



Initium is a public benefit corporation committed to using innovation to improve human health.

2025 Community Health Assessment (CHA)



Public Health
Prevent. Promote. Protect.

City of Amarillo

August 20, 2025



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Prevent. Promote. Protect.

City of Amarillo

Overview

CHA: Top Health Priorities

Recommendations

OVERVIEW

Overview of Community Health Assessment

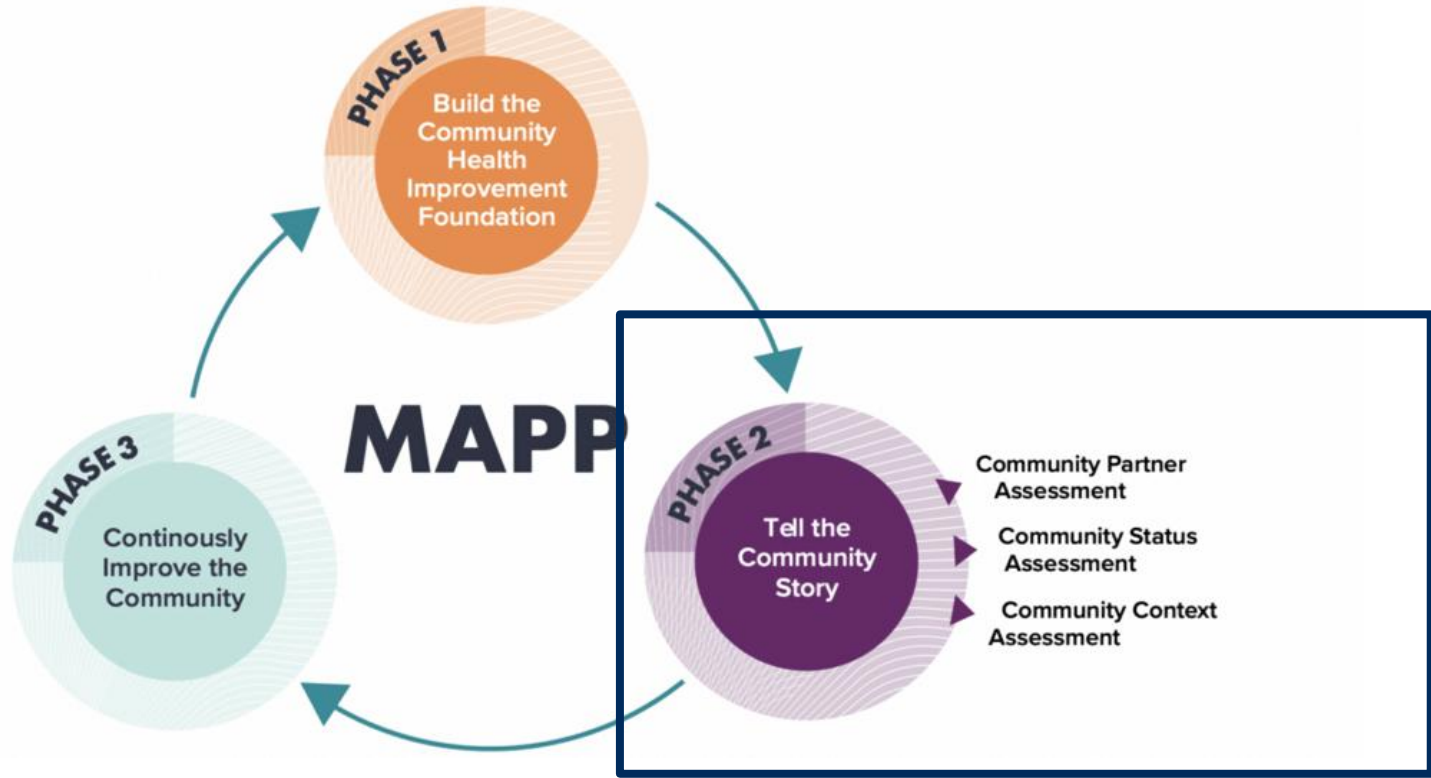
Why do a CHA?

- **Engages a wide variety of community stakeholders to assess strengths and challenges facing health in a community**
- **Generates community collaborations that can be continued to improve health in a community**
- **Allows generation of a Community Health Improvement Plan (CHIP)**
- **Shows changes that may have happened since the last assessment**

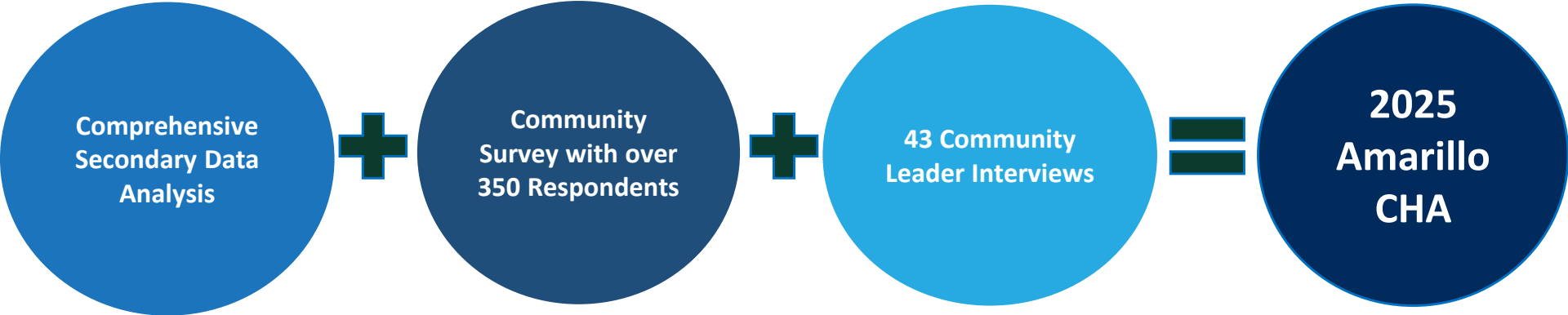
Goal

To gather a comprehensive understanding of Amarillo residents' health and wellbeing through surveys, secondary data, and stakeholder interviews in order to identify the community's most pressing health needs and guide local organizations and leaders in creating targeted strategies that improve overall community health.

Assessment Framework and Methodology: MAPP 2.0



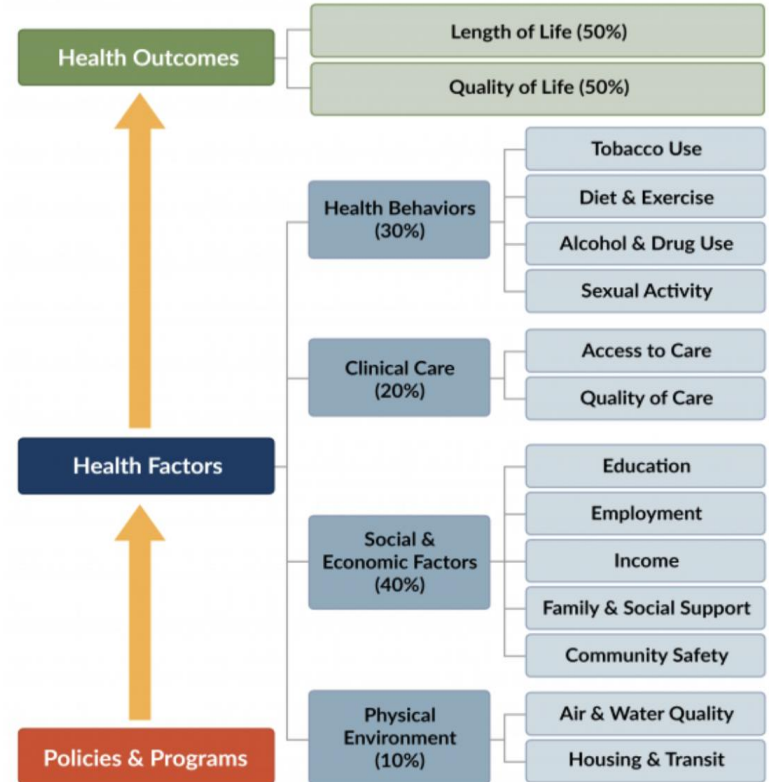
CHA Key Components



Secondary Data Analysis

Data for the Community Status Assessment was obtained largely from:

- Texas Department of State Health Services (DSHS)
- Centers for Disease Control and Prevention (CDC) data reports
- U.S. Census Bureau American Community Survey
- Texas Health and Human Services Commission reports
- **County Health Rankings & Roadmaps →**



Community Health Survey Demographics

- 357 eligible respondents (must be over 18 years old)
- Evenly distributed among Potter and Randall County
- **Age Distribution:** 46% aged 55+, 43% aged 35-54, 11% aged 18-34
- **Gender:** 75% female respondents (notable survey limitation)
- **Race/Ethnicity:** 78% White non-Hispanic, 18% Hispanic/Latino, 4% Black, 6% Other
- **Education:** 55.3% bachelor's degree or higher (vs 25.9% citywide - survey skewed higher)
- **Income:** Relatively even distribution across income brackets

Interviews with 43 Leaders in the Community

Shari Medford, MD - Amarillo Children's Clinic	Amarillo Police Department	Stormie Aguirre - Amarillo Public Health	Sheri Friemel - Amarillo Public Health
Shanna James - Amarillo Public Health	Margie Schroeder - Amarillo Public Health	Laci Scott - Amarillo Public Health	Cindi Wynia - Amarillo Public Health
Carol Hill - Amarillo Public Health	Teresa Kenedy - Barrio Neighborhood Planning Committee	Courtney Austin - Cenikor Foundation	Josh Craft - City of Amarillo
Laura Storrs - City of Amarillo	Grayson Path - City of Amarillo	Jason Riddlespurger - City of Amarillo	Andrew Freeman - City of Amarillo
Elizabeth Favela - Coalition of Health Services	Alan Keister, MD - Heal the City	Will Hendon - North Texas, Global Medical Response	Laura Street - Panhandle Behavioral Health Alliance
Rodney Young, MD - TTUHSC	Teresa Baker, MD - TTUHSC	Keila Johnson - TX Dept of State Health Services/Public Health Region	Kiley Murray - United Way Amarillo and Canyon
Adam Leathers - United Way Amarillo and Canyon	Haley Stoddard - United Way Amarillo and Canyon	Maria Garcia - Uniting Parents	Christine Garner - TTUHSC
Jill Goodrich - The Opportunity School	Keralee Clayton - Amarillo Area Foundation	Debra King - Area Agency on Aging for the Texas Panhandle	Kathryn English - Area Agency on Aging for the Texas Panhandle
Anette Carlisle - Former positions in Amarillo College and Amarillo School District	Ryan Pennington - Refugee Language Project	Kim Pitney LCSW - Downtown Women's Project	Sridevi Veeramachaneni - Panhandle Behavioral Health Alliance

Amarillo Community Profile

Source: US Census Bureau

200K+

Population (15th largest city in Texas)

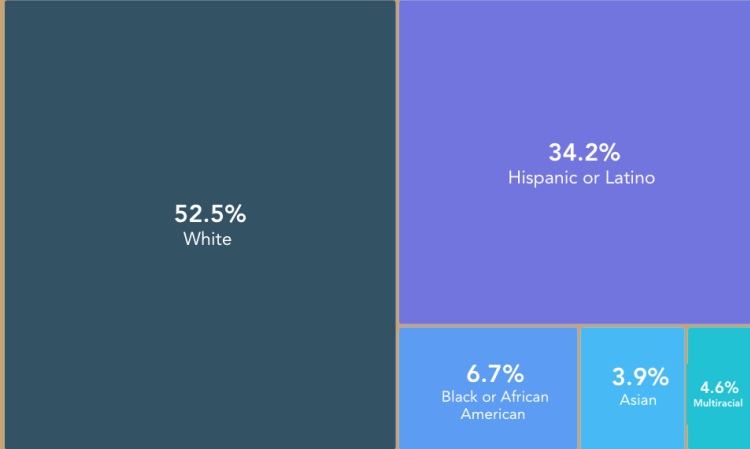
Regional Significance:

Amarillo serves as the essential healthcare and economic hub for the largely rural Texas Panhandle, providing critical services to the surrounding area.

AMARILLO RESIDENTS RESIDE IN EITHER POTTER OR RANDALL COUNTIES



AN INCREDIBLY DIVERSE CITY



FOREIGN BORN



11% of Amarillo residents were born outside of the United States (2019-2023).

