RWJF Culture of Health
Sentinel Community Snapshot:

Midland, Texas
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**ABOUT THIS REPORT**

The Sentinel Communities project, conducted by RTI International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least 5 years. This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community’s history, challenges, and approaches to building a Culture of Health. Visit cultureofhealth.org to see the full list of communities and links to other reports and information about the project.
Introduction

Midland, Texas, is a growing city of nearly 128,000 people on the flat, arid, oil- and natural gas-rich Permian Basin of west Texas. The county seat of Midland County and home to 80% of the county’s population, Midland’s future changed dramatically in 1923 with the discovery of oil in neighboring Reagan County, attracting thousands of investors and workers eager to find their fortune. In addition to its proximity to oil and natural gas resources, Midland is known for being the childhood home of former President George W. Bush, where his parents, former President George H.W. Bush and former First Lady Barbara Bush, raised their children in the 1950s before moving to Houston and starting multigenerational political careers.

Although the oil industry remains the city’s dominant source of employment, civic leaders have worked to expand and diversify the economy, which today includes professional and business services, health care, education, and leisure and hospitality. In 2014, Midland’s unemployment rate was 4%, compared with 6% nationally. More recently, unemployment has increased slightly in response to dropping oil prices.

If not solely dependent, Midland’s history, growth, and plans for the future are closely linked to the oil industry. By 1950, more than 200 oil companies had set up offices in Midland, growing the population to nearly 22,000 and supporting the construction of new schools, a full-service hospital, and cultural attractions. The population nearly tripled to more than 62,000 by 1960, but competition during that decade from foreign oil producers forced some companies to leave Midland, shrinking the size of the local workforce. The boom period returned in the early
1970s, driven by the Arab oil embargo, record-high prices for crude oil, and loosened federal regulations on oil and gas exploration. Midland continued to prosper through the early 1980s, spurring the construction of new office buildings, apartment complexes, and homes. But growth came to an abrupt halt when oil prices collapsed by nearly 70% in early 1986. As oil prices recovered through the 2000s, Midland’s population and economic growth have resumed, although the long-term effects of the current decline in oil prices may temper that prosperity.

Capitalizing on Midland’s assets, community leaders have engaged residents in developing a comprehensive plan for its long-term future that provides a framework for investments in housing, transportation, and quality of life issues, such as availability of parks and green spaces. However, a recent community health needs assessment conducted by Midland’s sole hospital revealed significant health disparities primarily affecting the city’s low-income and uninsured populations. How Midland balances its plans for long-term growth with the more immediate health needs of its residents will play a major role in determining the extent to which all residents can participate in Midland’s prosperity.

**MIDLAND TODAY: ECONOMIC STRENGTH, DIVERSITY, AND DISPARITIES**

Midland’s population is 49% white, 40% Hispanic, and 7% black, with small percentages of Asian and American Indian residents. Economic growth in recent years has outpaced that of most of the nation. Between 2000 and 2014, Midland was one of the few U.S. metropolitan areas where the share of adults in middle-income households shrunk from 53% to 43% as the share of adults in upper-income households grew from 18% to 37% during this period.

The city’s overall boost in economic prosperity masks differences in median income by race and ethnicity. Overall, Midland residents have a significantly higher median household income ($67,144) than Texas residents ($52,576), and Midland’s median household income is higher than the median household income for various subpopulation groups in Texas (Figure 1). Nevertheless, stark economic disparities exist across subpopulations in the city. Within Midland’s largest racial and ethnic groups, white residents have the highest median income ($79,933), followed by Hispanic ($56,368) and black residents ($40,840).

Educational attainment mirrors state and national rates and varies by race and ethnicity. Nearly 83% of Midland residents have a high school degree or higher, compared with 81% for Texas and 86% for the nation; more than one-fourth of Midland residents have earned a bachelor’s degree or higher, compared with 27% for the state and 29% for the nation. White and black residents are more likely to have attained a bachelor’s degree compared with Hispanic residents (Figure 2). Texas has the highest uninsured rate in the nation, a phenomenon reflected in Midland, where one in five adults (21%) lack health insurance. About one-third of Hispanic residents (32%) are uninsured, compared with 23% of black residents and 10% of white residents.

