ASCENDIENT
Strategy • Planning • Feasibility

2022 Community Health Assessment
Summary of Process and Findings

PUBLIC HEALTH
CITY OF EL PASO

January 19, 2023

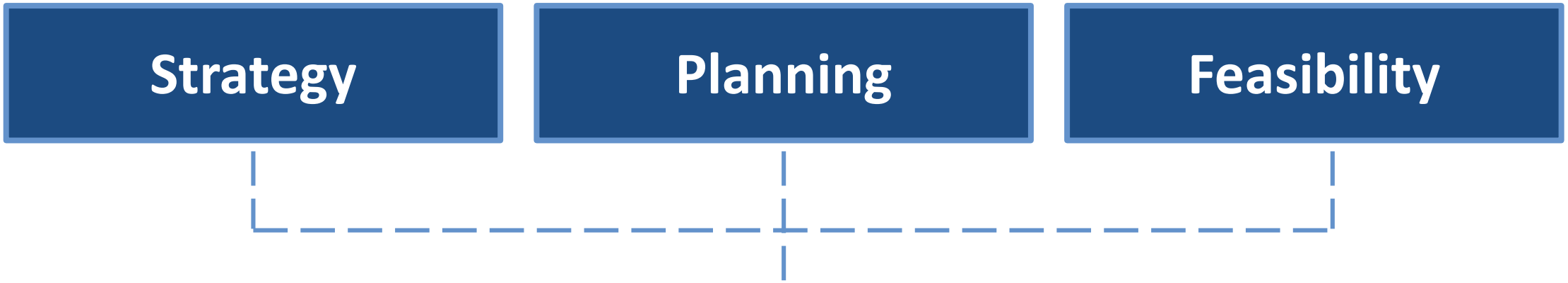
Discussion Guide

- Introduction
- CHA Process Overview
- Defining the Community
- Findings Review –Secondary and Primary Data
- Prioritization
- Next Steps & Discussion

Introduction to Ascendient

Introduction to Ascendient: What We Do

Offices: Chapel Hill, **North Carolina** | National Harbor, **Maryland**



At Ascendient, we're rethinking the future of healthcare. Our specialized team combines the latest academic insights with a wealth of real-world experience, equipping healthcare leaders with the strategies to effectively lead in an ever-evolving industry. We create research-based tools that are transforming the way health systems deliver care, helping them adapt to a world in which patients increasingly demand more personalized, community-based services.

Ascendient's deep expertise lies in strategy, provider workforce planning, mergers and acquisitions, service line planning, debt feasibility, facility planning, forecasting, emerging payment models, and regulatory planning.

In other words, we provide more than just a one-off set of services limited to a one-time engagement. We provide ongoing, complementary services and expertise for both the short- and long-term.

Introduction to Ascendient: Whom We Serve

Strategy • Planning • Feasibility

Systems and Hospitals	Public Health	Behavioral Health	Physicians
Senior Services	Home Health/Hospice	Government Agencies	Associations, Foundations, and Endowments

CHA Process Overview

CHA Process Overview: What is a Community Health Assessment (CHA)?

The CHA report incorporates and/or references work related Public Health Accreditation Board (PHAB) standards and measures, including the need to…

- Conduct and disseminate assessments focused on population health status and public health issues facing the community
- 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
- Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs, or interventions

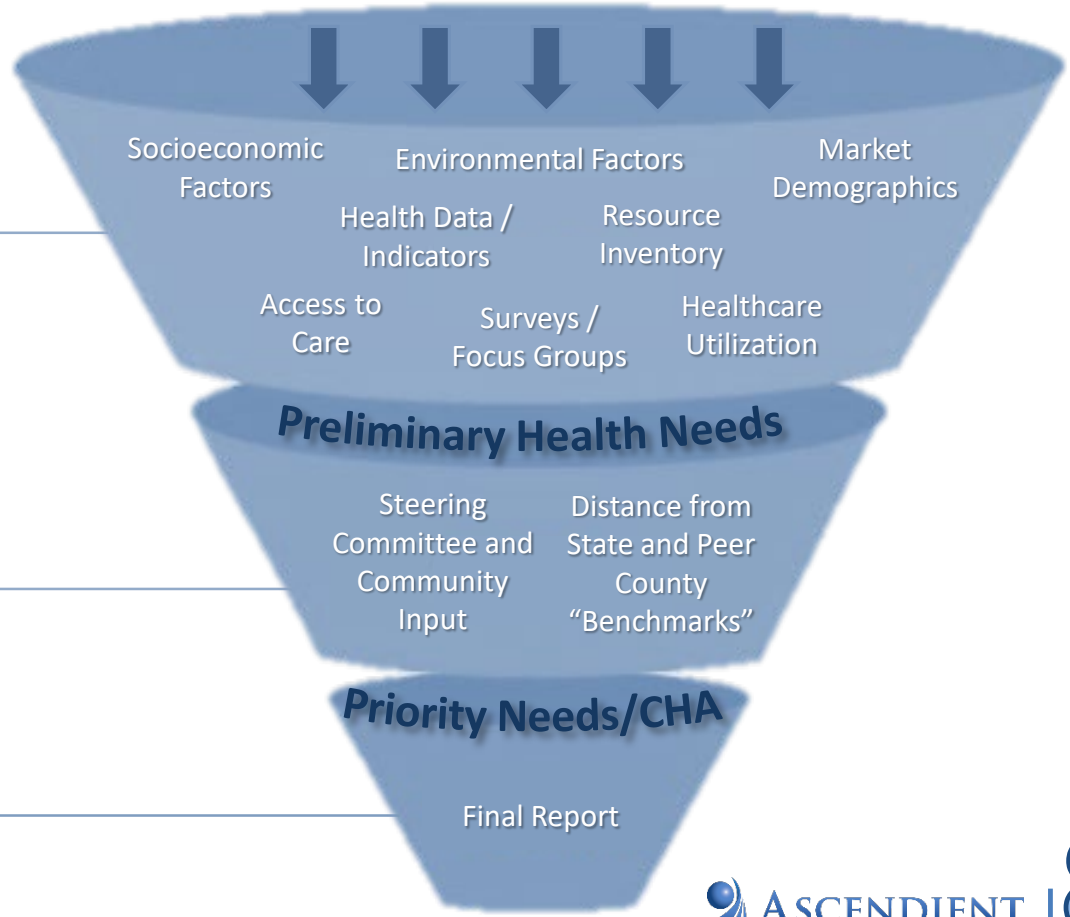
Source: CDC

Key Process Components

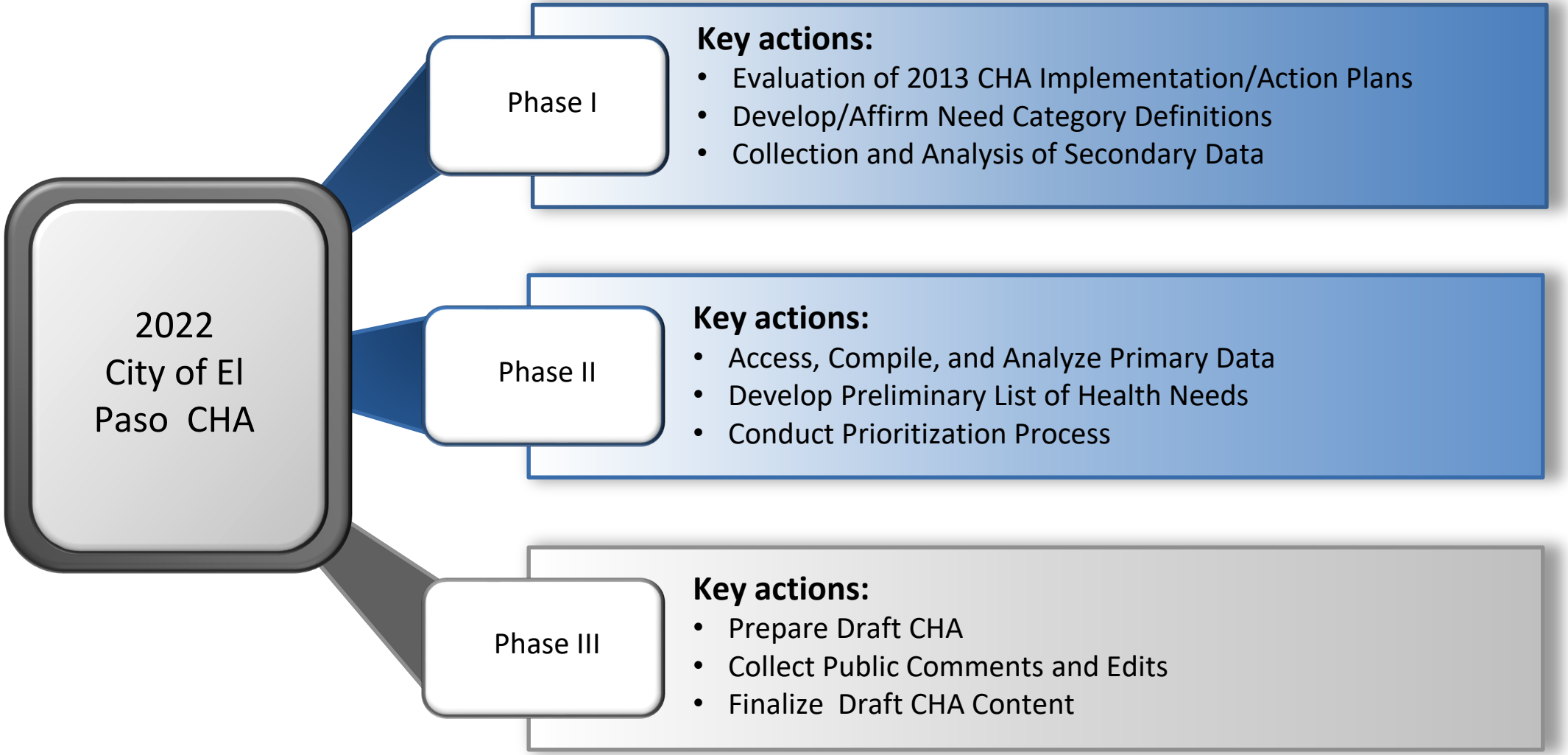
The CHA planning processes can be segmented into five primary components.

