



Pampa Regional Medical Center

2021

Pampa Regional Medical Center

Community Health Needs Assessment

- Gray County, Texas -

*Paper copies of this document may be obtained at: Pampa Regional Medical Center
One Medical Plaza, Pampa, TX 79065 or by phone 806.665.3721 or via the hospital website. prmctx.com*

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Perspective / Overview

About Pampa Regional Medical Center

Pampa Regional Medical Center is a 115-bed, not for profit, acute-care community hospital, and a member of the Prime Healthcare Foundation, a 501(c)3 public charity. PRMC serves a population of approximately 65,000 residents in the Texas Panhandle. Founded in 1950, Pampa Regional employs more than 275 full-time and part-time staff members. Pampa Regional is accredited by The Joint Commission.

In partnership with more than 30 area physicians, the hospital provides a full range of medical services to meet the healthcare needs of the community it proudly serves.

Pampa Regional Medical Center is passionately committed to providing the highest quality care to the patients we serve. To that end, we focus intensive efforts on continuously monitoring many quality indicators in every clinical department of the hospital - we believe that if we can't measure it, we'll have a difficult time improving it. And we are committed to the open reporting of quality and safety in our hospital, which makes us even more accountable to our patients.

View the following national quality data to see how Pampa Regional Medical Center compares with other hospitals across the country:

- [CMS Hospital Compare](#)
- Joint Commission

These quality improvement efforts involve employees and physicians at every stage in the patient experience and are led by a multi-disciplinary Transformation Team.

Our Mission

To deliver compassionate, quality care to patients and better healthcare to communities.

These are our Values

Quality

We are committed to always providing exceptional care and performance.

Compassion

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

Community

We are honored to be trusted partners who serve, give back and grow with our communities.

Physician Led

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.



Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Gray County, Texas.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2021 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Pampa Regional Medical Center (PRMC).

Pampa Regional Medical Center as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✓ Starting on December 16, 2021, this report is made widely available to the community via Pampa Regional Medical Center's website <https://www.prmctx.com> and paper copies are available free of charge at Pampa Regional Medical Center, One Medical Plaza, Pampa, TX 79065 or by phone (806) 665-3721.
- ✓ Pampa Regional Medical Center's board of directors approved this assessment on December 16, 2021.

PROJECT GOALS

- ① To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- ② To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- ③ To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Edwin Leon, CEO Pampa Regional Medical Center

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Courtney Oxley, Manager Business Development, Pampa Regional Medical Center

”

Community

Input and Collaboration

Data Collection and Timeline

In May 2021, Pampa Regional Medical Center began a Community Health Needs Assessment for Gray County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in May and June 2021.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on August 5 and 6, 2021.
- A Community Health Summit was conducted on September 14, 2021, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.



Photo Credit: Gray County 4H

Information Gaps

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

Participants

Forty-three individuals from thirty-seven community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Gray County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Gray County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Participated
Altrusa Club		Summit
Behavioral Health	Behavioral health	Focus Group/Interviews
Briarwood Church		Focus Group/Interviews
Chamber, Business owner		Summit
Chiropractor/business owner		Summit
City Commissioner		Summit
City Manager		Summit
City of Pampa		Summit
Community Member	Genetic disorders/youth	Focus Group/Interviews
Gray County EMS		Focus Group/Interviews
Harvester Family Medical Clinic		Focus Group/Interviews
Hospital Board & Happy State Bank		Summit
Insurance Agent & Altrusa Club		Summit
Interim Home Health & Hospice	Geriatrics	Focus Group/Interviews; Summit
Judge		Focus Group/Interviews
Keystone Tower Systems		Summit
Lukner Medical		Focus Group/Interviews
Meals on Wheels		Focus Group/Interviews
Meals on Wheels & Extension Agent	Seniors	Focus Group/Interviews; Summit
New Hope Counseling	Behavioral health	Focus Group/Interviews; Summit
Nurse Practitioner	Geriatrics	Focus Group/Interviews
Pampa Chamber of Commerce	Businesses	Focus Group/Interviews
Pampa Community Services	Underserved	Summit
Pampa EDC		Focus Group/Interviews; Summit
Pampa High School	Youth	Summit
Pampa ISD	Youth	Summit
Pampa Regional Med Ctr		Focus Group/Interviews
Photographer		Focus Group/Interviews
Realtor		Summit
Ruby Slippers Home Care Provider	Seniors	Summit
St. Matthew Day School	Youth	Focus Group/Interviews; Summit
Texas Farm Bureau		Summit
The Bridge & Happy State Bank	Youth	Focus Group/Interviews; Summit
T-Shirts and More	General/Youth	Focus Group/Interviews

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in individual interviews, surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews, focus groups and the Community Health Summit. Agencies representing these population groups were intentionally invited to interviews and Summit.

Input of those with Expertise in Public Health

The Texas Department of State Health Services mission is to “To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.” Texas Department of Health identified seven goals:

1. Improve health outcomes through public and population health strategies, including prevention and intervention.
2. Optimize public health response to disasters, disease threats, and outbreaks.
3. Improve and optimize business functions and processes to support delivery of public health services in communities.
4. Enhance operational structures to support public health functions of the state.
5. Improve recognition and support for a highly skilled and dedicated workforce.
6. Foster effective partnership and collaboration to achieve public health goals.
7. Promote the use of science and data to drive decision-making and best practices.

TDSHS has the following health promotion and chronic disease programs:

- Alzheimer’s Disease
- Asthma Control
- Community Health Workers
- Comprehensive Cancer Control
- Diabetes Prevention and Control
- Heart Disease and Stroke
- Obesity Prevention
- School Health
- Texas Healthy Communities
- Tobacco Prevention and Control
- Worksite Wellness

TDSHS focuses on the following public health campaigns around three categories:

Community Health and Safety

- Disaster Preparedness
- Agency Action Plan to Address Substance Use
- Childhood Immunization
- Smiles for Moms and Babies
- Childhood Lead Testing and Reporting
- 12 Days of Holiday Food Safety

Tobacco Prevention

- Yes Quit
- Vapes Down
- Peers Against Tobacco
- Say What!

Infectious Disease

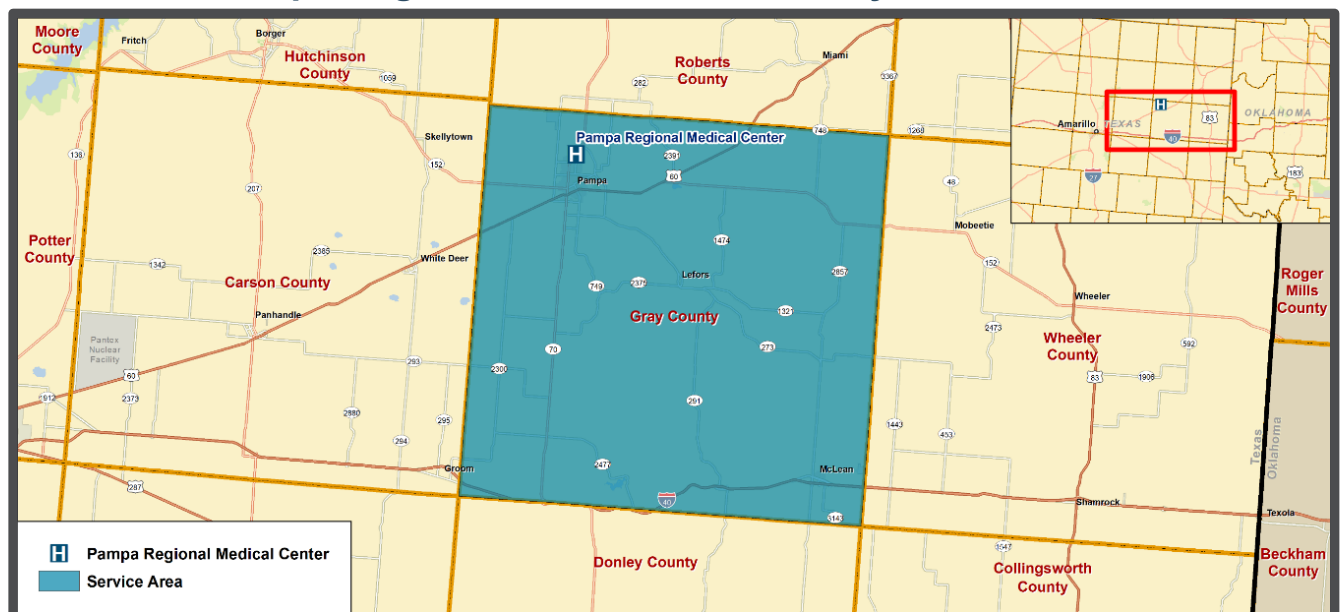
- Mosquito-Borne Disease Prevention
- Zika
- West Nile Virus
- The Flu
- Know My Status

Texas has regional public health regions. Gray County is in Region 1 – Lubbock.

Community Selected for Assessment

Gray County was the primary focus of the CHNA due to the service area of Pampa Regional Medical Center. Used as the study area, Gray County provided 77% of 2020 inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Pampa Regional Medical Center draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Pampa Regional Medical Center's Financial Assistance Policy.

Pampa Regional Medical Center Study Area - 2021



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and interviews the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Community education, literacy and involvement
2. Access to care
3. Healthy weight
4. Mental health
5. Substance misuse
6. Unhoused individuals

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups and individual interviews with community members
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: PRMC

Description of the Communities Served

Demographics

The table below shows the demographic summary of Gray County compared to Texas and the U.S.

	Gray County	Texas	USA
Population	22,769	29,969,514	333,934,112
Median Age	40.0	35.3	38.8
Median Household Income	\$52,291	\$63,524	\$64,730
Annual Pop. Growth (2021-2026)	-0.37%	1.54%	0.71%
Household Population	8,306	10,615,809	126,470,675
Dominant Tapestry	Economic BedRock (10C)	Up and Coming Families (7A)	Green Acres (6A)
Businesses	962	988,897	12,013,469
Employees	8,687	11,723,194	150,287,786
Health Care Index*	86	99	100
Average Health Expenditures	\$5,372	\$6,149	\$6,237
Total Health Expenditures	\$44.6 M	\$65.3 B	\$788.8 B
Racial and Ethnic Make-up			
White	76%	67%	69%
Black	5%	13%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	1%	5%	6%
Other	13%	12%	7%
Mixed Race	3%	3%	4%
Hispanic Origin	31%	40%	19%

