in a county. We use the primary business code of organizations, which in some cases may not match up with our notion of what should be labeled as a civic organization. This measure does not take into account other important social connections offered via family support structures, informal networks, or community service organizations, all of which are important to consider when understanding the amount of social support available within a county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Disconnected youth	Percentage of teens and young adults ages 16-19 who are neither working nor in school.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Segregation Index – Black/White	Degree to which two or more groups live separately from one another in a geographic area. The index of	Robert Wood Johnson Foundation & University of Wisconsin Population	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	dissimilarity is a demographic measure of the evenness with which two groups (black and white residents, in this case) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of either black or white residents that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.	Health Institute, County Health Rankings. Data accessed June 2022.	
Segregation Index – Non-White/White	Degree to which two or more groups live separately from one another in a geographic area. The index of dissimilarity is a demographic measure of the evenness with which two groups (non-white and white residents) are distributed across the component geographic areas (census tracts, in this case) that make up a larger area (counties, in this case). The index score can be interpreted as the percentage of white or non-white that would have to move to different geographic areas in order to produce a distribution that matches that of the larger area.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Speak English Less than "Very Well"	Percentage of population ages 5 and older that report speaking English less than "very well."	U.S. Census Bureau American Community Survey 5-Year Data (2016-2020). Data accessed July 2022.	2020

Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
% Food Insecure	Percentage of the population who did not have access to a reliable source of food during the past year. This measure was modeled using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey. More detailed information can be found here. This is one of two	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	measures that are used to construct the Food Environment Index.		
% Limited access to healthy foods	Percentage of population who are low-income and do not live close to a grocery store.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Enrolled in Free or Reduced Lunch	Percentage of children enrolled in public schools, grades PK - 12, eligible for free (family income less than 130 percent of federal poverty level) or reduced price (family income less than 185 percent of federal poverty level) lunch.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% of Population in Low Income, Low Access Census Tracts	Low-income census tracts in which at least 500 people or at least 33 percent of the tract's population live more than 1 mile from the nearest food store (supermarket, supercenter, or large grocery store) if residing in an urban area or more than 10 miles from such a store if residing in a rural area.	Food Access Research Atlas (USDA). Data accessed June 2022.	2022

Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
% Severe Housing Problems	Percentage of households with one or more of the following housing problems: Housing unit lacks complete kitchen facilities; Housing unit lacks complete plumbing facilities; Household is severely overcrowded; or Household is severely cost burdened. Incomplete kitchen facilities is defined as a unit which lacks a sink with running water, a range or a refrigerator. Incomplete plumbing facilities is defined as lacking hot and cold piped water, a flush toilet, or a bathtub/shower. Severe overcrowding is defined as more than 1.5 persons per room. Severe cost burden is defined as monthly housing costs (including utilities) that exceed 50 percent of monthly	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	income. The numerator is the number of households in a county with at least one of the above housing problems and the denominator is the number of total households in a county.		
% Homeowners	Percentage of occupied housing units that are owned.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Severe Housing Cost Burden	Number of renter-occupied housing units spending 50 or more percent of household income on rent as a percentage of total renter-occupied housing units.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Income

Measure	Description	Data Source	Most Recent Data Year(s)
% Children in Poverty	Percentage of children under age 18 living in poverty. Poverty status is defined by family size and income and is measured at the household level. If a household's income is lower than the poverty threshold for a household of their size, they are considered to be in poverty. Poverty thresholds differ by household size and geography. For more information on how poverty thresholds are calculated please see the Census poverty page. Children in Poverty estimates are modeled.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Median household income	Income where half of households in a county earn more and half of households earn less. Income, defined as "Total income", is the sum of the amounts reported separately for: wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains; money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income "in kind" from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.		
Income Ratio	Ratio of household income at the 80th percentile to that at the 20th percentile, i.e., when the incomes of all households in a county are listed from highest to lowest, the 80th percentile is the level of income at which only 20 percent of households have higher incomes, and the 20th percentile is the level of income at which only 20 percent of households have lower incomes. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Racial Equity Index Ranking	County-level score measuring racial disparity in nine indicators of inclusion and prosperity	National Equity Atlas. Data accessed July 2022.	2019

Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
Years of Potential Life Lost Rate	Number of events (i.e., deaths, births, etc.) in a given time period (three-year period) divided by the average number of people at risk during that period. Years of potential life lost measures mortality by giving more weight to deaths at earlier ages than deaths at later ages. Premature deaths are deaths before age 75. All of the years of potential life lost in a county during a three-year period are summed and divided by the total population of the county during that same time period-this value is then multiplied by 100,000 to calculate the years of potential life lost under age 75 per 100,000 people. These are age-adjusted.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Life Expectancy	Average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. Based on life expectancy at birth. State data are a single year while county data are a three-year aggregate. Data were not reported in the County Health Book prior to 2013.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Child Mortality Rate	Number of deaths among children under age 18 per 100,000 population	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Maternal and Infant Health

Measure	Description	Data Source	Most Recent Data Year(s)
% Low Birthweight	Percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). The numerator is the number of low birthweight infants born over a 7-year time span, while the denominator is the total number of	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	births in a county during the same time.		
Infant Mortality Rate	Number of all infant deaths (within 1 year), per 1,000 live births.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Mental Health Provider Ratio	Ratio of the population to mental health providers. Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental healthcare. The ratio represents the number of individuals served by one mental health provider in a county, if the population were equally distributed across providers. In 2015, marriage and family therapists and mental health providers that treat alcohol and other drug abuse were added to this measure.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Average Number of Mentally Unhealthy Days	Poor mental health days (average number in past 30 days age-adjusted).	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
%Frequent Mental Distress	Percentage of adults reporting 14 or more days of poor mental health per month	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
% Adults with Obesity	Based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight. From these reported values, BMIs for the participants are calculated. The method for calculating Adult Obesity changed. Data for Adult Obesity are provided by the CDC Interactive Diabetes Atlas which combines 3 years of survey data to provide county-level estimates. In 2011, BRFSS changed their methodology to include cell phone and landline participants. Previously only landlines were used to collect data. Adult Obesity is created using statistical modeling.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Adults with Diabetes	Percentage of adults aged 20 and above with diagnosed diabetes.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Frequent Physical Distress	Percentage of adults reporting 14 or more days of poor physical health per month.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Fair or Poor Health	Percentage of adults reporting fair or poor health (age-adjusted)	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Average Number of Physically Unhealthy Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	Robert Wood Johnson Foundation & University of Wisconsin Population	2022

Measure	Description	Data Source	Most Recent Data Year(s)
		Health Institute, County Health Rankings. Data accessed June 2022.	
% with Disability	Percentage of noninstitutionalized civilian population reporting at least one of six types of disability (including hearing, vision, cognitive, ambulatory, self-care, and independent living)	U.S. Census Bureau American Community Survey 5-Year Data (2016-2020). Data accessed July 2022.	2020

Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
% with Annual Mammogram	Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Vaccinated	Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Preventable Hospitalization Rate	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
COVID-19 Death Rate	COVID-19 age-adjusted mortality	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Violent Crime Rate	Number of violent crimes reported per 100,000 population. Violent crimes are defined as offenses that involve face-to-face confrontation between a victim and a perpetrator, including homicide, rape, robbery,	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	and aggravated assault. Information for this measure comes from the FBI's Uniform Crime Reporting (UCR) Program. Crimes are counted where they are committed rather than based on the residence of people involved.		
Injury Death Rate	Number of deaths from planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries per 100,000 population. This measure includes injuries from all causes and intents over a 5-year period. Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Motor Vehicle Mortality Rate	Number of deaths due to traffic accidents involving a motor vehicle per 100,000 population. Motor vehicle crash deaths include traffic accidents involving motorcycles; 3-wheel motor vehicles; cars; vans; trucks; buses; street cars; ATVs; industrial, agricultural, and construction vehicles; and bicyclists or pedestrians when colliding with any of the previously listed motor vehicles. Deaths due to boating accidents and airline crashes are not included in this measure. In prior years, non-traffic motor vehicle accidents were included in this definition. ICD10 codes included are V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), and V89.2.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Homicide Rate	Number of deaths from assaults, defined as ICD-10 codes X85-Y09, per 100,000 population	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Firearm Fatalities Rate	Number of deaths due to firearms, defined as ICD-10 codes W32-W34,	Robert Wood Johnson Foundation & University of Wisconsin Population	2022

Measure	Description	Data Source	Most Recent Data Year(s)
	X72-X74, X93-X95, Y22-Y24, and Y35.0, per 100,000 population.	Health Institute, County Health Rankings. Data accessed June 2022.	
Juvenile Arrest Rate	Rate of delinquency cases per 1,000 juveniles.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Incarceration Rate (%) - All	Percentage of children who grew up in this area who were in prison or jail on April 1, 2010, by county	The Opportunity Atlas, Opportunity Insights, Harvard University. Data accessed July 2022	2010

Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Teen Birth Rate	Number of births per 1,000 female population ages 15-19	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
HIV Prevalence Rate	Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
Chlamydia Rate	Number of newly diagnosed chlamydia cases per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Drug Overdose Mortality Rate	Number of drug poisoning deaths per 100,000 population.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Measure	Description	Data Source	Most Recent Data Year(s)
% Excessive Drinking	Percentage of adults reporting binge or heavy drinking	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Driving Deaths with Alcohol	Percentage of driving deaths with alcohol involvement	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
% Smokers	Percentage of the adult population that currently smokes every day or most days and has smoked at least 100 cigarettes in their lifetime. Please note that the methods for calculating this measure changed in the 2016 Rankings. Adult Smoking estimates are created using statistical modeling.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Traffic volume	Average traffic volume per meter of major roadways in the county.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Drive Alone to Work	Percentage of workforce that drives alone to work	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022
% Long Commute – Drives Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute, County Health Rankings. Data accessed June 2022.	2022

Complete Data by Focus Area

When viewing the secondary data summary tables, please note that the following color shadings have been included to identify how El Paso County compares to Texas/the national benchmark. If both statewide Texas and national data was available, Texas data was preferentially used as the target/benchmark value.

Secondary Data Summary Table Color Comparisons

Color Shading	El Paso County Description
	Represents measures in which El Paso County scores are more than five percent better than the most applicable target/benchmark and for which a low priority level was assigned.
	Represents measures in which El Paso County scores are comparable to the most applicable target/benchmark scoring within or equal to five percent, and for which a medium priority level was assigned.
	Represents measures in which El Paso County scores are more than five percent worse than the most applicable target/benchmark and for which a high priority level was assigned.

Note: Please see methodology section of this Appendix for more information on assigning need levels to the secondary data.

Access to Care

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Uninsured	11.0%	20.7%	24.3%	2022	High
Primary Care Physicians Ratio	1,310:1	1,629:1	2,003:1	2022	High
Dentist Ratio	1,400:1	1,660:1	2,077:1	2022	High
% Uninsured Children	6.0%	12.7%	11.7%	2022	Low
% Uninsured Adults	13.0%	12.7%	11.7%	2022	High
Other Primary Care Provider Ratio	36.3	1,048:1	1,114:1	2022	High
Health Literacy Estimate	225.00	237.87	221.99	2010	High
Hospitals per 100,000	6.00	6.70	2.40	2017	High

Built Environment

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Food Environment Index	7.8	6.1	7.1	2022	Low
% with Access to Exercise Opportunities	80.0%	80.1%	80.5%	2022	Medium

Diet and Exercise

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Physically Inactive	26.0%	26.9%	29.8%	2022	High

Education

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Completed High School	89.0%	84.4%	79.0%	2022	High
% Some College	67.0%	63.1%	67.3%	2022	Low
Average Grade Performance - Reading	3.10	2.89	2.97	2022	Medium
Average Grade Performance - Math	3.00	3.09	3.20	2022	Medium
College Graduation Rate (%) – All	30.9%	28.0%	30.6%	2010	Low

Employment

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Unemployed	8.1%	7.6%	8.3%	2022	High

Environmental Quality

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Average Daily PM2.5	7.5	9.0	9.1	2022	Medium
Presence of Water Violation	No		Yes	2022	High

Family, Community and Social Support

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Children in Single-Parent Households	25.0%	26.1%	30.2%	2022	High
Social Association Rate	9.2	7.5	5.0	2022	High
% Disconnected Youth	7.0%	7.9%	7.9%	2022	Medium
Segregation Index – Black/White	63.00	55.67	51.96	2022	Low
Segregation Index – Non-White/White	46.00	37.98	19.24	2022	Low
% Speak English Less than "Very Well"	8.2%	13.3%	30.7%	2020	High

Food Security

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Food Insecure	11.0%	14.1%	14.6%	2022	Medium
% Limited Access to Health Foods	6.0%	8.3%	9.1%	2022	High
% Enrolled in Free or Reduced Lunch	52.0%	60.2%	75.9%	2022	High
% of Population in Low Income, Low Access Census Tracts	12.7%	20.1%	25.6%	2022	High

Housing and Homelessness

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Severe Housing Problems	17.0%	17.3%	18.3%	2022	High
% Homeowners	64.0%	62.3%	62.3%	2022	Medium
% Severe Housing Cost Burden	14.0%	13.3%	13.9%	2022	Medium

