A Community Health Needs Assessment & Implementation Plan

MAY 2013
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Introduction

Welcome to the Mission Regional Medical Center Community Health Needs Assessment (CHNA) & Implementation Plan for 2013. The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals which included a Community Health Needs Assessment (CHNA) to be completed every three years. The assessment represents a community-based process for identifying a broad range of health related information on which to base future decisions and actions impacting the health of the community.

While the assessment process is helpful in identifying the community needs, the resulting reports should not be accepted as the fulfillment of either “charity care” or “community benefits.” The assessment and other research studies are only the tools by which an institution provides the rationale for its subsequent actions. It is these actions, i.e. providing free health promotion programs, supplemental services, and medical care, which are considered the true “benefit” to the community.

Mission Regional Medical Center is an independent, non-profit, acute care community hospital that provides inpatient and out-patient care to residents of the City of Mission and surrounding communities.

To address the health care issues impacting the residents of the hospital service area, three fundamental questions were asked:

1. What is the most pressing community health need facing the service area?
2. What can Mission Regional Medical Center do to address these needs?
3. What health issues do residents identify as being the most significant and important to them?

Assessment Methodology

Assessing the community health needs involves collecting primary and secondary quantitative and qualitative data. The findings included in this report were collected from three sources: (1) a Community Focus Group, (2) Personal Interviews, and (3) a review of publicly collected health and demographic statistics for the region.

The findings were reviewed and discussed by the Hospital Health Needs Assessment Team. The most pressing health needs were then identified and prioritized in the conclusion of the Assessment.

Implementation strategies were developed to address the top three community issues. The outcomes and results of these interventions will be followed and reevaluated in 2016.
Description of the Community Served

Mission Regional Medical Center serves the Western part of Hidalgo County and Eastern part of Starr County. Seventy-six percent of the inpatient discharges are from the following 6 zip codes comprising the Primary Service Area (PSA):

78572
78574
78501
78576
78582
78573

As the only non-profit hospital serving the area, Mission Regional Medical Center continues its long-standing tradition of providing health care to all. The services are essential to not only the communities overall health, but also to the quality of life of every resident and economic growth of the region.

Key Demographic and Economic Indicators

Population and Demographics
Mission, Texas is a border city located in Hidalgo County with an estimated population of 77,058 residents of which females represent 51.9% of the population, and males 48.1%.

The population is relatively young with a median age of 30.4 years, compared to the Texas Median age of 40.8 years. Population projections indicate that the rate of growth is expected to continue over the next several years. The age distribution has historically remained fairly stable. However, an increase in the elderly population (the Baby Boomer generation) and a decrease in the proportion of people under 24-years of age are expected by 2020, mirroring national trends. Hispanics represent 90% of the racial/ethnic diversity in Hidalgo County while African Americans representation is less than 1%.

According to the Census Bureau’s Area Poverty and Income Estimates for 2009, the average percentage of those living below the poverty level in the 23 counties that border Mexico is 28.3 percent. That is approximately twice as high as the national average of 14.3 percent. Similarly, the average median household income for those counties is $34,354 more than $15,000 below the national average of $50,221.

However, when analyzing only the two counties that comprise the hospital’s service area, the statistics are even more severe. The average poverty rate in Hidalgo County is 35.3%, and the estimated per capita income in 2011 was only $13,821. The poverty rate for Starr County is 39.3%, and the estimated per capita income in 2011 was $12,125.
Starr County neighbors Hidalgo County to the west with an estimated population 61,615, of which 51% are females and 49% of males. The population is young with 33.6% under 18 years of age.

**Unemployment**
The unemployment rate in Hidalgo County is 11.6%, compared to 6% for the state of Texas and 7% nationally. The largest employers in the Mission-McAllen-Edinburg Metropolitan Statistical Area (MSA) are in education (schools), government (City & County, US Customs) and health care (Hospitals). Starr County’s unemployment rate is even higher at 15%.