**COMMUNITY HEALTH
ASSESSMENT:
TOP HEALTH
PRIORITIES**

Amarillo's Priority Health Challenges

1

**Mental Health Crisis
and System Capacity**

2

**Geographic Health
Inequity
(Potter-Randall County
Divide)**

3

**Healthcare Access and
Provider Shortages**

4

**Maternal and Child
Health System Strain**

5

**Health Related Social
Needs**

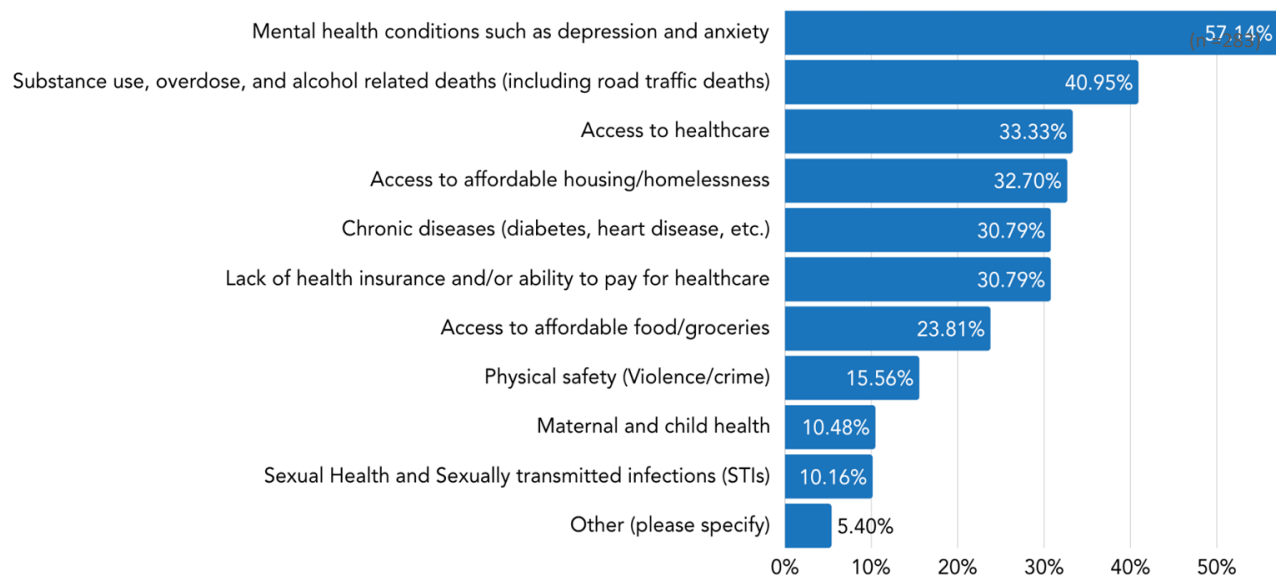
6

**STIs: The Hidden
Epidemic**

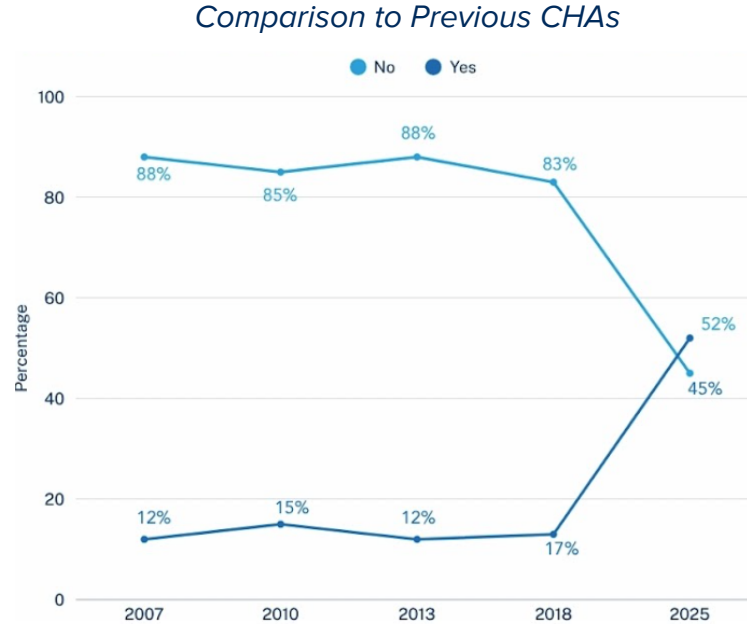
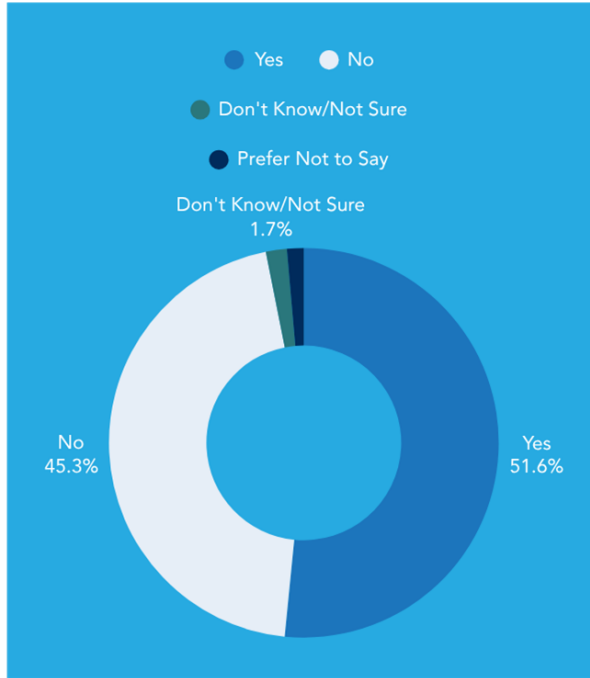
1. Mental Health Crisis & System Capacity

Community Survey
Respondents ranked
Mental Health
Conditions and
Substance Use as
their top 1 and 2
most concerning
issues

“THINKING ABOUT YOUR COMMUNITY IN AMARILLO, WHAT ARE THE THREE HEALTH ISSUES THAT MOST CONCERN YOU?”



“HAVE YOU OR A MEMBER OF YOUR HOUSEHOLD SOUGHT MENTAL HEALTH CARE SERVICES IN THE LAST 2 YEARS?” (n =287)



+246%
Increase in seeking mental health services compared to 2018

1 in 2
Households now report seeking mental health services in the past 2 years

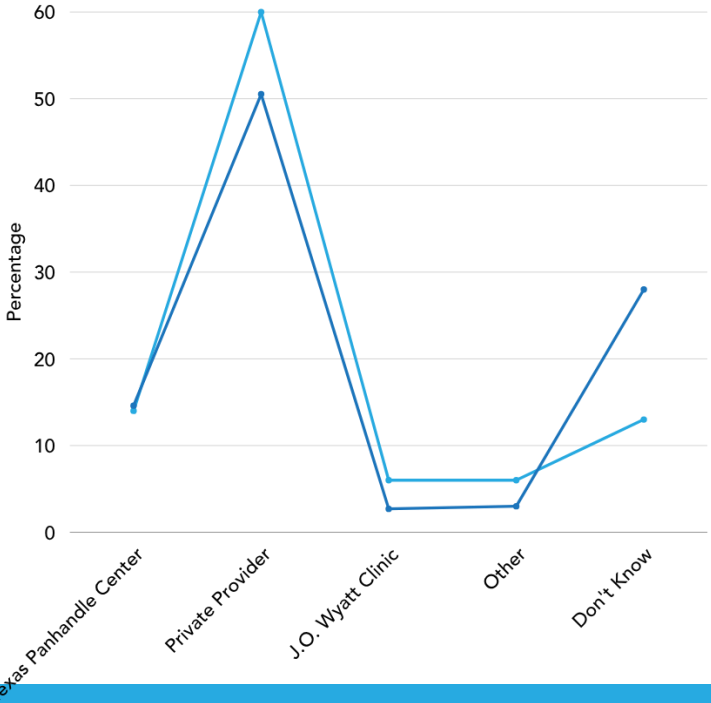
“IF YOU OR AN ADULT MEMBER OF YOUR HOUSEHOLD WERE/ARE IN NEED OF MENTAL HEALTHCARE, WHICH OF THE FOLLOWING WOULD YOU MOST LIKELY USE?”

(n =287)

USE?”

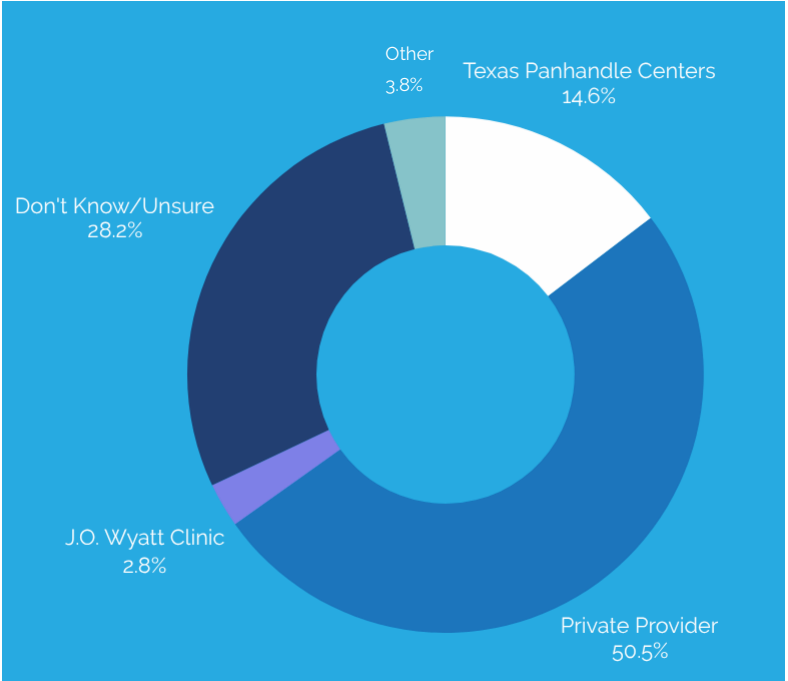
Comparison to Previous CHAs

● 2018 ● 2025



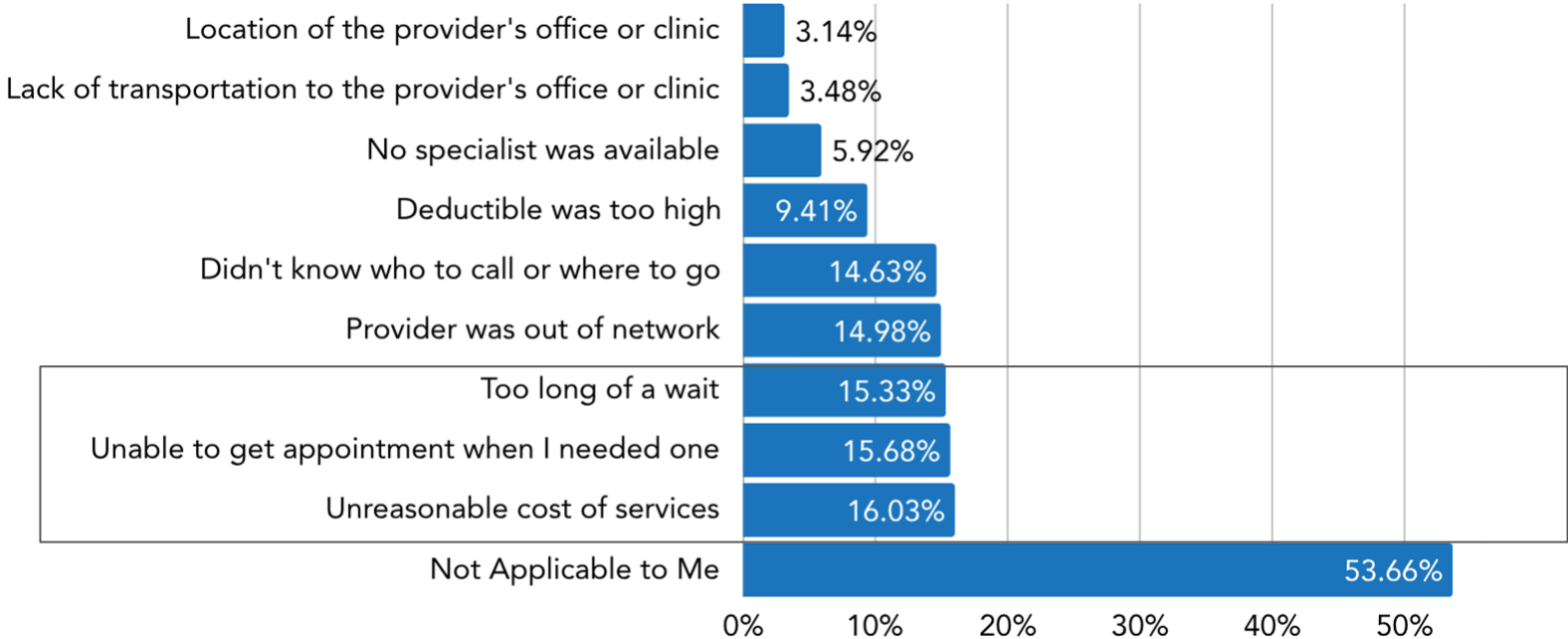
+200%

Twice more % of residents are unsure of where to go for mental health services than in 2018



“DID YOU EXPERIENCE ANY OF THE FOLLOWING WHEN YOU SOUGHT MENTAL HEALTH CARE?”

(n =287)



Mental Health Data

25

PER 100,000

Suicide Case Rates of
Potter County

Potter
County has
a 79%
higher
suicide
rate than
state and
national
averages.

20

PER 100,000

Suicide Case Rates of
Randall County

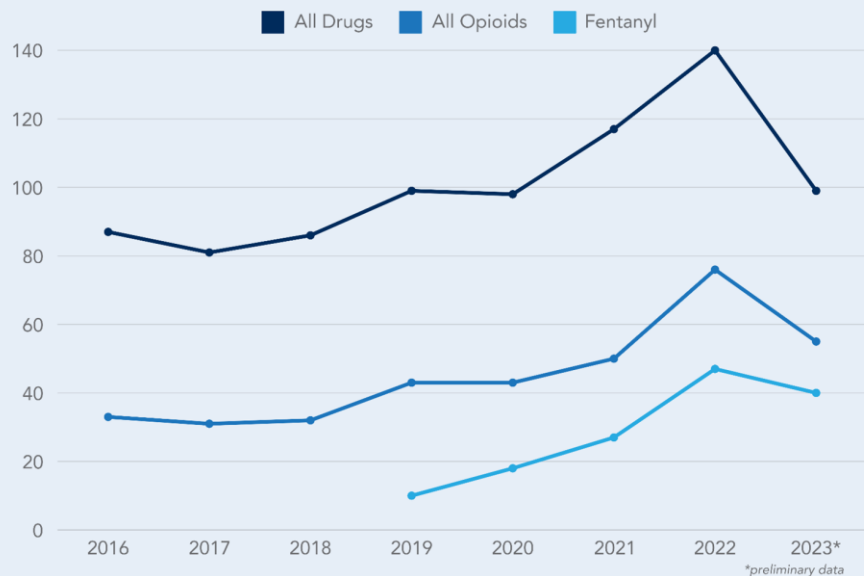
Randall County's
rate exceeds these
benchmarks by
43%.