The graphic below highlights our process and the key inputs we used to accomplish the work tasks.

- **Engagement Kick-Off**
- **Secondary Data Collection & Analysis**
- **Primary Data Collection & Analysis**
- **Prioritization**
- **Report Development**



Process Phases



Members of the CHA Advisory Board

- Salvador Balcorta, Clínica de Salud Familiar La Fe*
- Dr. Kelly Brooks, Rawlings Dental Clinic
- Chief Ruben Candalaria, City of El Paso Fire Department
- Diana Cepeda, City of El Paso Department of Parks & Recreation
- Sara Cera, City of El Paso Department of Public Health
- Dr. Alison Days, El Paso Medical Society
- Nicole Ferrini, Chief Resilience Officer of the City of El Paso
- Art Garza, Del Sol Medical Center
- Gilda Gil, Paso del Norte Children's Development Center
- Lucio Glenn, Workforce Solutions Borderplex
- Susan Goddell, El Pasoans Fighting Hunger
- Daniely Guitierrez, Region 19 Education Services Center
- Molly Haugh, El Paso Veteran Affairs
- Renee Hurtado, Emergency Health Network
- Joseph Iglesias, US Department of Defense
- Michael Kelly, PhD, Paso del Norte Health Foundation
- Christina Lamour, United Way of El Paso County
- Monica Leal, American Heart Association
- Martin Lopez, Health & Human Services – Ysleta del Sur Pueblo
- Yvette Lugo, Area Agency on Aging
- Chelsea Lynch, Tenet Health Care
- Cindy Martinez, Rio Grande Cancer Foundation
- Elizabeth Moya, City of El Paso Housing Authority
- Rosalyn Negron, Texas Health Communities (TXHC)
- Sandra Nevarez Garcia, Center Against Sexual and Family Violence
- Jacob Ortega, HIV Prevention
- Kristen Ortega, Tobacco Control Network/Action for Health Kids
- Peter Pacillas, El Paso Polic Department
- Mike Palomar, Volar Independent Living Center
- Christina Paz, Clínica San Vicente*
- Oscar Perez, University Medical Center
- Andrea Ramirez, Project Amistad
- Dr. Rick Reyna, El Paso Children's Hospital C.A.R.E.S. Clinic Team
- Oscar Ruiz, City of El Paso Environmental Services
- Sarah Ruiz, Diabetes Alliance/Sun City Dieticians
- Bill Schlesinger, Project Vida*
- Col. Shawna E. Scully, William Beaumont Army Medical Center
- Cindy Stout, El Paso Children's Hospital
- Ivonne Tapia, Aliviane, Inc.
- Chief Miguel Torres, City of El Paso Fire Department
- Irene G. Valenzuela, El Paso County Community Services

* Federally Qualified Health Center (FQHC)

Defining the Community

Defining the Community: Population Growth and Demographics

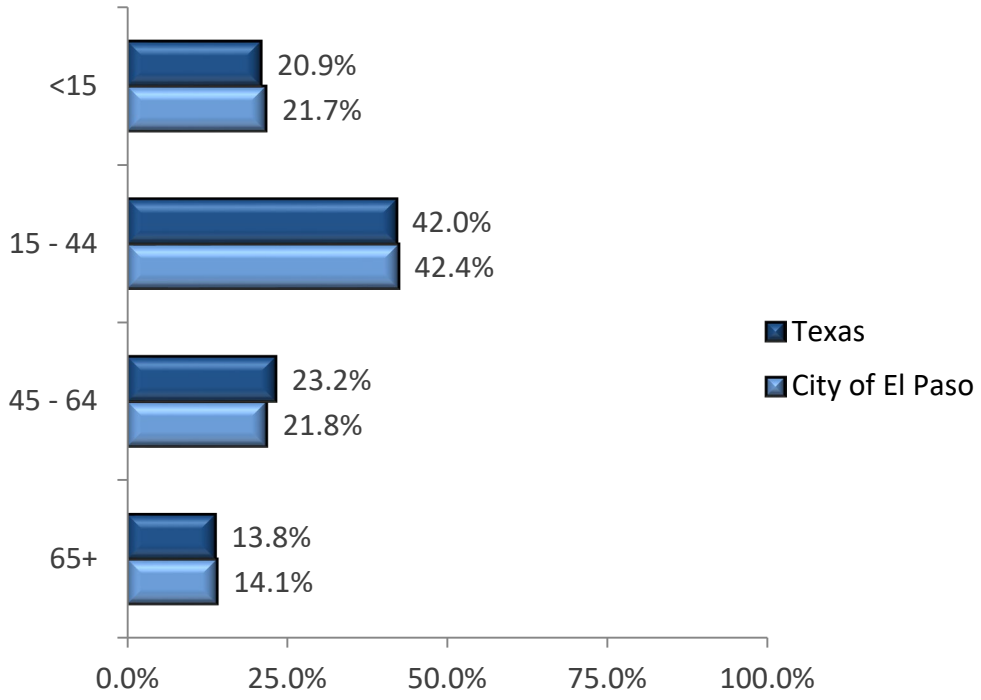
City of El Paso:

700,694 persons
$50,140 median household income
19.0% of households are below the federal poverty level

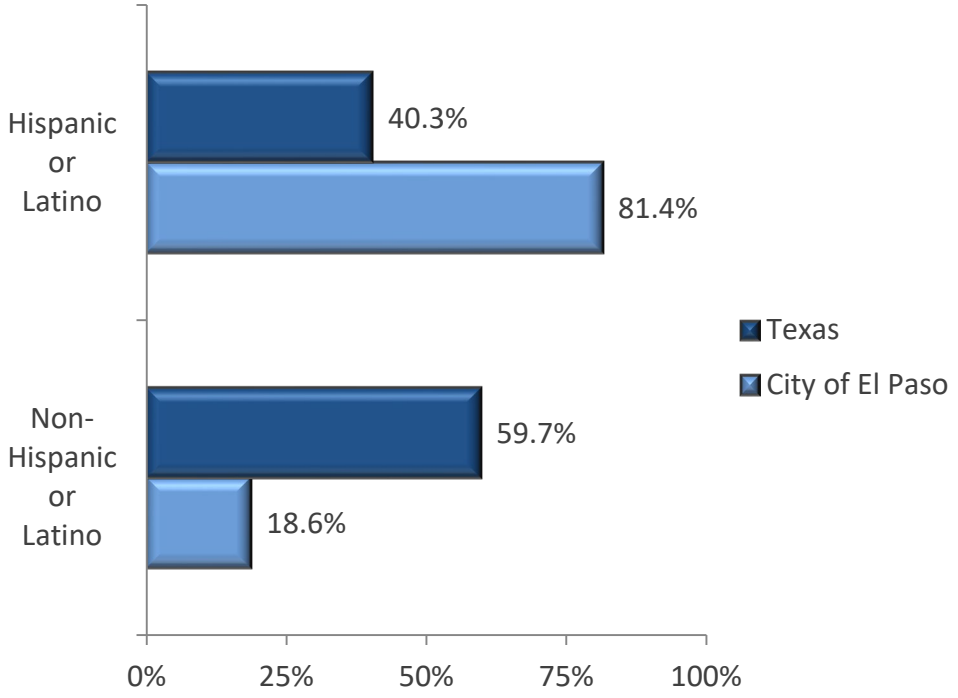
Texas:

29,969,514 persons
$63,524 median household income
13.7% of households are below the federal poverty level

Age Profile



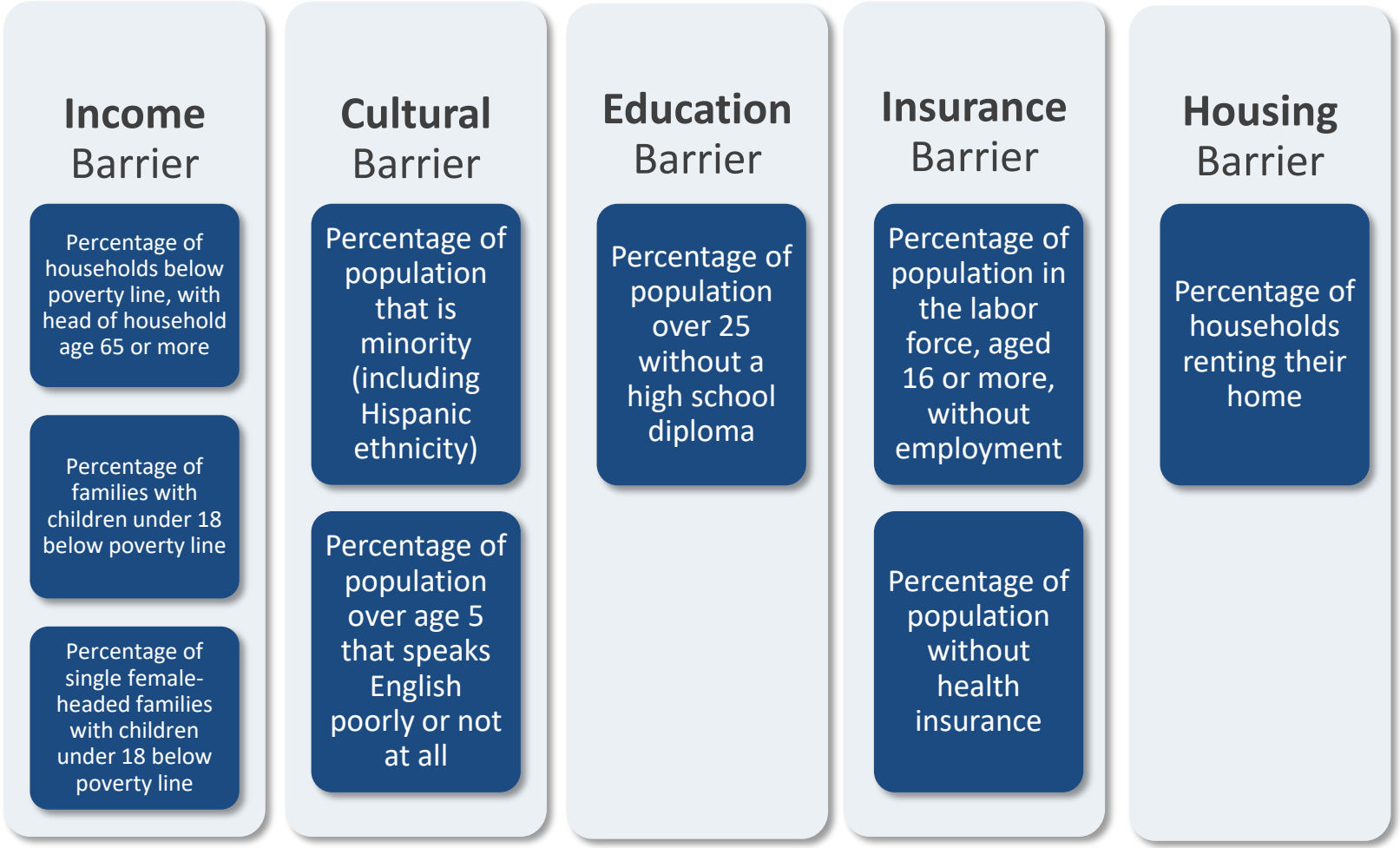
Ethnicity Profile



Source: Esri.

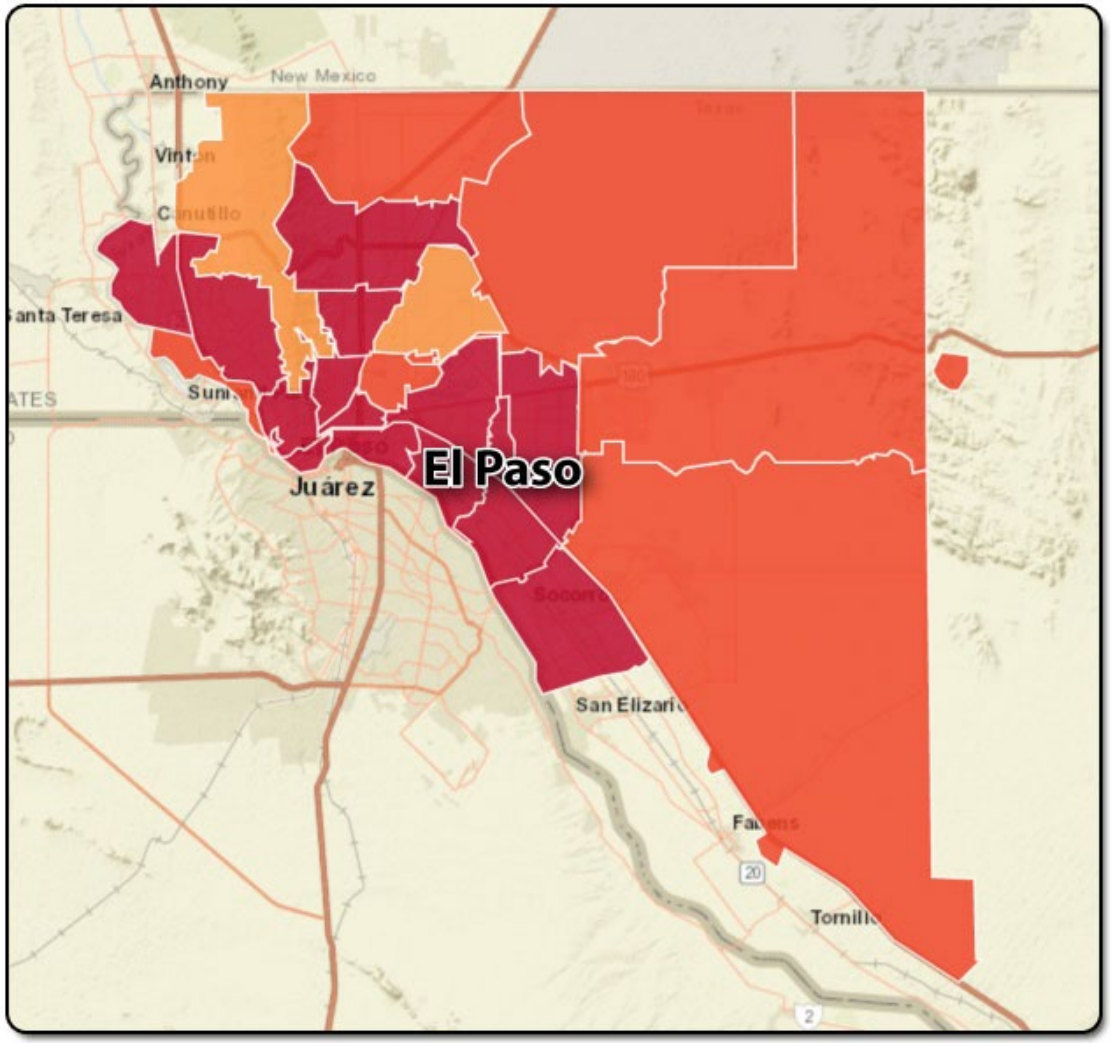
Defining the Community: Community Need Index (CNI)

- Nation's first standardized Community Need Index
- Identifies the severity of health disparity for every ZIP code in the U.S. based on multiple social and economic factors known to limit health care access
- Communities with a higher CNI are generally shown to utilize care at a higher rate...for example, admission rates of 5.0 CNI communities are 60% higher than 1.0 CNI locations*
- CNI scores for well-known Texas markets are as follows:
  - Dallas: 4.3
  - Austin: 3.6
  - San Antonio: 4.1



* Methodology developed in 2004, cited by Dignity Health's Improving Public Health & Preventing Chronic Disease
Source: Dignity and Truven Health Community Need Index

