



# Mission Regional Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT  
**2021**



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## EXECUTIVE SUMMARY

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the Affordable Care Act, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ▶ Conduct a community health needs assessment (CHNA) every three years.
- ▶ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ▶ Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must consider input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Mission Regional Medical Center's ("Hospital" or "MRMC") compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

This document is a summary of all the available evidence collected during the CHNA conducted in tax year 2021. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Mission Regional Medical Center is an acute care hospital located in Mission, Texas. For the purposes of this CHNA, the Hospital has defined its "community" as Hidalgo and Starr Counties located in southeastern Texas which account for the most significant portion the Medical Center's patients. While the Hospital may serve patients across a broader region, defining its community will allow it to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

Identified health needs were prioritized with input from members of the Hospital's management team utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) how important the issue is to the community and 5) the prevalence of common themes. Significant needs were further reviewed and analyzed regarding how closely the need aligns with the Hospital's mission, current and key service lines, and/or strategic priorities.



Based on the information gathered through this CHNA and the prioritization process described later in this report, the following priorities were identified. Opportunities for health improvement exist in each area. The Hospital will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2022-2024 for the priority areas identified below.

Identified Priority	Correlated Community Health Need
Access To / Availability of Health Care Services	<ul style="list-style-type: none"> <li>▶ Lack of Primary Care Physicians / Hours</li> <li>▶ Lack of Specialists / Hours</li> <li>▶ Preventative Care</li> <li>▶ Services for the Aging</li> </ul>
Healthy Lifestyle Choices	<ul style="list-style-type: none"> <li>▶ Lack of Health Knowledge / Education</li> <li>▶ Poor Nutrition / Limited Access to Healthy Food Options</li> <li>▶ Obesity</li> </ul>
Management and Treatment of Chronic Diseases	<ul style="list-style-type: none"> <li>▶ Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)</li> </ul>

## COMMUNITY HEALTH NEEDS ASSESSMENT GOALS



## HOW THE ASSESSMENT WAS CONDUCTED

Mission Regional Medical Center partnered with BKD, LLP (“BKD”) to conduct this community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 3,000 partners and employees in 40 offices. BKD serves hospitals and health care systems across the country. The CHNA was conducted during 2021.

The CHNA was conducted to support its mission responding to the needs in the community it serves and to comply with Internal Revenue Code Section 501(r) and federal tax-exemption requirements. Identified health needs were prioritized to facilitate the effective allocation of hospital resources to respond to the identified health needs. Based on guidance from the United States Treasury and the Internal Revenue Service, the following steps were conducted as part of the CHNA:

- ▶ Community benefit initiatives, which were implemented over the course of the last three years, were evaluated.
- ▶ The “community” served by the Hospital was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in Community Served by the Hospital.
- ▶ Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.



- ▶ The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests.
- ▶ Community input was also obtained through key stakeholder surveys of community leaders. See Appendix B for a listing of key stakeholders that provided input through surveys.
- ▶ Identified health needs were then prioritized considering the community's perception of the significance of each identified need as well as the ability for the Hospital to impact overall health based on alignment with the Hospital's mission and the services it provides. The Hospital's leadership participated in identifying and prioritizing significant health needs.
- ▶ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

#### LIMITATIONS AND INFORMATION GAPS

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a few of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder surveys.

As with all data collection efforts, there are limitations related to the CHNA's research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2021 may be the most current year available for data, while 2020 or 2019 may be the most current year for other sources.

#### GENERAL DESCRIPTION OF MISSION REGIONAL MEDICAL CENTER

Mission Regional Medical Center is a 297-bed, not for profit, acute-care community hospital, and member of the Prime Healthcare Foundation. The Medical Center offers inpatient and outpatient acute medical care to all members of the community. The hospital is accredited by The Joint Commission and is recognized for excellence in orthopedic surgery and women's health care services.



Mission Regional Medical Center's goal is to provide patients the best medical care available and to identify the most appropriate setting and level of care for the patient. The Medical Center is committed to restoring our patients' health as quickly and compassionately as possible, and it has been consistently recognized for this dedication.

The Medical Center's mission is to provide quality care and superior service to improve the health of the communities we serve. Its vision is to be the medical center of first choice for patients, employees and physicians.

#### DESCRIPTION OF SERVICES PROVIDED BY MISSION REGIONAL MEDICAL CENTER

Mission Regional Medical Center provides inpatient and outpatient hospital services to the people of the Rio Grande Valley. The Medical Center is rated one of the top hospitals in the country for clinical excellence in many services including maternity and orthopedic care, Mission Regional Medical Center has been offering quality health care, close to home, for more than 60 years.

With more than 300 physicians, a highly trained medical staff, and the latest medical technology, Mission Regional Medical Center is committed to getting you well and restoring your health as quickly and comfortably as possible.

The medical Center's services include:

- ▶ Birthing Center
- ▶ Breast Care Center
- ▶ Heart Cath Lab for prevention, diagnosis and treatment of heart conditions
- ▶ Joint Replacement Institute and Orthopedics
- ▶ Diagnostic and Screening Imaging Services
- ▶ Surgery Center including a Pre-Operative Clinic
- ▶ Level III NICU
- ▶ Pediatric Care
- ▶ Wound Care Center

#### COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER

The Medical Center is located in Mission, Texas in Hidalgo County, located along the Texas-Mexico Border.

#### DEFINED COMMUNITY

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of







COMMUNITY POPULATION AND DEMOGRAPHICS

The U.S. Bureau of Census has compiled population and demographic data. The data below shows the total population of the CHNA community. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

Demographic Characteristics

Gender	CHNA Community	Hidalgo County	Starr County	Texas	United States
Total Population	919,254	855,176	64,078	28,260,856	324,697,795
Total Male Population	450,050	418,867	31,183	14,034,009	159,886,919
Total Female Population	469,204	436,309	32,895	14,226,847	164,810,876
Percent Male	48.96%	48.98%	48.66%	49.66%	49.24%
Percent Female	51.04%	51.02%	51.34%	50.34%	50.76%

Population Age Distribution

Age Group	Percent of CHNA Community	Percent of Hidalgo County	Percent of Starr County	Percent of Texas	Percent of United States
0 - 4	9.24%	9.19%	9.90%	7.08%	6.09%
5 - 17	23.71%	23.75%	23.11%	18.89%	16.53%
18 - 24	11.04%	11.01%	11.43%	9.88%	9.44%
25 - 34	13.35%	13.36%	13.25%	14.70%	13.87%
35 - 44	12.71%	12.77%	11.81%	13.53%	12.62%
45 - 54	10.83%	10.82%	10.97%	12.48%	12.96%
55 - 64	8.25%	8.25%	8.29%	11.20%	12.86%
65+	10.87%	10.85%	11.24%	12.24%	15.63%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Total Population by Race Alone

Race	Percent of CHNA Community	Percent of Hidalgo County	Percent of Starr County	Percent of Texas	Percent of United States
White	86.90%	86.27%	95.29%	73.97%	72.49%
Black	0.51%	0.55%	0.08%	12.13%	12.70%
Asian and Pacific Island	0.92%	0.99%	0.02%	4.89%	5.70%
All Others	11.67%	12.19%	4.61%	9.01%	9.11%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Total Population by Ethnicity Alone

Ethnicity	Percent of CHNA Community	Percent of Hidalgo County	Percent of Starr County	Percent of Texas	Percent of United States
Hispanic or Latino	92.67%	92.18%	99.17%	39.34%	18.01%
Non-Hispanic or Latino	7.33%	7.82%	0.83%	60.66%	81.99%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race illustrates different categories of race such as, white, black, Asian, other, and multiple races.

The graphic below shows the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. Per the graphic below, a majority of population of the CHNA Community is living in an urban area.



### SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes median household income, unemployment rates, poverty, uninsured population, and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to Texas and the United States.