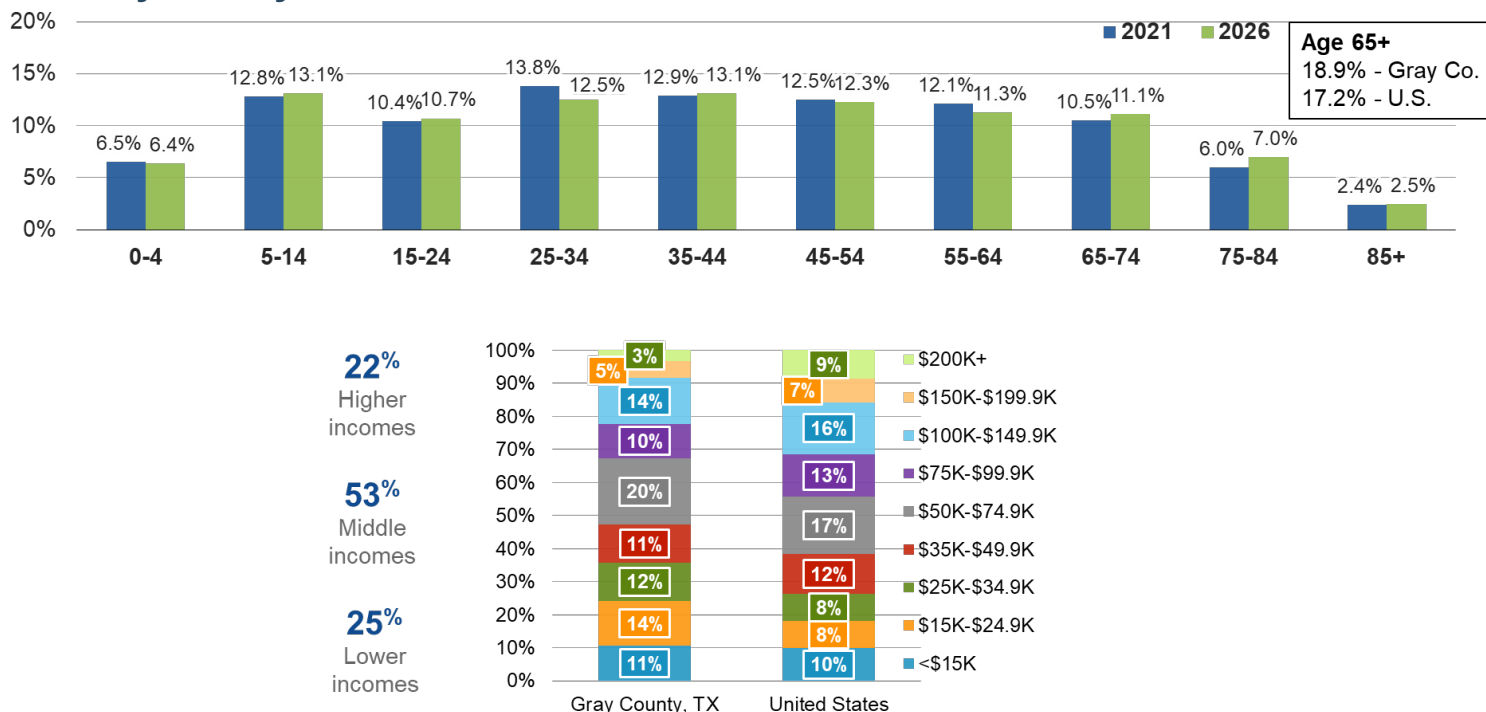
Source: ESRI

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

Gray County

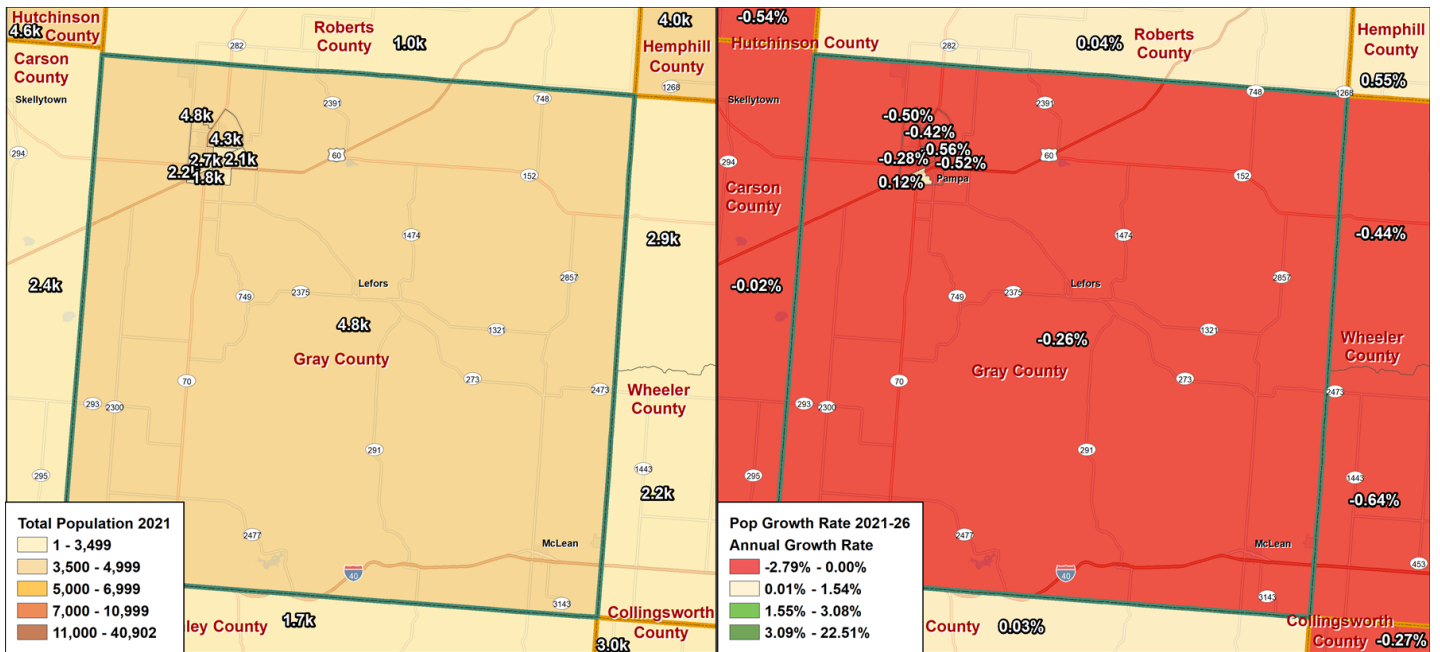


Source: ESRI

- The population of Gray County is projected to decrease from 2021 to 2026 (0.37% per year). Texas is projected to increase 1.54% per year. The U.S. is projected to increase 0.71% per year.
- Gray County had a higher median age (40.0 median age) than TX (35.3) and the U.S. (38.8). In Gray County the percentage of the population 65 and over was 18.9%, higher than the U.S. population 65 and over at 17.2%.
- Gray County median household income at \$52,291 was lower than TX (\$63,524), and the U.S. (\$64,730). The rate of poverty in Gray County was 14.5% which was higher than TX (13.6%) and the U.S. (12.3%).
- The household income distribution of Gray County was 22% higher income (over \$100,000), 53% middle income, and 25% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Gray County was 86, indicating 14% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Gray County was 76% White, 1% American Indian, 31% Hispanic Origin, 3% mixed race, 5% Black, 1% Asian/Pacific Islander, and 13% other. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Demographics, cont.

2021 Population by Census Tract and Change (2021-2026)



Source: ESRI

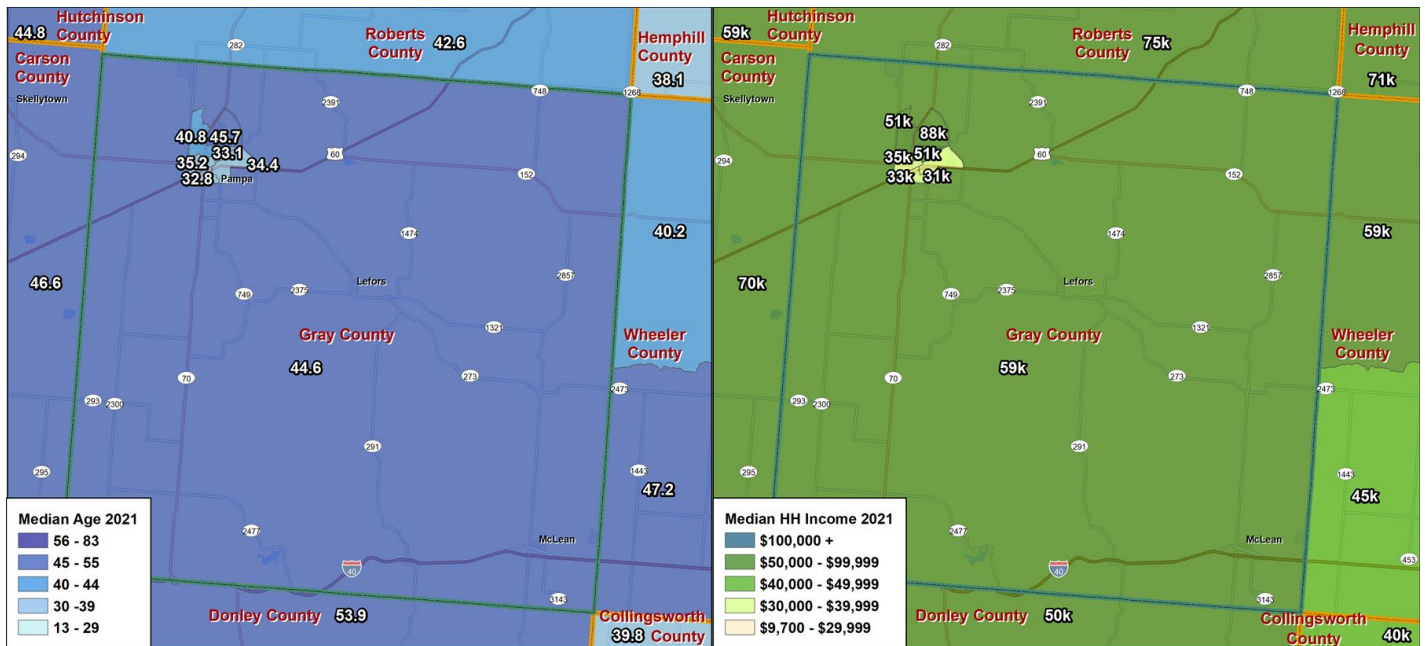
Red is population decline
 Yellow is positive up to the TX growth rate
 Green is greater than the TX growth rate
 Dark Green is twice the TX growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

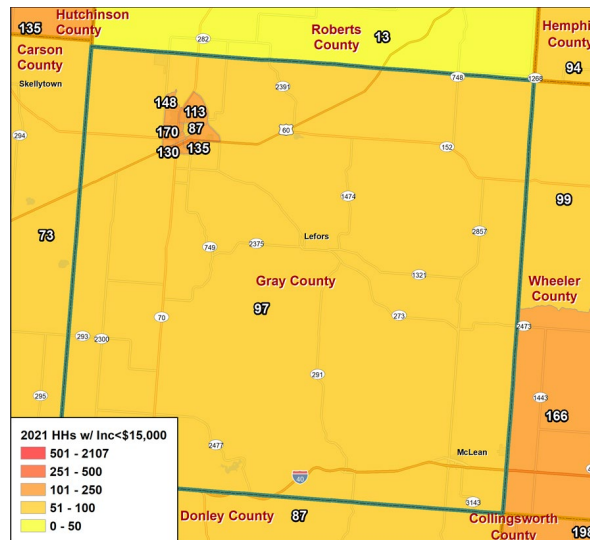
The census tracts in Pampa have the majority of the population in the county.

Gray County's population was projected to decrease from 2021 to 2026, 0.37% per year. One census tract in Pampa was expected to grow up to the rate of TX. The remainder of the county's census tracts are projected to decline in population.

2021 Median Age & Income



Source: ESRI



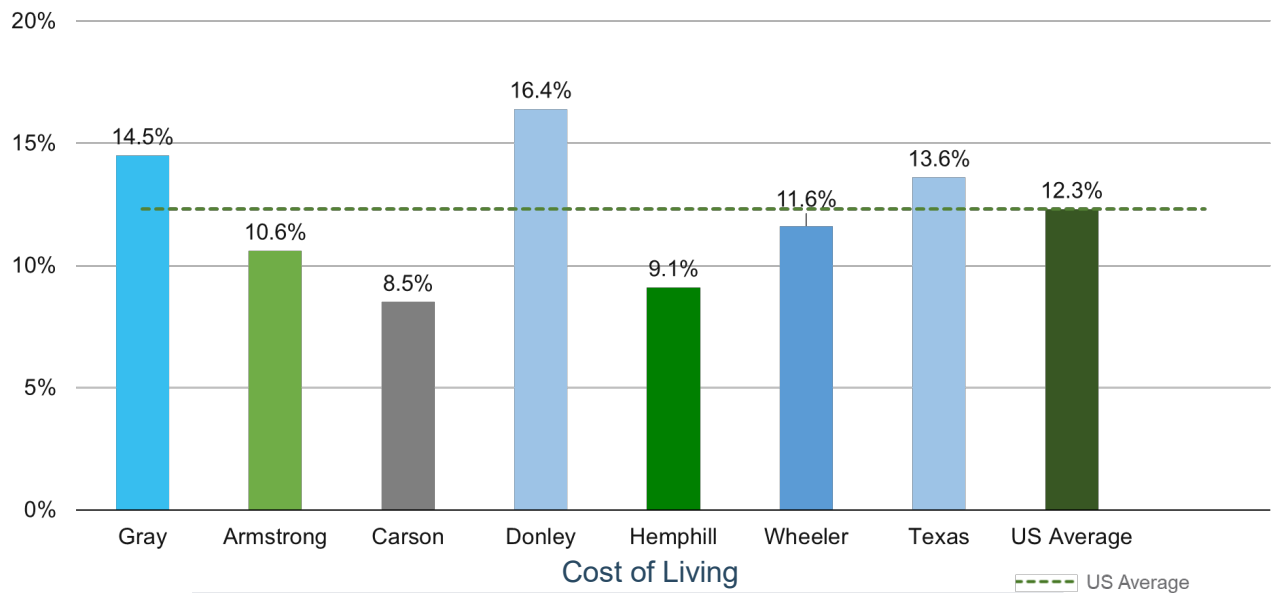
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in south Pampa with a median age of 32.8 than the census tract further north in Pampa with a median age of 45.7.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lower income census tracts are in south Pampa with \$33K and \$31K median household incomes.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have lower health status. There were 880 households making less than \$15K per year.