1 in 4 Adults in Amarillo have been
diagnosed with a Depressive Disorder

Substance Use Data

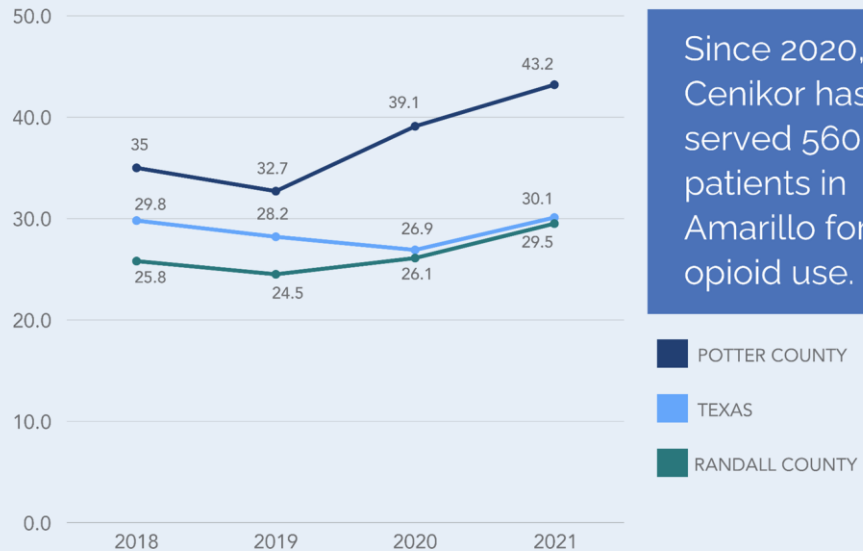
UNINTENDED DRUG POISONING RELATED DEATHS IN THE PANHANDLE



Source: Texas Department of State Health Services.

OPIOID-RELATED EMERGENCY VISITS

CASE RATES PER 100,00 (2018-2021)



Since 2020, Cenikor has served 560+ patients in Amarillo for opioid use.

Source: Amarillo Tribune. (2024, September 26).
Battling fentanyl in Amarillo.

Mental Health Provider Landscape

Psychiatrists

- 20 psychiatrists in Potter County; none in Randall County
- Both counties designated Mental Health Professional Shortage Areas (HPSAs)

Mental Health Providers

- Provider-to-population ratios:
 - Potter County: 1:390
 - Randall County: 1:780
 - Texas average: 1:640

**Despite favorable ratios,
both counties face high
mental health needs due
to shared regional
demand**

Themes from Interviews with Community Leaders

PROVIDER & TREATMENT SHORTAGES

The growing mental health challenge has placed a strain on the current providers and intervention teams and wait times are prohibitively long.

Treatment gaps are significant, particularly for comprehensive, long-term care:

"We are in a place where there's a shortage of mental health providers, specifically psychiatrists, but other mental health care providers as well."

"To get our women in to see a psychiatrist for a mental health screening where they can get medication, it's taken about a month."

"We need more outpatient programs that follow up, that stick with them for a longer period. Not just that 30-day get over the crisis moment."

"They had to go downstate to get help, because we didn't have a place here."

Themes from Interviews with Community Leaders

MENTAL HEALTH STIGMA

Mental health stigma remains a significant barrier to care in the Amarillo area. This stigma manifests in various forms, affecting both access to and utilization of available mental health services.

"I feel like I'm seeing that a lot in the refugee community. But it's different. They treat it very different. It's kind of a taboo..."

"Mental health care starts to run into the same sort of place that dental care lives in people's lives. It's a luxury. It's not a requirement."

Noted Innovative Approaches

Crisis Response and Intervention

VOICES FROM THE COMMUNITY

"We could actually probably triple the size of that [crisis intervention] team, and they would stay busy."

The Amarillo Police Department's Crisis Intervention Team (CIT) represents a collaborative approach to mental health response, partnering with Texas Panhandle Centers and the Panhandle Behavioral Health Alliance to improve mental healthcare access. In 2023, the five full-time CIT officers responded to over 1,900 calls and conducted follow-up on most of the 1,497 mental health related cases generated department-wide, providing critical intervention and connecting residents to care. The Intercept Program, a key CIT initiative, pairs mental health professionals with CIT officers in the field, providing real-time access to follow-up appointments, prescription medication, telehealth, and counseling services, with the program expanding to include three mental health professionals in 2023.⁸⁷

Mental Health First Aid

VOICES FROM THE COMMUNITY

"Mental Health First Aid... is just like CPR, except if you see somebody having a mental breakdown... you know exactly what to do."



**Mental Health
FIRST AID**

from NATIONAL COUNCIL FOR
MENTAL WELLBEING

recognize and respond to mental health crises.⁸⁹

[The Mental Health First Aid](#) initiative has trained over 7500 community members in Amarillo since its inception, creating a network of individuals prepared to

LOSS Team

The Local Outreach to Suicide Survivors (LOSS) Team represents an innovative postvention approach that provides immediate, compassionate support to individuals impacted by suicide loss. This collaborative program deploys trained mental health professionals and community volunteers to offer on-scene emotional care, resource binders with local counseling services, and ongoing follow-up support at no cost. Recognizing that one suicide can impact an average of 135 people and survivors are seven times more likely to die by suicide themselves, this evidence-based program serves as both a critical intervention for healing and a vital suicide prevention strategy, demonstrating Amarillo's commitment to breaking the cycle of suicide contagion through timely, comprehensive support.⁹⁰

2. Geographic Health inequity: Potter/Randall Divide

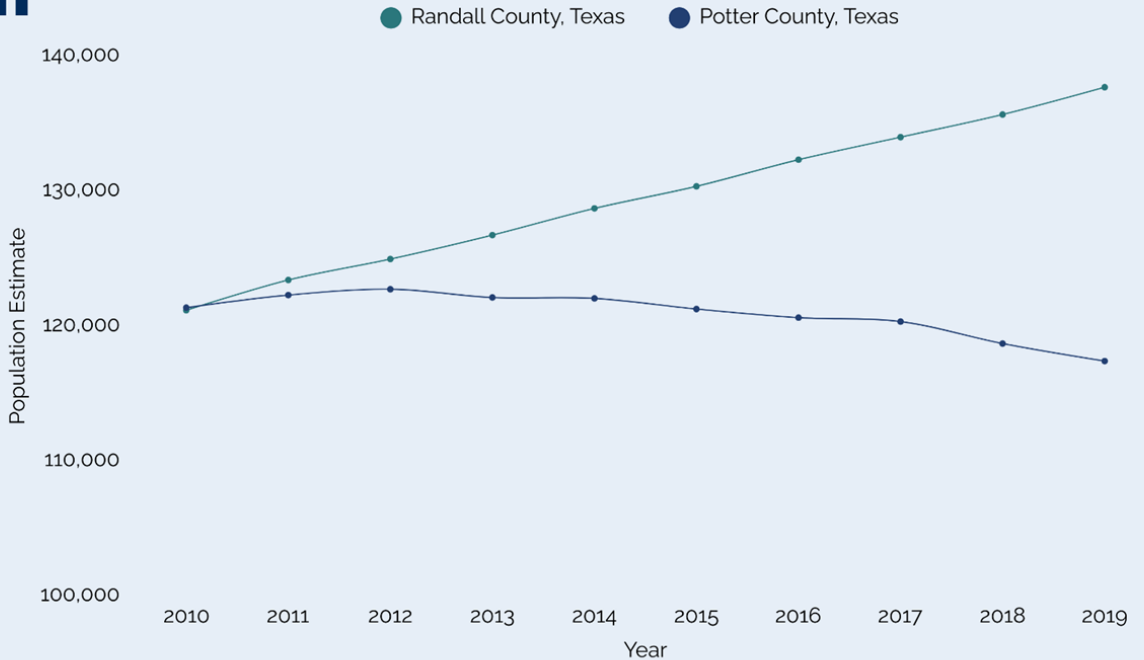
Potter and Randall County Data

Population Growth: Potter & Randall Counties

Potter County: Experienced population decline over recent years

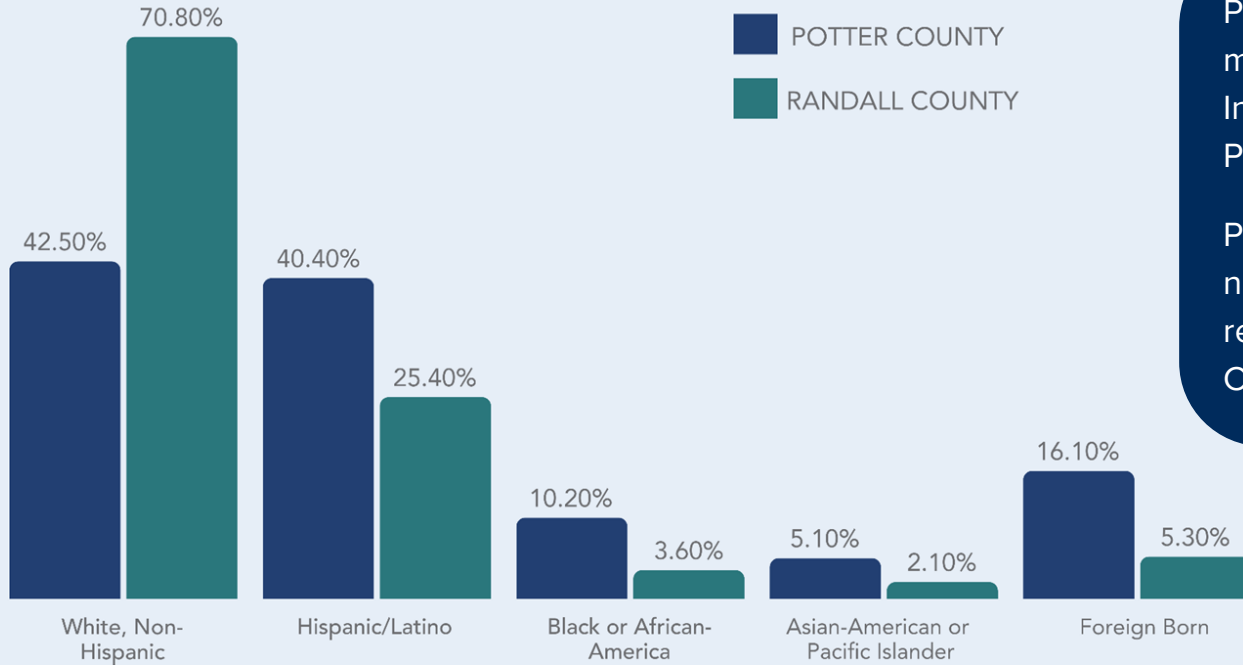
Randall County: Consistent population growth

Development Pattern: New construction and residential growth concentrated in Randall County



RACIAL/ETHNIC DISTRIBUTION

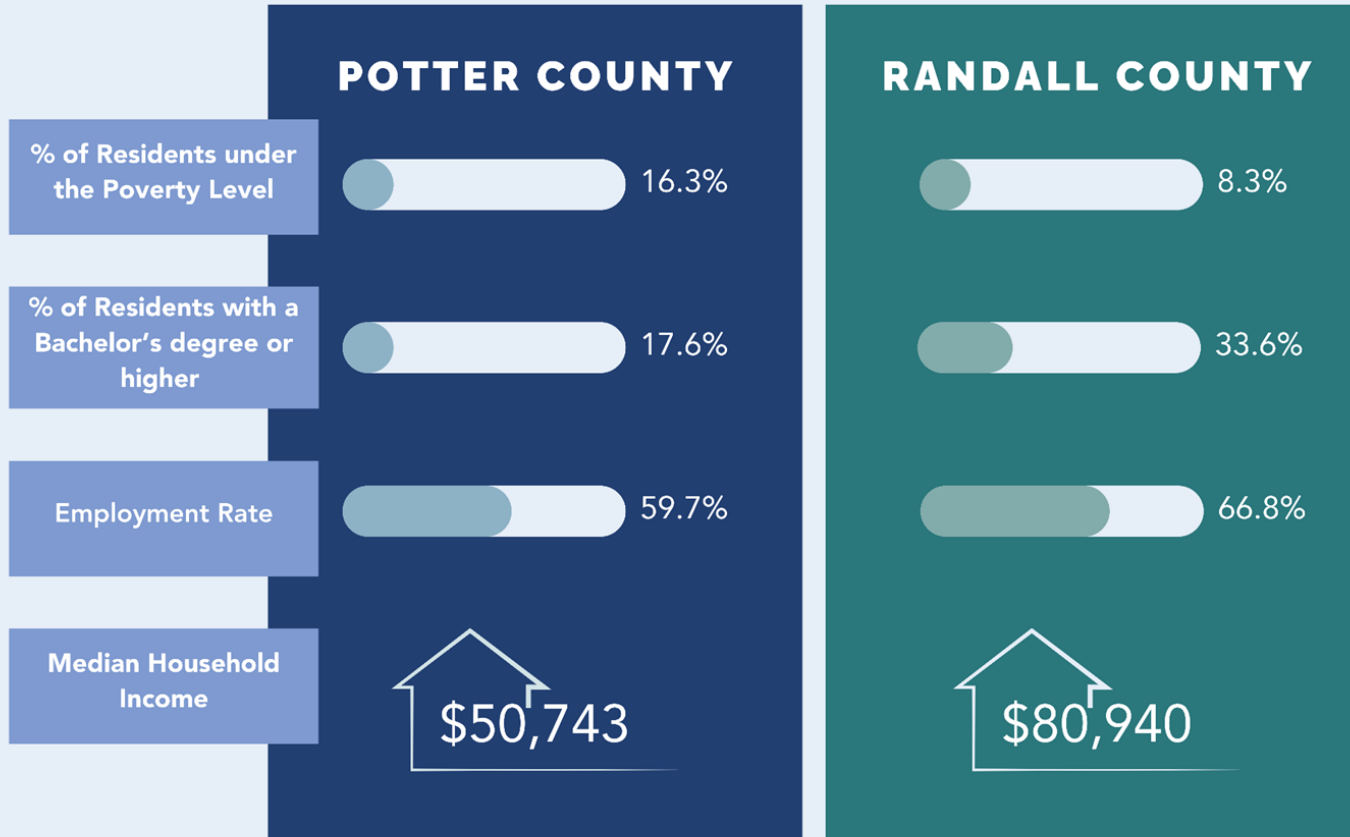
OF POTTER AND RANDALL COUNTY (2022)



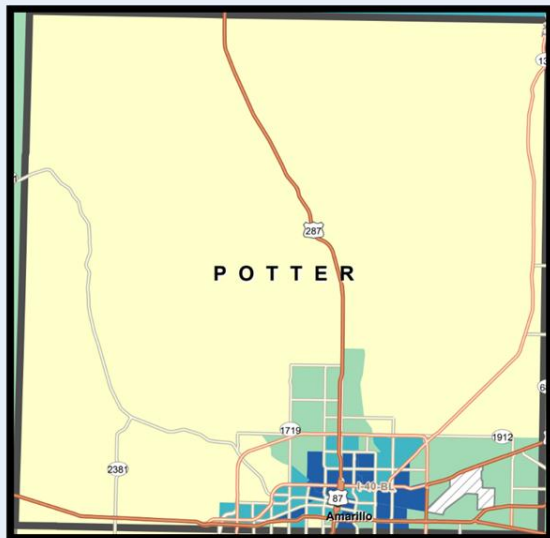
Potter County boasts majority BIPOC (Black, Indigenous, and other People of Color) residents.