Defining the Community: 2022 CNI



Community Need Index
El Paso: Average CNI = 4.5

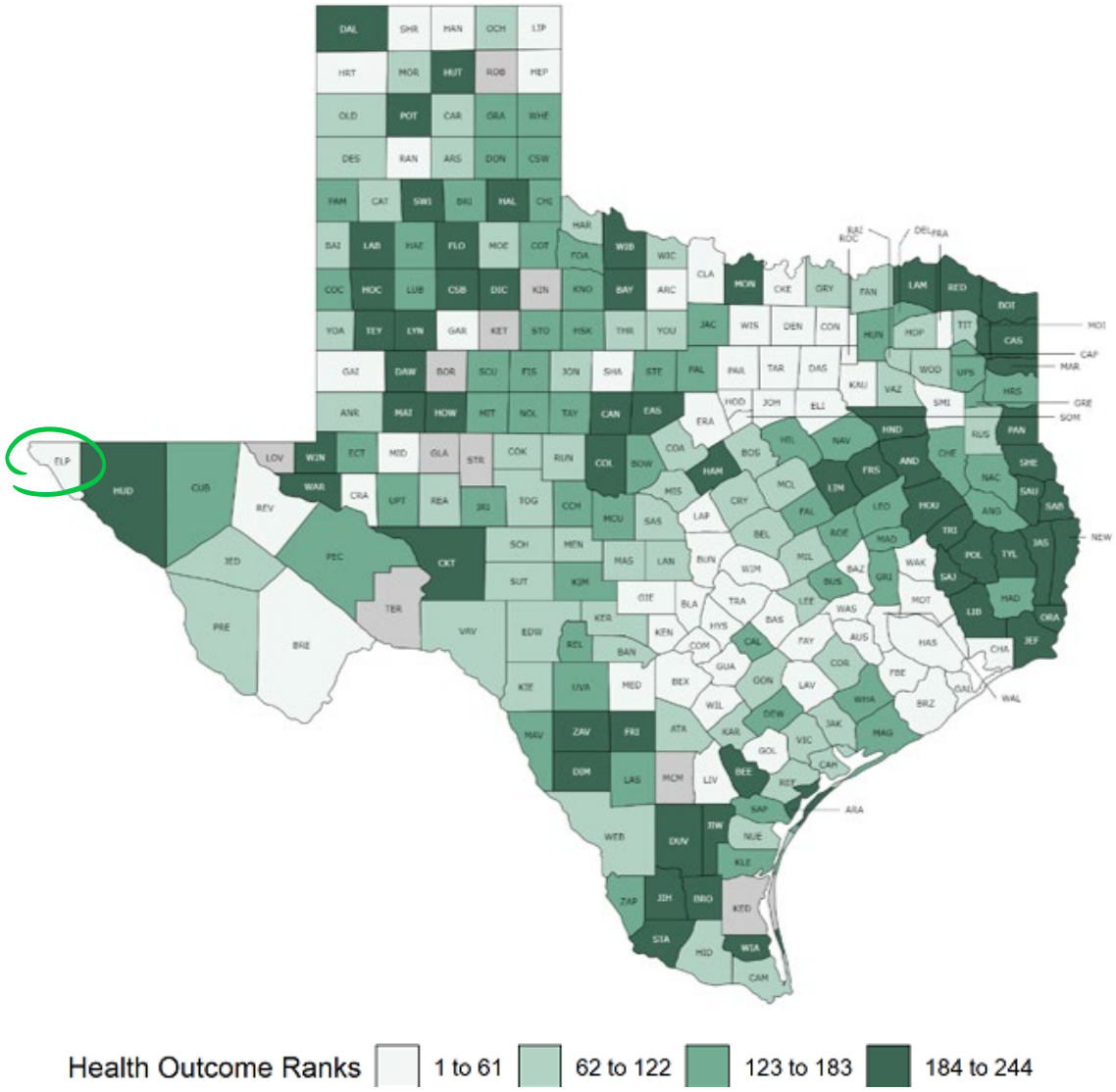
- 4.2 to 5.0
- 3.4 to 4.1
- 2.6 to 3.3
- 1.8 to 2.5
- 1.0 to 1.7

Note: CNI scores presented above are based on an average of ZIP code scores.
Source: Dignity and Truven Health Community Need Index

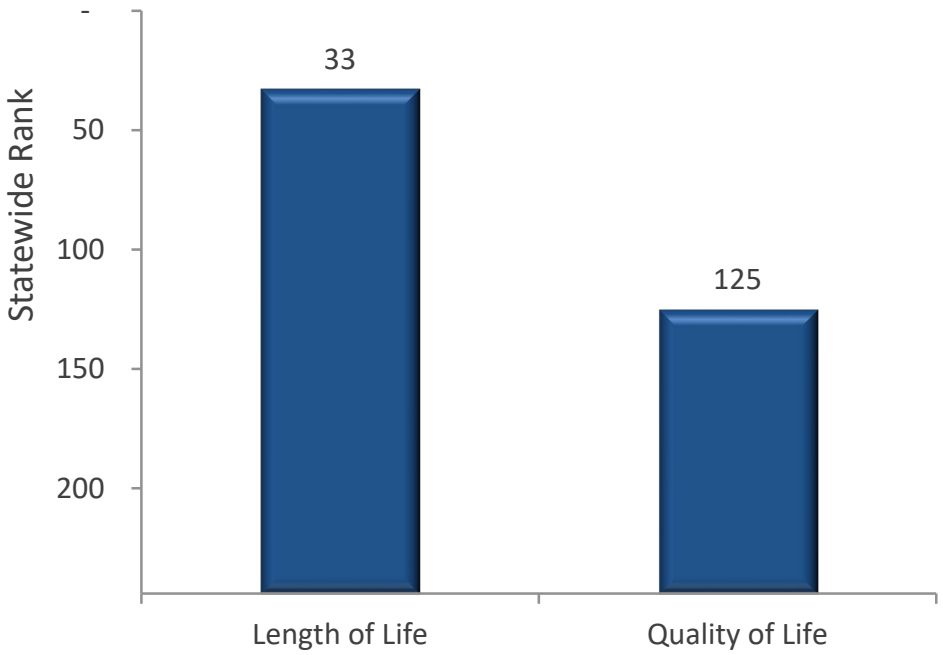
Findings Review

Secondary Data

Health Outcomes Rankings

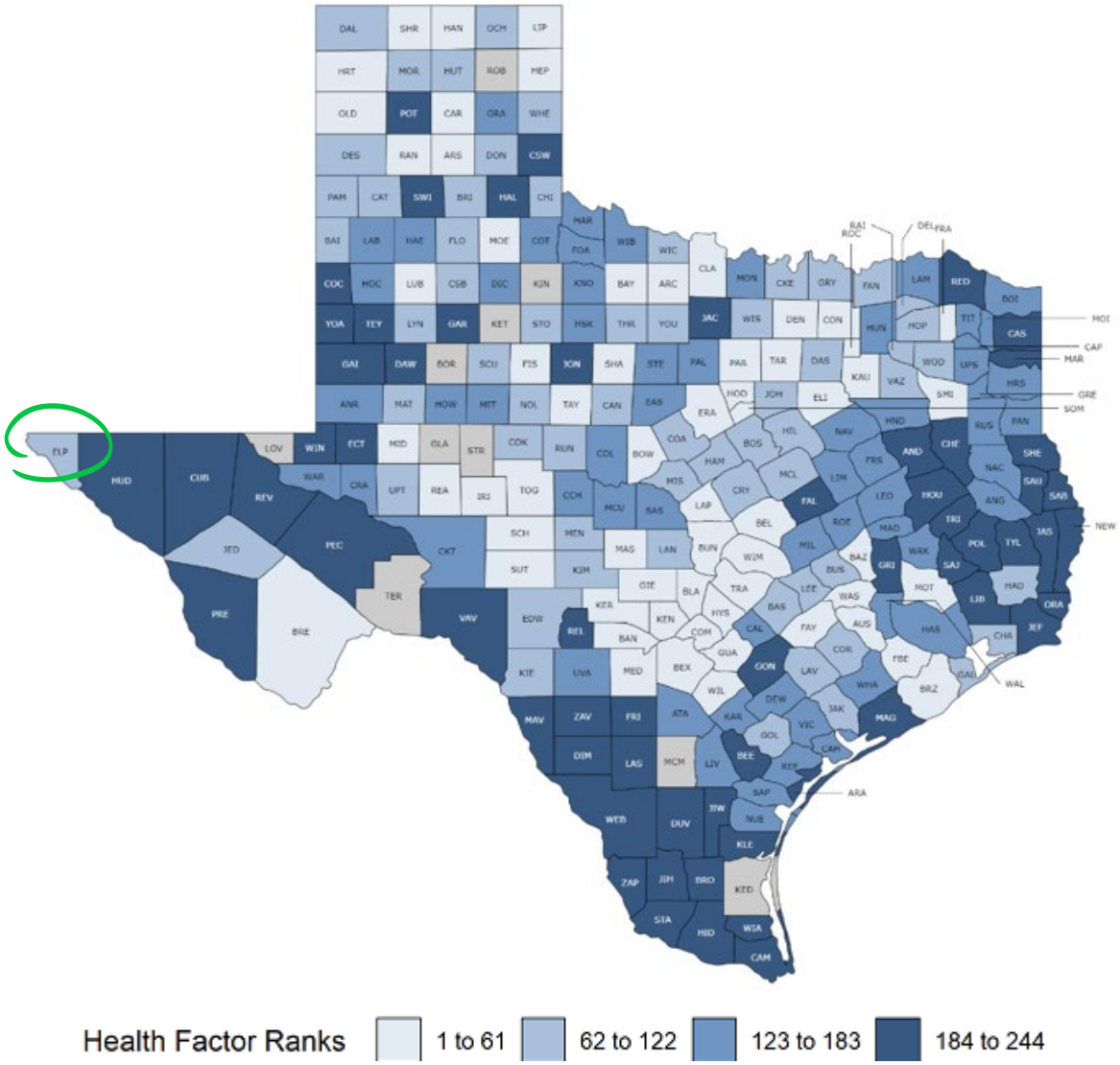


El Paso County ranks **56th** out of 244 reported counties in Texas for health outcomes.