Demographics, cont.

Gray County's 2019 poverty percentage was 14.5% compared to Texas at 13.6% and the U.S. at 12.3%. The cost of living in Gray County is lower than TX and the U.S.



	Gray County	Texas	US
Overall	71.5	93.9	100
Grocery	87.4	93.7	100
Housing	34.9	84.3	100
Median Home Cost	\$80,000	\$195,000	\$231,200
Utilities	96.5	99.2	100
Transportation	67.8	103.3	100
Miscellaneous	94.7	96.4	100

Business Profile

51.0% percent of employees in Gray County were employed in:

- Retail Trade (13.6%)
- Construction (10.0%)
- Education Services (10.0%)
- Health Care & Social Assistance (9.9%)
- Public Administration (7.5%)

Source: Esri

Retail offers health insurance at a lower rate than healthcare, public administration and educational services.

Gray County's April 2021 preliminary unemployment was 6.8% compared to 3.5% for Texas and 5.8% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

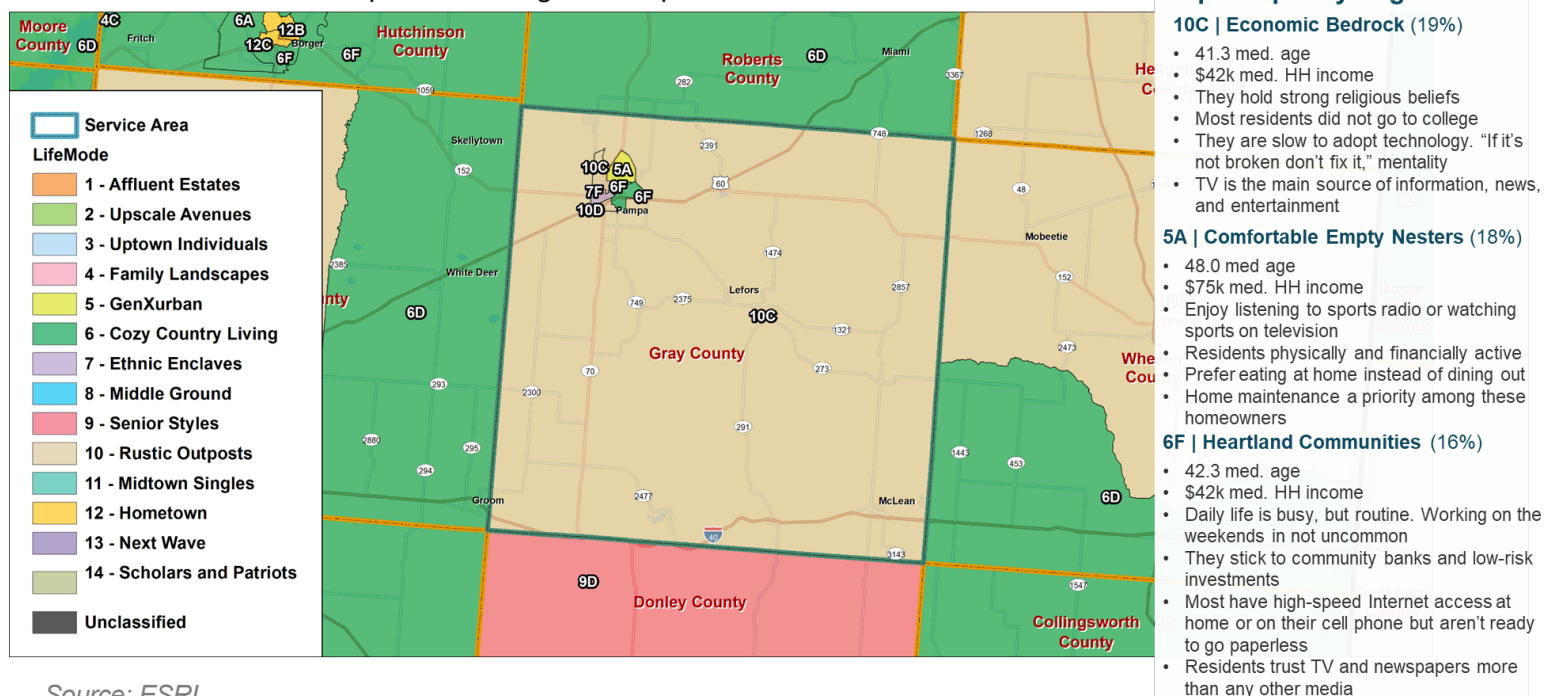
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 53% of Gray County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county was Economic BedRock (19%), Comfortable Empty Nesters (18%), and Heartland Communities (16%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 53% of total households.



Source: ESRI

Interview and Focus Group Results

Interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in individual interviews and focus groups on August 5th and 6th, 2021. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. How do you define health?

- General wellbeing – physical, mental, emotional, spiritual health, wholistic
- Able to function efficiently in life, mobility, content, energetic
- Absence of sickness or disease, feeling of wellbeing
- General physical and emotional wellbeing as healthy as they can be
- State of wellness, mind and body how well they're functioning

2. For the purposes of this Community Health Needs Assessment, the community is Gray County, generally, how would you describe the community's health?

- Struggle a little bit
- Poor, a 2 out of 10
- Good-fair
- Pretty good but are a number of people whose health isn't good and can't afford health services
- Fair to poor
- Poor
- Stratified- millionaires who have means to take care of themselves and then have poor and those on disability not able to work. Not enough resources leads to domestic abuse, family issues, substance abuse, drug seekers
- Take the most dangerous drugs but unwilling to take vaccines
- Not a healthy community
- Goes back to perception of own health- don't take care of themselves
- Lots of mistrust particularly with pandemic

3. What are the most significant health issues for the community today?

- Homelessness – downtown, kids, mental health issues
- Substance misuse – alcohol as well as drugs
- Obesity/nutrition
- Chronic diseases – Heart disease, diabetes, COPD, cancer, high blood pressure
- Mental health – depression, anxiety, bipolar, access to care
- Access to care – need more family practice, OB/gyn, difficult recruitment, hard to afford medications, insurance, care.
- Health literacy – fear and misunderstandings, how and where to get healthy

Interview and Focus Group Results, cont.

4. What are the most significant health issues facing various populations including medically underserved, low-income and minority populations?

- Trust
- Cultural and language barriers
- Chronic diseases – Diabetes, heart disease, high blood pressure
- Substance misuse –alcoholism, methamphetamine, opioids, self medicating
- Mental health
- Obesity/nutrition
- Health Literacy – Unsure of insurance issues, taking condition seriously, noncompliance
- Access to care – transportation, affordability, uninsured

5. What are the most important health issues facing children?

- Mental health – anxiety, lethargy, suicide
- Healthy weight – physical activity & healthy eating
- Access to care - pediatricians

6. What are the most important health issues facing seniors?

- Lack of support and resources – home help, bathing, housekeeping, no one to take care of them
- Mobility & loneliness – transportation, fear of falling
- Chronic diseases – Diabetes, dementia

7. The community performed a CHNA in 2018 and identified priorities for health improvement

- a. Increasing primary care physicians
- b. Increasing educational awareness programs
- c. Increasing the number of mental healthcare providers and professionals, especially focusing on adolescents
- d. Increasing substance abuse prevention
- e. Expanding transportation services to/from treatment services
- f. Increasing access to pain management services

What has changed most related to health status in the last three years?

- All issues are still valid
- Transportation has improved – hospital van, nursing home transportation and Panhandle transit

8. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Creativity and resilience – community pulled together, were creative with solutions
- Ethnicity differences – more Hispanics with Covid
- Health literacy – don't know who to believe, misinformation
- Health status – delayed care, mental health, gained weight, isolation
- Fear - uncertainty
- Economics – lost jobs, wages, and businesses

Interview and Focus Group Results, cont.

9. What behaviors have the most negative impact on health?

- Substance misuse – illegal or prescription, alcohol
- Nutrition – poor diet, fast food
- Lack of activity

10. What environmental factors have the biggest impact on community health?

- Need affordable, nice housing
- Allergies, wind
- Lots of parks
- Clean water

11. What do you think the barriers will be to improve health in the communities?

- Commitment to improvement
- Difficulty recruiting to rural areas
- Hard to relate to homeless
- Resources – money and people
- Education

12. What community assets support health and wellbeing?

- Meals on Wheels
- Pregnancy Care Center
- Southside & Pampa Senior Citizens Center
- Schools
- Churches and their programs
- Pampa Regional Medical Center-van, adolescent mental health, telehealth
- Community and youth center, aquatic park
- Chamber of Commerce, Economic Development
- Service Clubs – Altrusa, Lions, Optimist, Kiwanis Clubs
- Not-for-profit orgs – Good Samaritan House, United Way, Meredith House, Commodities program, AA
- Parks, fitness centers, trails

13. If you had a magic wand, what improvement activity should be a priority for Gray County to improve health?

- Childcare – more after-school programs, sick childcare and more day care options
- Unhoused population support – housing assistance, affordable housing
- Access to care – transportation, financing, recruitment of primary care
- Healthy eating, active living
- Substance misuse resources – detox, substance abuse treatment
- Mental health – access to providers and resources, medication assistance
- Health literacy – education resources on disease processes
- Community building – more positive social media interactions, positive societal interactions

Health Status Data

Based on the 2021 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Gray County ranked 176th out of 243 Texas counties ranked for health outcomes (1= the healthiest; 243 = unhealthiest), and 133rd for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Gray County were: higher adult smoking, higher adult obesity, higher rate of teen births, higher percentage of uninsured, higher percentage of unemployment, higher preventable hospital stays, lower percentage of mammography screening, lower high school graduation rate, lower percentage of “some college”, higher income inequality, and higher violent crimes. The areas of strength were identified as higher access to exercise opportunities, higher social associations, and lower air pollution.

When analyzing the health status data, local results were compared to Texas, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Gray County's results were worse than TX and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Texas and eventually the nation, Gray County must close several lifestyle gaps. For additional perspective, Texas was ranked the 34th healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) Texas strengths were higher high school graduation rate, low racial gap in high school graduation, and low prevalence of multiple chronic conditions. Texas challenges were high prevalence of avoided care due to cost, high teen birth rate, and high uninsured rate.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and interviews. If a measure was better than Texas, it was identified as a strength, and where an indicator was worse than Texas, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Texas's counties every year since 2003.

In most of the following graphs, Gray County will be blue, Texas (TX) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

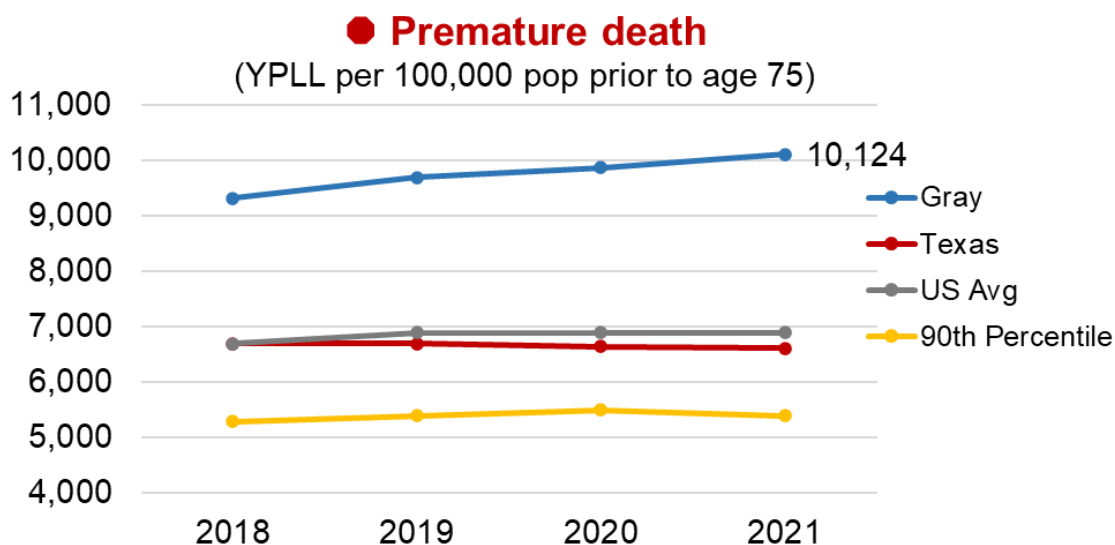
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Gray County ranked 176th in health outcomes out of 243 Texas counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Gray County ranked 203rd in length of life in TX. Gray County lost 10,124 years of potential life per 100,000 population which is higher than TX and the U.S.

