



**Public Health**  
Prevent. Promote. Protect.

## **Amarillo**



# 2018 Community Health Assessment

## *Executive Summary*

# COMMUNITY HEALTH ASSESSMENT: EXECUTIVE SUMMARY

## Background

Community health assessments have been used for years in health care sectors to highlight community issues and consider possible solutions for the gaps identified. In 1996, the Institute of Medicine noted that “assessment” was a core public health function and should be pursued by local health departments<sup>1</sup>. The Public Health Accreditation Board (PHAB) has also noted the importance of community health assessments (CHA) as an underpinning and required element of accrediting local health departments to provide a testament to quality and effective agency.<sup>2</sup>

In the summer of 2018, the City of Amarillo Department of Public Health (COADPH) commissioned AscentHealth Consulting (AHC) to perform a CHA using commonly accepted research methods of collecting information. These methods included a random-digit dialed telephone survey, analyzing trends by comparing similar data from prior years’ surveys, reviewing existing secondary data sources, convening focus groups and polling key informants for opinions on health/access/priorities. Once these activities were completed, AHC summarized the data into recommendations for moving forward with project planning. This CHA is designed to provide focus for solutions that will impact community health metrics over time. Subsequent efforts will require commitment and community consensus: hospitals, providers, government, non-profit agencies and private industry must all collectively address these areas of concern. Stakeholders must work together to leverage existing and future resources, whether they are financial or human capital.

In this report, AHC is providing findings of our research efforts focusing on areas of concern. These concerns should drive the current and future healthcare prioritizations of the Amarillo/Potter/Randall communities.

## *Collection Methods and Research Design*

To accomplish the mechanics of this CHA, several instruments were designed and implemented to gather the necessary data. These instruments were created to provide both qualitative and quantitative metrics. These instruments included:

- **Random-digit dial telephonic survey** (using national Behavioral Risk Factor Surveillance System as well as locally-directed questions for comparison from prior surveys)
- **Key informant survey** (an emailed instrument to community leaders for input)
- **Focus groups** (interviews with end users of the health care system within Amarillo)
- **Community health data scan** (secondary, publicly available data review)

These tools provided the needed data to accurately and uniquely show the current “snapshot” of Amarillo’s health and the challenges that exist. These challenges, once identified, begin to describe areas of concern—issues that must be confronted to improve the health of Amarillo.

# CHA Findings and Areas of Concern

The following findings are a summary of areas of concern—metrics and indicators that are negatively compared to either previous baseline data or state and national comparators. Many of the assessed data points are positive and/or show improvement when compared to other counties, Texas or the U.S. These data are all included in the CHA and can be referenced both in the 2018 study, as well as previous studies.

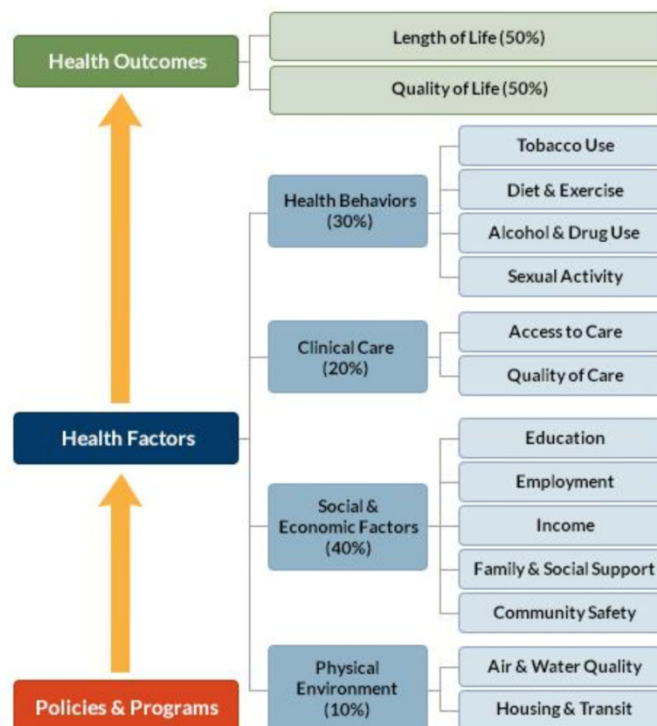
Areas of concern, however, are highlighted in this Executive Summary. Populations “at risk”, comparative rankings, and statistical increases or decreases when compared to the margin of error are all discussed as priorities requiring focus and intervention. The areas of concern show assessed community health weaknesses to be considered and addressed by stakeholders. In many communities, these areas of concern are the basis and beginning point for a community health improvement plan (CHIP).