**Education**
Hidalgo County residents lag behind the State of Texas and the U.S. in educational attainment. Only 60% of county residents 25-years and over are high school graduates or higher, compared to 80% in Texas and the U.S. Only 15% of Hidalgo County residents have a bachelor’s degree or higher, compared to 26% in Texas and 28% nationally. Starr County lags further behind the State and country when it comes to education with 46% of the population age 25 or older earning a high school diploma, and only 9.6% with a bachelors degree or higher.

**Uninsured**
The Rio Grande Valley represents a unique region in the State of Texas, a community with a substantial need (poorest) and limited resources (underserved area). The region also has a high rate of uninsured which impacts the overall health of the community.

Texas dominates the number of uninsured population encompassing 13 of the 15 U.S. Counties ranked with the highest rates of uninsured. Within Texas, Hidalgo County has one of the highest percentages of uninsured rates at 28.3%, and Starr County has an uninsured rate of 35%, compared to the State of Texas average of 24%. These numbers confirm the correlation between access to healthcare and the impact it has on quality of life and the economy.

While a Federally Qualified Health Clinic is located in the city of Mission and serves the community, Mission Regional Medical Center is the only independent, non-profit hospital in Hidalgo County and provides a “safety-net” for the uninsured. Many area residents cross the border into Mexico to seek treatment for a variety of health care services ranging from diagnostics to purchasing prescription drugs over the counter (since many are made readily available without a prescription). Concurrently, a significant number of undocumented residents and uninsured Mexican Nationals access U.S. healthcare services through the use of the emergency department.
Health Care Status and Resources

The Texas Department of State Health Services has designated Hidalgo County and Starr County as Medically Underserved Areas. MUA status is designated to areas or populations having a shortage of personnel according to U.S. Department of Health and Human Services’ rules.

Eligibility for designation as an MUA is based on the demographics of the entire population in an area, compared to national statistics for the following four (4) healthcare demand/resource indicators:

- Percentage of elderly population (over 65 years)
- Poverty rate
- Infant mortality rate
- Ratio of primary care physicians per 1,000 population

Regional Health Partnership (RHP) 5 is comprised of four border counties in the Rio Grande Valley: Hidalgo, Cameron, Starr, and Willacy.

Barriers to Care
A failure to access and utilize the appropriate health care services available, and the high number of uninsured are noted by healthcare professional as documented reasons why many residents do not seek health care services. Additionally, the region faces a shortage of primary care and dental professionals to serve a growing population, with only half to three-quarters of the physician-to-population ratios of Texas for primary care specialists (e.g., family practice, general practice, OB/GYN). The current delivery system does not have the capacity to identify individuals with or at risk for chronic conditions, and to navigate them into appropriate programs to help prevent, diagnosis and manage their health conditions.
Primary Care Physicians By Specialty
The four county area has half the rate of general practitioners, 2.9 per 100,000 population compared to 4.1 per 100,000 population for Texas. Pediatrics is the only area where the numbers per 100,000 exceed those of the state. The supply of Internal Medicine and OB/GYN specialists lags behind Texas by 30% and 25% respectively.

Health Professional Shortage Areas
RHP 5 has long been a health professional shortage area with particular deficiencies in recruiting and retaining primary care and specialist physicians, nurses and physician assistants. All four counties of RHP 5 have “whole county” shortage area designations for dentists and mental health professionals. Starr and Willacy counties have whole county primary care health professional shortages, while the shortage in Cameron County is designated as “partial.” Poverty, remoteness, lack of an academic health educational center, and cultural and language barriers all contribute to the difficulty in recruiting and retaining health care professionals in the region.