Income

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Children in Poverty	16.0%	18.8%	22.7%	2022	High
Median Household Income	$67,300.00	$66,048.00	$48,522.00	2022	High
Income Ratio	4.9	4.8	5.0	2022	Medium
Racial Equity Index Ranking	59.00	51.10	53.05	2019	Medium

Length of Life

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Years of Potential Life Lost Rate	7,300.0	7,020.9	7,155.9	2022	Medium
Life Expectancy	78.50	78.39	78.10	2022	Medium
Child Mortality Rate	50.00	48.57	40.14	2022	Low

Maternal and Infant Health

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Low Birthweight	8.00%	8.30%	8.47%	2022	Medium
Infant Mortality Rate	6.00	5.58	4.43	2022	Low

Mental Health

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Mental Health Provider Ratio	10.4	759:1	926:1	2022	High
Average Number of Mentally Unhealthy Days	4.5	3.9	4.2	2022	High
% Frequent Mental Distress	14.0%	12.1%	13.6%	2022	High

Physical Health

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Adults with Obesity	32.0%	34.1%	34.3%	2022	Medium
% Adults with Diabetes	9.0%	11.8%	15.3%	2022	High
% Frequent Physical Distress	12.0%	10.6%	14.4%	2022	High
% Insufficient Sleep	35.0%	34.4%	36.9%	2022	High
% Fair or Poor Health	17.0%	20.9%	28.6%	2022	High
Average Number of Physically Unhealthy Days	3.9	3.6	4.4	2022	High
% with Disability	0.13	0.12	0.14	2020	High

Quality of Care

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% with Annual Mammogram	43.0%	39.0%	29.0%	2022	High
% Vaccinated	48.0%	46.0%	31.0%	2022	High
Preventable Hospitalization Rate	3,767.0	4,255.0	3,809.0	2022	Low
COVID-19 Death Rate	85.0	105.2	248.8	2022	High

Safety

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Violent Crime Rate	386.0	420.4	364.1	2022	Low
Injury Death Rate	76.0	59.8	52.1	2022	Low
Motor Vehicle Mortality Rate	12.00	13.23	11.30	2022	Low
Homicide Rate	6.00	5.84	3.42	2022	Low
Firearm Fatalities Rate	12.00	12.72	8.07	2022	Low
Juvenile Arrest Rate	19.00	17.09	19.78	2022	High
Incarceration Rate (%) – All	1.2%	1.8%	1.3%	2010	Low

Sexual Health

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Teen Birth Rate	19.0	28.8	37.4	2022	High
HIV Prevalence Rate	378.00	402.10	344.00	2022	Low
Chlamydia Rate	551.0	445.1	418.1	2022	Low

Substance Use Disorders

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Drug Overdose Mortality Rate	23.00	11.85	12.22	2022	Medium
% Excessive Drinking	20.0%	19.6%	16.1%	2022	Low
% Driving Deaths with Alcohol	27.0%	25.4%	27.9%	2022	High

Tobacco Use

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
% Smokers	16.0%	14.7%	13.6%	2022	Low

Transportation Options and Transit

Measure	National Benchmark	Texas Benchmark	El Paso County Data	Most Recent Data Year	El Paso County Need
Traffic Volume	395.00	471.59	603.24	2022	High
% Drive Alone to Work	75.0%	78.7%	79.7%	2022	Medium
% Long Commute – Drives Alone	37.0%	38.9%	28.8%	2022	Low

APPENDIX 3 | DETAILED PRIMARY DATA FINDINGS

New data were collected through key leader web surveys and focus groups as well as a broad community survey.

Methodologies

The methodologies varied based on the type of new data being analyzed. The following section describes the various methodologies used to analyze the new data.

El Paso County Key Leader Web Survey Questions

1. Please select the category that best describes your organization.
   a. Faith-based organization
   b. Non-profit organization
   c. Media
   d. County or town government
   e. Institute of higher education
   f. Healthcare provider
   g. Public – private partnership
   h. Other (please explain)

2. How do you believe the health of the community you serve has changed over the past five years?
   a. Greatly improved
   b. Improved
   c. No change
   d. Worsened
   e. Greatly worsened

   • [If answered "Greatly improved" or "Improved" in Question 2] In what way has the health of the community you serve improved?

   • [If answered "Greatly worsened" or "Worsened" in Question 2] In what way has the health of the community you serve worsened?

3. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in the community you serve? If there is an issue that you think needs improvement that is not on this list, please select "Other" and write it in. (Clinical care)
   a. Availability of health providers
   b. Number of health providers
   c. Location of health facilities
   d. Number of health facilities
   e. Community awareness of preventive care/screenings
   f. Ability to receive preventive care/screenings
   g. Quality of provided healthcare

    h.   Lack of integrated care (behavioral health/medical)
    i.   Other (please explain)
    j.   None
    k.   Unsure/Do not know
    l.   Prefer not to respond

4. In your opinion, which THREE (3) of the following need the most improvement within the community you serve? If there is a need that requires the most improvement and it is not on this list, please select "Other" and write it in. (Physical Environment)
    a.   Access to affordable housing
    b.   Access to healthy foods
    c.   Access to public transit (buses, commuter rail, etc.)
    d.   Access to recreation facilities
    e.   Availability of alternative transportation options (biking, walking, carpooling, etc.)
    f.   Improved air quality
    g.   Improved water quality
    h.   Reducing homelessness
    i.   Language/Immigrant services
    j.   Other (please explain)
    k.   None
    l.   Unsure/Do not know
    m. Prefer not to respond

5. From the list provided, which THREE (3) areas most impact the health of your community? If there is an area that you consider to have the most impact and it is not on this list, please select "Other" and write it in.
    a.   Access to Care
    b.   Built Environment (e.g. walkways, roads, parks, etc.)
    c.   Diet and Exercise
    d.   Education
    e.   Employment
    f.   Environmental Quality
    g.   Family, community, and social support
    h.   Housing and homelessness
    i.   Income
    j.   Racial Discrimination/Language Barriers
    k.   Quality of Care
    l.   Safety
    m. Sexual health
    n.   Substance Use Disorders
    o.   Tobacco Use/Vaping
    p.   Transportation options and transit
    q.   Other (please explain)
    r.   None
    s.   Unsure/Do not know
    t.   Prefer not to respond

6. In your opinion, which population sub-group(s) needs additional resources within the community you serve? Please select all that apply. If there is a population sub-group that needs additional resources and it is not on this list, please select "Other" and write it in.
    a. Persons with disabilities
    b. Youth
    c. Seniors
    d. Homeless population
    e. Persons in poverty
    f. Persons with mental illness
    g. Persons with substance use disorders
    h. Refugees/Immigrants
    i. Other (please explain)
    j. None
    k. Unsure/Do not know
    l. Prefer not to respond

7. From the list provided, please rank what you believe to be the top THREE (3) community health needs of El Paso County.
    a. Asthma
    b. Behavioral health (including substance use)
    c. Cancer
    d. Cardiovascular Health/Diabetes/Hypertension
    e. Dental care
    f. Fall prevention
    g. HIV/AIDS
    h. Infant mortality
    i. Senior health
    j. Mental health
    k. Obesity
    l. Prenatal care
    m. Primary and preventive healthcare
    n. Reducing blood lead levels in children
    o. Teen births
    p. Tobacco Use/Vaping
    q. Unsure
    r. Other (please explain)

8. Do you believe the health needs are similar across the county? If no, in which geographic area(s) do you believe need is greatest?
    a. Yes
    b. No

This next section of questions will focus on the health decisions of the population you serve.

9. What do you believe has the greatest impact on why members of the community you serve might put off going to the doctor for issues related to their <u>physical health</u>? Please select all that apply.
    a. Belief that going to the doctor doesn't help
    b. Cannot afford medications
    c. Cannot get an appointment
    d. Cultural/religious beliefs
    e. Do not have childcare
    f. Do not have time in their schedule
    g. Do not know where to go
    h. Do not want to find out that they are sick
    i. They do not understand the information that the doctor is providing
    j. Inability to pay for services or copays
    k. Insurance will not cover what they needed
    l. Insurance was not accepted by their health care provider
    m. Lack of adequate transportation
    n. Lack of health insurance
    o. Long wait times
    p. Mistrust of medical professionals
    q. Shortage of healthcare professionals
    r. Stigma associated with going to the doctor
    s. Unable to find a provider that speaks their language
    t. They hope the problem will go away without having to go to the doctor
    u. Other (please explain)
    v. None/They do not put off going to the doctor for issues related to their physical health
    w. They do not need to go to the doctor for issues related to their physical health.
    x. Prefer not to respond

10. From the list provided, where do you feel most members of the community you serve most often seek medical attention for issues related to their <u>physical health</u>?
    a. Do not seek care
    b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
    c. Emergency department
    d. Health department
    e. Primary care provider (doctor, nurse, etc.)
    f. Walk-in/Urgent care center
    g. Other type of health clinic
    h. Calling 911
    i. Telehealth/Televisit (electronic visit via web or phone app)
    j. Social media/Internet
    k. Mexico
    l. Other (please explain)
    m. Prefer not to respond