Gray County residents can expect to live 4.3 years less than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

● Life Expectancy
(Average number of years a person can expect to live)

	2017-2019		2017-2019
Gray County	74.5	Gray County	
Texas	79.2	Black	NA
US Avg*	78.8	Hispanic	81.3
90th Percentile	81.1	White	72.4

*US is 2019 data; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

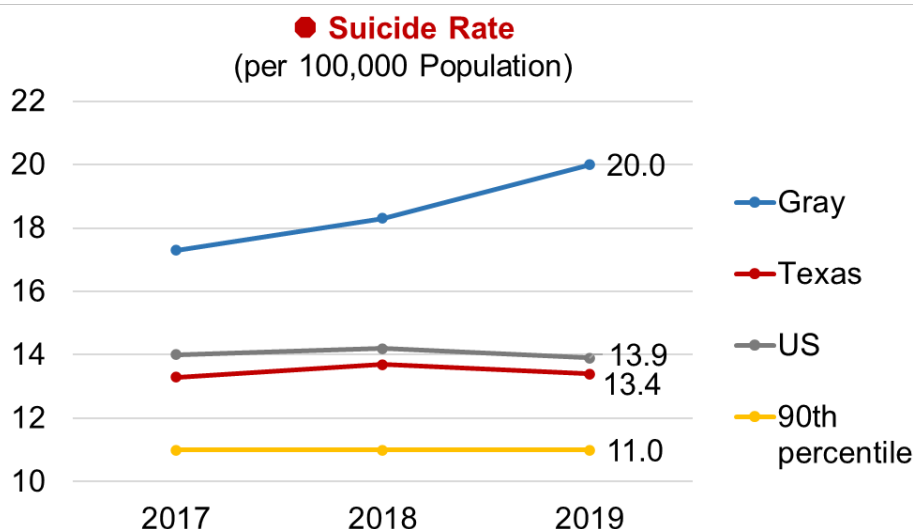
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Gray County	Texas	US
Heart Disease	327.3	159.4	161.5
Cancer	200.7	143.2	146.2
Strokes	50.8	37.9	37.0
Accidents (Unintentional Injuries)	51.7	37.7	49.3
Respiratory Diseases	130.2	37.2	38.2
Alzheimer's	77.6	33.6	29.8
Diabetes	44.6	21.0	21.6
Septicemia	25.9	14.4	9.5
Kidney Disease	19.6	14.9	12.7
Suicide	20.5	13.1	13.9
Covid-19*	184.5	37.7	105.4

*2020, Gray County had 42 deaths due to Covid, and 58 Covid deaths in total. Crude death rate shown for Gray County.

Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. Gray County data from 2015, 2019 combined. TX, US data from 2019. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Red rates had death rates higher than TX. The leading causes of death in Gray County were heart disease, cancer, respiratory disease, Alzheimer's disease, accidents, strokes, diabetes followed by septicemia, suicide, kidney disease. Covid is projected to be a leading cause of death in 2020.



The suicide trend increased with Gray County's rate higher than TX and the U.S.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Length of Life STRENGTHS

- The Hispanic population had a higher life expectancy than TX overall.

Length of Life OPPORTUNITIES

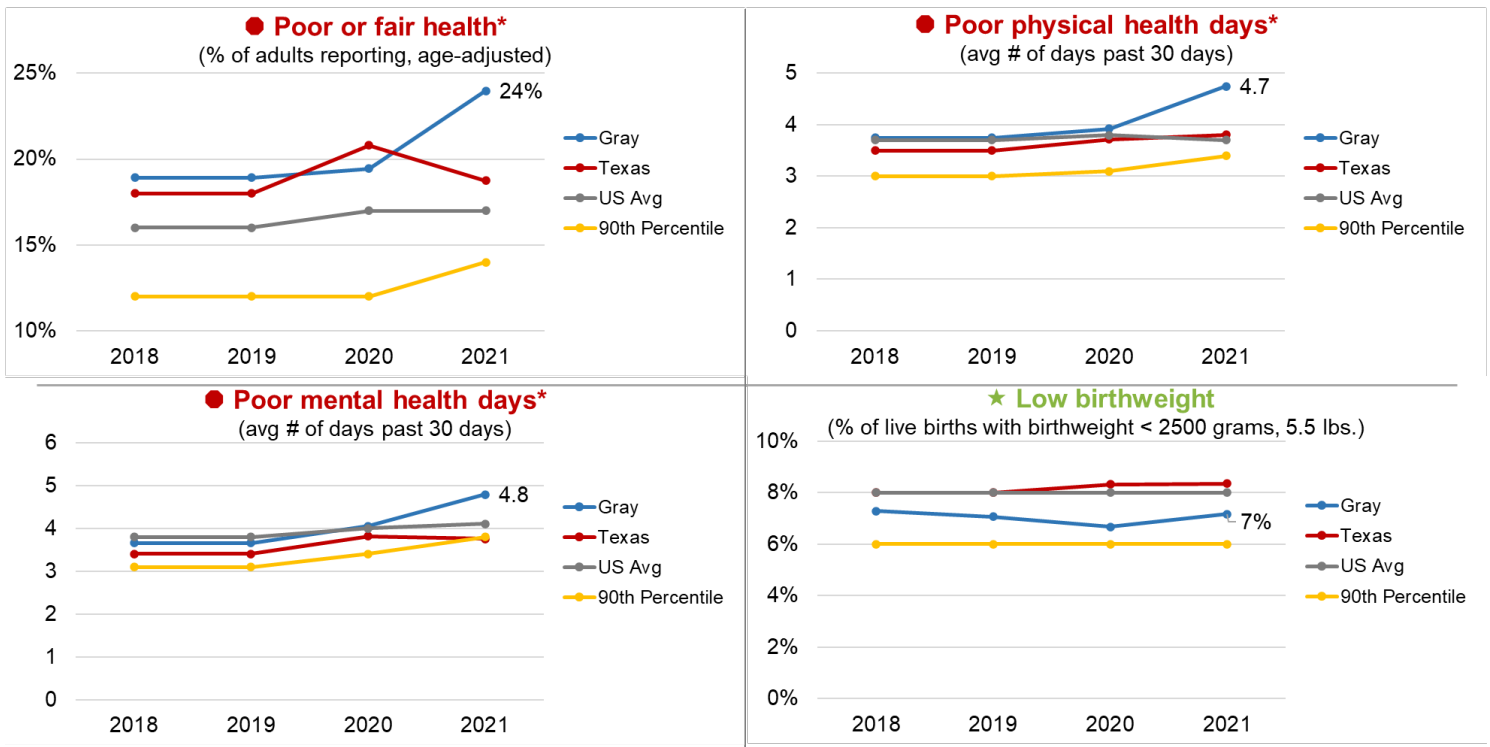
- Gray County had a higher death rate for all causes of death than TX.
 - Gray County had lower life expectancy than TX and the U.S. and higher years of potential years of life lost.
 - The suicide rate in Gray County was 20.0 per 100,000 population, higher than TX (13.4) and the U.S. (13.9).
-



Photo Credit: PRMC

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Gray County ranked 129th in quality of life out of 243 Texas counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2018
Source: County Health Rankings: National Center for Health Statistics – Natality files (2013-2019)

Quality of Life STRENGTHS

- Gray County had a lower percentage of low birthweight babies at 7% than TX and the U.S.

Quality of Life OPPORTUNITIES

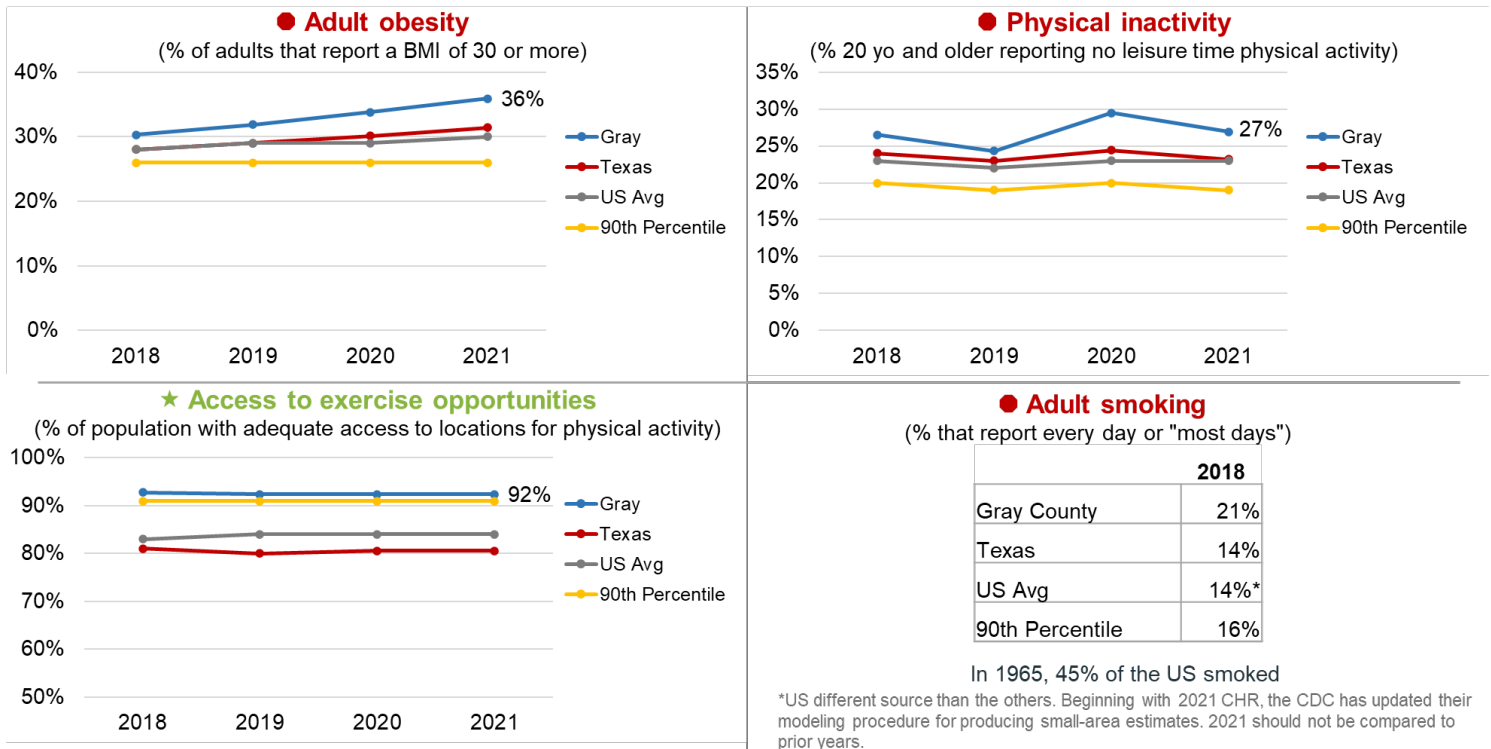
- Gray County had a higher percentage of adults reporting poor or fair health than TX at 24%.
- Gray County had a higher percentage of adults reporting poor mental health days than TX at 4.8.
- Gray County had a higher percentage of adults reporting poor physical health days than TX at 4.7.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Gray County ranked 133rd in health factors out of 243 Texas counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Gray County ranked 186th in health behaviors out of 243 counties in Texas.