Health Professional Shortage Designation by County

<table>
<thead>
<tr>
<th>RHP 5 County</th>
<th>Primary Care</th>
<th>Dental</th>
<th>Mental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron</td>
<td>Partial County</td>
<td>Whole County</td>
<td>Whole County</td>
</tr>
<tr>
<td>Hidalgo</td>
<td>Not Designated</td>
<td>Whole County</td>
<td>Whole County</td>
</tr>
<tr>
<td>Starr</td>
<td>Whole County</td>
<td>Whole County</td>
<td>Whole County</td>
</tr>
<tr>
<td>Willacy</td>
<td>Whole County</td>
<td>Whole County</td>
<td>Whole County</td>
</tr>
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</table>

Source: Texas Department of State Health Services, 2010

Primary Care Physicians by Specialty

<table>
<thead>
<tr>
<th></th>
<th>FAMILY MEDICINE</th>
<th>FAMILY PRACTICE</th>
<th>GENERAL PRACTICE</th>
<th>PEDIATRICS</th>
<th>INTERNAL MEDICINE</th>
<th>OBSTETRICS &amp; GYNECOLOGY</th>
<th>GERIATRICS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHP 5</td>
<td>39</td>
<td>207</td>
<td>207</td>
<td>184</td>
<td>191</td>
<td>86</td>
<td>2</td>
<td>728</td>
</tr>
<tr>
<td>TEXAS</td>
<td>1053</td>
<td>5216</td>
<td>5216</td>
<td>3321</td>
<td>5293</td>
<td>2188</td>
<td>33</td>
<td>17,996</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Physicians per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHP 5</td>
<td>2.9</td>
</tr>
<tr>
<td>TEXAS</td>
<td>4.1</td>
</tr>
<tr>
<td>RATIO</td>
<td>0.71</td>
</tr>
</tbody>
</table>

SOURCE: Texas Department of State Health Services

4
Leading Causes of Mortality
The top causes for death in adults in the representative counties are: cardiac, cancer, diabetes, strokes, accidents, pulmonary, septicemia, liver disease, renal, Alzheimer’s, hypertension, suicide, and homicide.

<table>
<thead>
<tr>
<th>RANK</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause</td>
<td>Heart</td>
<td>Cancer</td>
<td>Diabetes</td>
<td>Stroke</td>
<td>Accidents</td>
<td>Lung Disease</td>
<td>Septicemia</td>
</tr>
<tr>
<td>Rate/100K</td>
<td>181.53</td>
<td>127.56</td>
<td>31.58</td>
<td>31.3</td>
<td>26.1</td>
<td>21.87</td>
<td>16.3</td>
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</table>

<table>
<thead>
<tr>
<th>RANK</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cause</td>
<td>Liver Disease</td>
<td>Kidney Disease</td>
<td>Alzheimer</td>
<td>Hypertension</td>
<td>Suicide</td>
<td>Homicide</td>
</tr>
<tr>
<td>Rate/100K</td>
<td>15.8</td>
<td>15.47</td>
<td>8.9</td>
<td>5.22</td>
<td>5.21</td>
<td>4.39</td>
</tr>
</tbody>
</table>

Diabetes
The prevalence of diabetes in the Rio Grande Valley is particularly high at 26 percent, or 1 in 3.8 people. Hidalgo County’s rates are double the statewide average of hospital admissions for long-term diabetes complications, according to the Texas Department of State Health Services. If current trends continue, 1 of every 2 Hispanic children born today will face a lifetime with this disease. The rate is much higher than results from the Behavioral Risk Factors Surveillance System (BRFSS), which finds that 14.3% of adults self-report having diabetes compared to 9.7% for Texas and 9.3% for the U.S.
Hospital Admissions in RHP 5, by Diagnosis and Proportion with Type 2 Diabetes, 2011.