Potter County has 3x the number of foreign born residents than in Randall County.

SOCIOECONOMIC DIFFERENCES



OVERALL SOCIAL VULNERABILITY INDEX (2022)



Overall SVI: 0.9526

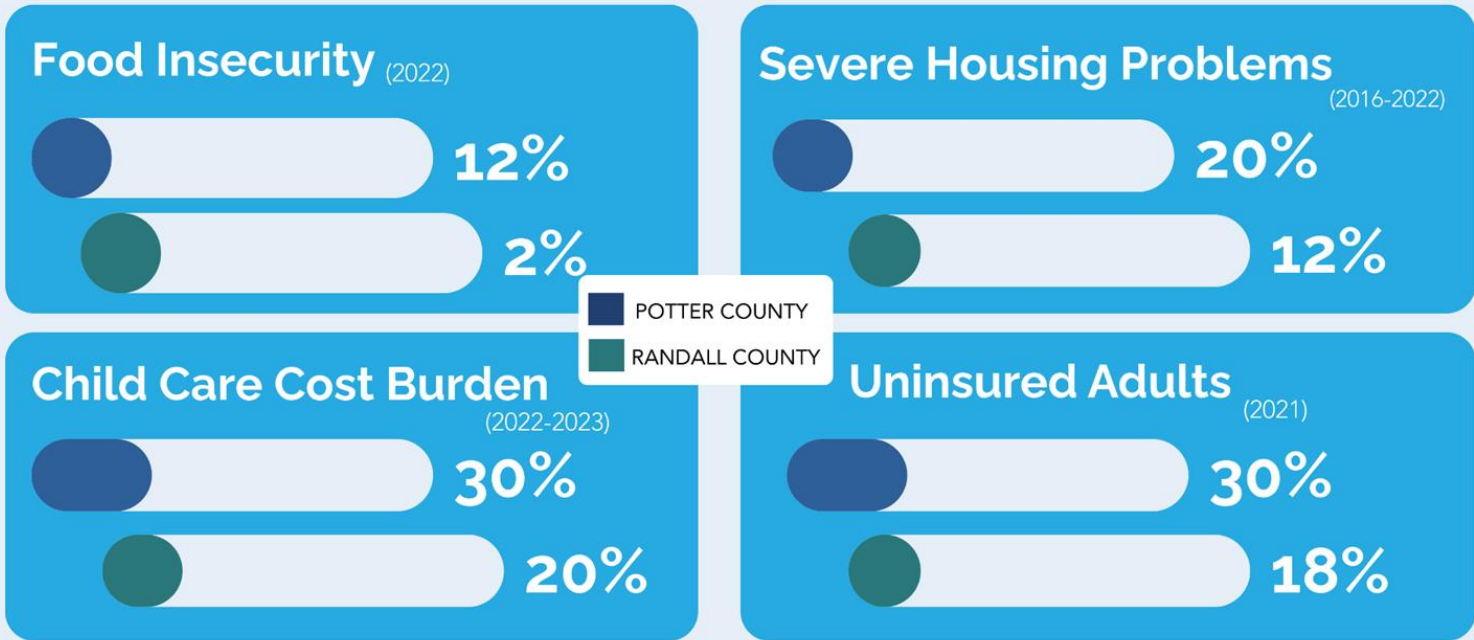


Overall SVI: 0.0593



Potter County's SVI of 0.9526 (95th percentile) versus Randall County's 0.0593 (6th percentile).

Differences in Access to Health Related Social Needs



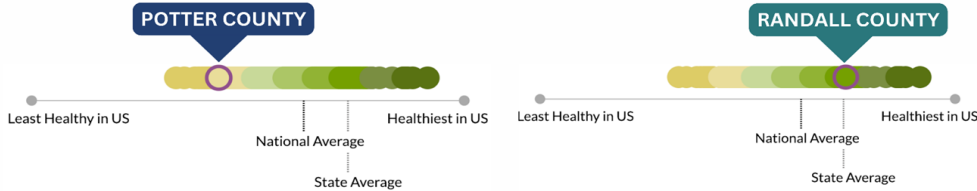
More residents in Potter County report facing difficulties in accessing health related social needs. The rate of uninsured adults in Potter County is almost twice the rate than in Randall County.

Potter and Randall County: County Health Rankings

HEALTH FACTORS



HEALTH OUTCOMES



Potter County ranks in the bottom quartile for both health outcomes (182nd/244) and health factors (208th/244).

Randall County ranks in the top quartile for both health outcomes (27th/244) and health factors (14th/244).

For Black/African American Residents



HIGHER

For White Residents



HIGHER

For AAPI Residents



HIGHER

For Hispanic/Latino Residents



HIGHER

MORTALITY RATES ARE HIGHER IN POTTER COUNTY THAN RANDALL COUNTY

FOR EVERY 100 DEATHS IN RANDALL COUNTY, POTTER COUNTY SEES 138

Potter County residents face higher mortality rates across ALL racial and ethnic groups, with Black residents experiencing the most severe disparity.

Selected Health Indicators for Potter County, Randall County

Health Indicator	Potter County	Randall County	Texas
Premature Death Rate	13,000 Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,600 Years of potential life lost before age 75 per 100,000 population (age-adjusted).	7,900 Years of potential life lost before age 75 per 100,000 population (age-adjusted).
Self-Reported "Fair/Poor" Health	25%	15%	18%
Low Birthweight	10.0%	8.0%	8.0%
Teen Birth Rate	44.0 per 1,000	19.0 per 1,000	24 per 1,000
STI Case Rates per 100,000	1,227	110.5	506.8

Themes from Interviews with Community Leaders

ECONOMIC AND DEVELOPMENT PATTERNS

Stakeholders repeatedly described how economic factors drive this division:

This divide is reinforced through ongoing development patterns.

"Potter County side has always been known as more of the lower income county of the two. Randall County encompasses Canyon, which is a little bit more affluent, and then the south side of Amarillo, which is more affluent as well."

"If you go north of I-40, you've gone into like... going from the wealthiest place in town to going into a Third World country as far as health care outcomes."

"More of our growth is occurring in Randall County... Randall County is where all of the new residential growth is."

"The changes in Randall and Potter County are affecting them also... how Randall County is exploding and Potter County is not."

Themes from Interviews with Community Leaders

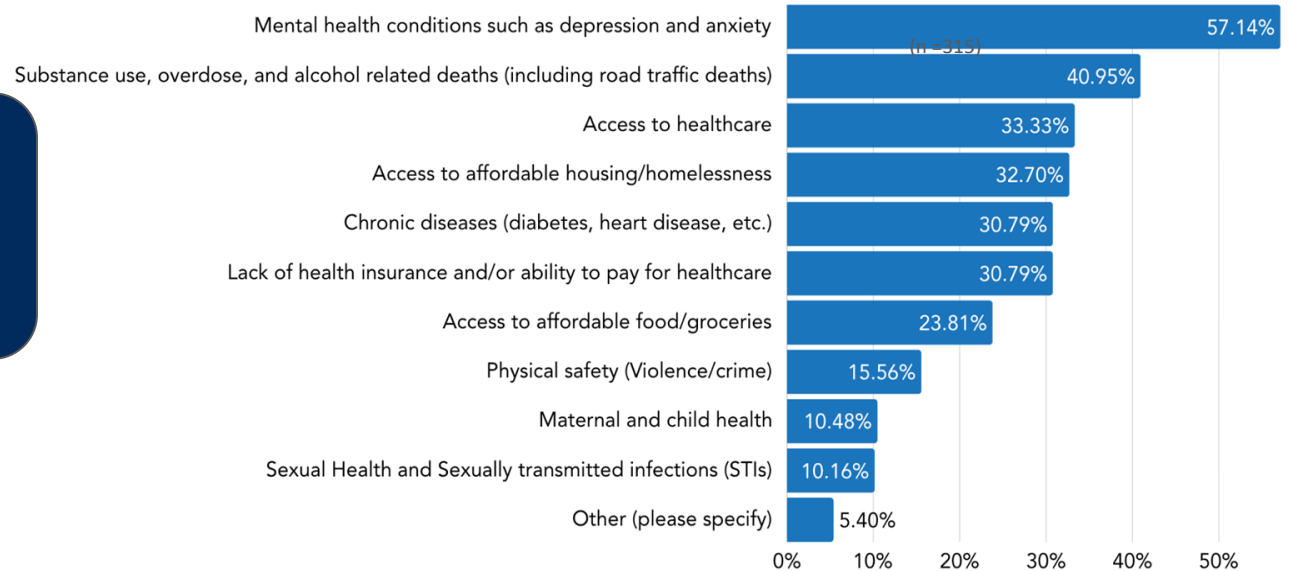
PERSISTENT RESOURCE INEQUITIES

The divide extends beyond healthcare to key social and economic factors that drive health outcomes:

"People who can afford to live in the houses in Randall County... enjoy the things that money provides for you, which is insurance, often time to go to the doctor, the ability to belong to a gym, access to grocery stores, more parks."

3. Healthcare Access and Provider Shortages

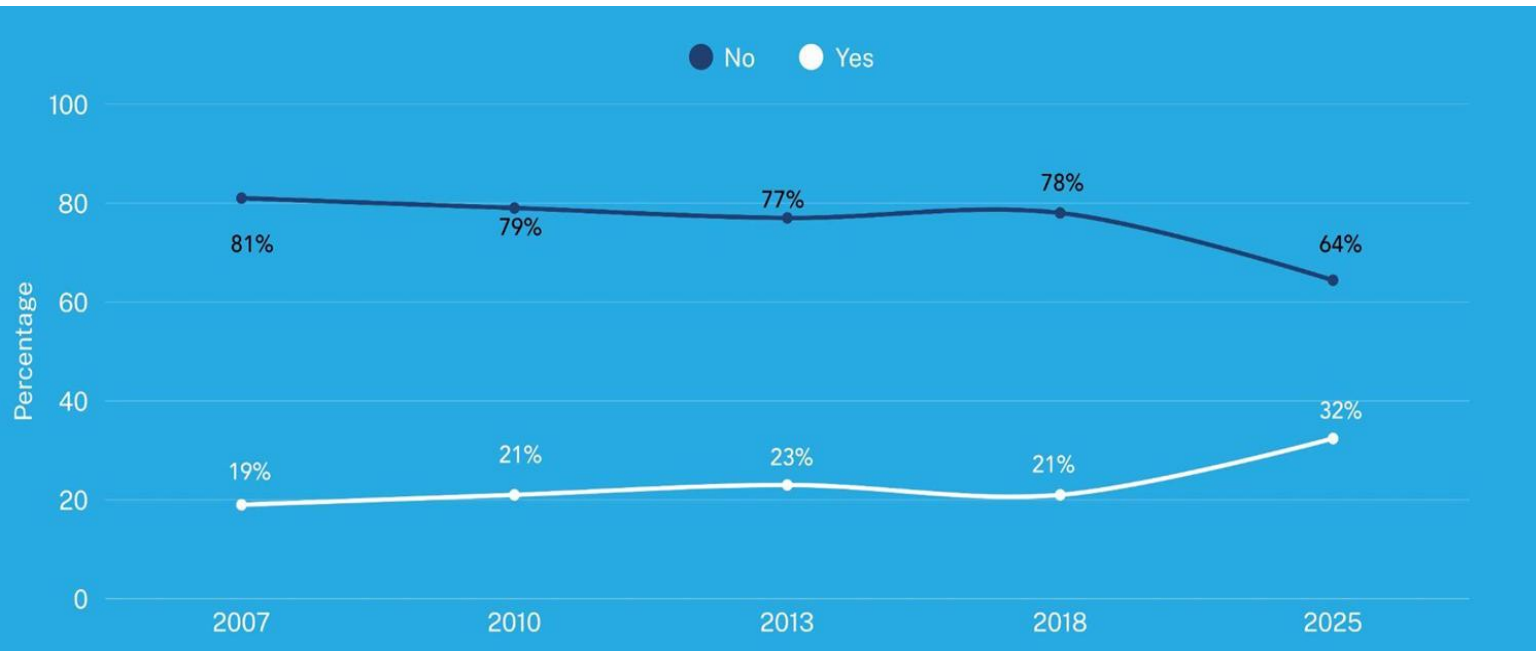
“THINKING ABOUT YOUR COMMUNITY IN AMARILLO, WHAT ARE THE THREE HEALTH ISSUES THAT MOST CONCERN YOU?”



#3: Access to Healthcare
#5: Lack of Health Insurance

“WAS THERE A TIME IN THE PAST 12 MONTHS YOU COULD NOT SEE A DOCTOR BECAUSE OF COST?”