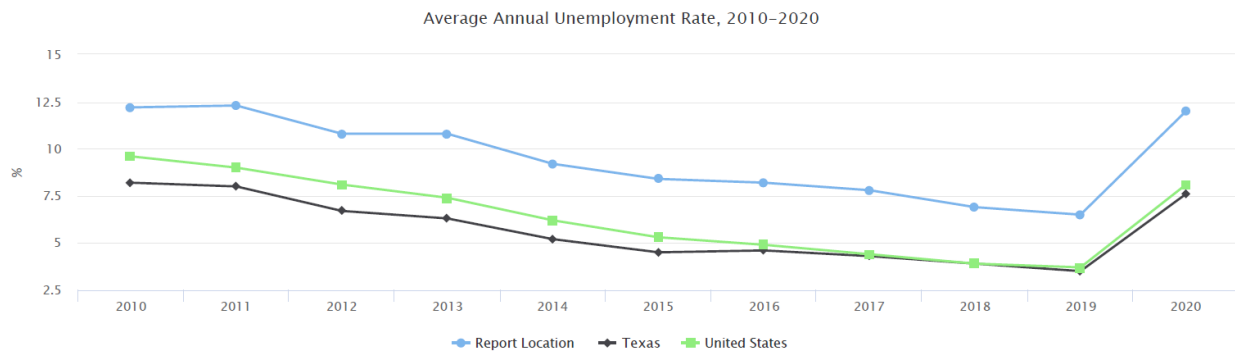
#### INCOME AND EMPLOYMENT

The median household income includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one-person, average household income is usually less than average family income. The CHNA Community has a median household income below Texas and the United States.

Median Household Income		
Hidalgo County	\$	40,014
Starr County	\$	30,387
Texas	\$	61,874
United States	\$	62,843

#### UNEMPLOYMENT RATE

The following graph presents the average annual unemployment rate from 2010 through 2020 for the CHNA Community, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are higher than both Texas and the United States. In general, a decrease in the unemployment rate has been the trend since 2010 with the exception of 2020. 2020 showed a sharp increase in unemployment where the CHNA Community's rate remained higher than both Texas and the United States.



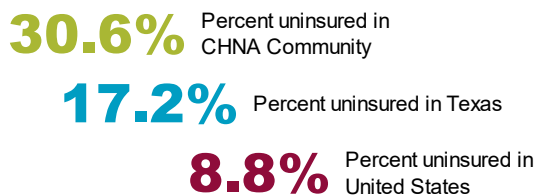
**POVERTY**

Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. The CHNA Community’s 30.04% rate of individuals living below 100% of the Federal Poverty Level (“FPL”) is higher than the 14.73% Texas rate and the 13.42% national rate.



**UNINSURED**

The percentage of the total civilian non-institutionalized population without health insurance coverage is represented in this graphic. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Approximately 278,970 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2015 - 2019 American Community Survey. The 2019 uninsured rate is estimated to be 30.64% for the CHNA Community compared to 17.2% for Texas and 8.8% for the United States.



**EDUCATION**

Nearly 18% of the population of the CHNA Community age twenty-five and older have obtained a bachelor’s degree or higher compared to 30% in Texas and 32% in the United States.

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. The percent of residents within the CHNA Community is below the state and national percentages.



**Bachelor's Degree or Higher**

CHNA Community	18.1%
Texas	29.9%
United States	32.2%



PHYSICAL ENVIROMENT OF THE COMMUNITY

A community’s health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

GROCERY STORE ACCESS

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors. The CHNA Community compares unfavorably to Texas and the United States.



CHNA Community	9.8
Texas	14.0
United States	20.8
<i>Establishments per 100,000 Population</i>	

FOOD ACCESS/FOOD DESERTS

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in is relevant because it highlights populations and geographies facing food insecurity. The CHNA Community has a population of 492,295 or 58.9% living in food deserts compared to 19.6% for Texas and 12.7% for the United States.

RECREATION AND FITNESS FACILITY ACCESS

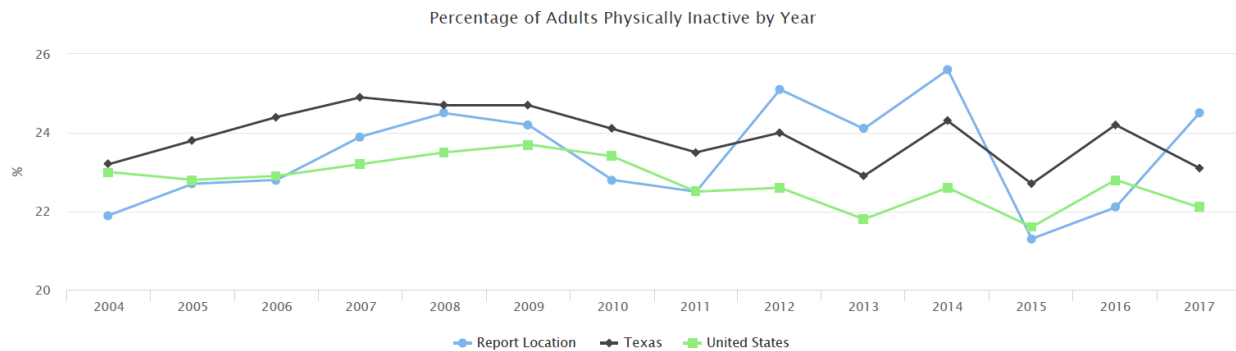
This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The rate of fitness establishments available to the residents of the CHNA Community compares unfavorably to the rate for Texas and the United States.



CHNA Community	3.6
Texas	10.6
United States	12.2
<i>Establishments per 100,000 Population</i>	

The trend graph below shows the percentage of adults who are physically inactive by year (2004 through 2017) for the CHNA Community and compared to Texas and the United States. For 2017, the rate for the CHNA Community was 24.5% compared to 23.1% for Texas and 22.1% for

the United States. From 2015 to 2017, the CHNA Community's percentage of adults who were physically inactive increased.



**CLINICAL CARE OF THE COMMUNITY**

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

**ACCESS TO PRIMARY CARE**

Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians aged 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. The primary care physician ratio for Hidalgo and Starr Counties are 2,170:1 and 4,609:1 respectively. Starr County A Community is 4,609:1 which compares unfavorably to the number for Texas and the United States, 1,660:1 and 1,050:1 respectively.



**Primary Care Physicians**

- 2,170:1** Hidalgo County
  - 4,609:1** Starr County
  - 1,660:1** Texas
  - 1,050:1** United States
- Rate per 100,000 population*



## HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of the CHNA community and its residents. As in the previous section, comparisons are provided with the state of Texas and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

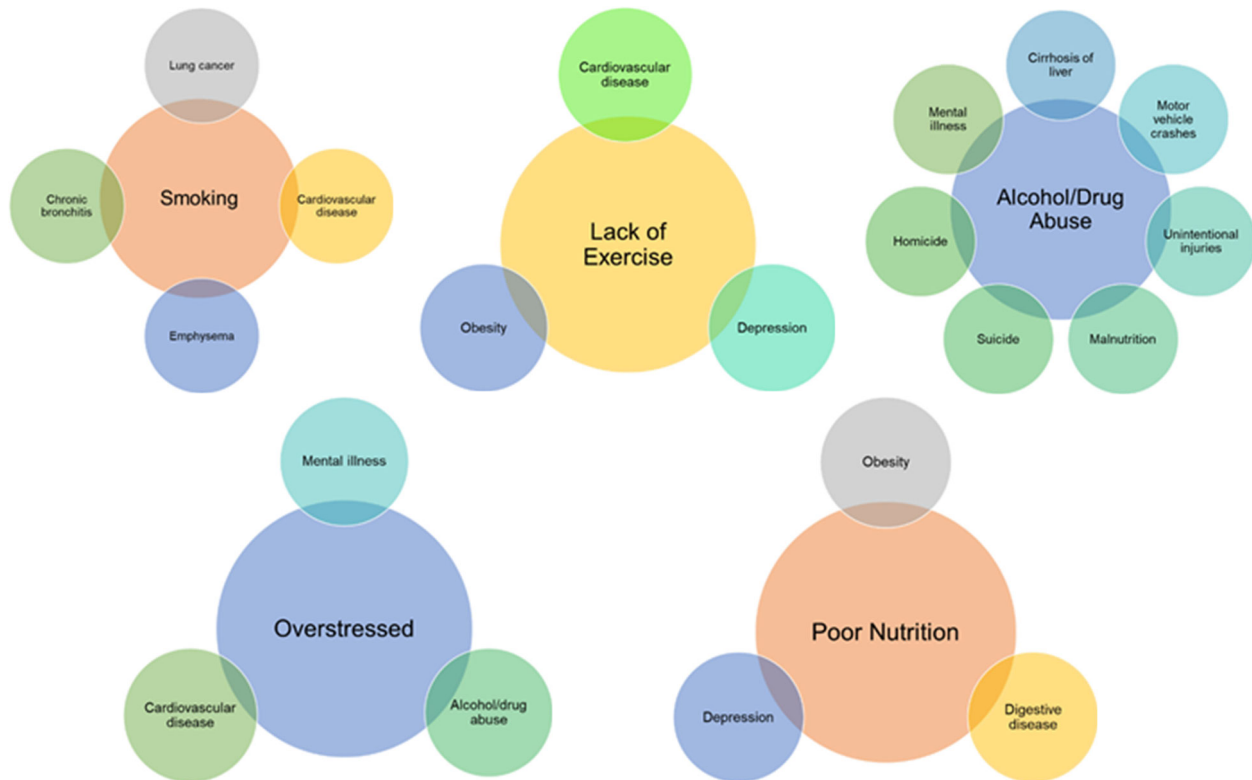
Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.