<table>
<thead>
<tr>
<th>Major Reason for Admission</th>
<th>Total Admissions</th>
<th>N</th>
<th>Admissions for which patient has diabetes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Hypertension</td>
<td>7,899</td>
<td>4,326</td>
<td>54.8</td>
</tr>
<tr>
<td>2. Renal Disease</td>
<td>5,394</td>
<td>3,561</td>
<td>66</td>
</tr>
<tr>
<td>3. Heart Failure</td>
<td>3,391</td>
<td>21,525</td>
<td>63.5</td>
</tr>
<tr>
<td>4. Sepsis</td>
<td>3,075</td>
<td>1,648</td>
<td>53.6</td>
</tr>
<tr>
<td>5. Cancer</td>
<td>2,138</td>
<td>683</td>
<td>31.9</td>
</tr>
<tr>
<td>6. Stroke</td>
<td>1,639</td>
<td>837</td>
<td>51.1</td>
</tr>
<tr>
<td>7. Depression</td>
<td>1,187</td>
<td>509</td>
<td>42.9</td>
</tr>
<tr>
<td>8. Heart Attack</td>
<td>1,178</td>
<td>686</td>
<td>58.2</td>
</tr>
<tr>
<td>9. Leg or Foot Ulcer</td>
<td>712</td>
<td>472</td>
<td>66.3</td>
</tr>
<tr>
<td>10. Peripheral Neuropathy</td>
<td>649</td>
<td>577</td>
<td>88.9</td>
</tr>
<tr>
<td>11. Alzheimer's Disease</td>
<td>604</td>
<td>292</td>
<td>48.3</td>
</tr>
<tr>
<td>12. Birth &lt;36 weeks</td>
<td>472</td>
<td>3</td>
<td>0.6</td>
</tr>
</tbody>
</table>

SOURCE: University of Texas School of Public Health, Brownsville, Texas.

Cardiovascular Disease

In a surveillance report published by the Texas Department of State Health Services titled, Cardiovascular Disease (CVD) in Texas 2012, an estimated 8.3 percent of adults reported they had been diagnosed with heart disease or stroke. The prevalence of CVD, heart disease, and stroke among adults in Texas increased significantly as annual household income levels decreased.

The death rate from acute cardiovascular diseases such as heart attacks and strokes is substantially lower in the region compared to Texas and the nation. It appears that heart failure may be much more pervasive and diagnosed much later in this population. While acute cardiovascular disease may be lower, heart failure appears to be very common, and perhaps under-diagnosed much later.5,8

Diabetes is an underlying component of over 50% of cardiovascular events leading to hospitalization, and is an underlying condition in well over 60% of patients with congestive heart failure that are admitted. Based on data from an ongoing Cameron County Hispanic Cohort (CCHC) study, as many as 30% of Mexican American adults in the region have evidence of heart failure.
Weight and Obesity

According to a new Gallup-Healthways Well-Being Index (Gallup poll), 38.5% of the residents in the Mission-McAllen-Edinburg area are obese. These results mark the third year in a row the region has made the top ten. In addition, the poll estimates that obesity-related medical expenses cost the area $410.9 million each year. The following contributing factors were identified as reason(s) the population in the region is obese:

POOR NUTRITION - Poor nutrition is a huge precursor to obesity. If your body isn’t receiving the proper nutrients that it needs, it begins to slow down, making it even harder to lose weight.

CULTURAL CUISINE - Mexican food is full of a variety of flavors, but it also is one the unhealthiest such as: enchiladas, tamales, menudo, flour tortillas, re-fried beans and fried rice. We not only face the “fast-food” plague that the entire nation faces, but also our own cultural cuisine.

LACK OF EXERCISE – The lack of exercise is a national epidemic. Without a balance or deficit in the number of calories consumed, and the number of calories burned, weight gain will occur. In addition, it is not a priority to many of the residents of the community.

HEALTH LITERACY - According to the Surgeon General, low health literacy contributes to our nation’s epidemic of obesity. Many residents are unable to translate and/or understand the nutrition labels on foods increasing the epidemic of obesity by not following a balanced diet.