11. What do you believe has the greatest impact on why members of the community you serve might put off going to the doctor for issues related to their <u>mental health</u>? Please select all that apply.
    a. Belief that going to the doctor doesn't help
    b. Cannot afford medications
    c. Cannot get an appointment
    d. Cultural/religious beliefs
    e. Do not have childcare
    f. Do not have time in their schedule
    g. Do not know where to go
    h. Do not want to find out that they are sick
    i. They do not understand the information the doctor is providing
    j. Inability to pay for services or copays
    k. Insurance will not cover what they needed
    l. Insurance was not accepted by their health care provider
    m. Lack of adequate transportation
    n. Lack of health insurance
    o. Long wait times
    p. Mistrust of medical professionals
    q. Shortage of healthcare professionals
    r. Stigma associated with going to the doctor
    s. Stigma associated with the diagnosis of a mental health condition
    t. Unable to find a provider that speaks their language
    u. They hope the problem will go away without having to go to the doctor
    v. Other (please explain)
    w. None/ They do not put off going to the doctor for issues related to their mental health
    x. They do not need to seek care for issues related to their mental health.
    y. Prefer not to respond

12. From the list provided, where do you feel most members of the community you serve most often seek medical attention for issues related to their <u>mental health</u>?
    a. Do not seek care
    b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
    c. Emergency department
    d. Health department
    e. Primary care provider (doctor, nurse, etc.)
    f. Mental health provider (therapist, psychologist, psychiatrist)
    g. Walk-in/Urgent care center
    h. Other type of health clinic
    i. Calling 911
    j. Telehealth/Televisit (electronic visit via web or phone app)
    k. Social media/Internet
    l. Mexico
    m. Other (please explain)
    n. Prefer not to respond

13. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community you serve: (Additional options include Unsure/Do not know or Prefer not to respond)
    a. Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
    b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
    c. There are enough providers accepting Medicaid in the community.
    d. There are enough providers accepting Medicare in the community.
    e. There are enough providers accepting patients without insurance in the community.
    f. There are enough bilingual healthcare providers in the community.
    g. There are enough mental health providers in the community.
    h. There are enough substance abuse treatment providers in the community.

14. If you were in charge, what specific thing(s) would you do to improve the health of the community you serve?

The key findings from the key leader web survey are detailed below:

- Key leaders identified the top three health needs of the El Paso community as Obesity, Cardiovascular disease/diabetes/hypertension, and Mental health.
- Access to resources was often identified as a primary concern. This specifically was in reference to clinical care (i.e.: availability of providers, number of providers, and lack of integrated care), community well-being (i.e.: access to affordable housing, access to healthy foods, and access to recreation facilities), and access to physical and mental health services.
- Further, key leaders indicated the community does not have adequate providers offering services for substance abuse, mental health care, medical specialties, or accepting patients without insurance.

Community Surveys

A total of 3,653 surveys (web-based and paper) were completed by individuals in the El Paso community. For the sake of accessibility, the survey was available in both English and Spanish, and was available to be distributed door-to-door.

In general, survey questions focused on:
- Community health problems and concerns,
- Community social/environmental problems and concerns,
- Access to care, and
- Health equity

The questions administered on that survey are below:

El Paso Community Survey

1. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each

of the following statements for the community in which you live: (Additional options include Unsure/Do not know or Prefer not to respond)
  a. I can access good healthcare in my community.
  b. My community is a good place to raise children.
  c. My community is good place to grow old.
  d. I am connected and socially supported by others in my community (family, friends, neighbors, etc.).
  e. I can find enough economic opportunity in my community.
  f. I feel safe living in my community.
  g. I can access good mental health services in my community.
  h. I can easily manage my stress in my community.
  i. The environment in my community is clean and safe.
  j. I can find enough recreational and entertainment opportunities in my community.
  k. I can easily access healthy, affordable food.
  l. I can access good education in my community.
  m. I can find affordable housing in my community.
  n. I can easily travel within my community.
  o. It is easy to maintain a healthy diet and regularly exercise in my community.
  p. I can find resources that promote sexual health in my community.
  q. I can find resources that address substance use disorders (including opioids) in my community.
  r. I can find resources that address tobacco/vaping cessation in my community.
  s. There are adequate resources in my community to support youth.
  t. Youth in my community can access affordable resources (recreation, career centers, educational resources, etc.).