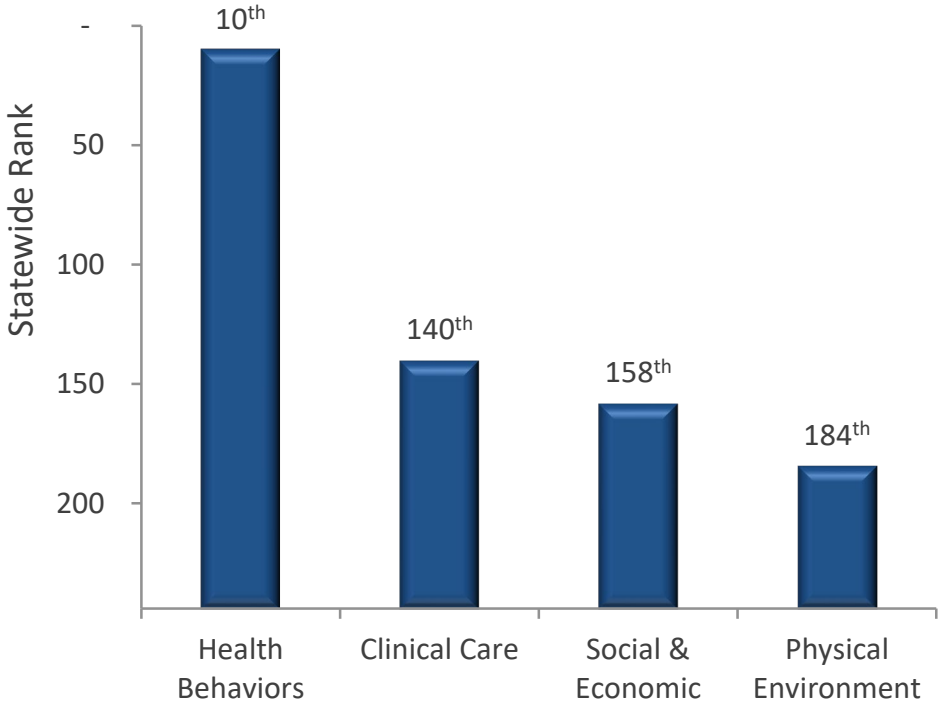


Source: Robert Wood Johnson Foundation, County Health Rankings

Health Factor Rankings

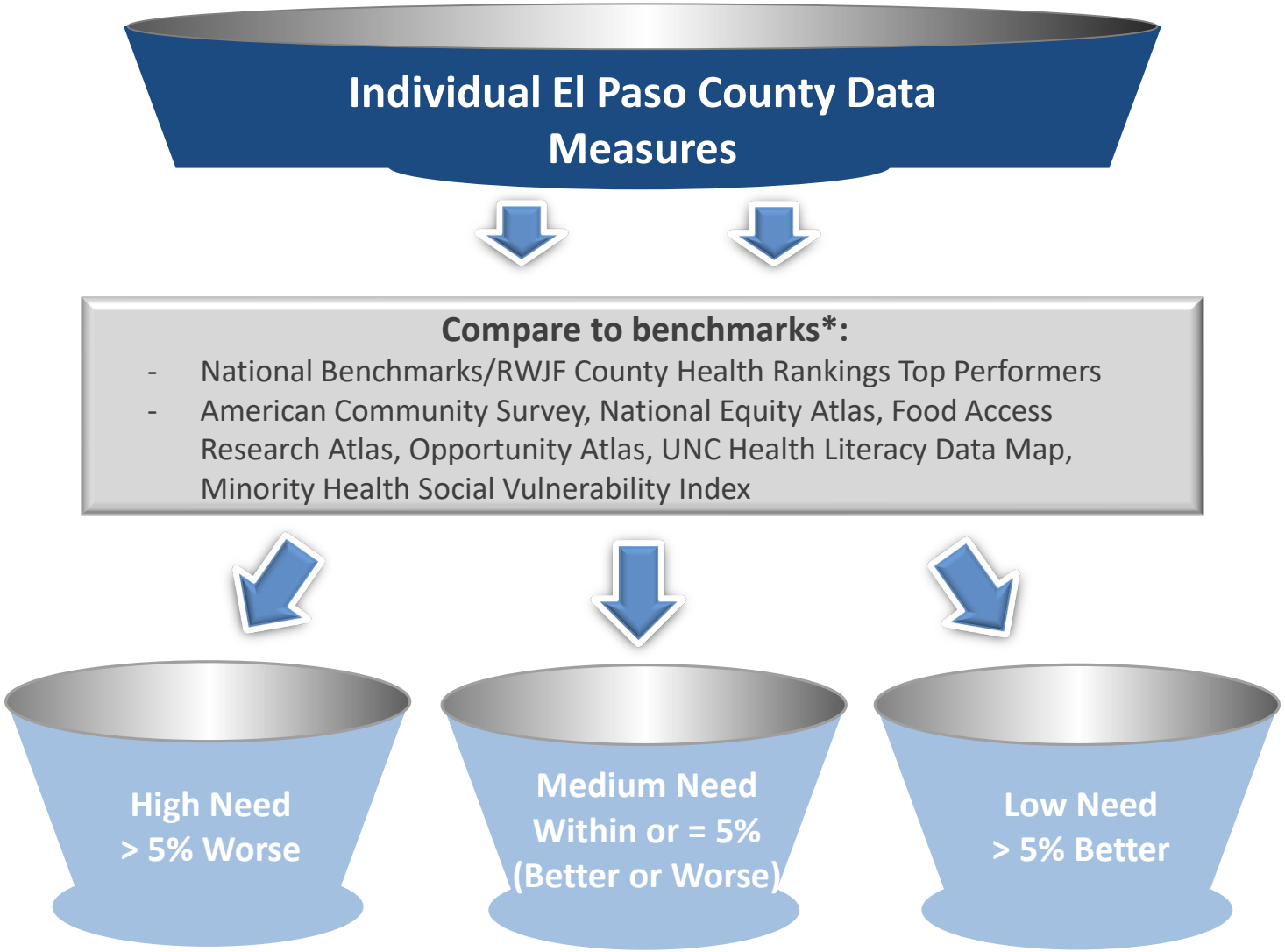


El Paso County ranks **77th** out of 244 reported counties in Texas for health factors.



Source: Robert Wood Johnson Foundation, County Health Rankings

Secondary Data Prioritization



*When available, individual El Paso County Data Measures were compared to State -level data measures, otherwise compared to National-level data measures

Secondary Data Prioritization

Lagging Indicators

Health Outcomes
What do we want to improve in El Paso County?

Length of Life 0	Maternal and Infant Health 0	Mental Health 3	Physical Health 6

Leading Indicators

Health Factors
What do we need to focus on to make those improvements?

Access to Care 7	Quality of Care 3	Diet and Exercise 1	Sexual Health 1	Substance Use Disorders 1
Tobacco Use 0	Built Environment 0	Environmental Quality 1	Housing and Homelessness 1	Transportation Options and Transit 1
Education 1	Employment 1	Family, Community, and Social Support 3	Food Security 3	Income 2
		Safety 1		

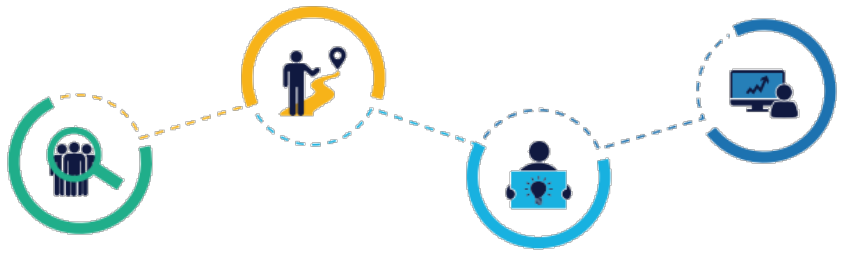
Values in bottom right represent number of measures with high need.