RENAL DISEASE - As the second leading cause of hospital admission in the area and the highest in Texas, Chronic Kidney Disease and End-stage Renal disease are significant health issues responsible for premature deaths and a major source of suffering, poor quality of life rising healthcare costs.

CHRONIC LIVER DISEASE - South Texas has one of the highest rates of Chronic Liver Disease in the country. An elevated liver enzyme may be due to non-alcoholic Fatty Liver Disease which leads to non-alcoholic steatohepatitis, cirrhosis, and liver cancer.

MENTAL HEALTH - According to Professor Pedro Delgado, M.D., professor and chair of the Dept. of Psychiatry at the Health Science Center, University of Texas, San Antonio. “The need for mental health care professionals in South Texas is immense. Texas has only about half the number of mental health providers per 100,000 residents compared to the national average, and one in 20 South Texans will develop severe mental illness at some time in their life".
Compared to national statistics, self-reported rates of fair or poor mental health in RHP 5 are much higher (20% v. 12%), as are rates of chronic depression (40% v. 27%). At the same time, the entire region has a shortage of mental health professionals in a State that has the lowest per capita spending on mental health services in the country. Texans with a serious mental illness are eight times more likely to be incarcerated than treated in hospitals, at a tremendous public and personal cost.

The State of Texas has designated Hidalgo and Starr County a Health Professional Shortage Area (HPSA) for Mental Health.

**Emergency Department Utilization**
In a 2011 Community Needs Report, 6% of adults surveyed reported going to the emergency room more than once in the prior year. Approximately 23% of those visiting the ER said the visit was due to a reason other than an emergency or life-threatening situation, such as making a visit during after hours or on the weekend, or not having another place to go.  

**Hospital Bed Capacity and Ownership**
Hospitals in RHP range in size from 48 beds to over 800 beds across three counties Hidalgo, Cameron, and Starr.

<table>
<thead>
<tr>
<th>Hospitals and Medical Centers</th>
<th>Beds</th>
<th>Trauma Level</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valley Baptist Health System</td>
<td>866</td>
<td>III</td>
<td>For Profit</td>
</tr>
<tr>
<td>Harlingen Med Center</td>
<td>112</td>
<td></td>
<td>For Profit</td>
</tr>
<tr>
<td>Valley Regional Hospital</td>
<td>214</td>
<td>III</td>
<td>For Profit</td>
</tr>
<tr>
<td>Solar Hospital</td>
<td>41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Texas Rehabilitation Hospital</td>
<td>40</td>
<td></td>
<td>For Profit</td>
</tr>
<tr>
<td><strong>Total Beds Cameron County</strong></td>
<td><strong>1273</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hidalgo County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mission Regional Medical Center</td>
<td>297</td>
<td>IV</td>
<td>Non-Profit</td>
</tr>
<tr>
<td>Doctors Hospital at Renaissance</td>
<td>530</td>
<td>III</td>
<td>For Profit</td>
</tr>
<tr>
<td>Edinburg Regional Medical Center</td>
<td>212</td>
<td></td>
<td>For Profit</td>
</tr>
<tr>
<td>McAllen Heart Hospital</td>
<td>60</td>
<td></td>
<td>For Profit</td>
</tr>
<tr>
<td>Rio Grande Regional Hospital</td>
<td>320</td>
<td>III</td>
<td>For Profit</td>
</tr>
<tr>
<td>Solara Hospital</td>
<td>78</td>
<td></td>
<td>For Profit</td>
</tr>
<tr>
<td>Knapp Medical Center</td>
<td>227</td>
<td>III</td>
<td>For Profit</td>
</tr>
<tr>
<td>South Texas Behavioral Center</td>
<td>134</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Beds Hidalgo County</strong></td>
<td><strong>2300</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starr County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Starr County Memorial Hospital</td>
<td>48</td>
<td>IV</td>
<td>Non-Profit/Different Hospital</td>
</tr>
<tr>
<td><strong>Total Beds Starr County</strong></td>
<td><strong>48</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mission Regional Medical Center’s second component of the Community Health Needs Assessment is accomplished through a Focus Group of community leaders that met on March 1, 2013; they provided valuable qualitative and anecdotal data.