Factors influencing the high rate of uninsurance in Texas include the state’s refusal to expand Medicaid under the Affordable Care Act and historically low thresholds for Medicaid eligibility. Specifically, only a highly restricted set of low-income adults in Texas are eligible for...
Medicaid: people with disabilities who have income below 75% of the federal poverty line ($9,000 per year for an individual), pregnant women with incomes less than 200% of poverty (about $23,500 per year), and parents with incomes at 18% of poverty (less than $5,000 per year for a family of four).16,18

INSUFFICIENT INFRASTRUCTURE AND POOR HEALTH OUTCOMES
Today, Midland’s steady population growth is less reliant on the oil industry. As a growing number of young families and professionals have moved to Midland in recent years, the local economy has diversified, but the growing population and increased traffic volume has strained decades-old resources and infrastructure, while creating congestion that affects public safety and quality of life.4

For example, since its mid-20th century population boom, Midland’s transportation system has relied almost exclusively on automobiles. Pedestrian sidewalks are sporadic—many commercial developments or older residential areas do not include them. The city also lacks sufficient parks, recreation, and other cultural resources to promote community interaction and offer health-promoting options for residents.4 Only two neighborhood parks have been constructed in the city since the 1980s, and new neighborhoods often lack a park within walking distance.4

The population of residents aged 75 or older increased by 43% between 2000 and 2014, however they lack affordable housing options, as do households making less than $50,000.4

Several of Midland’s infrastructure concerns are reflected in health outcomes such as high rates of obesity and physical inactivity. Nearly one-third of adults in Midland County (31%) are obese, compared with 28% for Texas. More than one-fourth of Midland County adults aged 20 or older (26%) report no leisure-time physical activity, compared with 24% for the state.17

BARRIERS TO ACCESS AND PREVENTABLE DISEASE
According to a 2015 community health needs assessment, Midland’s high levels of uninsurance and resulting lack of access to primary and preventive care contribute to elevated rates of chronic lower respiratory disease, chronic liver disease and cirrhosis, and sexually transmitted diseases, compared with state levels.18 The assessment of Midland County (Midland city residents make up 80% of the county’s population), and of neighboring Ector County, was conducted by ContinueCARE Hospital. The hospital is a long-term care facility at Midland Memorial Hospital, Midland’s only acute-care hospital.18

The assessment revealed that 30% of residents have no doctor or health care provider, similar to levels in the state (32%).18 Only half of Midland County residents aged 65 or older receive recommended influenza vaccinations, compared with 40% for the state.18 Residents of Midland County experience higher incidence of gonorrhea and chlamydia (250 per 100,000 and 700 per 100,000) compared with people in surrounding counties.18 The assessment did not provide health outcomes based on race and ethnicity; however, higher levels of uninsurance among Midland’s Hispanic residents compared with white and black residents may result in additional barriers to care and poorer health outcomes.

Stakeholders providing input into the health assessment, including representatives from Midland Memorial Hospital, the Midland and Ector County Health Departments, United Way of Midland, and Community and Senior Services of Midland, described the barriers to care that some residents experience. As one interviewee noted, “There is a lack of access to medical services, physician services, and nurse practitioners. Many of the people who have lived in the community a long time are getting denied care because their physicians no longer accept certain pay sources (p. 188).”18 Midland County’s ratio of primary care physicians to residents (2,486 to 1) is nearly 1.5 times higher than the state ratio (1,708 to 1).17

Stakeholders also voiced concerns about the lack of understanding about the value of primary and preventive care among uninsured, low-income, and non-English-speaking populations. Interviewees said, “It is not part of the culture to do preventive care (p. 185).”18 When specialty care is needed, “there is very little possibility that they will get care ... emergent care becomes the next step. Low income and uninsured patients don’t have the option to manage their care (p. 187).”18

Initiatives to Bridge the Gaps
Longstanding initiatives supported by Midland Memorial Hospital, the United Way, local businesses, and community organizations have offered a range of health and social services to address unmet community needs. However, evidence of collaboration and coordination among partners, reach of the initiatives to populations especially in need, and the impact on population health are not well documented and thus difficult to assess.

CONNECTING RESIDENTS TO HEALTH RESOURCES
For the past 15 years, Midland Memorial Hospital has sponsored Healthy U, an annual health fair for local residents and the surrounding Permian Basin communities.19 It offers free screening and educational services, including cardiac risk assessments, heart disease education, mammography and bone density instructions, and healthy eating demonstrations. Midland Memorial Hospital partners with Midland College, the Midland Chamber of Commerce, and other community-based organizations in sponsoring the event.