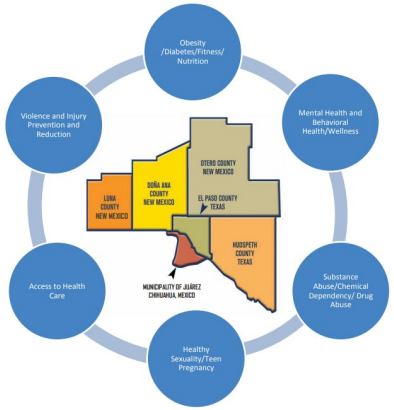
Other Organization CHNAs

- Ascendient reviewed CHNAs for a variety of local hospitals and health systems, including:
  - University Medical Center, El Paso Children's Hospital, El Paso Behavioral Health Consortium
- In addition, Ascendient reviewed health needs assessment evaluations from local organizations, including:
  - Coalition for a Healthy Paso del Norte strategic health framework report and update
  - Combined Arms Veteran Needs Assessment Survey Results Report
  - The Texas State Health Plan
  - City of El Paso

RESILIENT EL PASO

El Paso Children's HOSPITAL





Summary Findings: Identified Needs by Secondary Data Source

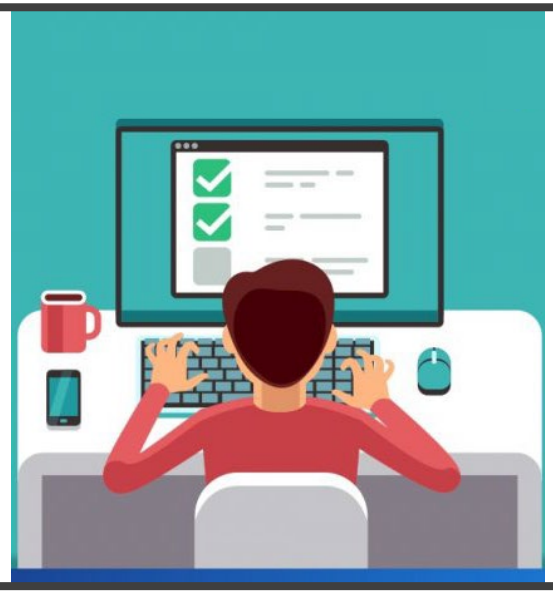
Priority Area	Health Outcomes/ Factors	PdN 2012 Framework	PdN 2016 Update	Veterans Needs Assessment	City of El Paso	Texas State Health Plan	UMC	EPCH	Healthy People 2030
Mental Health and Behavioral Health/ Wellness	✓	✓	✓			✓	✓	✓	
Access to Health Care	✓	✓	✓	✓		✓			✓
Obesity/Diabetes/Fitness/Nutrition	✓	✓	✓				✓	✓	
Social Determinants of Health	✓	✓	✓		✓				✓
Substance Use Disorders		✓	✓						
Sexual Health		✓	✓						
Violence and Injury Prevention		✓							
Provider Availability				✓		✓			
Quality of Health	✓					✓			
Primary Care						✓	✓		
Specialty Care							✓	✓	
Health Communication/Literacy	✓								✓
Health Equity									✓

Findings Review

Primary Data

Primary Data: Overview

Community Surveys



- A total of **3,653** surveys were completed.
- Surveys were available in both English and Spanish via electronic and paper versions.
- The Public Health Department team performed extensive outreach to homes and organizations throughout the community to gather broad input.

Key Leader Focus Groups and Web Surveys

- Nearly **45** key leaders completed surveys and focus groups.
- Stakeholders represented a range of organizations, including tribal leaders, non-profit partners, government officials, physicians, and mental health advocacy organizations.

Community and Key Leader Perspective

Rank the top 3 community health needs of El Paso County:

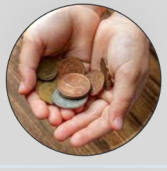
Rank	Community Surveys	Key Leader Surveys
#1	Obesity	Cardiovascular health/ Diabetes/Hypertension
#2	Cardiovascular health/ Diabetes/Hypertension	Obesity
#3	Mental health	Mental health
#4	Behavioral health (including substance use)	Behavioral health (including substance use)
#4	Senior health	Senior health

Community Surveys: N=3,653; Key Leader Surveys: N=39

Community and Key Leader Perspective

Which 3 areas impact the health of your community the most?

Rank	Community Surveys	Key Leader Surveys
#1	Income	Diet and Exercise
#2	Access to Care	Access to Care
#3	Diet and Exercise	Income
#4	Employment	Education
#5	Education	Family, community, and social support



Community Surveys: N=3,635; Key Leader Surveys: N=39

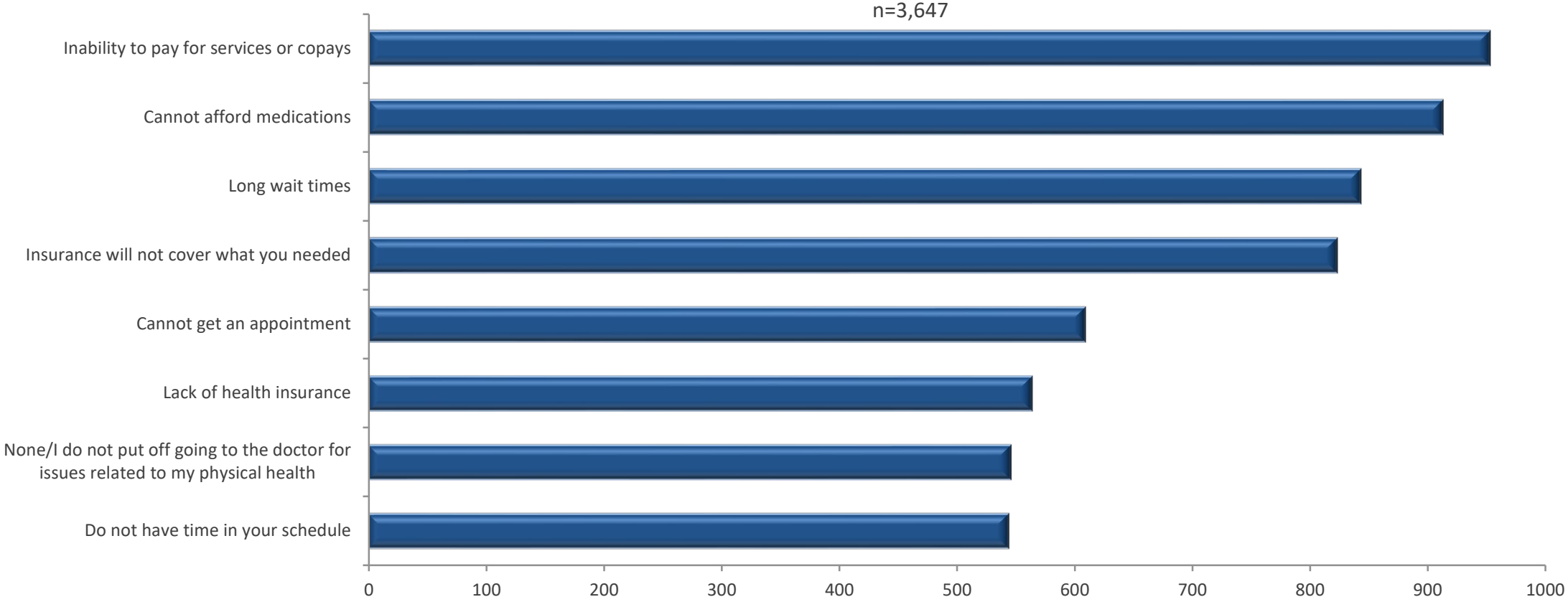
Access
Health
Education
Coordination
Dental
Trust
Nutrition
Mental
Affordability
Chronic
Exercise
Collaboration
Medicare
Transportation
Employment
Disease
Vision
Coordination
Medicare
Collaboration
Chronic
Transportation
Employment
Education
Dental
Trust
Access
Nutrition
Health
Medicare
Disease
Vision
Mental
Affordability
Exercise
Trust
Dental
Nutrition
Access
Vision
Mental
Chronic
Health
Exercise
Affordability
Coordination
Education
Disease
Trust
Dental
Vision
Transportation
Collaboration
Employment
Medicare
Nutrition
Access
Health
Mental
Chronic

Community Web Survey Results: Reasons for Not Seeking Care for Physical Health

Inability to pay for services was noted as a reason for putting off going to the doctor by one-quarter of all respondents. Other financial limitations, such as ability to afford medications and ability of insurance to cover services, were also about the most common responses.