The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:



Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period. Community attention and health care resources may then be directed to those areas of greatest impact and concern.





LEADING CAUSES OF DEATH

The data below reflects the leading causes of death for the CHNA Community and compares the crude death rates to the state of Texas and the United States.

Area	CHNA Community	Hidalgo County	Starr County	Texas	United States
Cancer	99.10	97.60	119.10	143.20	184.00
Heart Disease	92.80	91.30	112.90	89.80	112.10
Lung Disease	17.40	16.80	25.50	37.20	48.40
Stroke	22.10	21.90	25.50	37.90	44.70
Unintentional Injury	20.60	20.60	20.80	37.70	50.30
Motor Vehicle	10.00	9.80	11.50	13.20	11.60
Drug Poisoning	4.20	4.20	NA	11.40	21.50
Homicide	3.40	3.30	4.70	5.70	5.80
Suicide	6.40	6.30	6.80	13.10	14.30

Note: Crude Death Rate (Per 100,000 Pop.)

The table above shows leading causes of death within the CHNA Community as compared to the state of Texas and the United States. The crude death rate is shown per 100,000 residents. The rates in red represent the CHNA Community and corresponding leading causes of death that are higher than the national rates. As the table indicates, all of the leading causes of death above are lower than the national rates.

HEALTH OUTCOMES AND FACTORS

An analysis of various health outcomes and factors for a community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state, and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are the “healthiest”. Counties are ranked relative



to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status, and the physical environment.

A number of different health factors shape a community's health outcomes. The County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following tables include the 2018 and 2021 indicators reported by County Health Rankings for Hidalgo and Starr Counties. The health indicators that are unfavorable when compared to the Texas rates are listed in red.

Health Outcomes	Hidalgo County: 2018	Hidalgo County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Mortality: State of Texas County Ranking</b>	<b>15</b>	<b>12</b>	<b>+</b>		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,700	5,600	<b>+</b>	6,600	5,400
<b>Morbidity: State of Texas County Ranking</b>	<b>212</b>	<b>199</b>	<b>+</b>		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	29%	<b>33%</b>	<b>-</b>	19%	14%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4	<b>5.1</b>	<b>-</b>	3.8	3.4
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.9	<b>4.3</b>	<b>-</b>	3.8	3.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	8.0%	8.0%	<b>NC</b>	8.0%	6.0%

Data Source: Countyhealthrankings.org

Health Outcomes	Starr County: 2018	Starr County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Mortality: State of Texas County Ranking</b>	<b>40</b>	<b>44</b>	<b>-</b>		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,500	<b>7,200</b>	<b>-</b>	6,600	5,400
<b>Morbidity: State of Texas County Ranking</b>	<b>240</b>	<b>241</b>	<b>-</b>		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	41%	<b>41%</b>	<b>NC</b>	19%	14%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.5	<b>5.9</b>	<b>-</b>	3.8	3.4
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.3	<b>4.9</b>	<b>-</b>	3.8	3.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	9.0%	<b>9.0%</b>	<b>NC</b>	8.0%	6.0%

Data Source: Countyhealthrankings.org



Health Outcomes	Hidalgo County: 2018	Hidalgo County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Health Behaviors: State of Texas County Ranking</b>	<b>131</b>	<b>56</b>			
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	15.0%	NC	14.0%	16.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	34.0%	38.0%	-	31.0%	26.0%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1	5.3	-	5.9	8.7
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure time physical activity	25.0%	24.0%	+	23.0%	19.0%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical activity	62.0%	59.0%	-	81.0%	91.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	14.0%	15.0%	-	19.0%	15.0%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	28.0%	35.0%	-	26.0%	11.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	407.3	393.5	+	517.6	161.2
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	62.0	48.0	+	31.0	12.0
<b>Clinical Care: State of Texas County Ranking</b>	<b>176</b>	<b>210</b>			
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	32.0%	32.0%	NC	20.0%	6.0%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	2,330:1	2,170:1	+	1,640:1	1,030:1
<b>Dentists</b> – Ratio of population to dentists	3,920:1	3,650:1	+	1,680:1	1,210:1
<b>Mental health providers</b> – Ratio of population to mental health providers	1,970:1	1,560:1	+	830:1	270:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	56.0	54.2	+	47.9	25.7
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	58.0%	35.0%	-	37.0%	51.0%



Health Outcomes	Hidalgo County: 2018	Hidalgo County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Social and Economic Factors: State of Texas County Ranking</b>	<b>232</b>	<b>235</b>			
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	87.0%	66.0%	-	84.0%	94.0%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	47.0%	50.0%	+	62.0%	73.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	7.8%	6.2%	+	3.5%	2.6%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	43.0%	37.0%	+	19.0%	10.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	5.6	5.6	NC	4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	35.0%	32.0%	+	26.0%	14.0%
<b>Social associations</b> – Number of membership associations per 10,000 population	3.7	3.5	-	7.5	18.2
<b>Violent crime rate</b> – Violent crime rate per 100,000 population (age-adjusted)	312.0	312.0	NC	420.0	63.0
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	30.0	31.0	-	58.0	59.0
<b>Physical Environment: State of Texas County Ranking</b>	<b>231</b>	<b>243</b>			
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic meter	8.9	10.4	-	7.3	5.2
<b>Severe housing problems</b> – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	28.0%	26.0%	+	17.0%	9.0%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	80.0%	80.0%	NC	81.0%	72.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	22.0%	23.0%	-	39.0%	16.0%



Health Outcomes	Starr County: 2018	Starr County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Health Behaviors: State of Texas County Ranking</b>	<b>239</b>	<b>213</b>			
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	20.0%	NC	14.0%	16.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	31.0%	32.0%	-	31.0%	26.0%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.8	3.7	-	5.9	8.7
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure time physical activity	28.0%	26.0%	+	23.0%	19.0%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical activity	28.0%	25.0%	-	81.0%	91.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	14.0%	14.0%	NC	19.0%	15.0%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	41.0%	56.0%	-	26.0%	11.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	279.6	352.2	-	517.6	161.2
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	80.0	65.0	+	31.0	12.0
<b>Clinical Care: State of Texas County Ranking</b>	<b>231</b>	<b>238</b>			
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	31.0%	30.0%	+	20.0%	6.0%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	5,320:1	4,610:1	+	1,640:1	1,030:1
<b>Dentists</b> – Ratio of population to dentists	6,410:1	7,180:1	-	1,680:1	1,210:1
<b>Mental health providers</b> – Ratio of population to mental health providers	6,410:1	5,880:1	+	830:1	270:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	88.0	62.6	+	47.9	25.7
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	44.0%	27.0%	-	37.0%	51.0%