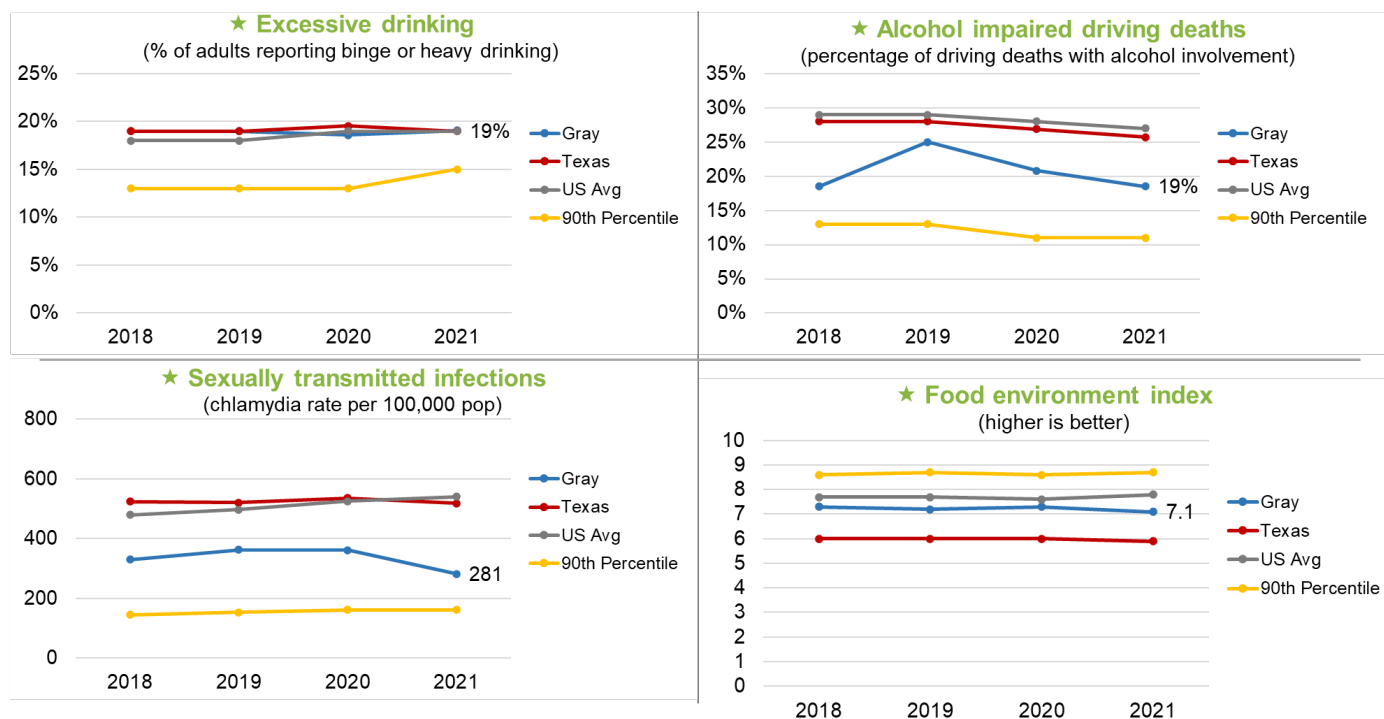


Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2017

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Health Behaviors, Cont.



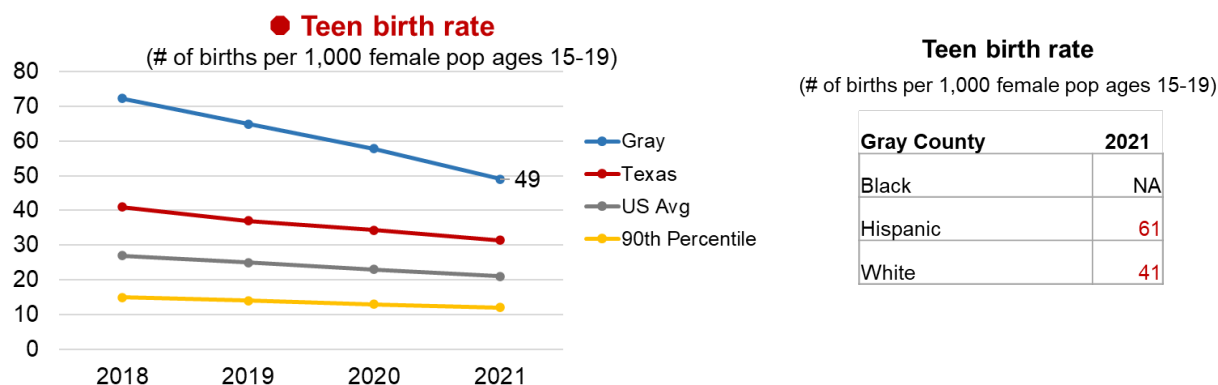
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2015-2019

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

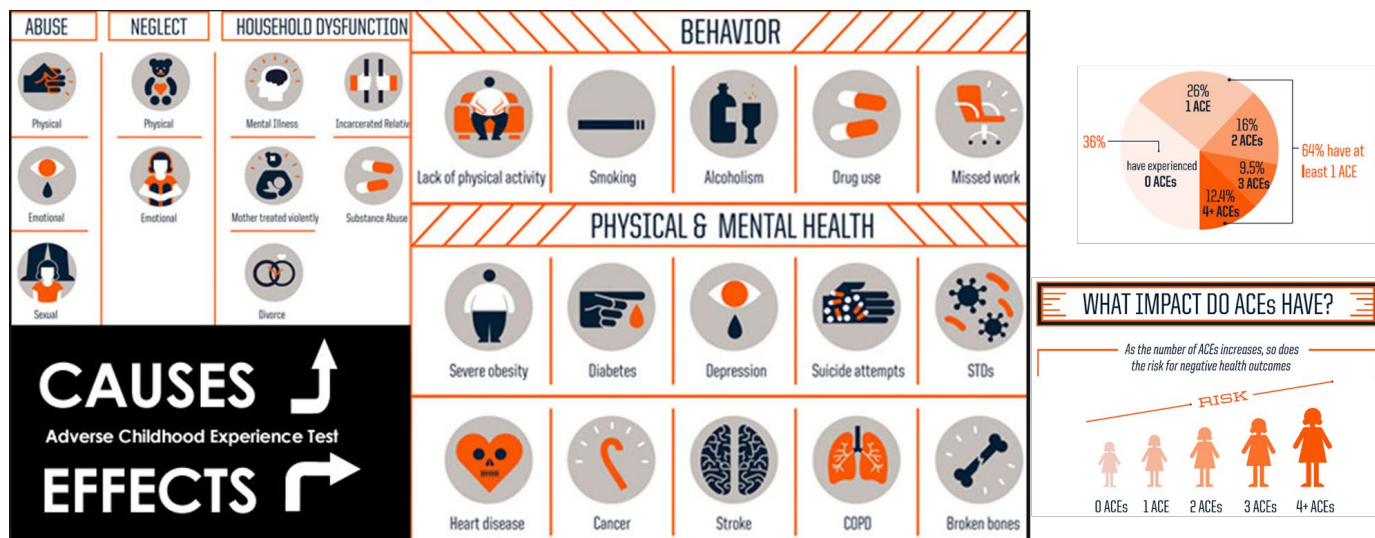


Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2013-2019

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
Texas	50%	26%	24%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children's Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Gray County. However, Texas had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.

Health Behaviors STRENGTHS

- 92% of Gray County has access to exercise opportunities compared to 84% of the US and 82% of TX, above the top 10% in the country.
 - 19% of Gray County reported binge or heavy drinking the same as TX and the U.S. (19%).
 - Alcohol impaired driving deaths were lower in Gray County (19%) than in TX (26%) and the U.S. (27%).
 - Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Gray County (281) than TX (518) and the U.S. (540).
 - The food environment index was higher (better) in Gray County (7.1) than TX (5.9), but lower than the U.S. (7.8).
-

Health Behaviors OPPORTUNITIES

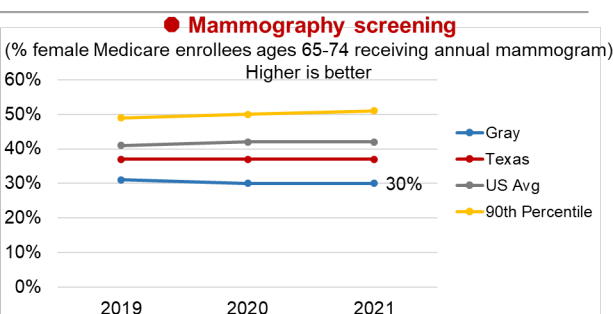
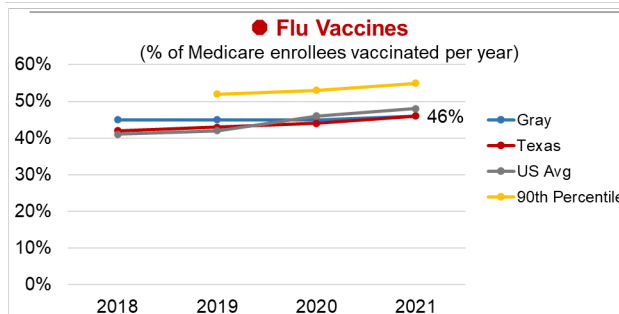
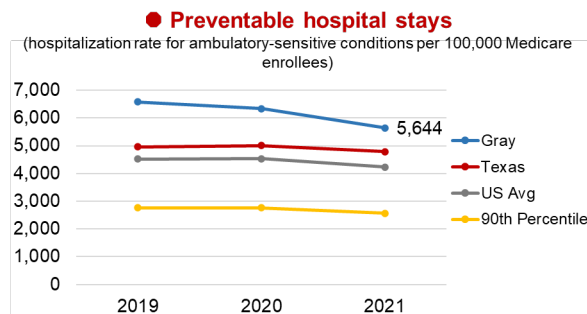
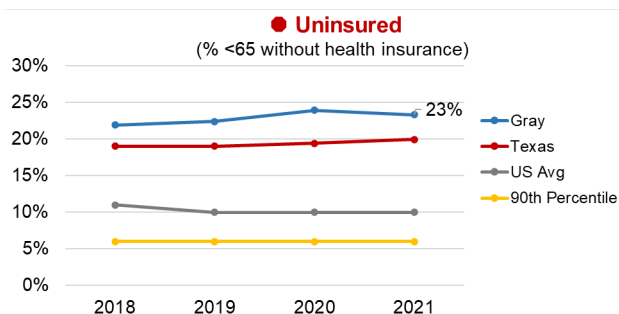
- Adult obesity in Gray County was 36%, higher than TX at 31% and the U.S. at 30%. The obesity trend had been increasing in Gray County. Obesity in Texas and the U.S. continue to rise, putting people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
 - Physical inactivity was higher in Gray County at 27% than in TX and the U.S. both at 23%.
 - 21% of Gray County smokes, higher than TX and the U.S. both at 14%.
 - The teen birth rate in Gray County was 48 births per 1,000 female population ages 15-19, higher than TX at 31 births, and the U.S. at 21 births. The teen birthrate is higher among Hispanics than whites, and both are higher than TX and the U.S. The trend has decreased since 2018.
 - Texas had a lower percentage of youth with no ACEs and higher percentages of youth with 1, 2 or more ACEs.
-



Photo Credit: Pampa ISD

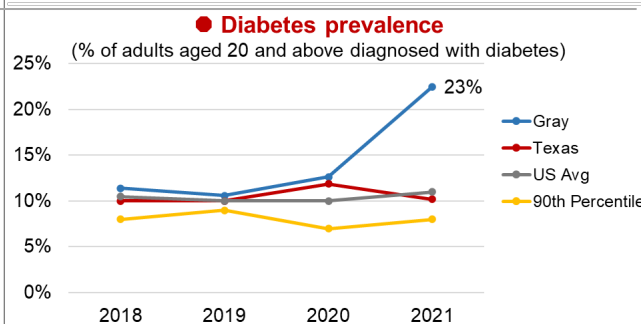
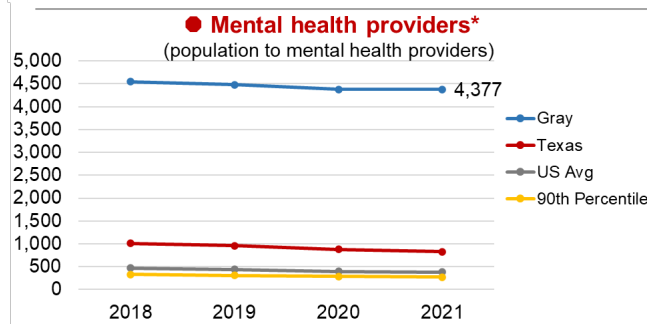
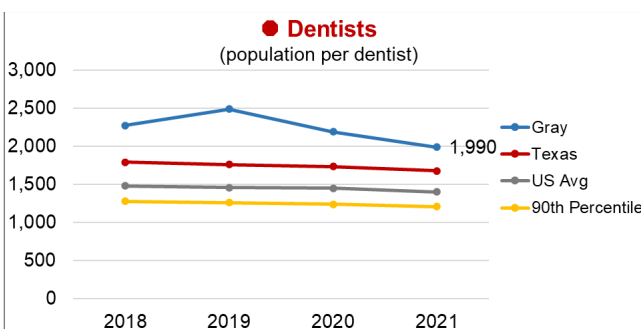
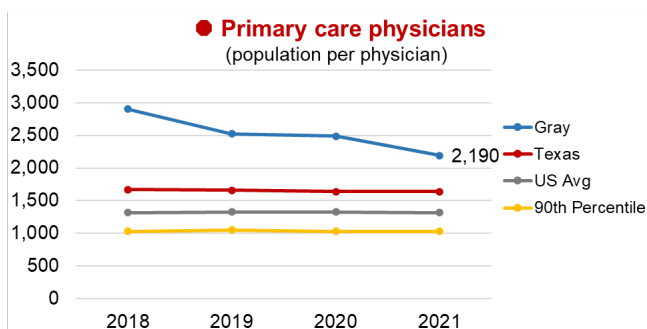
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Gray County ranked 146th in clinical care out of 243 Texas counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2018