## Community Health Data Scan - Areas of Concern

### County Health Rankings<sup>3</sup> show significant disparity between Potter and Randall Counties

- Table below shows published rankings for reporting Texas counties for 2018 using published datasets to populate listed indicators.
- Data examples include mortality, healthcare providers per capita, teen pregnancies, STD/STI rates, employment, education and many others.
- The higher the number, the worse the indicator ranked against Texas counties.
- Ranking system described in County Health Ranking publications is below:

#### Ranking System



This chart compares rankings of Potter and Randall counties among the 254 counties in Texas, by indicator. (Lower number indicates more positive ranking.)		
	Potter County	Randall County
<b>Health Outcomes</b>	<b>200</b>	<b>27</b>
Quality of Life	193	42
<b>Health Factors</b>	<b>202</b>	<b>9</b>
Health Behaviors	238	29
Clinical Care	52	7
Social and Economic Factors	173	9
Physical Environment	63	48

## *Random Digit Dial Telephone Survey - Areas of Concern*

### General state of health is fair or poor

- 24% of respondents are “at risk” as “fair” or “poor”, reported worse than Texas at 22.2% and US at 17.7%.

### Obesity is increasing

- **70.5%** of respondents report being overweight or obese (higher than Texas at 68.6% and the US at 64.6%).
- Obesity self-report increased from 29% in 2013 to 37% in 2018.

### Diabetes is increasing

- **21%** have been or are currently diagnosed with diabetes in the Amarillo area in 2018 compared to **10.5%** in the US and **15.5%** in Texas in 2015.
- Residents reporting diabetes in the Amarillo area increased from **11%** in 2013 to **21%** in 2018.

### Reports of Heart Attack are increasing

- **8%** reported having had a heart attack in the Amarillo area compared to **4.3%** in US and **6.1%** in Texas.
- Resident reports doubled from **4%** in 2013 to **8%** in 2018.

### Reports of Stroke are increasing

- **6%** reported stroke diagnosis in Amarillo area compared to **3.1%** in US and **4.9%** in Texas.
- Amarillo area reported **2%** in 2013; **6%** in 2018.

### Reports of Smoking are increasing; attempts to quit are decreasing

- **47%** “at risk” for having smoked 100 or more cigarettes, compared to **40.7%** in US and **39.2%** in Texas.
- Personal smoking cessation efforts are decreasing: 44% denied attempts to quit smoking in 2013; **63%** denied attempts in 2018.



## Reports of Pap test history are decreasing

- 92% reported history of pap test in 2013 survey; decreased to 83% in 2018.
- 8% in 2013 reported no test; doubled to 16% in 2018.

## Respondents' reports of seeking mental/behavioral health services increasing

- 12% of respondents reporting seeking mental health services in 2013; increasing to 17% in 2018.

## Responsibilities for caregiving for elderly is increasing

- 10% of residents reported caregiving responsibilities in 2013, and this number increased to 14% in 2018.

## Reported prenatal care for those pregnant (in last five years) is very low:

- 72% reported no prenatal care for their own pregnancy or the pregnancy of a household member occurring in the past five years.
- More research is needed to confirm this number.