Health Outcomes	Starr County: 2018	Starr County: 2021	Change	Texas: 2021	Top US Performers: 2021
<b>Social and Economic Factors: State of Texas County Ranking</b>	<b>241</b>	<b>243</b>			
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	92.0%	53.0%	-	84.0%	94.0%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	32.0%	37.0%	+	62.0%	73.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	13.6%	9.8%	+	3.5%	2.6%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	55.0%	43.0%	+	19.0%	10.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	5.3	5.1	+	4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	43.0%	39.0%	+	26.0%	14.0%
<b>Social associations</b> – Number of membership associations per 10,000 population	2.7	2.5	-	7.5	18.2
<b>Violent crime rate</b> – Violent crime rate per 100,000 population (age-adjusted)	281.0	263.0	+	420.0	63.0
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	33.0	33.0	NC	58.0	59.0
<b>Physical Environment: State of Texas County Ranking</b>	<b>130</b>	<b>156</b>			
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic meter	8.0	7.9	+	7.3	5.2
<b>Severe housing problems</b> – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	21.0%	22.0%	-	17.0%	9.0%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	71.0%	70.0%	+	81.0%	72.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	22.0%	26.0%	-	39.0%	16.0%

The following data shows a more detailed view of certain health outcomes and factors. The percentages for the CHNA Community are compared to the state of Texas and the United States.

### CANCER INCIDENCE

The CHNA Community's cancer incidence rate is 344.3 for every 100,000 of total population. This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).

Cancer Incidence	
CHNA Community	344.3
Hidalgo County	331.7
Starr County	504.3
Texas	407.7
United States	448.7



**DIABETES (ADULT)**

The CHNA Community’s percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes is higher than the state rate and national rate. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

<b>Diabetes (Adult)</b>	
CHNA Community	11.4%
Hidalgo County	11.3%
Starr County	12.3%
Texas	10.0%
United States	9.5%

**HEART DISEASE (MEDICARE POPULATION)**

The CHNA Community’s percentage Medicare population with Heart Disease is the higher than the state rate and national rate. This indicator reports the number and percentage of the Medicare fee-for-service population with ischemic heart disease.

<b>Heart Disease</b>	
CHNA Community	37.3%
Hidalgo County	36.4%
Starr County	44.4%
Texas	29.0%
United States	26.8%

**OBESITY**

The CHNA Community’s percentage of adults aged 20 and older that self-reported that they have a Body Mass Index (BMI) greater than 30.0 (obese) is higher than the state and national rates. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

<b>Obesity</b>	
CHNA Community	37.9%
Hidalgo County	38.3%
Starr County	32.2%
Texas	31.3%
United States	29.5%

**LOW BIRTH WEIGHT**

The CHNA Community’s percentage of total births that are low birth weight (under 2500g) is lower than the state and the national rates. This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

<b>Low Birth Weight</b>	
CHNA Community	11.8%
Hidalgo County	8.5%
Starr County	9.0%
Texas	12.0%
United States	12.3%



## PRIMARY DATA ASSESSMENT

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, persons representing vulnerable populations, or community members who represent the broad interest of the community, or) is a technique employed to assess public perceptions of the CHNA Community's health status and unmet needs. Key stakeholder input is intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### METHODOLOGY

Surveys with key informants were conducted between June 2021 and November 2021. The survey participants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools, or c) their involvement with underserved and minority populations and represent a broad aspect of the community.

A representative from Mission Regional Medical Center contacted all individuals selected for surveys. Their knowledge of the community, and the personal relationships they held with the potential interviewees added validity to the data collection process. If the respective key informant agreed to complete a survey, a survey link was provided.

All surveys utilized a standard format. A summary of survey participants' opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- ▶ Health and quality of life for residents of the community
- ▶ Barriers to improving health and quality of life for residents of the community
- ▶ Opinions regarding the important health issues that affect the residents of the CHNA Community and the types of services that are important for addressing these issues
- ▶ Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Survey data was collected via an online survey tool. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Survey participants were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality. This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.





### KEY INFORMANT PROFILES

Key informants from the community worked for the following types of organizations and agencies:

- ▶ Local and county government
- ▶ Public health agencies
- ▶ Medical providers
- ▶ Community business leaders

These health care and non-health care professionals provided insight into the health status of the CHNA Community through an ten-question survey.

### KEY INFORMANT SURVEY QUESTIONS

As stated earlier, the survey questions for each key informant were identical. The questions on the survey were as follows:

1. In general, how would you rate health and quality of life in the community served by Mission Regional Medical Center?
2. In your opinion, in the past three years has health and quality of life in the community served by Mission Regional Medical Center improved/declined/stayed the same?
3. Please provide what factors influenced your answer in the previous question and describe why you feel it has improved, declined, or stayed the same?
4. What barriers, if any, exist to improving health and quality of life of patients served by Mission Regional Medical Center??
5. In your opinion, what needs to be done to address the barriers identified in the previous question?
6. How could the services provided by Mission Regional Medical Center be improved to better meet the needs of its patients and patient's families?
7. In your opinion, what groups of people in the community served by Mission Regional Medical Center have the most serious unmet health care needs? Describe the causes? What should be done to address the needs of these groups of people?
8. In your opinion, what are the most critical health needs in the community served by Mission Regional Medical Center?
9. What needs to be done to address the critical health needs issues identified in the previous question?
10. What is the most important health issue Mission Regional Medical Center should address in the next three years?

### RESULTS FROM COMMUNITY INPUT

A summary of the leaders' responses for each of the key informant survey follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to



emphasize the statements. This section of the report summarizes what the key informants reported without assessing the credibility of their comments.

IN GENERAL, HOW WOULD YOU RATE HEALTH AND QUALITY OF LIFE IN THE COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER?

- ▶ 33.33% of survey respondents rated the health and quality of life in the CHNA Community as “Very Good”.
- ▶ 38.89% of survey respondents rated the health and quality of life in the CHNA Community as “Average”.
- ▶ 27.78% of survey respondents rated the health and quality of life in the CHNA Community as “Below Average”.

IN YOUR OPINION, IN THE PAST THREE YEARS HAS HEALTH AND QUALITY OF LIFE IN THE COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER IMPROVED/DECLINED/STAYED THE SAME?

- ▶ 44.44% of survey respondents indicated the health and quality of life in the CHNA Community has “Improved” in the past three years.
- ▶ 33.33% of survey respondents indicated the health and quality of life in the CHNA Community has “Stayed the Same” in the past three years.
- ▶ 22.22% of survey respondents indicated the health and quality of life in the CHNA Community has “Declined” in the past three years.

PLEASE PROVIDE WHAT FACTORS INFLUENCED YOUR ANSWER IN THE PREVIOUS QUESTION AND DESCRIBE WHY YOU FEEL IT HAS IMPROVED, DECLINED, OR STAYED THE SAME?

- ▶ For those indicating health and quality of life “Improved”, factors include:
  - Access to healthcare has increased
    - 1115 Waiver Program
    - Medical Center partnerships with the medical community.
  - Decrease in unemployment
  - Increased economic development in the Rio Grande Valley
  - Addition of the University of Texas Rio Grande Valley School of Medicine and its clinics
  - Medical Center has improved the services offered to the community
  - The availability of providers and health education resources have improved along with the Rio Grande Valley's economic growth.
  - Medical Center employees care for their patients.



- ▶ For those indicating health and quality of life “Stayed the Same”, one factor provided included:
  - Obesity and diabetes continue to be challenges for the community
- ▶ For those indicating health and quality of life “Declined”, one factors provided included:
  - COVID-19 Pandemic
  - Lack of medical subspecialties (e.g. neurology, hematology-oncology, urology)
  - High medical professional turnover
  - Inadequate inpatient medical attention.

WHAT BARRIERS, IF ANY, EXIST TO IMPROVING HEALTH AND QUALITY OF LIFE OF PATIENTS SERVED BY MISSION REGIONAL MEDICAL CENTER?

- ▶ Immigration laws
- ▶ Transportation
- ▶ Lack of health education
- ▶ Culture of the community that has some negative impact on healthy behaviors
- ▶ Lack of availability of medical professionals (nurses, specialists)
- ▶ Inadequate or lack of medical insurance coverage
- ▶ Economic barriers to accessing care.