2. In your opinion, which ONE (1) of the following clinical care issues needs the most improvement in your community? If there is an issue that you think needs improvement that is not on this list, please select "Other" and write it in.
  a. Availability of health providers
  b. Number of health providers
  c. Location of health facilities
  d. Number of health facilities
  e. Community awareness of preventive care/screenings
  f. Ability to receive preventive care/screenings
  g. Quality of provided healthcare
  h. Other (please explain)
  i. None
  j. Unsure/Do not know
  k. Prefer not to respond

3. From the list provided, which THREE (3) areas most impact the health of your community? If there is an area that you consider to have the most impact and it is not on this list, please select "Other" and write it in.
  a. Access to Care
  b. Built Environment (e.g. walkways, roads, parks, etc.)

    c. Diet and Exercise
    d. Education
    e. Employment
    f. Environmental Quality
    g. Family, community, and social support
    h. Housing and homelessness
    i. Income
    j. Racial Discrimination/Language Barriers
    k. Quality of Care
    l. Safety
    m. Sexual health
    n. Substance Use Disorders
    o. Tobacco Use/Vaping
    p. Transportation options and transit
    q. Other (please explain)
    r. None
    s. Unsure/Do not know
    t. Prefer not to respond

4. In your opinion, which population sub-group(s) needs additional resources within your community? Please select all that apply. If there is a population sub-group that needs additional resources and it is not on this list, please select "Other" and write it in.
    a. Persons with disabilities
    b. Youth
    c. Seniors
    d. Homeless population
    e. Persons in poverty
    f. Persons with mental illness
    g. Persons with substance use disorders
    h. Immigrants/Refugees
    i. Other (please explain)
    j. None
    k. Unsure/Do not know
    l. Prefer not to respond

5. From the list provided, please rank what you believe to be the top THREE (3) community health needs of El Paso County.
    a. Asthma
    b. Behavioral health (including substance use)
    c. Cancer
    d. Cardiovascular Health/Diabetes/Hypertension
    e. Dental care
    f. Fall prevention
    g. HIV/AIDS
    h. Infant mortality
    i. Senior health

    j.   Mental health

    k.   Obesity

    l.   Prenatal care

    m. Primary and preventive healthcare

    n.   Reducing blood lead levels in children

    o.   Teen births

    p.   Tobacco Use/Vaping

    q.   Unsure

    r.   Other (please explain)

6. Do you believe the health needs are similar across the county? If no, in which geographic area(s) do you believe need is greatest?

    a.   Yes

    b.   No

Tell us about your own health decisions.

This next section of questions will focus on your health. Again, all the opinions you share with us will be completely confidential.

7. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your <u>physical health</u>? Please select all that apply.

    a.   Belief that going to the doctor doesn't help

    b.   Cannot afford medications

    c.   Cannot get an appointment

    d.   Cultural/religious beliefs

    e.   Do not have childcare

    f.   Do not have time in your schedule

    g.   Do not know where to go

    h.   Do not want to find out that you are sick

    i.   I do not understand the information that the doctor is providing

    j.   Inability to pay for services or copays

    k.   Insurance will not cover what you needed

    l.   Insurance was not accepted by your health care provider

    m. Lack of adequate transportation

    n.   Lack of health insurance

    o.   Long wait times

    p.   Mistrust of medical professionals

    q.   Shortage of healthcare professionals

    r.   Stigma associated with going to the doctor

    s.   Unable to find a provider that speaks your language

    t.   You hope the problem will go away without having to go to the doctor

    u.   Immigration Status/Racial Discrimination

    v.   Other (please explain)

    w. None/I do not put off going to the doctor for issues related to my physical health

    x.   I do not need to go to the doctor for issues related to my physical health.

y. Prefer not to respond

8. From the list provided, where do you feel you most often seek medical attention for issues related to your <u>physical health</u>?
    a. Do not seek care
    b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
    c. Emergency department
    d. Health department
    e. Primary care provider (doctor, nurse, etc.)
    f. Walk-in/Urgent care center
    g. Other type of health clinic
    h. Calling 911
    i. Telehealth/Televisit (electronic visit via web or phone app)
    j. Social media/Internet
    k. Mexico
    l. Other (please explain)
    m. Prefer not to respond