The hospital also administers Nurse68 program, a 24-hour, 7-day per week nurse call line that can guide people with health concerns to the most appropriate health care option for their needs. Intended also to reduce use of hospital emergency rooms for non-emergency situations, the program began at Midland Memorial Hospital in 2009 and expanded into neighboring Medical Center Hospital in Odessa in 2011.19 By the end of 2011, Midland Memorial Hospital’s program averaged approximately 2,500 to 2,800 calls per month.19

The United Way of Midland supports 22 health programs to promote physical and emotional health and well-being and provide
access to health and counseling services. In 2015, it invested $923,570 in programs, including the Boys and Girls Club of Midland; Casa de Amigos, which provides health, wellness, education, and social services to low-income families to promote self-sufficiency; the Community Children’s Clinic, which provides low-income, uninsured children aged 7 months to 18 years with health care services; and the Springboard Center, an alcohol and drug treatment center serving the Permian Basin.

**ENVISIONING MIDLAND’S TOMORROW**

Midland city officials have pushed for new investments to support its population and attract new residents. A comprehensive planning process, convened by the city of Midland in 2014, identified broad priority areas that will inform land use development and public investment decisions over the next 10 to 20 years.

The resulting plan, “Tall City Tomorrow,” serves as a blueprint for decision-making that reflects input from Midland residents, businesses, city government agencies, planning and transportation experts, and others. Priorities emerged from 10 stakeholder group conversations, multiple public meetings, and an online survey that created a baseline assessment of community opinion. A 14-member steering committee will work with Midland’s city government to implement activities identified with key priority areas.

Issues identified as part of Midland’s effort to improve its health and well-being include the following:

**Expanding housing choice:** Recommendations for expanding housing choices for senior residents and lower-income families include:

- directing city investments and redevelopment dollars to mixed-income projects,

- reviewing codes and ordinances to allow a wide range of housing options, and

- working with local development corporations to implement a senior housing project targeted to moderate- and low-income senior households.

**Increasing transportation options:** Recommendations for increasing the range of health-promoting transit options, such as sidewalks, trails, and bike routes, include:

- establishing street connectivity standards that offer choices of routes and separates local traffic from major arterial streets;

- improving and expanding the existing trail network and connections to streets and destinations; and

- developing a pedestrian system including high-priority sidewalks to destinations such as schools and transit stops.

**Improving quality of place:** Recommendations for improving the city’s quality of life include:

- implementing previous (2007) and future master plans to expand parks, recreation areas, and open spaces;

- adding park lands to the city’s system to ensure service levels as the population grows; and

- using trails and other features to connect the city’s existing and future parks through a linear recreation system.

**Sharing Prosperity Across the Community**

Midland’s strong business climate and emphasis on economic growth have contributed to prosperity benefiting large sectors of the population. However, the state’s refusal to expand Medicaid under the Affordable Care Act and the modest efforts of Midland’s community stakeholders in addressing significant inequities in access to health care threaten to solidify the already sharp differences in health outcomes among Midland’s uninsured and low-income residents. Additional surveillance, data and information gathering, analysis, and reporting will examine the extent to which ongoing initiatives are coordinated across sectors, help to meet the demand for services, and bridge cultural differences through education and outreach.

The following questions could provide insights into the degree to which meaningful change is taking place:

- What strategies are being used to identify and assist low-income and minority populations, especially those without health insurance, to access health care services?

- To what extent does collaboration and coordination exist among Midland’s key organizations, including Midland Memorial Hospital, the United Way, and local business groups, to address gaps in services for the community’s low-income and uninsured population?

- To what extent is the health department involved in education and outreach to Midland’s Hispanic community? Do other organizations partner in this effort?

- To what extent are Midland residents limited in obtaining health insurance coverage by their status as legal immigrants or as undocumented immigrants?

- What impact has the closure of the Planned Parenthood clinic in Midland had on access to reproductive health services? Has the
local Federally Qualified Health Clinic been able to fill the gaps in services formerly provided by Planned Parenthood?

• Given the lack of physicians to treat patients covered by Medicare and Medicaid, what specific strategies has Midland considered to recruit and retain mid-level health physicians, such as physician assistants and nurse practitioners?

• To what extent are health providers who work in area clinics able to provide education and follow-up to children and adult patients?
References