(n =309)

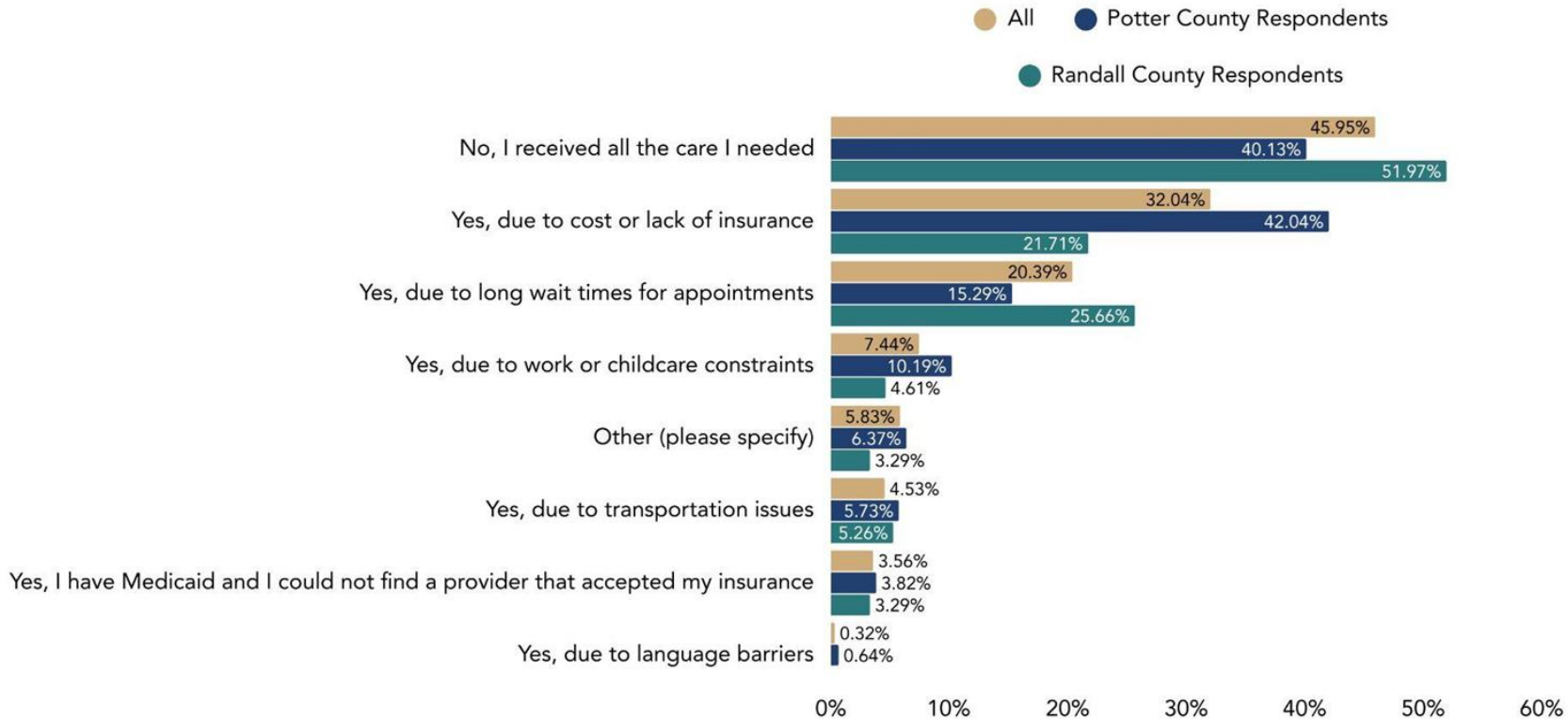


+53%
Increase from 2018 in cost-related healthcare access barriers

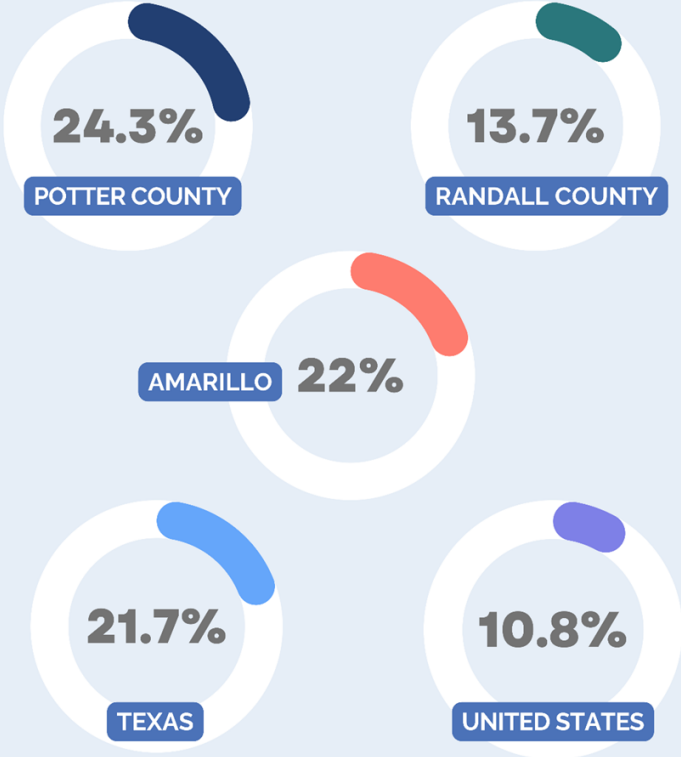
1 in 3
Respondents now delayed care recently because of cost

“IN THE PAST 12 MONTHS, HAVE YOU DELAYED OR GONE WITHOUT NEEDED HEALTHCARE?”

(n =309)



Health Data: Insurance as a Barrier to Access



CURRENT LACK OF HEALTH INSURANCE AMONG ADULTS 18-64 YEARS

Texas has the highest uninsured rate in the nation for adults and children.

Source: PLACES Project, Centers for Disease Control. Data from 2022

Themes from Interviews with Community Leaders

INSURANCE AND FINANCIAL CONSTRAINTS

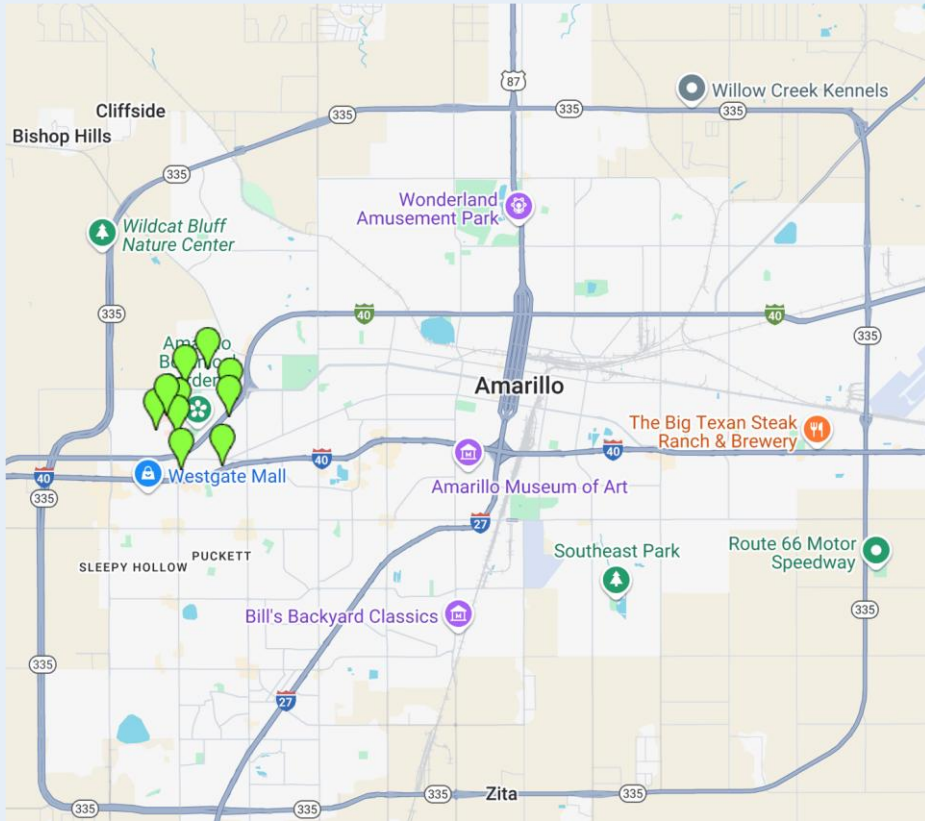
Economic barriers create difficult healthcare choices:

The declining acceptance of Medicaid among Amarillo healthcare providers represents a critical force in access.

"Economics of health care have become increasingly unaffordable... people are finding themselves either making difficult choices about whether they're going to take care of their health, or whether they're going to take care of the bills."

"Even if you're on Medicaid, so many providers don't accept Medicaid. So it still limits your access to care."

Geographic Concentration of Medical Facilities



“Where our medical facilities are concentrated is on the west side of town, in a much more affluent general neighborhood.”

(n=309)

“HOW DO YOU USUALLY GET TO MEDICAL APPOINTMENTS?”

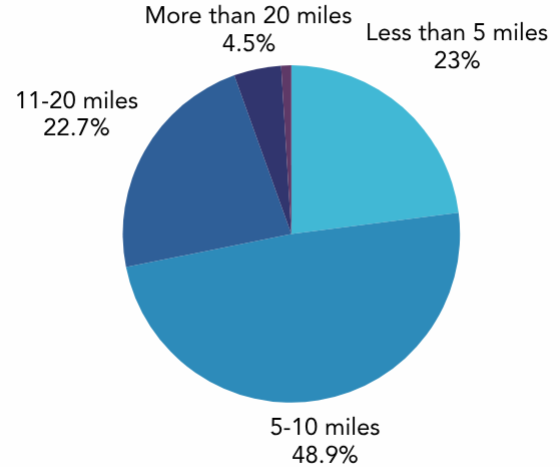
Get a ride from family/friends

4.9%



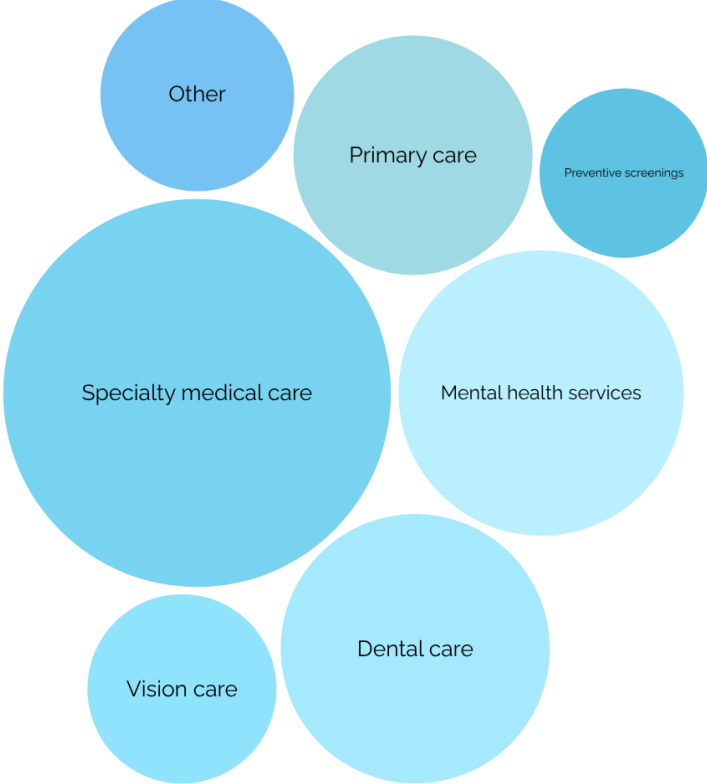
Drive myself
91.9%

“HOW FAR DO YOU TYPICALLY TRAVEL TO ACCESS HEALTHCARE SERVICES?”



“WHICH HEALTHCARE SERVICES ARE MOST DIFFICULT FOR YOU TO ACCESS AS AN AMARILLO RESIDENT?”

(n =309)



1. SPECIALTY MEDICAL CARE
2. MENTAL HEALTH SERVICES
3. DENTAL CARE
4. PRIMARY CARE
5. OTHER
6. VISION CARE
7. PREVENTIVE SCREENINGS

Themes from Interviews with Community Leaders

RECRUITMENT CHALLENGES

Attracting and retaining healthcare providers emerged as a critical challenge affecting multiple aspects of the healthcare system.

"When they're looking at across the whole nation, where do they want to live?... They do tend to land in the metros."

"From my experience, rural hospitals, which I would say we are one of those, we struggle to get physicians to consider us because of our location and what we have available."

SPECIALTY CARE GAPS

The community struggles to sustain specialty practices:

"We used to have a gerontologist here at Amarillo. We no longer do have anybody who specializes in gerontology."

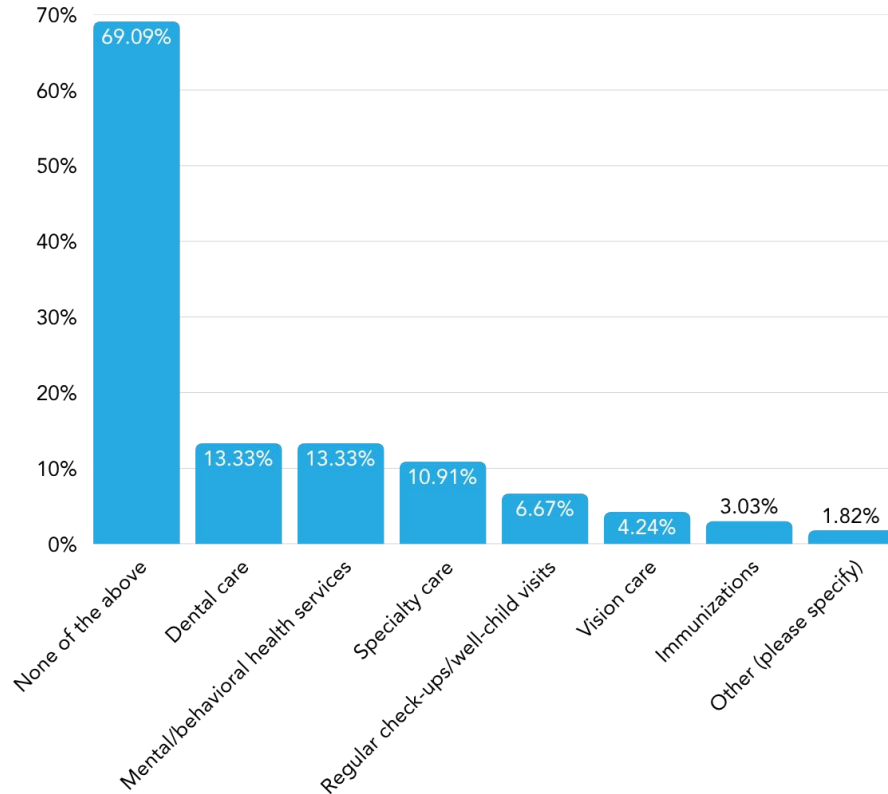
"Too few providers, too few OBs, and also that our hospitals have locked out midwives from hospital privileges."

"Trying to find a neurologist in Amarillo is next to impossible."