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

n=3,647



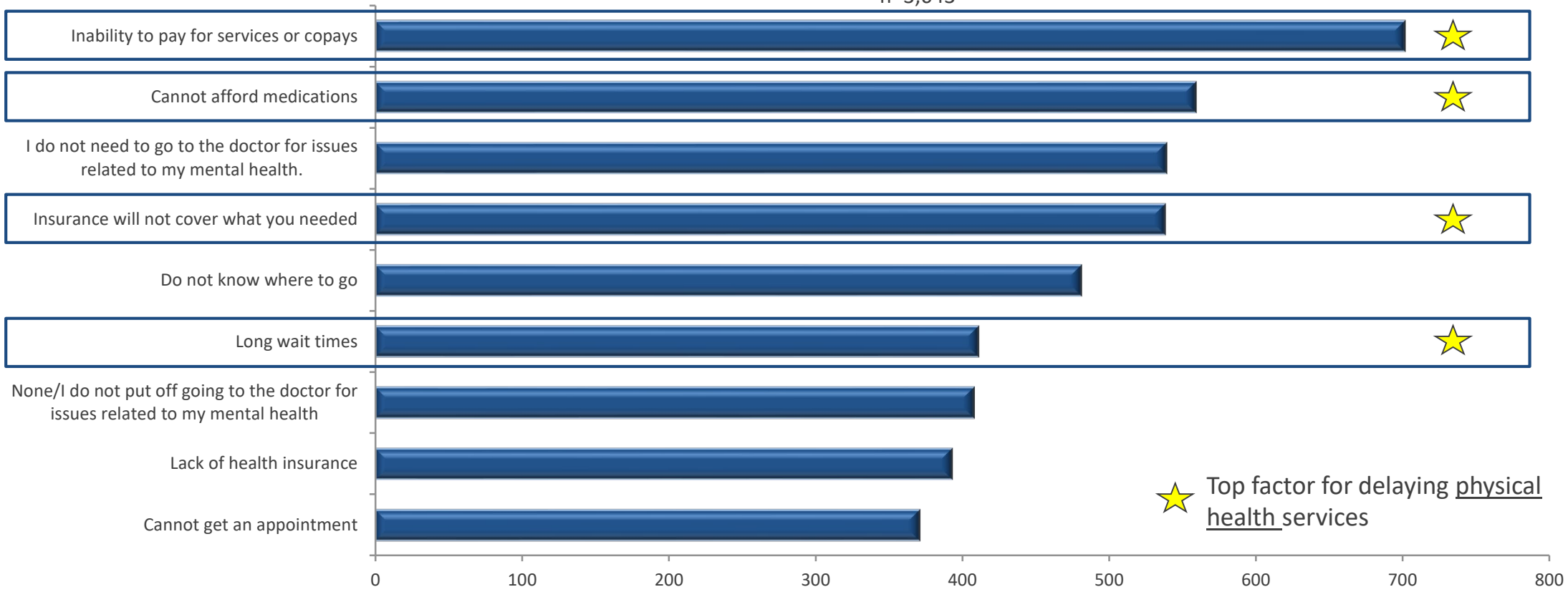
Values included by more than 15% of respondents depicted above.

Community Web Survey Results: Reasons for Not Seeking Care for Mental Health

Like physical health, inability to pay/financial considerations were identified as 3 of the top 4 barriers to receiving mental health care from a provider.

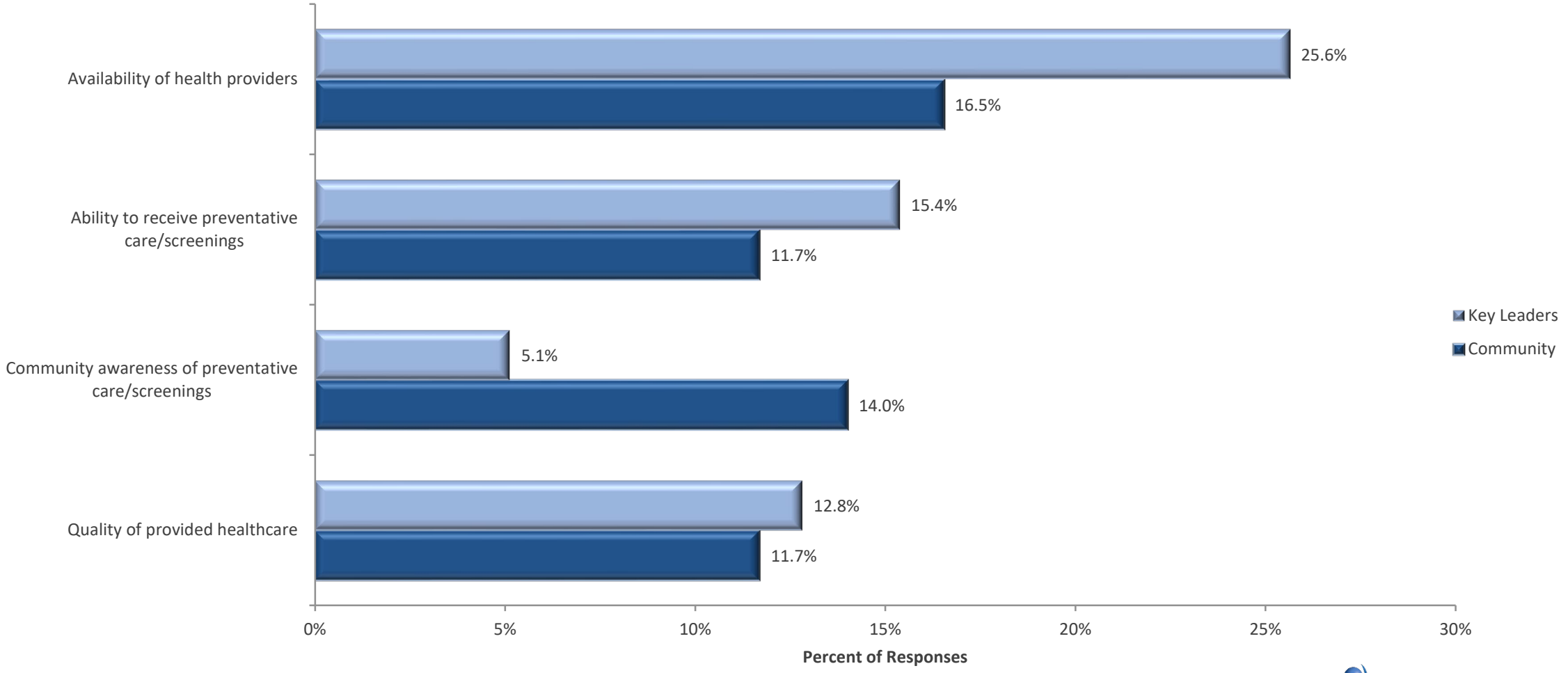
What do you believe has the greatest impact on why you might put off going to the doctor for issues related to your mental health? Please select all that apply.

n=3,643



Community and Key Leader Perspective

In your opinion, which ONE (1) clinical care issue needs the most improvement in your community?



N=3634 (community); 39 (key leader)

Summary Findings: Identified Needs by Primary Data Source

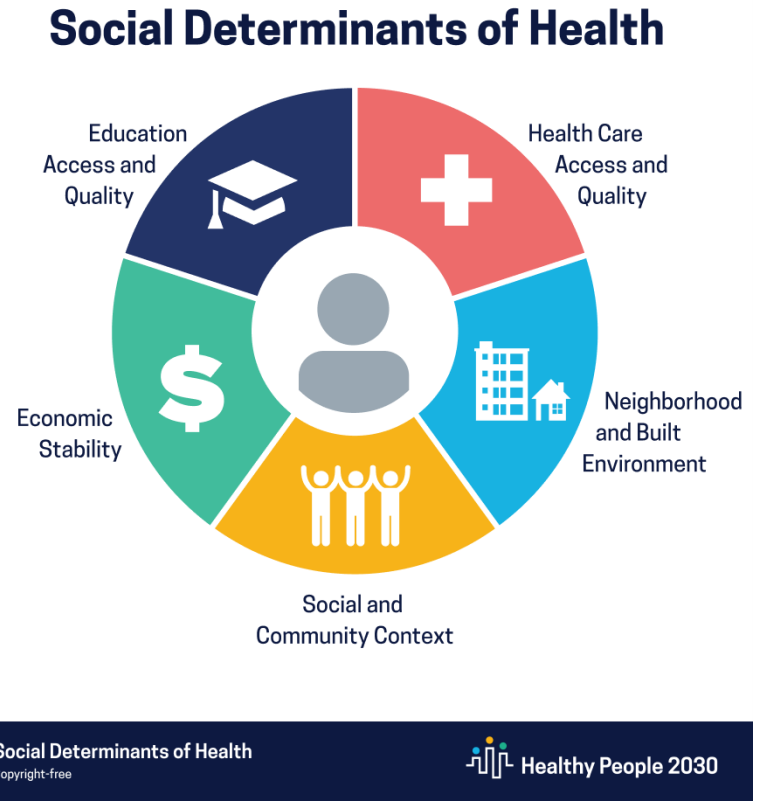
	Priority Area	Community	Key Leaders
★	Access to care	✓	✓
★	Behavioral Health (inc. Substance Use Disorders)	✓	✓
★	Cardiovascular health/Diabetes/Hypertension	✓	✓
★	Diet and exercise	✓	✓
	Education	✓	✓
	Income	✓	✓
★	Mental Health	✓	✓
★	Obesity	✓	✓
	Senior Health	✓	✓
	Family, Community, and Social Support		✓
	Employment	✓	