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2018



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2018

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2019

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2019

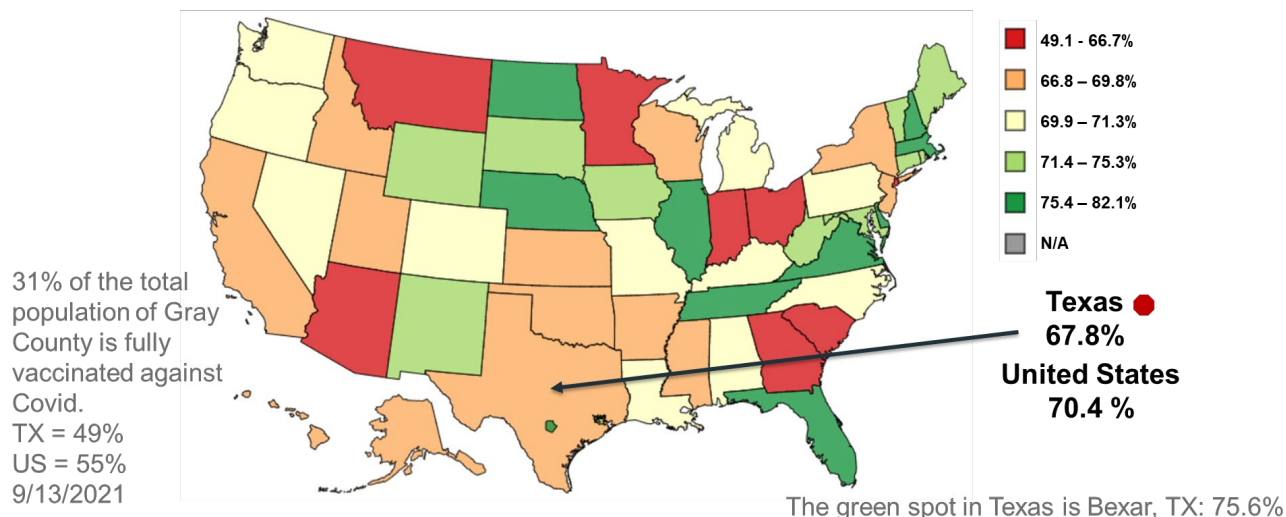
Source: Diabetes prevalence – U.S. Diabetes Surveillance System, 2017

Clinical Care, cont.

TX had a lower vaccination percentage among children 19-35 months old than the U.S.

Vaccination Coverage Among Children

Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017

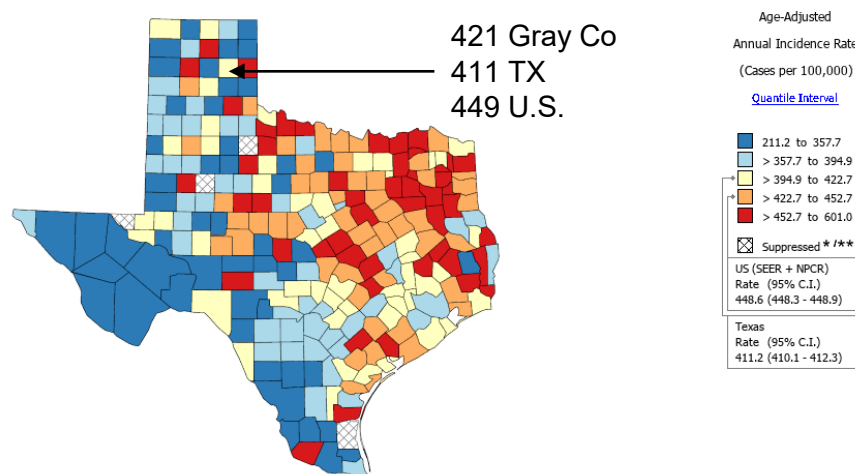


Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – TX Counties

Incidence Rates[†] for Texas by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ..., 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

* Data have been [suppressed](#) to ensure confidentiality and stability of rate estimates. Data is currently being suppressed if there are fewer than 16 counts for the time period.

Data for the United States does not include data from Puerto Rico

Cancer incidence rates (cases per 100,000 population) were higher in Gray County than in TX, but lower than the U.S.

Clinical Care OPPORTUNITIES

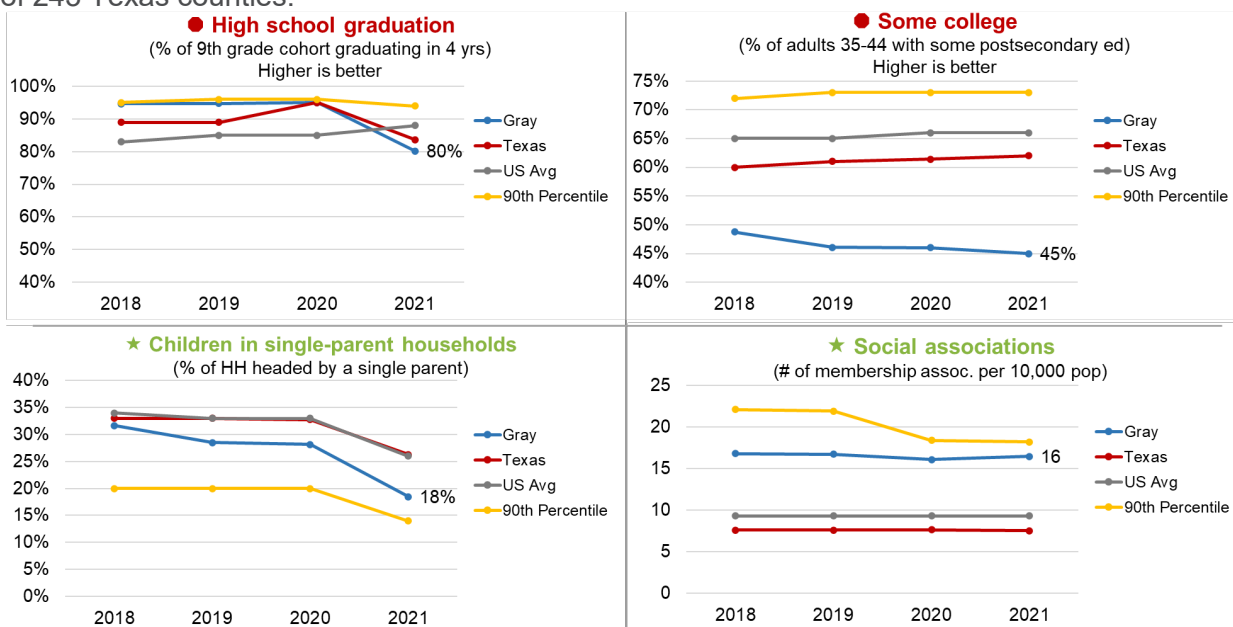
- The percent of population under sixty-five without health insurance was 23% in Gray County, higher than TX at 20% and the U.S. at 10%.
 - The percent of Medicare enrollees with flu vaccines per year were the same in Gray County TX (46%) and lower than the U.S. (48%).
 - Preventable hospital stays in Gray County were 5,644 per 100,000 Medicare enrollees which was higher than TX (4,793), and the U.S. (4,236). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
 - Mammography screening was lower in Gray County at 30% than TX at 34% and the U.S. at 41%.
 - The population per primary care physician was at 2,190 in Gray County higher than TX (1,642) and the U.S. (1,320).
 - The population per dentists was 1,990 in Gray County higher than TX (1,677) than the U.S. (1,400).
 - The population per mental health provider was 4,377 in Gray County higher than TX (827) and the U.S. (380).
 - The percentage of adults with diabetes in Gray County was 23%, higher than TX (10%) and the U.S. (11%).
 - The cancer incidence rate in Gray County was 421 cases per 100,000 population which was higher than TX (411), but lower than the US (449).
 - The percentage of vaccination coverage amount children 19-35 months was lower in TX at 68.7% than the U.S. at 70.4%
-



Photo Credit: City of Pampa

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Gray County ranked 126th in social and economic factors out of 243 Texas counties.

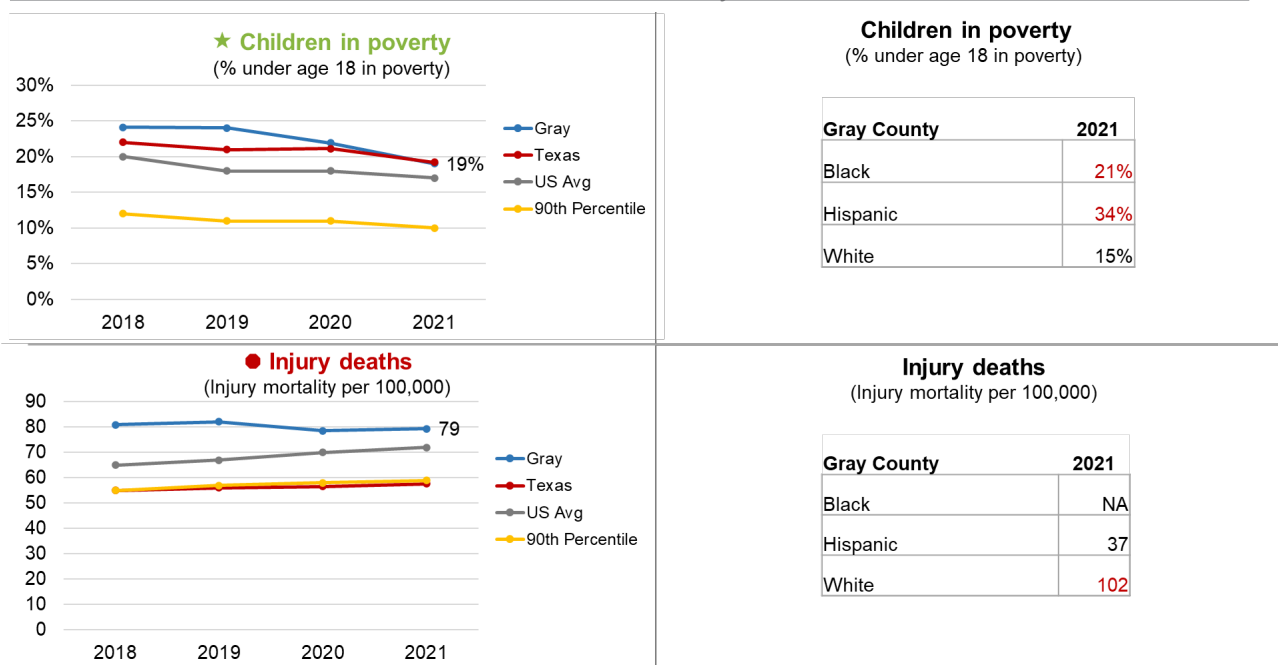


Source: High School graduation – CHR; American Community Survey, 5-yr estimates, 2015-2019

Source: Some college CHR; American Community Survey, 5-year estimates, 2015-2019.