IN YOUR OPINION, WHAT NEEDS TO BE DONE TO ADDRESS THE BARRIERS IDENTIFIED IN THE PREVIOUS QUESTION??

- ▶ Increased health education provided to the community
- ▶ Recruit more medical professionals to the community
- ▶ Medicaid expansion to provide more coverage.

HOW COULD THE SERVICES PROVIDED BY MISSION REGIONAL MEDICAL CENTER BE IMPROVED TO BETTER MEET THE NEEDS OF ITS PATIENTS AND PATIENT’S FAMILIES?

- ▶ Provide outside clinic so that patients can get triaged outside the hospital setting.
- ▶ The health care market is highly competitive. Patients want a good experience, and it’s not just about the waiting time or parking, but how they actually feel inside. Customer service is everything.
- ▶ Provide more health education to the community, especially related to obesity.
- ▶ More community outreach related to the services offered by the Medical Center.
- ▶ Recruit more health professional, especially medical specialists.



IN YOUR OPINION, WHAT GROUPS OF PEOPLE IN THE COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER HAVE THE MOST SERIOUS UNMET HEALTH CARE NEEDS? DESCRIBE THE CAUSES? WHAT SHOULD BE DONE TO ADDRESS THE NEEDS OF THESE GROUPS OF PEOPLE?

- ▶ Underserved groups in the community
  - Uninsured / Underinsured
  - Elderly
  - Low income
  - Children

IN YOUR OPINION, WHAT ARE THE MOST CRITICAL HEALTH NEEDS IN THE COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER?

- ▶ Addressing COVID-19
- ▶ Obesity leading to chronic conditions
- ▶ Chronic diseases (heart disease, diabetes, cancer)
- ▶ Medical education
- ▶ Lack of specialists (Neurology, Urology, Endocrinology)
- ▶ Lack of doctors and nurses

WHAT NEEDS TO BE DONE TO ADDRESS THE CRITICAL HEALTH NEEDS ISSUES IDENTIFIED IN THE PREVIOUS QUESTION?

- ▶ Provide more health education related to chronic diseases and obesity
- ▶ Provide more opportunities for physical activity
- ▶ Provide more preventative care resources
- ▶ Expand insurance coverage
- ▶ Recruit more medical professionals (specialists, doctors, nurses)

WHAT IS THE MOST IMPORTANT HEALTH ISSUE MISSION REGIONAL MEDICAL CENTER SHOULD ADDRESS IN THE NEXT THREE YEARS?

- ▶ Chronic conditions (heart disease, diabetes, cancer)
- ▶ Obesity
- ▶ More locations for better access to care
- ▶ COVID-19 resources.



## HEALTH ISSUES OF VULNERABLE POPULATIONS

According to Dignity Health's Community Need Index (see *Appendix C*), the Hospital's CHNA Community has a CNI score median of 4.6. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance, and housing). The scores range from 1 (lowest) to 5 (highest). The zip codes that have the highest need in the community are 78501 (McAllen), 78577 (Pharr), 78541 (Edinburg), and 78503 (McAllen).

Based on information obtained through key informant interviews, the following populations are vulnerable or underserved in the community and the identified needs are listed:

- ▶ Uninsured and under-insured population
  - Transportation
  - High cost of health care prevents needs from being met
  - Healthy lifestyle and health nutrition education
- ▶ Elderly
  - Transportation
  - Cost of prescriptions and medical care
  - Lack of health knowledge regarding how to access services
  - Shortage of physicians (limit on patients who are on Medicare)
- ▶ Low income
  - High cost of health care prevents needs from being met
  - Healthy lifestyle and health nutrition education
  - Access to services

## PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

### LEADING CAUSES OF DEATH

Leading causes of death for the community and the death rates for the leading causes of death for the county within the Hospital's CHNA Community were compared to U.S. adjusted death rates.



Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital's CHNA Community.

### HEALTH OUTCOMES AND FACTORS

An analysis of the County Health Rankings health outcomes and factors data was prepared for the county within Mission Regional Medical Center's CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors, and the physical environment were compared to state benchmarks.

County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

### PRIMARY DATA

Health needs identified through key informant surveys were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

### HEALTH NEEDS OF VULNERABLE POPULATIONS

Health needs of vulnerable populations were included for ranking purposes.

### PRIORITIZATION METHODOLOGY

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following factors (each factor received a score):

1. **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
2. **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3. **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
4. **How important the problem is to the community?** Needs identified through community interviews and/or focus groups were rated for this factor.
5. **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the prioritization metrics. As a result, the following summary list of needs was identified:

Identified Health Needs	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	Prevalence of Common Themes	Alignment with Mission / Alignment with Programs & Strategic Priorities	Total Score
Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)	5	4	3	4	3	5	24
Uninsured / Limited Insurance / Access	5	4	5	5	3	2	24
Lack of Primary Care Physicians / Hours	4	3	4	4	2	5	22
Lack of Specialists / Hours	4	3	4	4	2	5	22
Poor Nutrition / Limited Access to Healthy Food Options	5	3	3	3	2	5	21
Lack of Health Knowledge / Education	5	2	3	3	2	5	20
Preventative Care	5	3	2	3	2	5	20
Obesity	4	4	0	4	2	5	19
Services for the Aging	3	3	4	2	1	5	18
Transportation	3	1	5	4	2	2	17
COVID-19 Care and Resources	4	3	4	3	1	2	17
Lack of Mental Health / Addiction Providers and Services	4	3	2	2	2	3	16
Healthy Behaviors / Lifestyle Choices	5	2	2	2	2	3	16
Services for Children	3	3	3	2	1	3	15
Language and Cultural Barriers	2	2	3	3	2	3	15
Physical Inactivity / Lack of Exercise	2	3	2	2	2	3	14
Teen Birth Rate	2	1	2	1	1	3	10
Lack of Dentists	2	2	0	1	1	3	9
Sexually Transmitted Diseases	2	1	0	1	1	3	8
Excessive Drinking / Alcohol-Impaired Drinking Deaths	2	1	0	1	1	3	8

### MANAGEMENT'S PRIORITIZATION PROCESS

For the health needs prioritization process, the Hospital engaged the leadership team to review the most significant health needs identified in the current process, using the following criteria:

- ▶ Current area of Hospital focus
- ▶ Established relationships with community partners to address the health need
- ▶ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- ▶ Affordability of health care
- ▶ Access to/availability of health care
- ▶ Lifestyle choices



The Hospital’s next steps include developing an implementation strategy to address these priority areas.

**COMMUNITY RESOURCES**

The availability of health care resources is a critical component to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

**HOSPITALS**

The Medical Center is a 297 bed and is an acute-care community hospital facility located within the CHNA Community. Residents of the community can take advantage of services provided by other hospitals within the CHNA Community, as well as services offered by other facilities and providers.

The following table summarizes hospitals available to the residents of the CHNA Community. The facilities listed in the table are within 25 miles of the Medical Center.

Facility	Address	Facility	Address
Mission Regional Medical Center	900 South Bryan Road Mission, TX 78572-6613	Cornerstone Regional Hospital	2302 Cornerstone Boulevard Edinburg, TX 78539-8471
South Texas Health System McAllen	301 West Expressway 83 McAllen, TX 78503-3045	South Texas Health System Edinburg	1102 West Trenton Road Edinburg, TX 78539-6199
Solara Specialty Hospitals McAllen	301 West Expressway 83 McAllen, TX 78503-3045	Weslaco Regional Rehabilitation Hospital	906 South James Street Weslaco, TX 78596
Rio Grande Regional Hospital	101 East Ridge Road McAllen, TX 78503-1299	Knapp Medical Center	1401 East Eighth Street Weslaco, TX 78596-6640
DHR Health	5501 South Mccoll Road Edinburg, TX 78539		

**OTHER HEALTH CARE FACILITIES**

Short-term acute care hospital services are not the only health services available to members of the Hospital’s CHNA Community. The table below provides a listing of healthcare resources within the Hospital’s CHNA Community.