★ Top priority area from secondary data

Prioritization

Prioritization of Need: Key Considerations

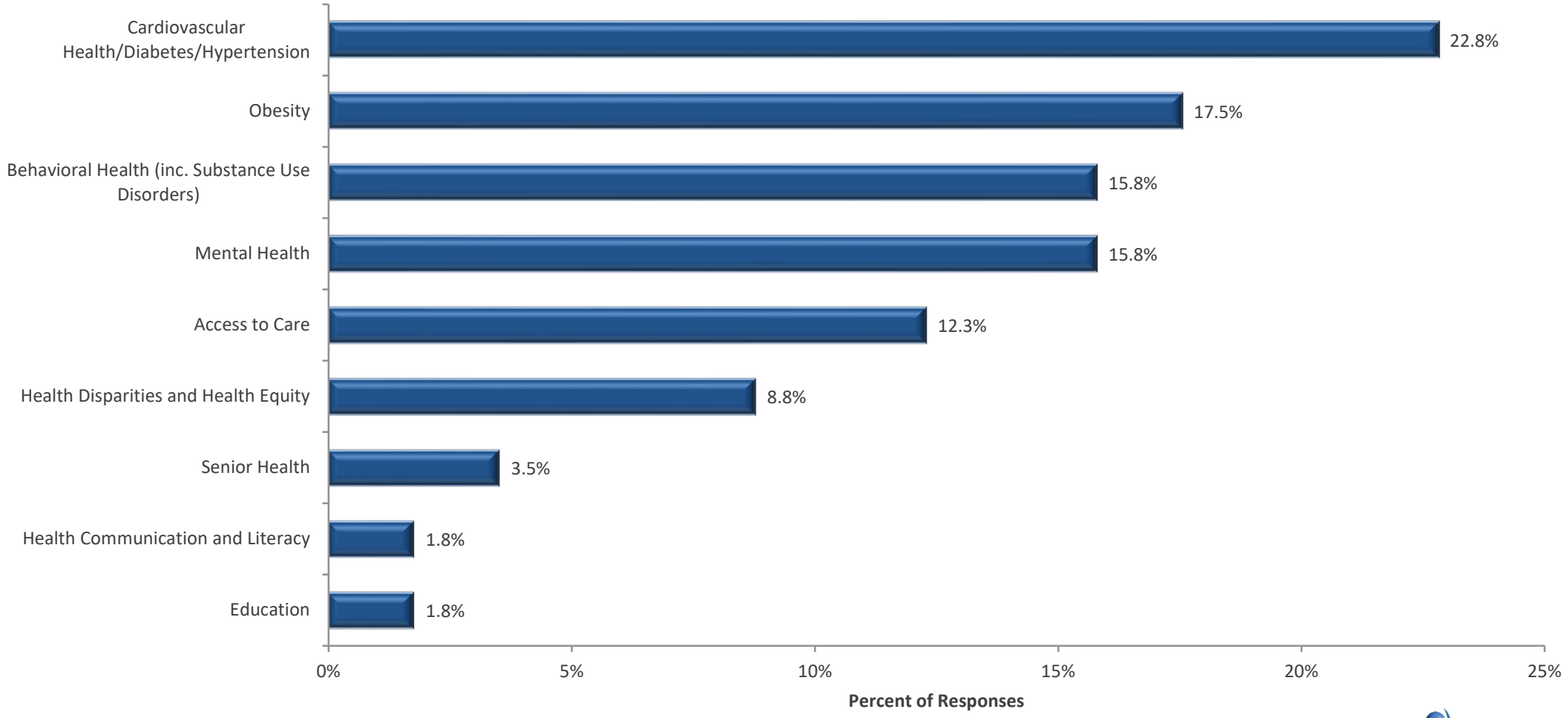
- Urgency/seriousness of solving problem
- Ability of health department to directly impact
- Cost and/or return on investment
- Size and impact of problem
- Availability of resources (staff, time, money, equipment) to solve problem
- Consideration of Social Determinants of Health and health equity



Source: Adapted from Guide-to-Prioritization-Techniques.pdf (naccho.org) and CHA-CHIP-Tool-for-HP-2030.pdf (naccho.org)

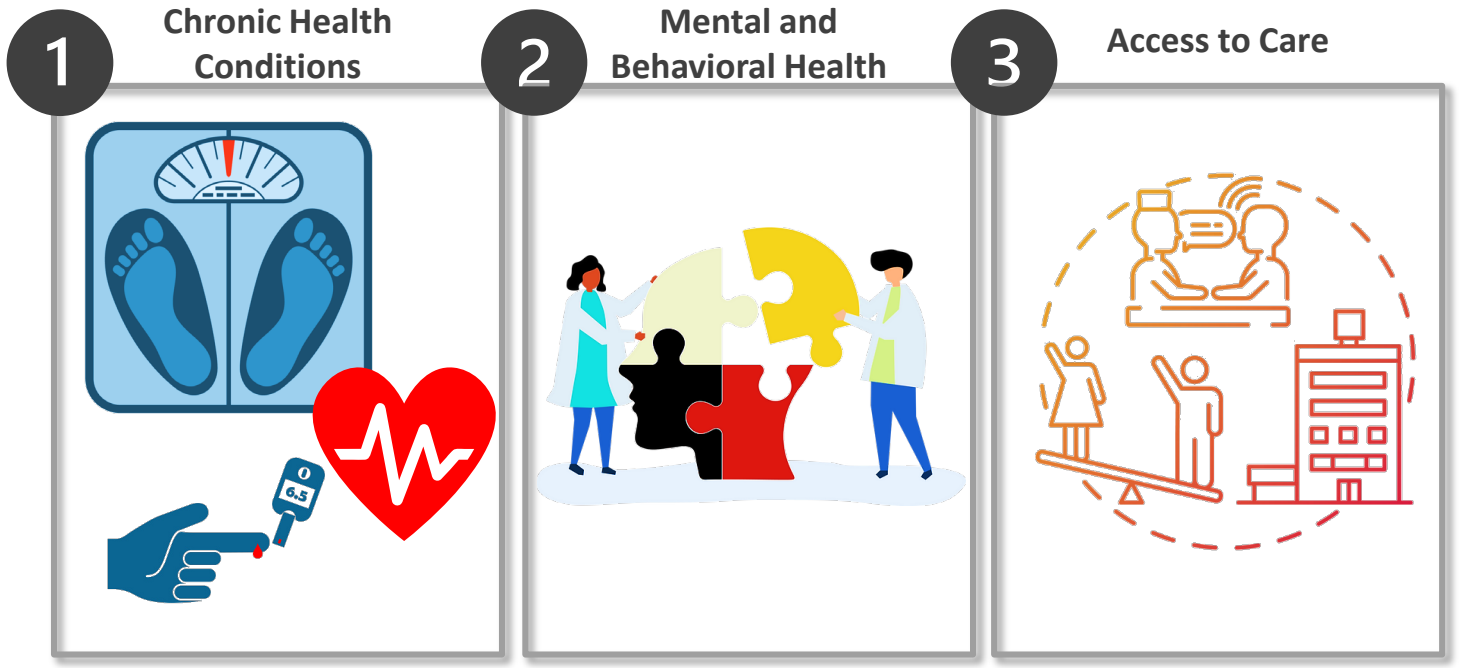
Prioritization of Needs: Polling Results

Members of the CHA Advisory Board participated in a live polling exercise and subsequent discussion to identify the greatest community needs of El Paso. Their voting results yielded the following top health needs:



Prioritization of Needs: CHA Priorities

Based on the poll results, the final CHA priorities for 2022 include chronic health conditions, mental and behavioral health, and access to care.



Discussion/Questions?