Source: Children in poverty - CHR; U.S. Census, Small Area Income and Poverty Estimates, 2019

Source: Social associations - CHR; County Business Patterns, 2018

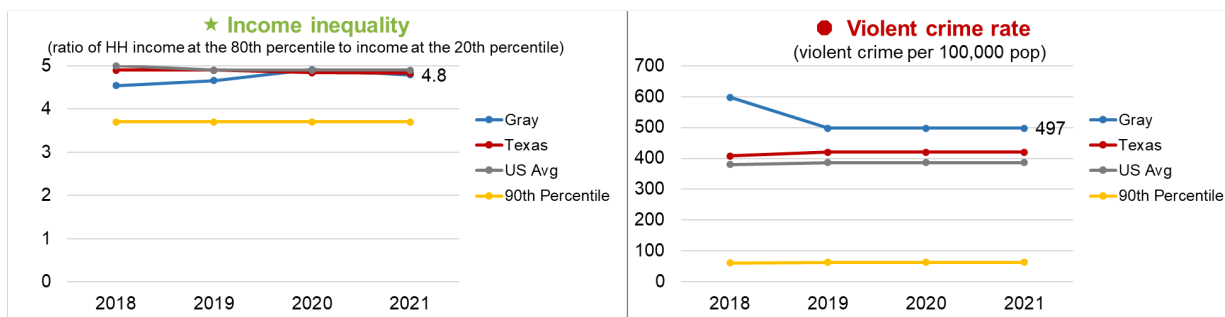


Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2015-2019.

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2015-2019.

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.



Social & Economic Factors STRENGTHS

- The percentage of children in single-parent households was 18% in Gray County, lower than TX and the U.S. both at 26%.
- Social associations were higher in Gray County at 16 memberships per 10,000 population than TX at 8 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations
- The children in poverty rate was the same for Gray County and TX at (19%) and higher than the U.S. (17%).
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was the same in Gray County and TX at 4.8 and lower than the U.S. at 4.9.
- The cost of living is lower in Gray County than TX and the U.S.

Social & Economic Factors OPPORTUNITIES

- The high school graduation rate was lower in Gray County at 80% than TX (84%) and the U.S. (88%).
- 45% of Gray County adults had some postsecondary education which was lower than TX (62%) and the U.S. (66%).
- Injury deaths were higher in Gray County at 79 per 100,000 population than TX (58) and the U.S. (72). White injury deaths were higher at 102 than Hispanic deaths at 37 per 100,000 pop)
- Higher percentage of Black (21%) and Hispanic (34%) children are in poverty than white children (15%).
- The violent crime rate in Gray County was 497 violent crimes per 100,000 population, which was higher than in TX at 420 and the U.S. at 386.
- The median household income in Gray County was \$52,291, lower than TX at \$63,524 and the U.S. at \$64,730.
- The poverty estimates for 2019 showed Gray County at 14.5%, higher than TX (13.6%) the U.S. (12.3%).

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Gray County ranked 29th in physical environment out of 243 Texas counties.

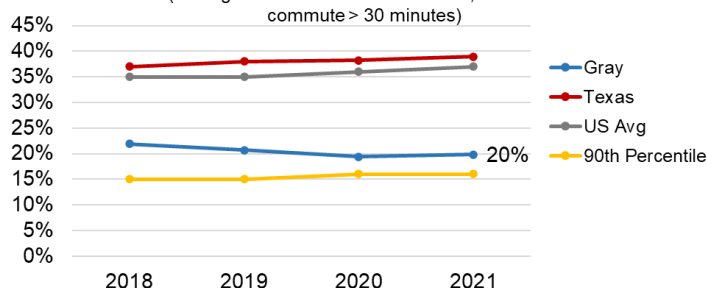
★ Drinking water violations

	2019	2020	2021
Gray County	No	No	No

Source: EPA Safe Drinking Water Information System.

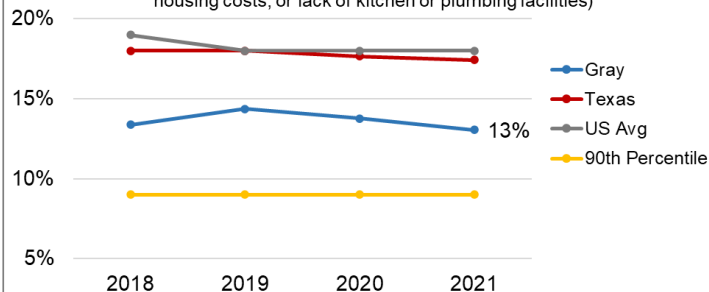
★ Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



★ Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



● Broadband access

(% of households with broadband internet connection)

Gray County	2021
Gray County	73%
Texas	82%
US Avg	83%
90th Percentile	86%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012-2016. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2014-2018. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014. Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2015-2019

Physical Environment STRENGTHS

- Gray County had no reported drinking water violations.
- Gray County had a lower percentage of severe housing problems as TX at 13% than TX (17%) and the U.S. at 18%.
- 20% of workers in Gray County who commute alone commute over 30 minutes, lower than TX at 39% and the U.S. at 37%.

Physical Environment OPPORTUNITIES

- Broadband access was lower in Gray County at 73% than TX (82%) and the U.S. (83%).

There were Four Broad Themes that Emerged in this Process:

- Gray County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
 - While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, Gray County has many assets to improve health.
-



Photo Credit: Stratasan

Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Community education, literacy and involvement (21 votes)
2. Access to care (16 votes)
3. Healthy weight (11 votes)
4. Mental health (11 votes)
5. Substance misuse (8 votes)
6. Unhoused individuals (4 votes)

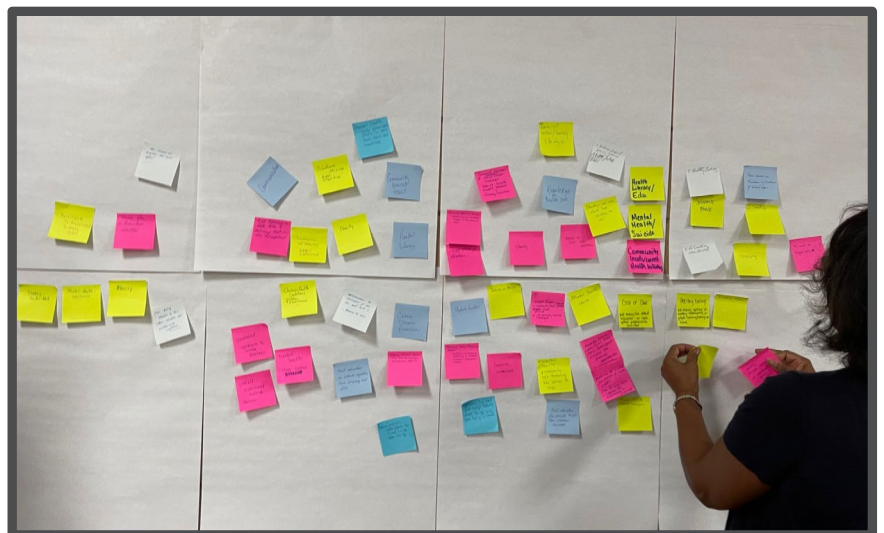


Photo Credit: Stratasan

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Significant Health Need 1: Community education, literacy and involvement

- ✓ **Goal 1 – Develop a health education coalition to address community health education through churches, civic groups, senior centers, extension education and schools.**
 - Action 1** – Inventory and coordinate existing health education efforts
 - Action 2** – Develop programs and market education programs addressing community health needs.
 - Action 3** – Organize and involve youth ambassadors to provide health education to peers
 - Action 4** – Create fun interaction through play and social media to engage younger people

Resources/Collaborators Needed: ministerial council, volunteer groups, extension, radio, newspaper, senior centers, schools
 - ✓ **Goal 2 – Create education on Medicare**
 - Action 1** – Identify Medicare experts in the area and hold educational sessions
-

Significant Health Need 2: Access to Care

- ✓ **Goal 1 – Create transparent billing and charges for health services**
 - Action 1** – Hospital, physicians provide transparent billing for services
 - Action 2** – Communicate charges prior to delivery of services to decrease fear of surprise billing.

Resources/Collaborators Needed:
 - ✓ **Goal 2 – Provide health education**
 - Action 1** – Identify resources available
 - Action 2** – Promote resources in the community
 - ✓ **Goal 3 – Increase physical access to care**
 - Action 1** – Add primary care and specialty physicians
 - Action 2** – Communicate about the hospital van
 - Action 3** – Experiment with a monthly subscription to see doctors any time they need care
-

Significant Health Need 3: Healthy Weight

- ✓ **Goal 1 – Decrease adult obesity rate by 5% over next 3 years from 36% to 34%**
 - Action 1** – Inform community of current rates and situation creating community-driven education and awareness.
 - Action 2** – Promote activity through community opportunity/events for exercise especially in the winter at community events
 - Action 3** – Provide opportunities for those who want to change
 - Action 4** – Provide free and accessible resources, e.g. a dietician hotline to answer questions
 - Resources/Collaborators Needed: health care, businesses, schools, media, city, radio, newspapers, Facebook, Pampa Fest, sports events, events on weekends at church gyms*
 - ✓ **Goal 2 – Reduce the rate of childhood obesity measured by BMI by 10% in the next 3 years**
 - Action 1** - Educate parents
 - Action 2** – Conduct a kids forum to ask kids “what would you do to be active?” “what will you eat that is healthy?”
 - Action 3** – Ensure kids have access to physical education classes
 - Action 4** - Integrate with insurance plans for discounts
 - Resources/Collaborators Needed: School district/administration, kids, parents*
-

Significant Health Need 4: Mental Health

- ✓ **Goal 1 – Create access to a local mental health hotline available by phone and text 24 hours**
 - Action 1** - Communication and advertising – social media, newspapers, flyers
 - Action 2** – Implement a 24-hour mental health hotline
 - Resources/Collaborators Needed: pastors, teachers, administrators, counselors, law enforcement, Casa, Bridge, local clubs*
 - ✓ **Goal 2 – Improve affordability of mental health treatment**
 - Action 1** – Utilize mental health first aid for youth training through Texas A&M
-

Significant Health Need 5: Substance use disorder

- ✓ **Goal 1 – Provide Adequate education for adhering to therapeutic regimes and medications**
 - Action 1** – Educate prescribers, nurses, home health, pharmacists on inappropriate use of prescription medications
 - Action 2** – Use educators from multiple disciplines, healthcare, law enforcement, mental health, social workers
 - Resources/Collaborators Needed: Coalition of educators*
- ✓ **Goal 2 – Provide access to affordable rehab and education on the importance of treatment availability**
 - Action 1** – Implement an inpatient rehabilitation facility in Pampa
 - Action 2** – Provide community education on the importance of inpatient rehab care in recovery
 - Resources/Collaborators Needed: People committed to convincing the community inpatient rehabilitation is needed.*
- ✓ **Goal 3 – Provide structured, organized prevention education on smoking, vaping, smokeless and cessation that is consistent and ongoing**
 - Action 1** – Provide preventative education for schools, community, senior citizens
 - Action 2** – Provide education on diseases caused by substance use – COPD, asthma, cancer
 - Resources/Collaborators Needed: Coalition of educators*

Significant Health Need 6: Homelessness

- ✓ **Goal 1 – Inventory where homeless can get food and temporary shelter**
 - Action 1** – Ask questions about homelessness, why? Figure out their story. This provides data. Figure out where they can get meals every day of the week.
 - Action 2** – Take a resource guide to the homeless
 - Resources/Collaborators Needed: Churches, organizations, schools*
 - ✓ **Goal 2 – Convince community that reducing homelessness is a community need**
 - Action 1** - Get statistics of homeless
 - Action 2** – Provide data, facts, and stories to the community for productive conversations
 - Resources/Collaborators Needed: VFW, churches, city*
 - ✓ **Goal 3 – Plan for a homeless shelter**
 - Action 1** – Create a feasibility plan with building options
 - Resources/Collaborators Needed: Churches, grants, city*
-

Impact of 2018 CHNA and Implementation Plan

Impact

Covid-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to Covid.

Improve Access to Care		
Actions	Outcomes	Additional Information
Recruit providers	Added: Interventional Cardiologist, Pediatrician, General Surgeon, Primary Care- Internal Medicine	
Retain Providers	Current administration works to provide support through not only business but their clinical backgrounds.	
Reduce barriers that impact productivity and patient access		
Increase Advanced Practice Clinicians	Recruited nurse practitioners to work one on one with physicians Nurse Practitioner for Cardiology Moved Adult Focused Nurse Practitioner to Fulltime Pediatric Clinic	
Initiate a Gerontology program	Did not address	

Impact of 2018 CHNA and Implementation Plan, cont.