## *Key Informant Survey - Findings*

### Overall health rating by respondents:

- 2.74/5 score reported as a Likert scale rated between "Neutral" and "Less Healthy"

### Ranking of top three agency/organizations responsible for providing health solutions:

1. Government agencies
2. Nonprofit organizations
3. Hospitals

### Top three populations' healthcare needs not being addressed adequately:

- Mental/behavioral health patients
- Un-/under-insured
- Low-income

### Top three health issues facing the community:

- Mental/behavioral health concerns
- Substance abuse
- Obesity (tie)
- Access to care (tie)

## **Risk factors (top three) to be changed or modified**

- Lack of health education
- Mental/behavioral healthcare access challenges
- Nutrition and physical activity

## **Resources needed to address risk factors**

- Additional health education
- Affordable care access
- Governmental financing for community health
- Community collaboration

## **Top 3 most important health issues facing children**

- Primary care access
- Access to mental/behavioral health services
- Nutrition/physical exercise

## **Top 4 children's health issues, ranked**

1. Food insecurity/hunger
2. Access to care
3. Access to mental/behavioral health (tie)
4. Teen pregnancy (tie)

## **Top 4 pediatric healthcare specialists needed in Amarillo**

- Counseling/psychology
- Psychiatry
- Neurology
- Pulmonology

## **Top 3 most important health issues facing adults (ages 19-64)**

- Obesity
- Mental/behavioral health
- Access to care

## **Top 3 adult health issues, ranked**

1. Access to health insurance
2. Access to primary care
3. Access to mental health services

### **Top 3 adult healthcare specialists needed in Amarillo**

- Counseling/psychology
- Psychiatry
- Neurology

### **Top 3 most important health issues facing senior adults**

- Access to primary care
- Chronic disease prevention and treatment
- Mental/behavioral care access

### **Top 3 senior adult health issues, ranked**

1. Access to primary care
2. Chronic disease prevention and treatment
3. Food security/nutrition

### **Top 3 senior adult healthcare specialists needed in Amarillo**

- Gerontology
- Counseling/psychology
- Navigation specialist

### **Top 3 OVERALL health issues and priorities to be addressed in next 1-3 years**

- Mental/behavioral healthcare access
- Affordable access to care
- Substance abuse

## *Focus Groups - Findings*

### **Un- and Under-insured Residents**

- Access to care is a reported concern.
  - *“I can’t get in to the doctor for days, so I go to the ER.”*
- Insurance is difficult to obtain.
  - *“This is a wealthy country. Everyone should have insurance.”*
- Education on existing resources appears lacking.
  - *“Make information available about programs, like flu shots, sooner. I watch the news. I don’t buy the newspaper. A lot of things we find out by word of mouth, but it’s often the wrong information.”*
  - *“I live on the north side. A lot of things are not advertised there. They don’t target the 79107 area. We miss a lot of information. I would like to have more information about medical care and meetings in the community.”*

## Mothers of Pre-term or Low-birthweight Babies

- Access to care and navigation challenges persist.
  - *“I didn’t know anything.” (4 women agreed with this statement.)*
  - *“I didn’t get prenatal care until I was six months pregnant. I was young and scared.”*
  - *“I didn’t find out I was pregnant until I was seven months.”*
  - *“I got care at five months.”*
  - *“A lot of people don’t know about these community programs. Many are income-based and people don’t think they will qualify. Head Start, for example.”*
  - *“WIC has a program for parents of 3- to 4-year-olds that people don’t know about. I wish I had known about it.”*
  - *“I wish I had been given more postpartum information.”*
  - *“The Nurse/Family Partnership helps educate you in the first year of the baby’s life. It’s only for first-time moms. It’s helpful.”*
- Health education, and particularly sex education, is a topic of concern.
  - *“Everyone makes mistakes. People judge you for your mistakes.”*
  - *“More education for fathers and what to do – especially teen dads.”*
  - *“More open about birth control. Kids should be able to go to their parents for help.”*
  - *“We need more education about STDs and HIV. People don’t know you can get these even if you’re on birth control.”*
  - *“People need to know how to have the birth control / sex conversation. Growing up, that was off-limits in my home.”*