Facility	Address
Nuestra Clinica del Valle - Mission	611 N Bryan Road Mission, TX 78572-4245
Nuestra Clinica del Valle - Memorial	201 S Los Ebanos Blvd Alton, TX 78574-1139
Valley AIDS Council - Westbrook Clinic McAllen	300 S 2nd Street, Suite 101 McAllen, TX 79501
Nuestra Clinica del Valle - Women's Health Clinic	806 W 3rd Street San Juan, TX 78589-2276
Nuestra Clinica del Valle - San Juan	801 W 1st Street San Juan, TX 78589-2276
Nuestra Clinica del Valle - PSJA School Based Clinic	2900 N Raul Longoria Road San Juan, TX 78589-9727
Nuestra Clinica del Valle - San Carlos	300 N 86th Street Edinburg, TX 78541-1838
Hope Family Health Center	2332 Jordan Road West McAllen, TX 78503

Facility	Address
Nuestra Clinica del Valle - Donna	301 S 17th Street Donna, TX 78537
Nuestra Clinica del Valle - Edcouch	1518 E Santa Rosa Edcouch, TX 78538-0355
Nuestra Clinica del Valle - Mercedes	1500 First Street Mercedes, TX 78570-2551
Nuestra Clinica del Valle - Rio Grande City	600 N Garza Street, Suite A Rio Grande City, TX 78582-3538
Valley AIDS Council - Westbrook Clinic Harlingen	2306 Camelot Plaza Circle Harlingen, TX 78550
Su Clinica - Harlingen Clinic	1706 Treasure Hills Blvd Harlingen, TX 78550
Nuestra Clinica del Valle - Roma	2891 E Grant Roma, TX 78584-8053
Palm Valley Medical Clinic	5140 North 10th Street McAllen, TX 78504



**APPENDICES**



**APPENDIX A – ANALYSIS OF DATA**



**ANALYSIS OF HEALTH STATUS-LEADING CAUSES OF DEATH: HIDALGO COUNTY**

Area	United States	(A) 10% of United States Crude Rate	Hidalgo County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	184.00	18.40	97.60	-86.40	
Heart Disease	112.10	11.21	91.30	-20.80	
Lung Disease	48.40	4.84	16.80	-31.60	
Stroke	44.70	4.47	21.90	-22.80	
Unintentional Injury	50.30	5.03	20.60	-29.70	
Motor Vehicle	11.60	1.16	9.80	-1.80	
Drug Poisoning	21.50	2.15	4.20	-17.30	
Homicide	5.80	0.58	3.30	-2.50	
Suicide	14.30	1.43	6.30	-8.00	

Note: Crude Death Rate (Per 100,000 Pop.)

**ANALYSIS OF HEALTH STATUS-LEADING CAUSES OF DEATH: STARR COUNTY**

Area	United States	(A) 10% of United States Crude Rate	Starr County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	184.00	18.40	119.10	-64.90	
Heart Disease	112.10	11.21	112.90	0.80	
Lung Disease	48.40	4.84	25.50	-22.90	
Stroke	44.70	4.47	25.50	-19.20	
Unintentional Injury	50.30	5.03	20.80	-29.50	
Motor Vehicle	11.60	1.16	11.50	-0.10	
Drug Poisoning	21.50	2.15	NA	0.00	
Homicide	5.80	0.58	4.70	-1.10	
Suicide	14.30	1.43	6.80	-7.50	

Note: Crude Death Rate (Per 100,000 Pop.)



**ANALYSIS OF HEALTH OUTCOMES: HIDALGO COUNTY**

Health Outcomes	Top US Performers: 2021	(A) 30% of National Benchmark	Hidalgo County: 2021	(B) County Rate Less National Benchmark 2021	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	15.0%	-1.0%	
Adult obesity	26.0%	7.8%	38.0%	12.0%	Health Need
Food environment index	8.7	2.6	5.3	(3.4)	
Physical inactivity	19.0%	5.7%	24.0%	5.0%	
Access to exercise opportunities	91.0%	27.3%	59.0%	-32.0%	
Excessive drinking	15.0%	4.5%	15.0%	0.0%	
Alcohol-impaired driving deaths	11.0%	3.3%	35.0%	24.0%	Health Need
Sexually transmitted infections	161.2	48.4	393.5	232.3	Health Need
Teen birth rate	1200.0%	360.0%	4800.0%	3600.0%	Health Need
Uninsured adults	6.0%	1.8%	32.0%	26.0%	Health Need
Primary care physicians	1,030	309	2,170	1,140	Health Need
Dentists	1,210	363	3,650	2,440	Health Need
Mental health providers	270	81	1,560	1,290	Health Need
Preventable hospital stays	2,565.0	769.5	5,415.0	2,850.0	Health Need
Mammography screening	51.0%	15.3%	35.0%	-16.0%	
Children in poverty	10.0%	3.0%	37.0%	27.0%	Health Need
Children in single-parent households	14.0%	4.2%	32.0%	18.0%	Health Need



**ANALYSIS OF HEALTH OUTCOMES: STARR COUNTY**

Health Outcomes	Top US Performers: 2021	(A) 30% of National Benchmark	Starr County: 2021	(B) County Rate Less National Benchmark 2021	If (B)>(A), then "Health Need"
Adult smoking	16.0%	4.8%	20.0%	4.0%	
Adult obesity	26.0%	7.8%	32.0%	6.0%	
Food environment index	8.7	2.6	3.7	(5.0)	
Physical inactivity	19.0%	5.7%	26.0%	7.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	25.0%	-66.0%	
Excessive drinking	15.0%	4.5%	14.0%	-1.0%	
Alcohol-impaired driving deaths	11.0%	3.3%	56.0%	45.0%	Health Need
Sexually transmitted infections	161.2	48.4	352.2	191.0	Health Need
Teen birth rate	1200.0%	360.0%	6500.0%	5300.0%	Health Need
Uninsured adults	6.0%	1.8%	30.0%	24.0%	Health Need
Primary care physicians	1,030	309	4,610	3,580	Health Need
Dentists	1,210	363	7,180	5,970	Health Need
Mental health providers	270	81	5,880	5,610	Health Need
Preventable hospital stays	2,565.0	769.5	6,261.0	3,696.0	Health Need
Mammography screening	51.0%	15.3%	27.0%	-24.0%	
Children in poverty	10.0%	3.0%	43.0%	33.0%	Health Need
Children in single-parent households	14.0%	4.2%	39.0%	25.0%	Health Need

**ANALYSIS OF PRIMARY DATA – KEY INFORMANT SURVEYS**

Need
Access and affordability of healthcare services
Access to primary care and specialists
Uninsured / Underinsured
Chronic diseases (Heart Disease, Kidney, Stroke, Cancer, Diabetes)
Lack of health knowledge and education
Physical inactivity
Poor nutrition / limited access to healthy food options
Obesity
Preventative care
Services for the aging
COVID-19 care and resources
Language and cultural barriers
Healthy behaviors / lifestyle choices



**ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY/VULNERABLE POPULATIONS**

Population	Issues
Uninsured and under-insured population	Transportation High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education Services for children
Elderly	Transportation Cost of prescriptions and medical care Lack of health knowledge regarding how to access services Shortage of physicians (limit on patients who are on Medicare)
Low Income	High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education Access to services