The Focus Group format allowed a broad cross-section of community leaders to participate in an open discussion regarding the healthcare needs of the area. A facilitator explained to participants that there are “no wrong answers”, just different experiences and points of view. This process ensured that each participant shared their experiences from their point of view, even if it was different from what others had to say.

Approximately twenty three (23) participants discussed a variety of healthcare related questions. Specifically, participants were asked to identify and discuss what they perceived to be the top health issues and/or concerns in the community. A full listing of the participants is provided in the Appendix section of the report; however, it is important to note they represented a variety of local organizations including:

• Area School Districts
• Housing Authority
• County Health Department
• Business Owners and Managers
• Community Activist Organizations
• Federally Qualified Clinics

It is worthwhile to note that staff members from the offices of our State and Federal Legislators were also present, collecting information to share with our elected officials.

Topics covered:
The discussions covered a wide range of topics from the impact of the Affordable Care Act (ACA), to childhood obesity and diabetes; lack of public transportation; limited access to preventive care; inappropriate use of the emergency room; high cost of health insurance for the uninsured; and cuts to the Medicaid program, just to highlight a few. The top community concerns included access to primary, preventive, mental and dental healthcare.

The lack of awareness (or possibly apathy) on the consequences of maintaining an unhealthy diet, the abundance of unhealthy fast-food choices and the prominent marketing campaigns they use, were identified as a contributing factor to why many people don’t live a more responsible, healthy lifestyle. Also, limited access to parks, walking trails, and other outdoor activities was discussed.
It was noted that government programs, such as those providing free food to low income individuals, need to include nutrition education as part of their services. It was also suggested that these Federal aid programs should regulate the types of food that are allowed, to help direct the beneficiaries toward healthier food choices.

The focus group also identified the communities’ lack of motivation to place a high priority on health as a barrier to leading a healthier lifestyle.

Most Serious Health Care Problems
Answers were diverse among community leaders when asked to identify the most important health problems in the community. Confusion about the impact of The Affordable Care Act (ACA), childhood obesity and diabetes were identified. Another issue raised was that residents with no immediate access to transportation do not visit a physician for preventative care. Usually, low income populations will wait until a condition worsens, having to visit a local emergency room to address critical issues. Affordability of health care services for the uninsured and cuts to Medicaid were also mentioned. The participants were asked to define the most serious health issues affecting the community and prioritized them as follows:

- Obesity
- Chronic Diseases (Heart/Cancer/Diabetes)
- Mental Health
- Health of the Elderly
- Health Education of Parents
- Access to Care (Preventive and Chronic)
- Dental Health
- Communicable Diseases
- Disabilities (physical, sensory, intellectual)
- Unintentional/Accidental Injuries

When asked to synthesize this wide range of issues to the top two or three:

- almost half of the group, agreed that obesity was the number one concern due to the complications it contributed to many other chronic diseases;
- Chronic diseases such as diabetes, heart disease, and cancer were ranked second. Among those chronic diseases, diabetes was particularly highlighted as a major health concern affecting the community. The combination of a sedentary lifestyle with an unhealthy diet were said to contribute the most to the problems with obesity and diabetes; and,
- Mental health issues were ranked third.

Many of the health care problems were attributed to the lack of health education and access to preventive care services. Anecdotally, it was stated that the Hispanic population takes a more passive approach regarding their health care, often waiting until it is “too late” to address their conditions. Financial constraints and immigration status was also identified as contributing factors to the “wait and see” approach/attitude.
Some of the focus group participants felt there was a need to develop on-going educational programs to encourage healthier lifestyles and generate better long-term results; however, this opinion was countered by other participants that felt resource(s) are regularly made available (in schools, health fairs, civic events, seminars, etc). It was noted that many community members do not take advantage of the available resources or are “content” with their lifestyle and elect not to make the effort to improve their health.