## Substance abusers/opioid users group:

- Addiction is complex and resources are scarce.
  - *“I was addicted to opioids for eight years. My entire family’s addicted to opioids. It’s still an active addiction with them. And I’ve got almost six months clean. They just took over. It took over my entire life. So, I’m glad we’re here.”*
  - *“I’ve been a user for 23 years. I’ve been clean and sober for five now – five months. I’ve just been in and out of treatment centers and stuff like that to try to cope with the – what I’ve been struggling with.”*
  - *“I had several different programs, but the one that has stuck and the most recently helped is I went through the ARAD program. The one that they had for me for the shelter and not the new one. I also got help at Narcotics Anonymous and Another Chance House. So, those three programs are what worked for me.”*
- Substances, illegal and legal, are readily accessible.
  - *“Go to the doctor. Go to the Emergency Room. Go to the local corner house. Go to the guy in the car – wherever.”*
  - *“I was about 15. Experimenting with them, you know. Basically, I was raised around drugs. Not to put it off on nobody, but I mean, the mindset was easy access. I didn’t have to go anywhere else to get it. And then that just escalated into this becoming my lifestyle. Then, I basically turned to the streets to find comfort. It just became my lifestyle, you know. I graduated from the streets to prison, of course. Being in prison, you learned more, coped with different people, and just gradually educated. It was the lifestyle.”*



## Substance abuse professionals:

- Opioids can be a gateway drug; escalation is frequent.
  - *“I have a female in the jail that started opioids when they were prescribed by a doctor. Her use went up the chain until she was a full-blown addict on other stuff. I see long-term heroin use in some males that have been in and out of the jail for decades. One started heroin at age 15.”*
  - *“When they start, it’s oxycodone or marijuana, then they move up the chain. Then, one to two times with meth and they’re done (addicted). With heroin, I know one guy who started when he was hanging out with a friend smoking marijuana and someone gave him a hit of heroin. He was 15 and has been addicted ever since.”*

## Refugee/Immigrant population:

- Mental/behavioral health concerns exist in Refugee communities too.
  - *“TPC (Texas Panhandle Centers) is great. But sometimes people don’t feel safe talking to a case manager or there’s a communication barrier and people get the wrong idea.”*
  - *“Depression is just thought of as sadness. People in my culture tell you you’re fine. At Catholic Charities, we have a plan if we know a refugee has a problem when they come here.”*
  - *“People (refugees) worry that the interpreter may not keep their information confidential. It may take two or three sessions to gain trust.”*
  - *“There’s shame about telling people what they’ve been through. Makes it harder to find out what is going on.”*
  - *“In one case, the person was depressed, had PTSD, had been tortured and had many mental health problems. Although he was twitchy, he said, ‘I’m OK because I’m here now and I’m safe.’”*
- Health education, particularly around nutrition, is needed for refugee communities.
  - *“The health department does a great job with home visits, screenings, immunizations. It’s all good.”*
  - *“We need to approach each group with pieces of information. Maybe a group lecture at churches in a flexible setting. Have people within the communities invite others, rather than the case manager inviting them.”*
  - *“Here, we use our car a lot, but where I came from everyone walked everywhere – to the grocery store, to the post office. There’s a lack of places here where you walk with others. Now I walk my neighborhood. I encourage others to go to the park, the zoo and the canyon – to be in nature. People miss that from home. Sports are good for young people. We need to have fun and don’t just worry. When you get a job it takes up most of your time.”*
  - *“There is more meat here, and more vegetables where I came from. People get chubbier here with an American diet.”*
  - *“A lot of refugees like the sugary snacks here. The ingredients in the drinks here are not the same as they had back home – they are worse for you here. But they love the sweet and attractive drinks and how plentiful they are. The food here is mostly processed. We cook meat with corn flour here and fresh vegetables are hard to get here.”*

### Endnotes

- 1 Institute of Medicine. 1988. *The Future of Public Health*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/1091>.
- 2 PHABoard Accreditation Standards and Measures. Retrieved on September 8, 2018. URL: <http://www.phaboard.org/accreditation-process/public-health-department-standards-and-measures/>.
- 3 County Health Rankings comparison tool. Retrieved on September 8, 2018. URL: [http://www.countyhealthrankings.org/app/texas/2018/compare/snapshot?counties=48\\_375%2B48\\_381](http://www.countyhealthrankings.org/app/texas/2018/compare/snapshot?counties=48_375%2B48_381)