4. Maternal and Child Health System Strain

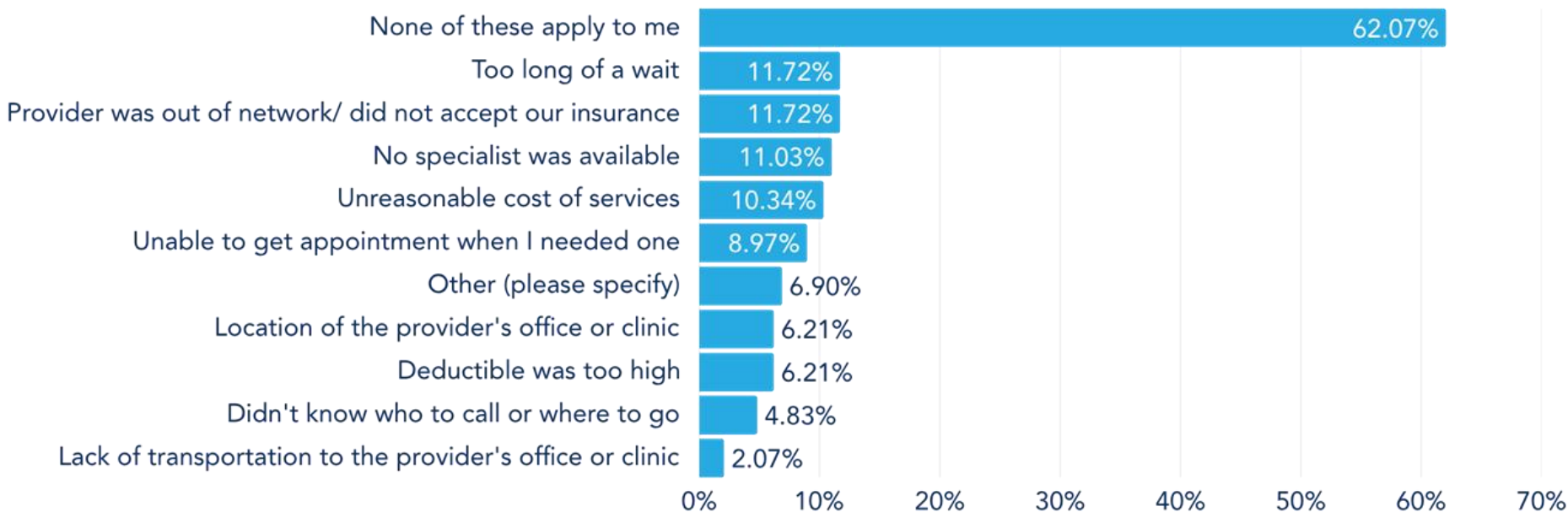
“HAVE YOU EXPERIENCED ANY DIFFICULTIES ACCESSING THE FOLLOWING SERVICES FOR YOUR CHILD/CHILDREN IN THE PAST 12 MONTHS?”

(n =165)



“DID ANY OF THE FOLLOWING REASONS PREVENT YOU FROM GETTING HEALTH CARE FOR YOUR CHILD?” (SELECT ALL THAT APPLY)

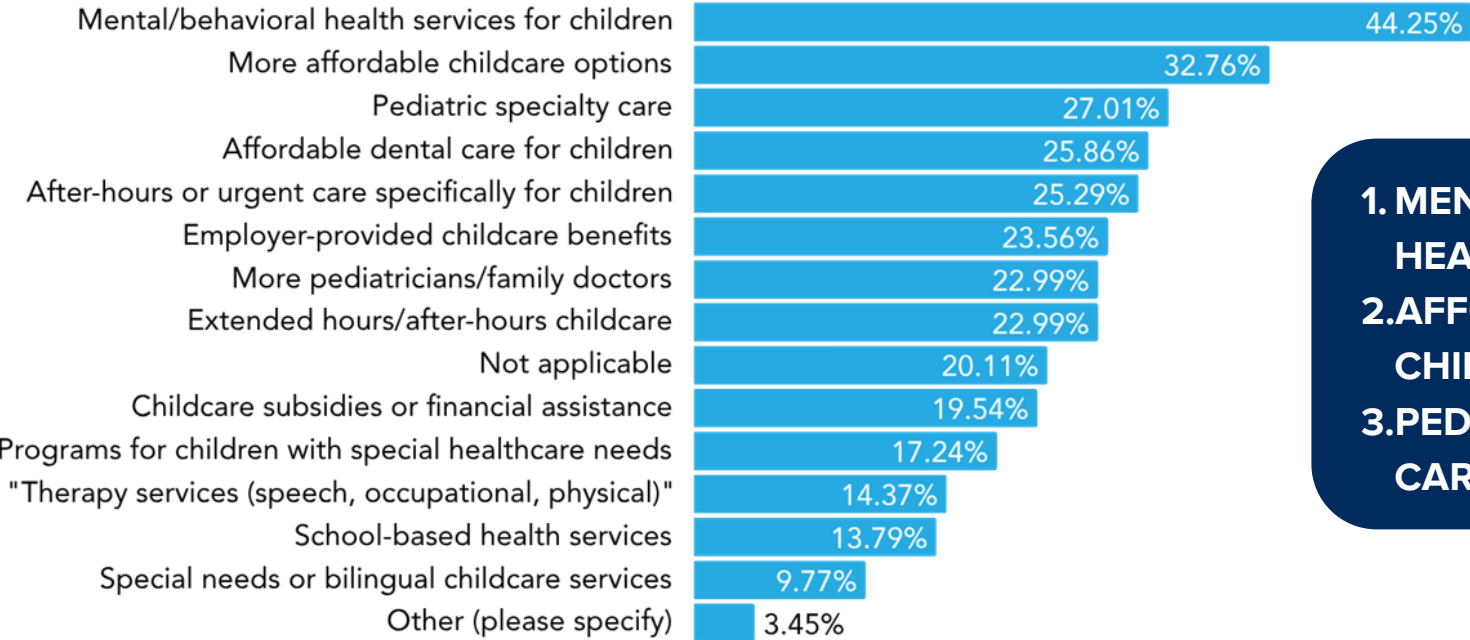
(n =148)



“WHAT SERVICES FOR CHILDREN AND FAMILIES DO YOU BELIEVE ARE MOST NEEDED IN AMARILLO?”

(SELECT UP TO THREE)

(n =174)



1. MENTAL/BEHAVIORAL HEALTH SERVICES
2. AFFORDABLE CHILDCARE OPTIONS
3. PEDIATRIC SPECIALTY CARE

Themes from Community Leader Interviews

PEDIATRIC PROVIDER CRISIS

The pediatric care system faces critical staffing shortages:

"We're down to about 8 private pediatricians in Amarillo... even at 12 we were seeing probably more than what the American Academy of Pediatrics would recommend."

"We are seeing a trend of less and less providers accepting those kinds of insurances or even accepting new patients."

"Pediatricians in Amarillo are well over 3,000 [patients] and some up to 4 [thousand]."

"Even if [your child] has appendicitis, you're driving your kid to Lubbock."

SPECIALIST ACCESS CHALLENGES

Access to pediatric specialty care requires significant travel and resources:

"If we have a child with epilepsy, we recommend that they resettle them somewhere else because... access to a neurologist and particularly a pediatric neurologist that can help manage their seizures just does not exist."

Themes from Community Leader Interviews

MATERNAL CARE ACCESS

Prenatal care faces both systemic and cultural barriers:

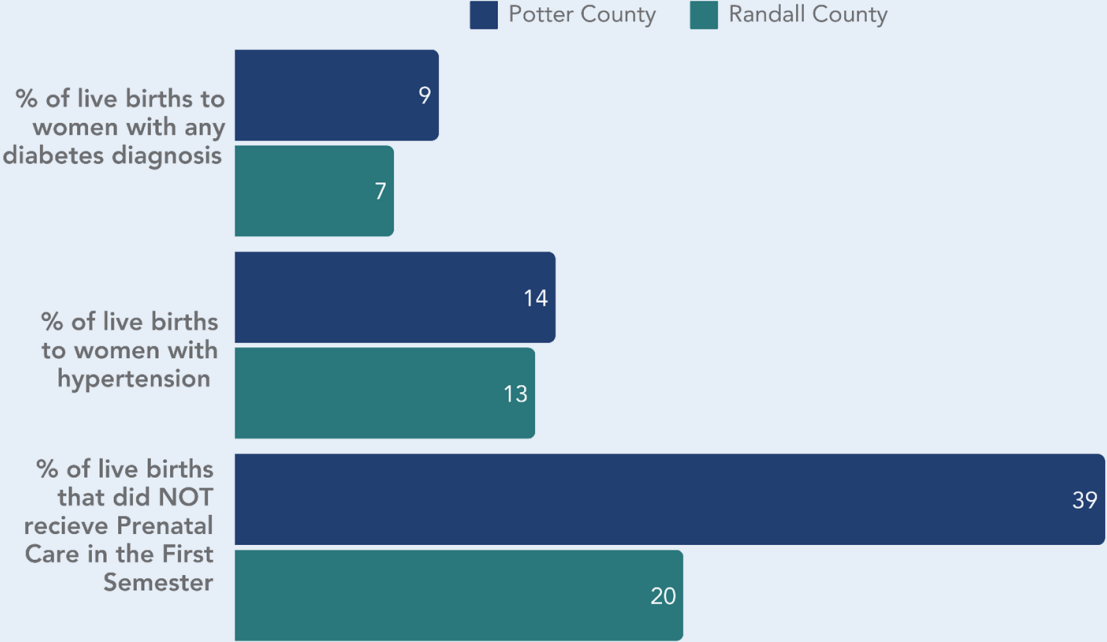
"A pregnant woman, if she's applying for Medicaid when she finds out she's pregnant... if she's waiting four months for that Medicaid to come through, nobody's going to see her."

"The concept of prenatal care is hard for a lot of [refugees]. They go to the doctor when they're sick, and if they're not sick they don't go to the doctor."

Prenatal/Maternal Health Data

PRENATAL/MATERNAL HEALTH INDICES

(2021)



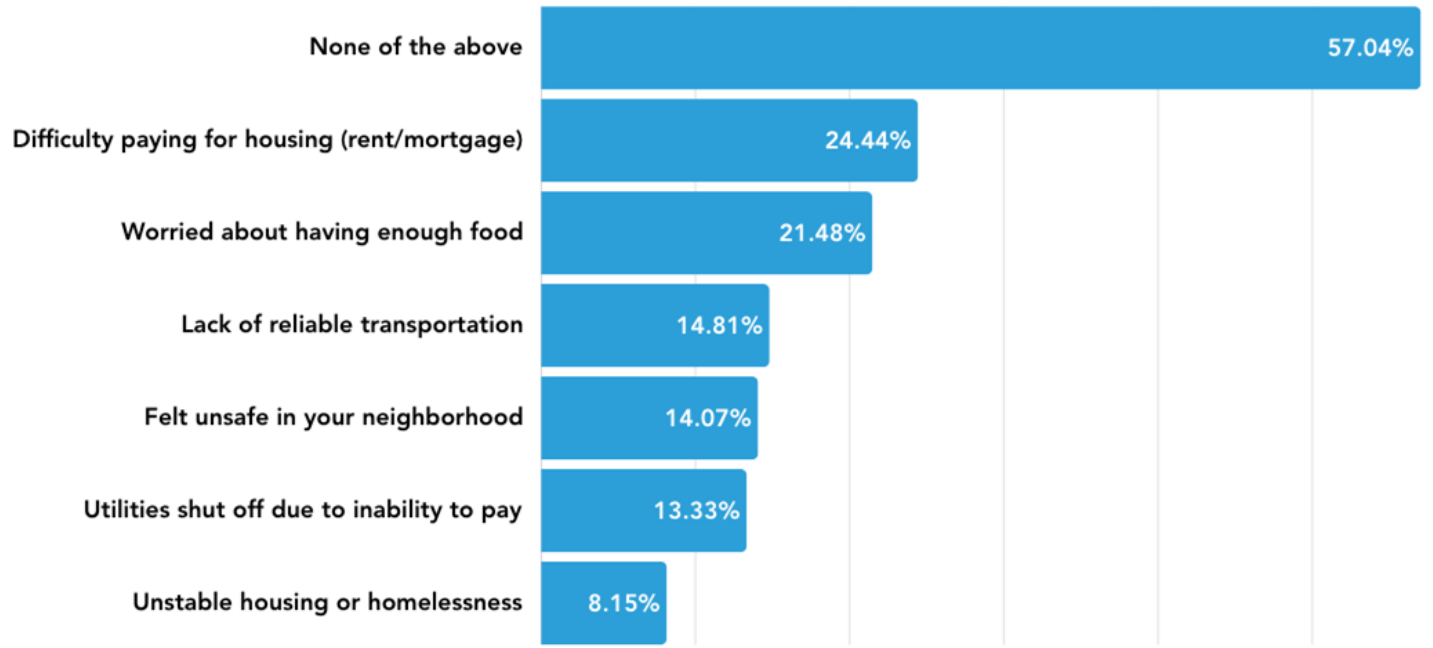
2X
Potter County Mothers were nearly twice as likely to lack prenatal care compared to Randall County.

Source: Texas DSHS | Vital Statistics

5. Health Related Social Needs and Social Drivers of Health

“IN THE PAST 12 MONTHS, HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?”

(n =135)



HOW WOULD YOU RATE YOUR ACCESS TO THE FOLLOWING WHILE LIVING IN AMARILLO?