**Population with the Most Urgent Needs:**
Three population groups were identified as having the most urgent needs:

- Low-income individuals (those living below the Federal Poverty Guidelines)
- Children
- Uninsured adults ages 18 to 64 years

Specifically, people living in rural areas of the County known as "colonias," make up a significant number of the low-income population. Children were identified as highly vulnerable due to their dependence on their parent/guardian for their health care needs. Finally, uninsured adults that do not qualify for special aid programs face a great challenge when trying to address their health problems.

**Availability of Services**
Some focus group participants commented that programs such as behavioral services and free cancer screenings were services not readily available in the area. Other participants countered that most of those services are available within the County; however, those individuals felt many people are unaware of how to access them. It was recommended that the resources be taken directly to where they are needed most. A more proactive approach to promoting the health care services was deemed necessary to ensure awareness by those with less access to care.

Some participants claimed that the community is made aware of the services through media such as television and brochures. However, others thought that many members of the community do not know about the services because there is not enough promotion. It was agreed that there are not enough Public Service Announcements (PSA’s) currently running to raise awareness about good eating habits and promoting a healthy lifestyle. It was recommended that literature, regarding these and other services, including low-cost healthcare resources, be made available in “high traffic” areas to increase awareness.
The following were identified as the primary sources for health information by the community:

- Hospitals, clinics, and doctors offices
- Health Fairs
- Schools (nurses and parent classes)
- Family and friends
- Resources across the border in Mexico

**Acknowledging Accountability**

Healthcare entities such as hospitals, clinics and physician offices obviously have an important role to play in addressing health care issues, but it was noted that personal responsibility for one’s health is important in order to improve the overall health of the community.

The Focus Group members identified the school systems, businesses, and the media, together with local health-providers, as key partners in finding solutions to the health care needs of the community. The government and its elected officials were also mentioned as having an important role in facilitating personal responsibility and accountability.

Bringing additional physicians to the service area was identified as a positive effort made by Mission Regional Medical Center to meet the growing needs of the community. In addition, it was noted that the hospital, in collaboration with the local school districts and city employees, had made health screenings and educational seminars readily available.

It was further suggested that having a mobile clinic visit underserved areas and leveraging technology to better communicate with the community would increase community awareness. Text messaging and social media were mentioned as an effective means of communication with the younger generation.

**Evaluating Feedback**

Observations and recommendations varied greatly according to each community leader’s industry. Those that were working directly with children, particularly the school districts, had high concerns for the health of the underage community; others involved with adults had more specific comments regarding the uninsured and affordability of care. However, all the members agreed that healthcare is a low priority amongst the Hispanic population. Also mentioned was a lack of awareness of a healthy lifestyle and the resources available to achieve those goals. Overall, the community leaders noted that Mission Regional Medical Center is a hospital that is proactive in providing many resources to aid the health of the community through health fairs, screenings and educational seminars on a variety of topics directly impacting the service area.

**Summary**

The health of the community is supported thru many Federal, State, and local programs available to its residents. The community as a whole elects to neglect a healthier lifestyle which leads to chronic health conditions (i.e., diabetes, obesity, and respiratory issues). An increase in the number of chronic illness diagnoses in a community can lead to a greater consumption of healthcare resources due to the need to monitor and manage such diagnoses.
Residents seem to have a limited understanding about preventive healthy lifestyle choices and options due to the culture of the area. The individual health of each resident varies when income is compared. Preventive healthcare and a lack of education were identified as two ways to reach the community and make a positive impact.