**APPENDIX B – ACKNOWLEDGEMENT OF KEY INFORMANTS**





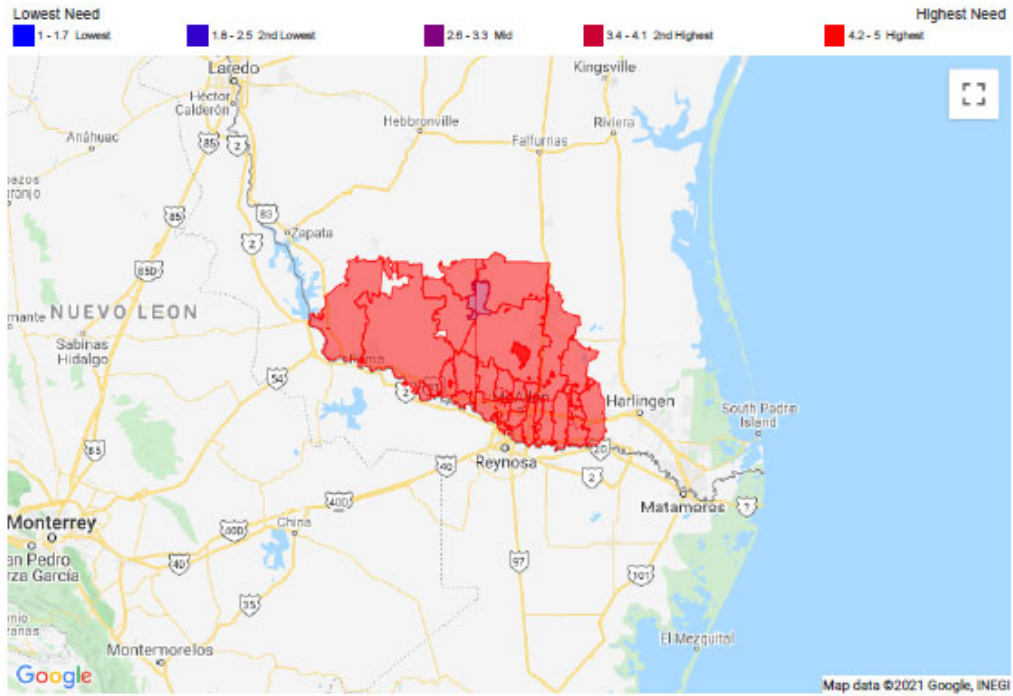
**KEY INFORMANTS**

Thank you to the following individuals who participated in our key informant survey process:

Name	Organization
Dairen Sarmiento	Hidalgo County Health & Human Services
Roxanne Lerma	City of Mission
Andrea Rodriguez	DoubleTree Suites by Hilton McAllen
Brad Bentsen	Mission Parks and Recreation Department
Craig Verley	Mission CISD
Michael Leo	City of Palmview
Richard P. Sanchez	The University of Texas Rio Grande Valley
Dr. Carol G. Perez	Superintendent - Mission CISD
Roberto Manillo-Karim	South Texas Kidney Specialists
Enrique Linan, M.D.	Acute Inpatient Rehabilitation Unit
Nataly Garza	Valley Pulmonary Group
Gretchen M. Velasco, MD PA	Gretchen M. Velasco, MD PA
David A. Mayorga	David A. Mayorga, MD PA
Frank Velez	RGV Surgical Associates
Dr. G. Peter Guy	Obstetrics & Gynecology and Maternal-Fetal Medicine
Daniel Ortiz	Certified Physician Assistant
Selene Castillo	Mission Regional Medical Center



**APPENDIX C – DIGNITY HEALTH COMMUNITY NEED INDEX (CNI) REPORT**



Zip Code	CNI Score	Population	City	County	State
78557	4.6	13936	Hidalgo	Hidalgo	Texas
78599	4.6	34778	Weslaco	Hidalgo	Texas
78570	4.8	36441	Mercedes	Hidalgo	Texas
78573	4.8	41937	Mission	Hidalgo	Texas
78574	4.6	64559	Mission	Hidalgo	Texas
78596	4.6	41501	Weslaco	Hidalgo	Texas
78516	4.6	36502	Alamo	Hidalgo	Texas
78501	5	63703	Mcallen	Hidalgo	Texas
78577	5	82895	Pharr	Hidalgo	Texas
78537	4.6	49183	Donna	Hidalgo	Texas
78541	5	48789	Edinburg	Hidalgo	Texas
78560	4.8	5454	La Joya	Hidalgo	Texas
78542	4.4	79700	Edinburg	Hidalgo	Texas
78572	4.6	87200	Mission	Hidalgo	Texas
78595	4.4	7091	Sullivan City	Hidalgo	Texas
78548	4.2	1610	Grulla	Starr	Texas
78503	5	24563	Mcallen	Hidalgo	Texas
78576	4.2	11889	Penitas	Hidalgo	Texas
78538	4.6	17311	Edcouch	Hidalgo	Texas
78543	4.8	5630	Elsa	Hidalgo	Texas
78589	4.6	42073	San Juan	Hidalgo	Texas
78539	4.6	35854	Edinburg	Hidalgo	Texas
78504	4.2	58149	Mcallen	Hidalgo	Texas
78549	4.2	890	Hargill	Hidalgo	Texas
78591	4.2	341	Santa Elena	Starr	Texas
78563	4.2	278	Linn	Hidalgo	Texas
78588	4.2	334	San Isidro	Starr	Texas
78536	4	214	Delmita	Starr	Texas
78584	4.8	19960	Roma	Starr	Texas
78582	4.6	42094	Rio Grande City	Starr	Texas



**APPENDIX D – SOURCES**



Data Type	Source
Discharges by Zip Code	Mission Regional Medical Center
Population Estimates	The Nielson Company
Total Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Change in Total Population	Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract
Female Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Families with Children	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Median Age	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Male Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Under Age 18	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 0-4	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Migration Patterns - Total Population	Note: This indicator is compared to the state average. Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2000 to 2010. Source geography: County
Population Age 5-17	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 18-64	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 18-24	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 25-34	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 35-44	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 45-54	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 55-64	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population Age 65+	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population with Any Disability	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Population with Limited English Proficiency	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract



Data Indicator	Source
Population Geographic Mobility	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Foreign-Born Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Hispanic Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Non-Hispanic White Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Black or African American Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Citizenship Status	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Migration Patterns - Young Adult	Note: This indicator is compared to the state average. Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2000 to 2010. Source geography: County
Urban and Rural Population	Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract
Veteran Population	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Commuter Travel Patterns - Driving Alone to Work	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Commuter Travel Patterns - Long Commute	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Commuter Travel Patterns - Overview	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Commuter Travel Patterns - Overview 2	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Employment - Business Creation	Note: This indicator is compared to the state average. Data Source: US Census Bureau, Statistics of U.S. Businesses. 2017-2018. Source geography: County
Employment - Employment Change	Data Source: US Census Bureau, Statistics of U.S. Businesses. 2017-2018. Source geography: County
Employment - Job Sectors, Largest	Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County
Employment - Jobs and Earnings by Sector	Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County



Data Indicator	Source
Employment - Jobs Sectors, Highest Earnings	Data Source: US Department of Commerce, US Bureau of Economic Analysis. Source geography: County
Employment - Labor Force Participation Rate	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Gross Domestic Product (GDP)	Note: This indicator is compared to the state average. Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County
Employment - Unemployment Rate	Note: This indicator is compared to the state average. Data Source: US Department of Labor, Bureau of Labor Statistics. 2021 - June. Source geography: County
Income - Families Earning Over \$75,000	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Income - Income and AMI	Data Source: US Census Bureau, American Community Survey. 2015-2019.
Income - Inequality (GINI Index)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Income - Median Family Income	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Income - Median Household Income	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Income - Net Income of Farming Operations	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2017. Source geography: County
Income - Per Capita Income	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Income - Proprietor Employment and Income	Note: This indicator is compared to the state average. Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2016. Source geography: County
Poverty - Children Below 100% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Poverty - Children Below 200% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Poverty - Children Eligible for Free/Reduced Price Lunch	Note: This indicator is compared to the state average. Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2018-19. Source geography: Address
Poverty - Population Below 100% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Poverty - Population Below 100% FPL (Annual)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2019. Source geography: County
Poverty - Population Below 185% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract



Data Indicator	Source
Poverty - Population Below 200% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Poverty - Population Below 50% FPL	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Access - Preschool Enrollment (Age 3-4)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Access - Public Schools	Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2018-2019. Source geography: Address
Attainment - Bachelor's Degree or Higher	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Attainment - High School Graduation Rate	Note: This indicator is compared to the state average. Data Source: US Department of Education, EDFacts. Additional data analysis by CARES. 2018-19. Source geography: School District
Attainment - No High School Diploma	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Attainment - Overview	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Family Households - Overview	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Households - Overview	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Affordable Housing	Data Source: US Census Bureau, American Community Survey. 2015-2019.
Evictions	Note: This indicator is compared to the state average. Data Source: Eviction Lab. 2016. Source geography: Census Tract
Housing Costs - Cost Burden (30%)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Costs - Owner Costs	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Costs - Owner Costs by Mortgage Status	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County
Housing Costs - Renter Costs	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Quality - Substandard Housing	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Stock - Age	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract





Data Indicator	Source
Housing Stock - Housing Unit Value	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Stock - Modern Housing	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Housing Stock - Net Change	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. US Census Bureau, Decennial Census. 2015-19. Source geography: County
Tenure - Mortgage Status	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Tenure - Owner-Occupied Housing	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Tenure - Renter-Occupied Housing	Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Vacancy (ACS)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Area Deprivation Index	Note: This indicator is compared to the state average. Data Source: University of Wisconsin-Madison School of Medicine and Public Health, Neighborhood Atlas. 2021. Source geography: Block Group
Households with No Motor Vehicle	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Insurance - Uninsured Population (ACS)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
SNAP Benefits - Population Receiving SNAP (SAIPE)	Note: This indicator is compared to the state average. Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2017. Source geography: County
Social Vulnerability Index	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, CDC - GRASP. 2018. Source geography: Tract
Teen Births	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via County Health Rankings. 2013-2019. Source geography: County
Violent Crime - Total	Note: This indicator is compared to the state average. Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014; 2016. Source geography: County
Property Crime - Total	Note: This indicator is compared to the state average. Data Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-university Consortium for Political and Social Research. 2014&2016. Source geography: County
Voter Participation Rate	Note: This indicator is compared to the state average. Data Source: Townhall.com Election Results. 2016. Source geography: County



Data Indicator	Source
Young People Not in School and Not Working	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-2019. Source geography: Tract
Air & Water Quality - Particulate Matter 2.5	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2016. Source geography: Tract
Built Environment - Banking Institutions	Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County
Built Environment - Broadband Access	Note: This indicator is compared to the state average. Data Source: National Broadband Map. June 2020. Source geography: Tract
Built Environment - Households with No Computer	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Built Environment - Households with No or Slow Internet	Note: This indicator is compared to the state average. Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract
Built Environment - Liquor Stores	Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County
Built Environment - Recreation and Fitness Facility Access	Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County
Climate & Health - Drought Severity	Note: This indicator is compared to the state average. Data Source: US Drought Monitor. 2017-2019. Source geography: Tract
Community Design - Park Access (CDC)	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, CDC - National Environmental Public Health Tracking Network. 2015. Source geography: Tract
Food Environment - Fast Food Restaurants	Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019. Source geography: Tract
Food Environment - Grocery Stores	Note: This indicator is compared to the state average. Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2019. Source geography: County
Food Environment - Leading Agricultural Products (1)	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2017. Source geography: County
Food Environment - Leading Agricultural Products (2)	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2017. Source geography: County
Food Environment - SNAP-Authorized Food Stores	Note: This indicator is compared to the state average. Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2019. Source geography: Tract



Data Indicator	Source
Cancer Screening - Mammogram (Medicare)	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017. Source geography: County
Cancer Screening - Pap Smear Test	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.
Cancer Screening - Sigmoidoscopy or Colonoscopy	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.
Diabetes Management - Hemoglobin A1c Test	Note: This indicator is compared to the state average. Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2017. Source geography: County
Hospitalizations - Preventable Conditions	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2017. Source geography: County
Alcohol - Heavy Alcohol Consumption	Note: This indicator is compared to the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County
Alcohol - Binge Drinking	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.
Physical Inactivity	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County
STI - Chlamydia Incidence	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
STI - Gonorrhea Incidence	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
STI - HIV Prevalence	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018. Source geography: County
Tobacco Usage - Current Smokers	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.
Cancer Incidence - All Sites	Note: This indicator is compared to the state average. Data Source: State Cancer Profiles. 2013-17. Source geography: County
Chronic Conditions - Asthma (Medicare Population)	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County
Chronic Conditions - Diabetes (Adult)	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County
Chronic Conditions - Diabetes (Medicare Population)	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County



Data Indicator	Source
Chronic Conditions - Heart Disease (Medicare Population)	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County
Chronic Conditions - High Blood Pressure (Medicare Population)	Note: This indicator is compared to the state average. Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County
Low Birth Weight (CDC)	Note: This indicator is compared to the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2013-2019. Source geography: County
Mortality - Cancer	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Coronary Heart Disease	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Poisoning	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Homicide	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Lung Disease	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Motor Vehicle Crash	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Premature Death	Note: This indicator is compared to the state average. Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2019. Source geography: County
Mortality - Stroke	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Suicide	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Mortality - Unintentional Injury (Accident)	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County
Obesity	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County
Poor or Fair Health	Note: This indicator is compared to the state average. Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2018. Source geography: County
COVID-19 - Confirmed Cases	Note: This indicator is compared to the state average. Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2021. Source geography: County



Data Indicator	Source
COVID-19 - Mortality	Note: This indicator is compared to the state average. Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2021. Source geography: County
Social Distancing - Mobility Reports (Google)	Data Source: Google Mobility Reports. Accessed via GitHub. Aug 24, 2021. Source geography: County
County Health Rankings	County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>
Sparkmap Data Analysis	<a href="https://sparkmap.org/report/?REPORT=%7B%22name%22%3A%22Standard%20Report%22%2C%22style%22%3A%22EN-free%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicator%22%3A%5B0%2C1%2C4%2C6%2C10%2C16%2C17%2C19%2C21%2C25%2C27%2C28%2C40%2C42%2C47%2C49%2C51%2C55%2C57%2C58%2C64%2C67%2C68%2C69%2C70%2C76%2C80%2C83%2C89%2C91%2C104%2C107%2C114%2C120%2C122%2C124%2C129%2C130%2C131%2C132%2C135%2C139%2C142%2C143%2C148%2C155%2C156%2C157%2C163%2C166%2C171%2C173%2C193%2C194%2C200%2C202%2C203%2C205%2C207%2C210%2C217%2C223%2C224%2C226%2C228%2C234%2C236%2C237%2C238%2C240%2C243%2C244%2C248%2C249%2C250%2C251%2C252%2C256%2C280%2C281%2C282%2C283%5D%2C%22location%22%3A%7B%22type%22%3A%22county%22%2C%22show_county%22%3Atrue%2C%22show_state%22%3Atrue%2C%22show_zip%22%3Afalse%2C%22id%22%3A%5B%2248015%22%5D%2C%22name%22%3A%5B%22Austin%20County%2C%20TX%22%5D%7D%7D">https://sparkmap.org/report/?REPORT=%7B%22name%22%3A%22Standard%20Report%22%2C%22style%22%3A%22EN-free%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicator%22%3A%5B0%2C1%2C4%2C6%2C10%2C16%2C17%2C19%2C21%2C25%2C27%2C28%2C40%2C42%2C47%2C49%2C51%2C55%2C57%2C58%2C64%2C67%2C68%2C69%2C70%2C76%2C80%2C83%2C89%2C91%2C104%2C107%2C114%2C120%2C122%2C124%2C129%2C130%2C131%2C132%2C135%2C139%2C142%2C143%2C148%2C155%2C156%2C157%2C163%2C166%2C171%2C173%2C193%2C194%2C200%2C202%2C203%2C205%2C207%2C210%2C217%2C223%2C224%2C226%2C228%2C234%2C236%2C237%2C238%2C240%2C243%2C244%2C248%2C249%2C250%2C251%2C252%2C256%2C280%2C281%2C282%2C283%5D%2C%22location%22%3A%7B%22type%22%3A%22county%22%2C%22show_county%22%3Atrue%2C%22show_state%22%3Atrue%2C%22show_zip%22%3Afalse%2C%22id%22%3A%5B%2248015%22%5D%2C%22name%22%3A%5B%22Austin%20County%2C%20TX%22%5D%7D%7D</a>
Dignity Health Community Need Index	<a href="http://cni.dignityhealth.org/">http://cni.dignityhealth.org/</a>