(n =135)

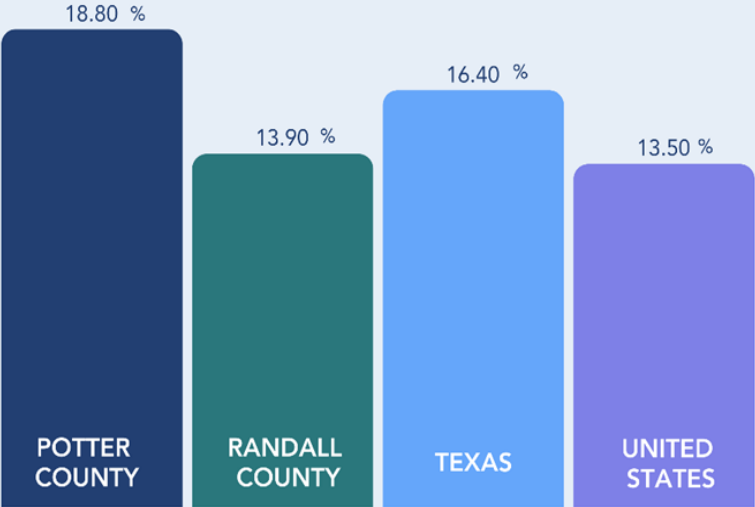
Fresh, affordable groceries		3.51
Safe places for physical activity (parks, walking paths, recreation centers)		3.31
Public transportation		2.60
Affordable Housing		2.70

COMMUNITY SURVEY RESULTS

Health Related Social Needs: Food Insecurity Rates

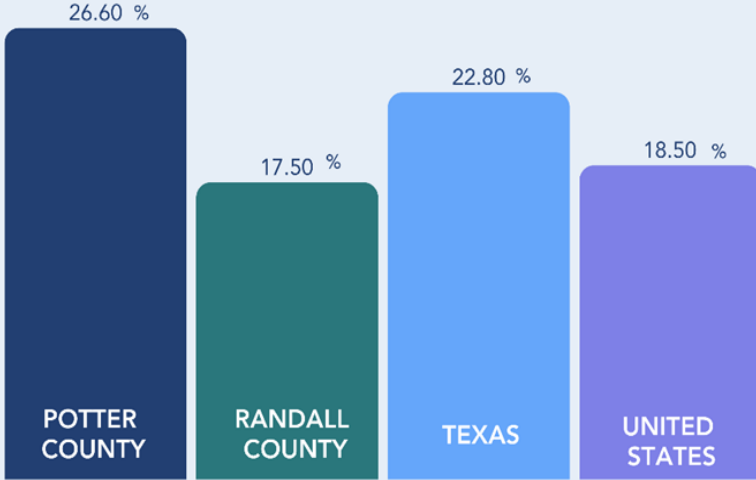
OVERALL FOOD INSECURITY RATES

(2022)



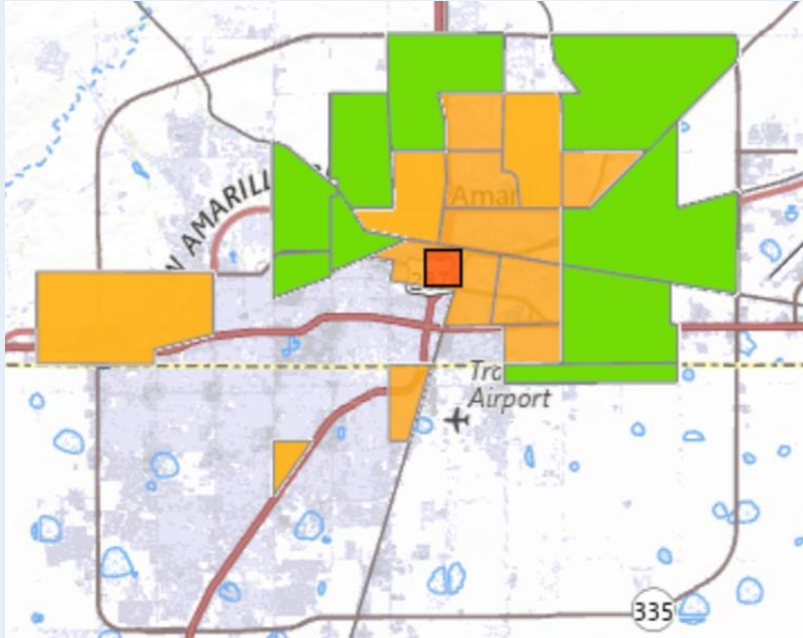
CHILD FOOD INSECURITY RATES

(2022)






Source: Feeding America. (2022). *Map the meal gap: County-level food insecurity data.*

Health Related Social Needs: Food Desert



USDA Food Desert Map of Amarillo

-  Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 10 miles (rural) from the nearest Supermarket.
-  Low-income census tracts where a significant number or share of residents is more than 1/2 mile (urban) or 10 miles (rural) from the nearest Supermarket.
-  Low-income census tracts where a significant number or share of residents is more than 1 mile (urban) or 20 miles (rural) from the nearest Supermarket.

Health Related Social Needs: Housing Data

Average Apartment Cost
in Amarillo:

\$970/month

Average Home Sale Price
(2023):

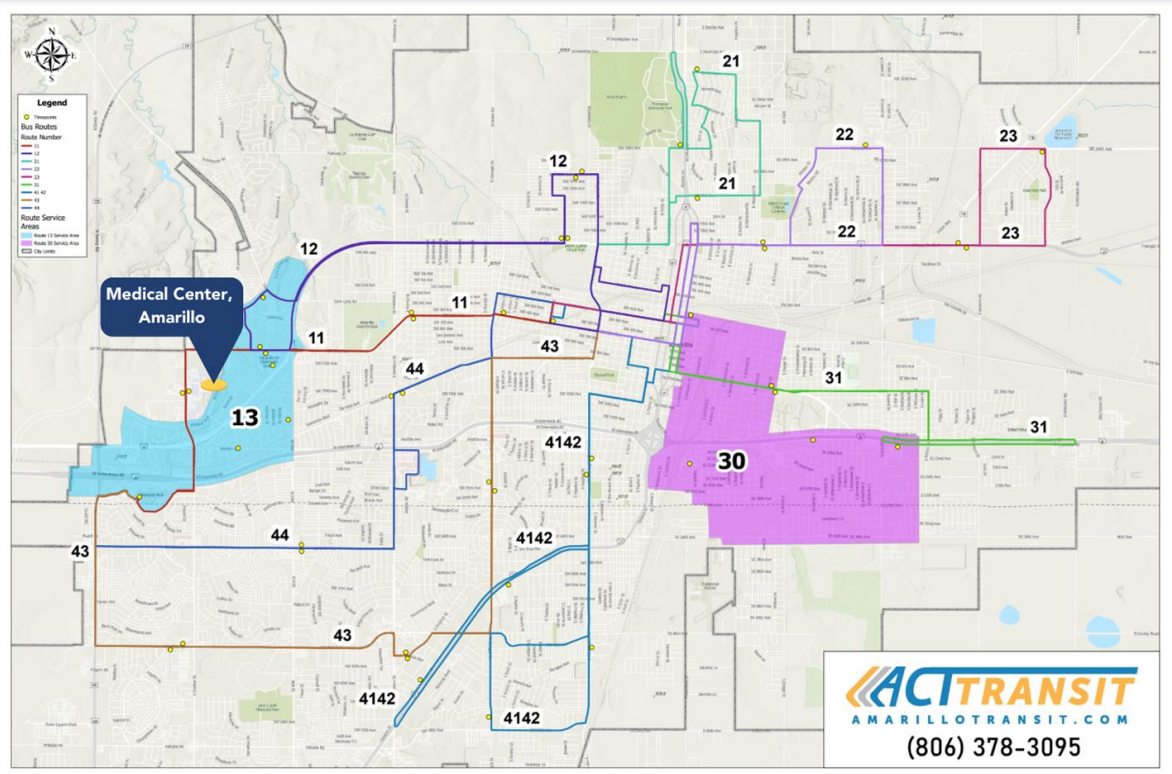
\$268,600

Average Wait Time for
Housing Choice Vouchers:

2.5 years

Source: U.S. Department of Housing and Urban Development. (2024).
Comprehensive housing market analysis: Amarillo, TX.

Limited Public Transportation



Amarillo's Public Transportation runs Monday through Saturday between 6:20 am and 7:00 pm.

Only 1 route goes directly to where the healthcare facilities are located in the city

ACTRANSIT
AMARILLOTANSIT.COM
(806) 378-3095

Themes from Interviews with Community Leaders

TRANSPORTATION AND GEOGRAPHIC BARRIERS

Physical access to healthcare remains a persistent challenge:

"A lot of our families either have one car or they don't have a car at all... trying to get from the north side of Amarillo to the south side of Amarillo, where all the medical care is, is a barrier."

"We do have several clients that they are a 1 car family, or they don't have a reliable transportation source. And in Amarillo I feel like there's not really a great public transportation system."

Themes from Interviews with Community Leaders

ECONOMIC REALITIES AND HEALTHCARE PRIORITIES

Basic survival needs often take precedence over healthcare:

"When people are struggling to figure out what they're going to feed their kids for dinner, they're not really thinking about getting health checkups."

"Priority is getting food on the table and having a job, having a car that works... healthcare is just a byproduct. You put out the fire when the fire is blazing."

"We are living in a fight or flight day all day long every day... we made it through the day, we got to school, we were fed, we were able to pay our rent."

Themes from Interviews with Community Leaders

WORKING POOR AND EMPLOYMENT PATTERNS

Employment patterns create barriers to healthcare access:

"People are working two and three part-time jobs to make ends meet because we don't have full-time jobs with benefits available."

"A lot of people in Potter County may be underemployed... working 2 or 3 jobs, working part-time jobs, none of which offer healthcare."

"They fear that they're going to lose their job and what that will mean for their family. So they choose their job over prenatal care."

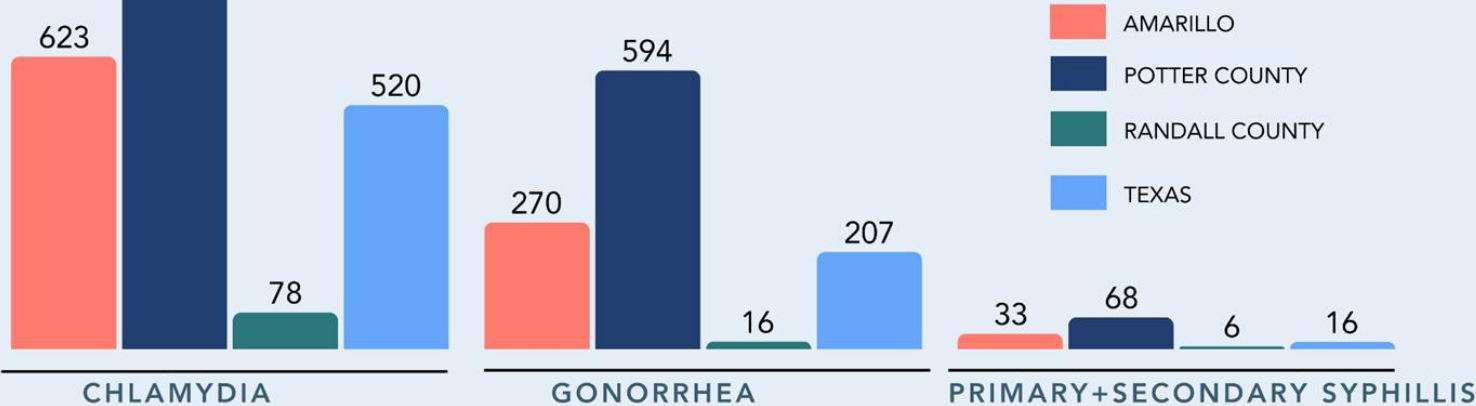
**An Additional
Critical but
Overlooked Challenge:**

6. STI Epidemic

TOTAL STI RATES

CASE RATES PER 100,00 (2022)

Potter County has **17x higher** Chlamydia rates and **37x higher** Gonorrhea rates than Randall County



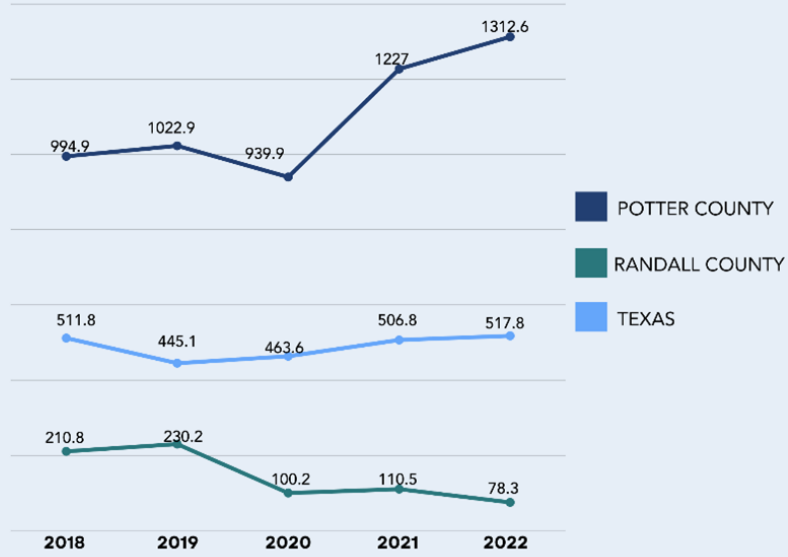
Source: Texas Department of State Health Services.

STI Data: Rates are Rising in Potter County

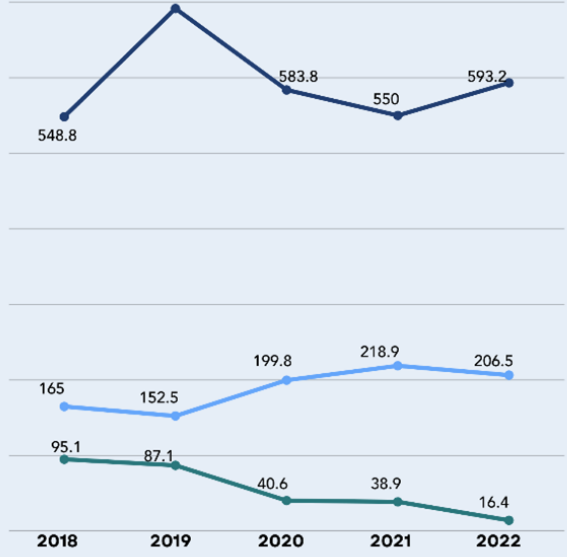
CHLAMYDIA & GONORRHEA RATES

PER 100,00 (2018-2022)

CHLAMYDIA



GONORRHEA

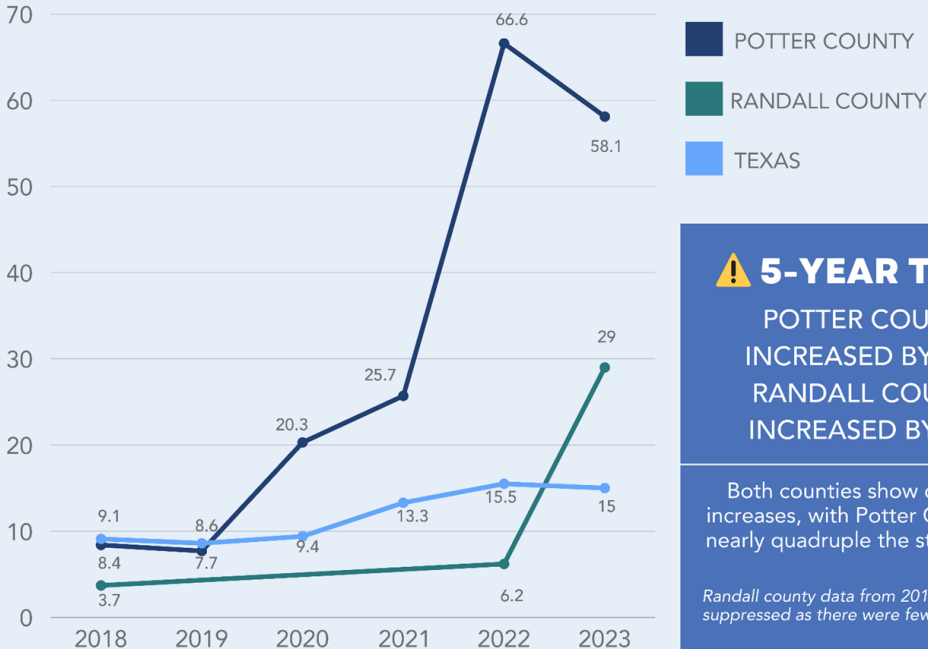


Source: Texas Department of State Health Services.