Impact

Increase educational awareness programs		
Actions	Outcomes	Additional Information
Collaborate and participate in various community initiatives that teach, encourage and promote health.	<p>Over the past three years PRMC/PMG has contributed to local efforts and programs for health awareness promotion or at-risk populations through organizations such as...</p> <ul style="list-style-type: none"> • Rotary • Altrusa • Kiwanis • Lions Club • The Bridge • Pampa ISD • Senior Citizens of Pampa • South Side Senior Citizens Center • Coalition for Health Services for Women Partnership • Meals on Wheels • Pampa Optimist Club • United Way • Children's Shopping Tour • Family Concepts • Texas Panhandle Centers • Autism Speaks • Various Health Fairs <p>Education through events :</p> <ul style="list-style-type: none"> • Free Cancer Screenings • Free Birthing Classes • Free School Physicals • Free immunization clinics • School Events • Senior Citizens of Pampa • South Side Senior Citizens Center • Meals on Wheels Route <p>Education through platforms :</p> <ul style="list-style-type: none"> • Social Media (Facebook, LinkedIn, Twitter) • Television (Mom's Talk and Health Connect) • Radio (various specials) • Newspaper (ads and editorials) 	

Impact of 2018 CHNA and Implementation Plan, cont.

Impact

Increase number of mental health providers and professionals especially focused on adolescents		
Actions	Outcomes	Additional Information
Implement utilization of licensed clinical social workers and MDs to lead a team approach to treatment.	<p>Telepsych was implemented fully in 2017, however promotion and usage became more frequent in the next few years.</p> <p>Inpatient geriatric psych unit was expanded to accept adults 18 and over.</p> <p>Utilized an additional Licensed Clinical Social Worker to increase the volume in the outpatient clinic.</p> <p>Created an adolescent outpatient treatment clinic in May 2019.</p> <p>Inpatient geriatric psych unit was expanded to accept all adults 18 and over and rebranded to be more inclusive of other age groups.</p>	

Increase substance abuse prevention		
Actions	Outcomes	Additional Information
Implement utilization of licensed clinical social workers and MDs to lead a team approach to treatment.	<p>There is a need to educate the public about substance abuse and to empower individuals to recognize it.</p> <p>This need is still relevant and will need collaboration from multiple members of the community to accomplish.</p>	

Expand transportation to and from treatment services		
Actions	Outcomes	Additional Information
<p>In 2019 Pampa Regional bought a handicap accessible van to transport patients to and from appointments in the area.</p> <p>Expand the reach of the van in the future.</p>		

Impact of 2018 CHNA and Implementation Plan, cont.

Impact

Increase access to pain management services		
Actions	Outcomes	Additional Information
Initiate a program to address pain management services by providing treatment program.	During 2019, Pampa Regional contracted an anesthesia provider to deliver non-narcotic pain management treatment. He provided interventions to treat chronic pain. The program has since evolved.	
Focused on providing non-narcotic pain management		

Community Health Needs Assessment for Gray County

Completed by Pampa Regional Medical Center in partnership with:

Stratasan



Appendix

Community Asset Inventory

The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.



Della Moyer
PHOTOGRAPHY

2021

Gray County, TX

Community Asset Inventory/Resource Guide

*Paper copies of this document may be obtained at: Pampa Regional Medical Center
One Medical Plaza, Pampa, TX 79065 or by phone 806.665.3721 or via the hospital website prmctx.com*

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Public Safety

Police

Pampa Police Department
201 West Kingsmill Avenue
Pampa, TX 79065
(806) 669-5700

Gray County Sheriff
218 North Russell Street
Pampa, TX 79065

Fire

Pampa Fire Department
203 West Foster Avenue
Pampa, TX 79065
(806) 669-5800

Hoover Volunteer Fire Department
2305 Chisum Trail Road
Pampa, TX 79065

Mc Lean Fire Department
100 Waldron St,
McLean, TX 79057

EMS Ambulance Services

Gray County EMS
122 30th Avenue West
STE 102
Pampa, TX 79065
(806) 440-0280

Access to Care

Hospitals

Pampa Regional Medical Center
1 Medical Plaza
Pampa, TX 79065
(806) 665-3721

Coronado Healthcare Center
1504 W Kentucky Avenue
Pampa, TX 79065
(806) 665-5746

Health Department

Texas Health and Human Services Offices
101-199 Gillespie Street
Pampa, TX 79065
(806) 802-7002

Free Medical & Dental Clinics

None Available

Rural Health Clinics

Family Care Clinic of Pampa
916 North Crest Road
STE 102
Pampa, TX 79065

Harvester Family Medical Clinic
2931 Perryton Parkway
Suite B
Pampa, TX 79065
(806) 639-5916

Insurance Assistance

Texas Health and Human Services Offices
101-199 Gillespie Street
Pampa, TX 79065
(806) 802-7002

Human Service Department
1509 North Banks Street
Pampa, TX 79065
(806) 665-1863

Help for Homeless

The Texas Department of Housing and
Community
<https://www.tdhca.state.tx.us/texans.htm>

Nutrition, Physical Activity, Healthy Living

Recreation Park Softball Fields
450 Ballpark Drive
Pampa, TX 79065

Harvester Pride Athletics
111 E. Harvester
Pampa, TX 79065
(806) 669-4830

Substance Abuse Resources

Texas Panhandle Centers Behavioral & Developmental Health
615 West Buckler Avenue
Pampa, TX 79065
(806) 669-3371

Awakenings Recovery
1224 North Hobart Street
#210
Pampa, TX 79065
(806) 669-7976

West Texas Counseling & Rehab
2300 Line Avenue
Amarillo, TX 79106
(806) 373-0922

Pampa Group AA meetings
514 West Kingsmill
Pampa TX 79065
(806) 665-9702

My Next Step Intensive Outpatient (IOP),
Substance Abuse
4515 Cornell Street
Amarillo, TX 79109
(806) 452-8006

Tobacco

Texas Tobacco QuitLine
1-800-784-8669

Chronic Disease Resources

Texas Health and Human Services Offices
101-199 Gillespie Street
Pampa, TX 79065
(806) 802-7002

Mental Health Resources

Texas Panhandle Centers Behavioral & Developmental Health
615 West Buckler Avenue
Pampa, TX 79065
(806) 669-3371



Photo credit: PRMC

Education

Pampa Independent School District
1233 North Hobart Street
Pampa, TX 79065
(806) 669-4700

Austin Elementary
1900 North Duncan Street
Pampa, TX 79065
(806) 669-4760

Lamar Elementary
1234 South Nelson Street
Pampa, TX 79065
(806) 669-4880

Travis Elementary
2300 Primrose Lane
Pampa, TX 79065
(806) 669-4950

Wilson Elementary
801 East Browning Avenue
Pampa, TX 79065
(806) 669-4930

Pampa Junior High
4000 Bad Cattle Company Road
Pampa, TX 79065
(806) 669-4900

Pampa High School
111 East Harvester Avenue
Pampa, TX 79065
(806) 669-4800

Pampa Learning Center
907 North Frost Street
Pampa, TX 79065
(806) 669-4750

Community Christian School
1633 North Nelson
Pampa, TX 79065
(806) 665-3393

Clarendon College
1601 West Kentucky
Pampa, TX 79065
(806) 874-3571

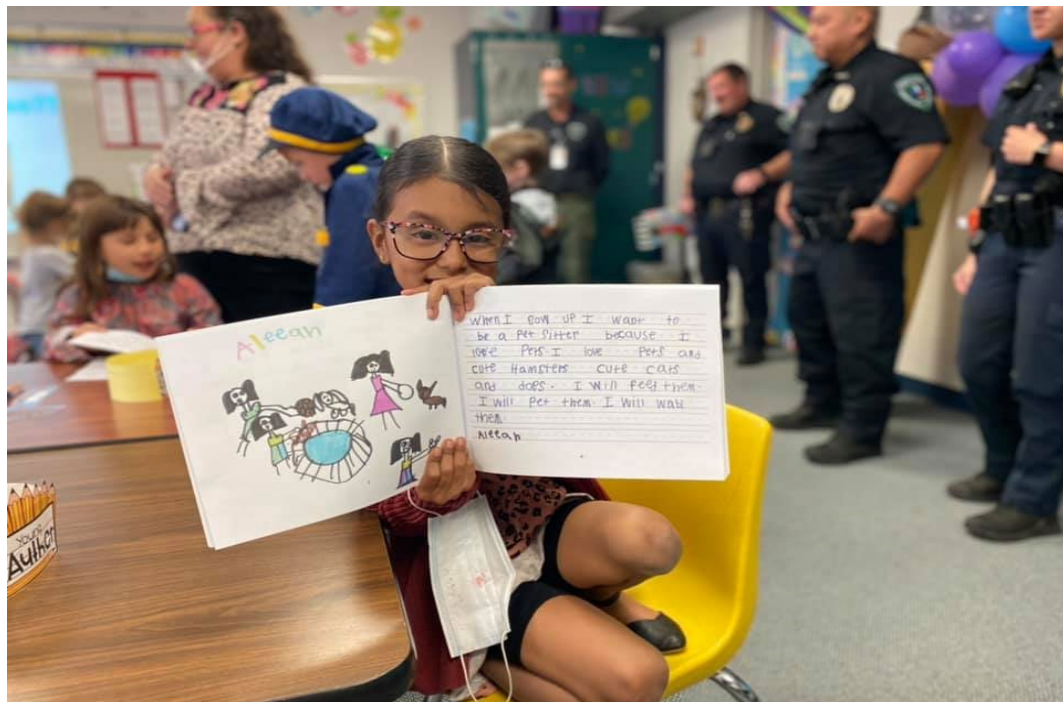


Photo Credit: Pampa Independent School District Facebook

National Hotlines

National Suicide Prevention Lifeline

800-273-TALK or 800-237-8255

National Runaway Safeline

1-800-RUNAWAY

National Centers for Disease Control

1-800-232-4636

Gay, Lesbian, Bisexual and Transgender

1-888-843-4564

HIPS Hotline

1-800-676-HIPS

National Sexually Transmitted Disease

1-800-227-8922

Women Alive

1-800-554-4876

AIDS Info

1-800-HIV-0440

Project Inform

1-800-822-7422

DMRS Investigations

1-888-633-1313

Mobile Crisis

1-800-681-7444

Domestic Violence

1-800-356-6767

Spanish Domestic Violence

1-800-942-6908

Poison Control Center

1-800-222-1222

Veterans Crisis Line

800-273-8255 Press 1

National Youth Crisis

800-442-HOPE (4673)

National Missing Children

1-800-235-3535

National Sexual Assault

1-800-656-4673

Alcohol Hotline

1-800-331-2900

Alcohol Treatment Referral

1-800-252-6465

National Drug Abuse

1-800-662-4357

Poison Control

1-800-942-5969

National Homeless

1-800-231-6946

National Elder Abuse

1-800-252-8966



Photo Credit: C. Schultz

Sources

Public Safety

<http://www.co.gray.tx.us/>

<https://www.pampachamber.com/>

Access to Care

<https://www.prmctx.com/>

<https://www.cityofpampa.org/>

<https://www.pampachamber.com/>

Mental Health Services

<https://www.texaspanhandlecenters.org/>

Insurance Assistance

<https://www.hhs.texas.gov/>

Substance Abuse Resources

<https://www.texaspanhandlecenters.org/>

<https://www.yesquit.org/resources.htm>

Chronic Diseases

<https://www.hhs.texas.gov/>

Nutrition, Physical Activity, Healthy Living

<https://www.hhs.texas.gov/>

https://www.pampaisd.net/index.php?pageID=534603_3

<https://www.cityofpampa.org/recreation>

Education

https://www.pampaisd.net/542017_3

Hotlines

<http://www.pleaselive.org/hotlines/>

Pictures

<http://www.co.gray.tx.us/page/gray.Home>

https://www.facebook.com/pg/PampaRegionalMedicalCenter/photos/?ref=page_internal

https://www.facebook.com/pg/PampaIndependentSchoolDistrict/photos/?ref=page_internal

<https://www.prmctx.com/>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Pampa Regional Medical Center Marketing Department

Community Asset Inventory/ Resource Guide

Completed by Stratasan in partnership with:

Pampa Regional Medical Center



Pampa Regional
Medical Center