9. What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your <u>mental health</u>? Please select all that apply.
    a. Belief that going to the doctor doesn't help
    b. Cannot afford medications
    c. Cannot get an appointment
    d. Cultural/religious beliefs
    e. Do not have childcare
    f. Do not have time in your schedule
    g. Do not know where to go
    h. Do not want to find out that you are sick
    i. I do not understand the information the doctor is providing
    j. Inability to pay for services or copays
    k. Insurance will not cover what you needed
    l. Insurance was not accepted by your health care provider
    m. Lack of adequate transportation
    n. Lack of health insurance
    o. Long wait times
    p. Mistrust of medical professionals
    q. Shortage of healthcare professionals
    r. Stigma associated with going to the doctor
    s. Stigma associated with the diagnosis of a mental health condition
    t. Unable to find a provider that speaks your language
    u. Immigrant Status/Racial Discrimination
    v. You hope the problem will go away without having to go to the doctor
    w. Other (please explain)
    x. None/ I do not put off going to the doctor for issues related to my mental health
    y. I do not need to seek care for issues related to my mental health.

    z. Prefer not to respond

10. From the list provided, where do you feel you most often seek care for issues related to your <u>mental health</u>?
    a. Do not seek care
    b. Alternative medicine provider (acupuncture, chiropractic treatments, natural products, medicinal herbs)
    c. Emergency department
    d. Health department
    e. Primary care provider (doctor, nurse, etc.)
    f. Mental health provider (therapist, psychologist, psychiatrist)
    g. Walk-in/Urgent care center
    h. Other type of health clinic
    i. Calling 911
    j. Telehealth/Televisit (electronic visit via web or phone app)
    k. Social media/Internet
    l. Mexico
    m. Other (please explain)
    n. Prefer not to respond

11. On a scale of 1 to 5 (with 1 being strongly disagree and 5 being strongly agree), please rate each of the following statements for the community in which you reside: (Additional options include Unsure/Do not know <u>or</u> Prefer not to respond)
    a. Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
    b. Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
    c. There are enough providers accepting Medicaid in my community.
    d. There are enough providers accepting Medicare in my community.
    e. There are enough providers accepting patients without insurance in my community.
    f. There are enough bilingual healthcare providers in my community.
    g. There are enough mental health providers in my community.
    h. There are enough substance abuse treatment providers in my community.

Tell us about yourself.

We are almost finished! We just need to know a little more about who you are. Just to remind you, all the information you give us will be completely confidential.

12. What is your gender?
    a. Male
    b. Female
    c. Transgender/Other
    d. Prefer not to respond

13. What is your age?
    a. Under 18

    b. 18-24 years
    c. 25-44 years
    d. 45-64 years
    e. 65-74 years
    f. 75 years and over
    g. Prefer not to respond

14. What is your zip code of residence?

15. What is the highest level of education you have completed?
    a. Did not complete high school
    b. High School Diploma or GED
    c. Some College
    d. Associate Degree
    e. Bachelor's Degree
    f. Master's Degree
    g. Doctorate
    h. Other (please explain)
    i. Prefer not to respond

16. What is your ethnicity?
    a. Hispanic/Latino
    b. Non-Hispanic/Latino
    c. Other (please explain)
    d. Prefer not to respond

17. What is your race?
    a. White/Caucasian
    b. Black or African American
    c. American Indian or Alaskan Native
    d. Asian
    e. Native Hawaiian or Other Pacific Islander
    f. Multiracial
    g. Other (please explain)
    h. Prefer not to respond

18. What type of health insurance do you have?
    a. Tricare/VA
    b. Medicaid
    c. Medicare
    d. Private/commercial insurance
    e. I do not have health insurance
    f. Other (please explain)
    g. Unsure/Do not know
    h. Prefer not to respond

19. What language(s) do you speak at home? Please select all that apply.
    a. English
    b. Spanish
    c. Other (please explain)
    d. Prefer not to respond

20. What is your employment status?
    a. Employed full-time
    b. Employed part-time
    c. Retired
    d. Student
    e. Unemployed/short-term (less than 27 weeks)
    f. Unemployed long-term (27 weeks or longer)
    g. Person with disabilities unable to work
    h. Homemaker
    i. More than one job
    j. Prefer not to respond

The key findings from the community survey are detailed below:

- Community members identified the same top 3 health needs of the El Paso community as key leaders, but inverted the rankings of obesity and cardiovascular diseases/diabetes/hypertension; i.e., Cardiovascular disease/diabetes/hypertension, Obesity, Mental health
- Community members identified the following areas as having the most impact of health in the community: Income, Access to Care, and Diet and Exercise
- Community members noted the same medical service gaps as key leaders, including a lack of adequate providers offering services for substance abuse, mental health care, medical specialties, or accepting patients without insurance.