STI Data: Syphilis

PRIMARY & SECONDARY SYPHILIS

CASE RATES PER 100,00 (2018-2023)



! 5-YEAR TREND

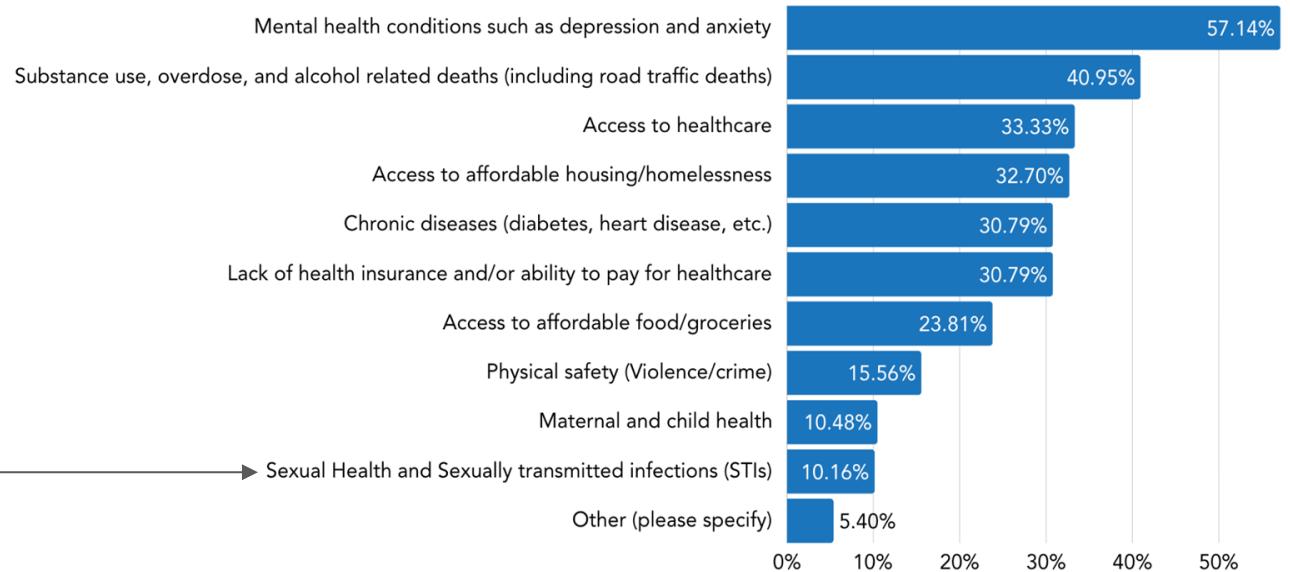
POTTER COUNTY:
INCREASED BY 592%
RANDALL COUNTY:
INCREASED BY 684%

Both counties show concerning increases, with Potter County's rate nearly quadruple the state average.

Randall county data from 2019-2021 has been suppressed as there were fewer than 5 cases.

Source: Texas Department of State Health Services.

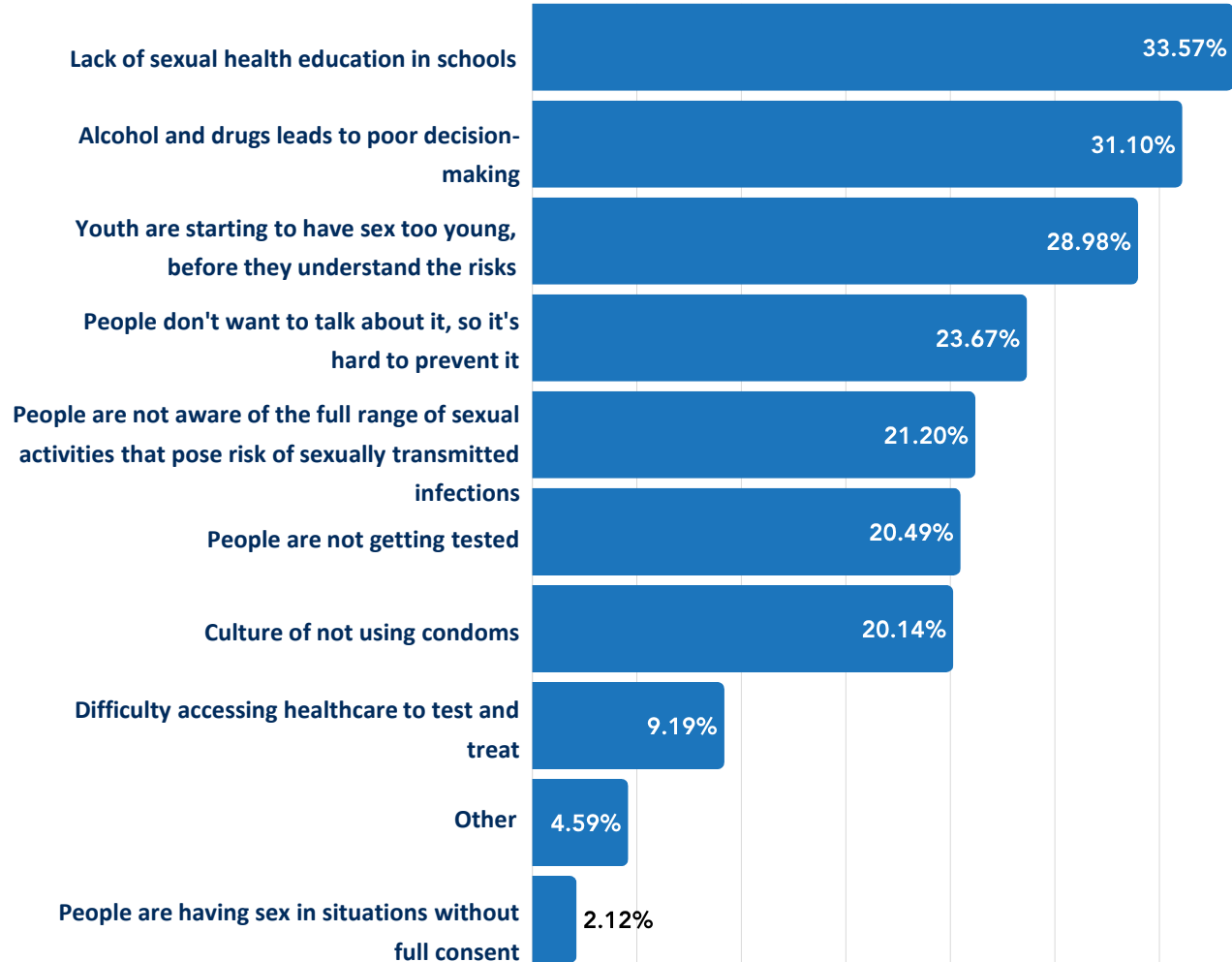
“THINKING ABOUT YOUR COMMUNITY IN AMARILLO, WHAT ARE THE THREE HEALTH ISSUES THAT MOST CONCERN YOU?”



When asked the community, STIs and Sexual health was the lowest priority from survey results.

**AMARILLO ALSO
HAS HIGH RATES OF
SEXUALLY
TRANSMITTED
INFECTIONS (STIS).
WHAT DO YOU
THINK
CONTRIBUTES
MOST TO THIS?
CHOOSE UP TO TWO.**

(n =283)



Community Assets and Strengths



WHAT IS THE GREATEST STRENGTH OF THE AMARILLO COMMUNITY?



QUOTES FROM THE COMMUNITY

"We step up and take care of each other in troubled times."

Community Support
& Unity

"People here are friendly and for the most part always willing to help others."

Friendliness & Hospitality

"Small town atmosphere that still provides a larger variety of cultural amenities."

Small Town Atmosphere
with Big City Resources

"Amarillo is a very giving community."

Generosity &
Philanthropy

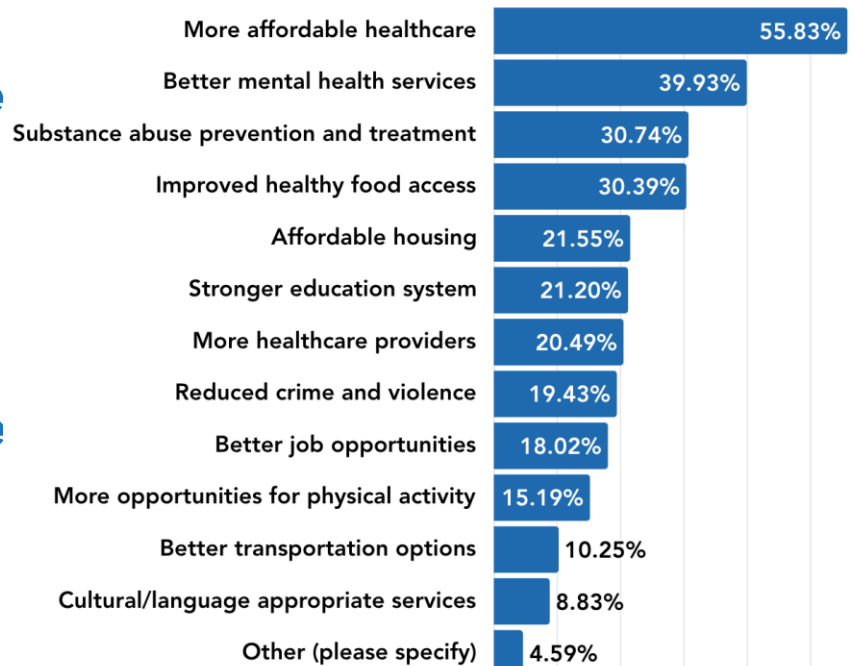
"Generosity; lots of nonprofits to help those in need."

Strong Nonprofit &
Service Network

Recommendations



“What do you believe are the THREE most important factors that would improve the health of Amarillo residents?”



(n =283)

**Priority 1:
Transform
Geographic Health
Equity**

1

Build Health Improvement Zones

Create **Health Improvement Zones** in Potter County:

- Host Mobile Clinics and Health Fairs for screenings
- Expand Telehealth Capacity

2

Expand Community Health Workers

Build bilingual **Community Health Worker** network to serve diverse refugee/immigrant groups

Expand sustainable workforce pipeline from within refugee and immigrant communities

3

Mobilize and Strengthen Potter County Coalitions

Mobilize coalitions (faith groups, nonprofits, neighborhood associations) for co-designed solutions.

**Priority 2:
Strengthen Mental
Health System
Capacity and Crisis
Response**

1

Scale Proven Crisis Intervention Success

Expand Crisis Intervention Team from 5 → 15 officers; align with new \$159M state mental health hospital.

Integrate more mental health providers to work alongside CIT.

2

Cultivate Mental Health Provider Networks

Grow workforce with loan forgiveness, housing support, peer certification for 7,500+ trained in Mental Health First Aid.

3

Strengthen Mental Health Care Navigation

Improve care navigation: use 2-1-1 helpline, embed navigators in schools/clinics, build online hub, host resource fairs.

**Priority 3:
Enhance Healthcare
Access Through
Innovation and
Partnership**

1

Establish Low-Barrier Access Points

Expand low-barrier clinics (Heal the City, TTUHSC Free Clinic, school-based sites, rotating specialty clinics).

2

Strengthen Insurance Navigation and Enrollment

Establish dedicated enrollment sites to reduce uninsured rates.

3

Expand Comprehensive Primary Care Networks

Strengthen FQHC networks: extend hours, add services, apply for FY25 HRSA funding.

Priority 4: Advance Maternal and Child Health Systems

1

Enhance Prenatal and Maternal Health Initiatives

Deploy community health workers for pregnancy screenings at:

- WIC appointments
- Food pantries
- Community centers

Implement San Antonio's Healthy Start model to increase healthy births - home visiting and care coordination program

2

Build Pediatric Specialty Networks

Establish pediatric telehealth hub modeled after Children's Medical Center Dallas.

Partner with Texas Tech for pediatric residency rotations

3

Strengthen Family Support Systems

Implement Nurse-Family Partnership model.

Create community hotline like Tarrant County's Help Me Grow.

**Priority 5: Promote
Sexual Health
Education and Improve
STI Treatment and
Prevention**

1

Launch Comprehensive Awareness Campaigns

Run community-wide campaigns .

Utilize proven models:

- Children's Hospital of Philadelphia's IKnowUShould2
- CDC's STI Awareness Week Toolkit
- Initium Health: 2024 Syphilis Campaign in Lubbock County

2

Strengthen Testing and Treatment Systems

Implement more point-of-care testing especially targeting hard-to-reach populations

Expand 340B pharmacy access for affordable treatment

**Priority 6:
Address Health-
Related Social Needs
Through Collective
Action**

1

Revolutionize Transportation Access

Expand transit routes, hours, and voucher programs to connect residents to care.

2

Target Food Insecurity

Improve food security with mobile markets, grocery incentives, and community gardens.

3

Promote Housing Stability and Economic Opportunity

Promote housing stability: workforce training into health careers, employer-assisted housing, transitional & rapid rehousing programs.

**Envision and Create
an Amarillo where
Zip Code No Longer
Determines Health
Destiny**

Thank You