**Physician Questionnaire**

A survey was conducted with ten physicians who practice in the City of Mission. The physicians included six family practice physicians, one OB/GYN, two Internal Medicine Physicians, and one Cardiologist. The questions and answers are as follows:

1. **What are the most pressing health concerns in the community you represent?**

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease Management</td>
<td>60%</td>
</tr>
<tr>
<td>Affordable Health Insurance Coverage</td>
<td>50%</td>
</tr>
<tr>
<td>Prescription Drug Affordability</td>
<td>40%</td>
</tr>
<tr>
<td>Access to Primary Care Physician</td>
<td>30%</td>
</tr>
</tbody>
</table>

2. **Identify the greatest barriers to accessing health care services in the community you represent.**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of needed services in our area</td>
<td>60%</td>
</tr>
<tr>
<td>Being Insured</td>
<td>50%</td>
</tr>
<tr>
<td>Cost of Health Care</td>
<td>40%</td>
</tr>
<tr>
<td>Transportation</td>
<td>30%</td>
</tr>
</tbody>
</table>

3. **In the community you represent, what are the greatest gaps in health care services for community residents?**

<table>
<thead>
<tr>
<th>Gap</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription Drug Assistance</td>
<td>50%</td>
</tr>
<tr>
<td>Availability of Services</td>
<td>40%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>30%</td>
</tr>
<tr>
<td>Ability to serve different cultures</td>
<td>20%</td>
</tr>
</tbody>
</table>
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**Physician Questionnaire**

A survey was conducted with ten physicians who practice in the City of Mission. The physicians included six family practice physicians, one Ob/Gyn, two Internal Medicine Physicians, and one Cardiologist. The questions and answers are as follows:

1. **What are the most pressing health concerns in the community you represent?**

   - Chronic Disease Management: 60%
   - Affordable Health Insurance Coverage: 50%
   - Prescription Drug Afforability: 40%
   - Access to Primary Care Physician: 30%

2. **Identify the greatest barriers to accessing health care services in the community you represent.**

   - Being Insured: 50%
   - Transportation: 30%
   - Availability of needed services in our area: 60%
   - Cost of Health Care: 40%

3. **In the community you represent, what are the greatest gaps in health care services for community residents?**

   - Prescription Drug Assistance: 50%
   - Availability of Services: 40%
   - Primary Care: 30%
   - Ability to serve different cultures: 20%

**Summary**

The physicians’ perspective reinforces the opinions and observations of community leaders and the available health and medical data. Chronic diseases consistently ranks in the top, followed closely by Obesity, the uninsured, low income residents, and poverty.
Summary of Findings

Information gathered from community leaders, physicians, as well as the review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Health priorities were further developed by the CHNA Hospital Steering Committee (HSC).

The items set forth below are those which found consistent identification and ultimately prioritization in the primary information gathering process. They are supported by the secondary information related to demographics and health status.

- Addressing the problem of obesity in the community and the co-morbidity health problems brought on by the medical condition.
- Addressing the epidemic of diabetes both in adults and children.
- Mental health services, including substance abuse prevention and treatment.
- Gaps in access to mental health services were identified in the community leaders focus group and were supported by secondary data. Many of the identified issues involve health delivery and community partners outside the control of Mission Regional Medical Center but provide opportunities for external partnerships and cooperative resources.
- Wellness education and services. This was identified as a need for better availability of information on wellness education, basic wellness care opportunities for the community in general, and also improved information to the community that explains services and options for the poor, under insured, secondary data on health risks supported this conclusion.

Conclusions and Recommendations

Mission Regional Medical Center understands that the Community Health Needs Assessment (CHNA) is only a first step in an ongoing process to plan initiatives to address the top needs identified and to implement collaborative programs to measurably improve the health status in these key areas. To this end, the next phase of the CHNA will include the following steps.

Internal Communications: Widely communicate the results via the internal website.

External Communications: Widely communicate the results with the community via our hospital website and other resources.

Internal Strategic Plan: Identify specific implementation strategies to be undertaken by Mission Regional Medical Center and its community partners based on the top needs identified in the CHNA.