

Community Health Needs Assessment

September 20

2016

The purpose of this community health needs assessment is to identify and prioritize community health needs to help the hospital develop strategies and implementation plans that will benefit the community as well as satisfy the requirements of the Affordable Care Act.



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I. Executive Summary

Mission Regional Medical Center conducted a Comprehensive Community Health Needs Assessment (“CHNA”) in 2016. This CHNA report utilizes community input and relevant health data, from the hospital, county, state, the community, and national sources to assess the health status of the community and determine its needs based on multiple variables.

The CHNA Team, consisting of Mission Regional Medical Center Leadership and Members of the Marketing Department, met to review the findings and identified priorities in the study. Four significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input. The CHNA Team later participated in a roundtable discussion to rank the community health needs based on three characteristics: prevalence of the issue, effectiveness of interventions and the hospitals’ capacity to address the need. Once this prioritization process was complete, the CHNA Team discussed the results and elected to address the following needs in various capacities through hospital-specific implementation plans and partnerships.

The prioritized needs are:

1. **DIABETES** : Improve Management and Prevention of Diabetes
2. **OBESITY**: Increase the percentage of adults and youth who are at a healthy weight
3. **HEART DISEASE/STROKE**: Raise community awareness and reduce incidence of heart disease and stroke
4. **ACCESS TO HEALTHCARE**: Increase number of people who receive free flu shots and other health screenings

Mission Regional Medical Center in collaboration, engagement and partnership with our communities, will address these priorities with a specific focus on health and wellness, and disease prevention. To maximize the impact of actions it takes to address the priority needs, Mission Regional Medical Center will draw on the broader resources of the hospital and community partners, including its clinics and physicians, in its Implementation Plan.

II. Overview

Mission Regional Medical Center (MRMC) is a 297-bed acute care non-profit community hospital that provides a wide-range of in-patient and out-patient care to residents of the city of Mission and surrounding communities in Hidalgo County and the eastern part of Starr County. The largest proportion of its patient population represents the traditionally underserved, including the low-income, elderly and disabled who rely on government payors for their medical coverage, and the indigent.

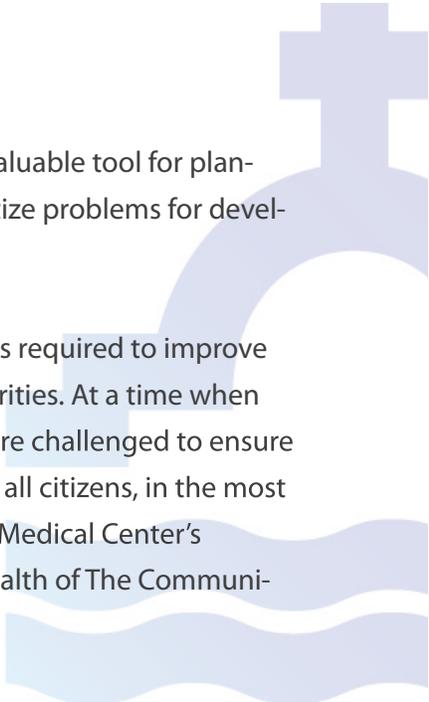
In patient hospital services include medical and surgical, critical care, cardiac catheterization, cardiopulmonary, dialysis, emergency, maternal and child health, NICU, ICU, and orthopedics. MRMC also offers an advanced wound care and hyperbaric medicine center and a nationally accredited physical rehabilitation center.

Mission Regional Medical Center offers a wide range of community benefit programs, including those focused on childbirth education, heart/stroke, first aid/CPR, senior health care, nutrition, as well as health education programs, such as diabetes management, and free health screenings to promote awareness, prevention and disease management. The hospital offers support groups focused on stroke and breast cancer. The hospital also partners with United Blood Services and sponsors blood drives every quarter.

III. Introduction

The 2016 Mission Regional Medical Center Community Health Needs Assessment (CHNA) is utilized to identify and prioritize significant community health issues. The process is an extension of the previous CHNA, developed and published in 2013.

The purpose of this Community Health Needs Assessment is: 1) to assist in identifying priority health needs of the area served by Mission Regional Medical Center, 2) to develop an implementation plan, and 3) to comply with newly established requirements promulgated by the Internal Revenue Service (IRS) based on the federal Patient Protection and Affordable Care Act enacted March 23, 2010 that all 501(c)(3) hospital organizations conduct a "community health needs assessment and prepare a corresponding implementation strategy once every three taxable years."



At its most basic level, a community needs assessment of this type is a valuable tool for planning. The information presented here will be used to, identify and prioritize problems for developing and implementing action plans.

We will work collaboratively to strategically align the necessary resources required to improve community health, improve access to care and help reduce health disparities. At a time when resources are limited and community need is growing significantly, we are challenged to ensure that we manage our resources so we can provide the greatest benefit to all citizens, in the most cost-effective manner possible. This is in keeping with Mission Regional Medical Center's Mission to "Provide Quality Care and Superior Service to Improve The Health of The Communities we Serve."

This Community Health Needs Assessment should not be viewed as a static document, but, rather, as a dynamic roadmap that will improve the health and well-being of residents in Mission and surrounding communities. To comply with the requirements of the Federal Patient Protection and Affordable Care Act and to ensure the vitality of this study, we will be repeating the assessment in 2019. We are deeply grateful to all who participated in this inclusive process.

Section IV includes the 2013 CHNA Priorities and responses. Section V describes the 2016 process including the methodology and data sources. Section VI describes Mission Regional Medical Center, its services, service area and other community demographics. Section VII describes the community's health profile. Section VIII looks at the community's health resources. Section IX describes the selected priorities, objectives and resources to meet priority needs. Section X looks at the focus group discussions and priorities. While section XI reviews the physician Survey Strategy. And lastly, section XII describes the conclusions that set the stage for the development of the implementation strategy.

IV. Previous (2013) CHNA Priorities and Responses

Four Goals were determined in the last CHNA process:

GOAL 1: Prevention and/or reduction of risk factors associated with Obesity.

GOAL 2: Prevention, detection, and treatment of risk factors associated with Diabetes.

GOAL 3: Collaborate to increase community capacity to deliver evidenced-based programs that support prevention and management of risk factors among high risk populations.

GOAL 4: Promote patient and community education to improve self-management of chronic diseases

The major outcomes of the 2013 CHNA includes:

GOAL 1) The prevention and/reduction of risk factors associated with obesity was addressed in multiple ways including: Two diabetes health fairs with at least 500 people attending each one, community glucose screenings, HA1C testing, approximately 80 health education presentations, healthy cooking demonstrations, BMI testing and diabetes management education.

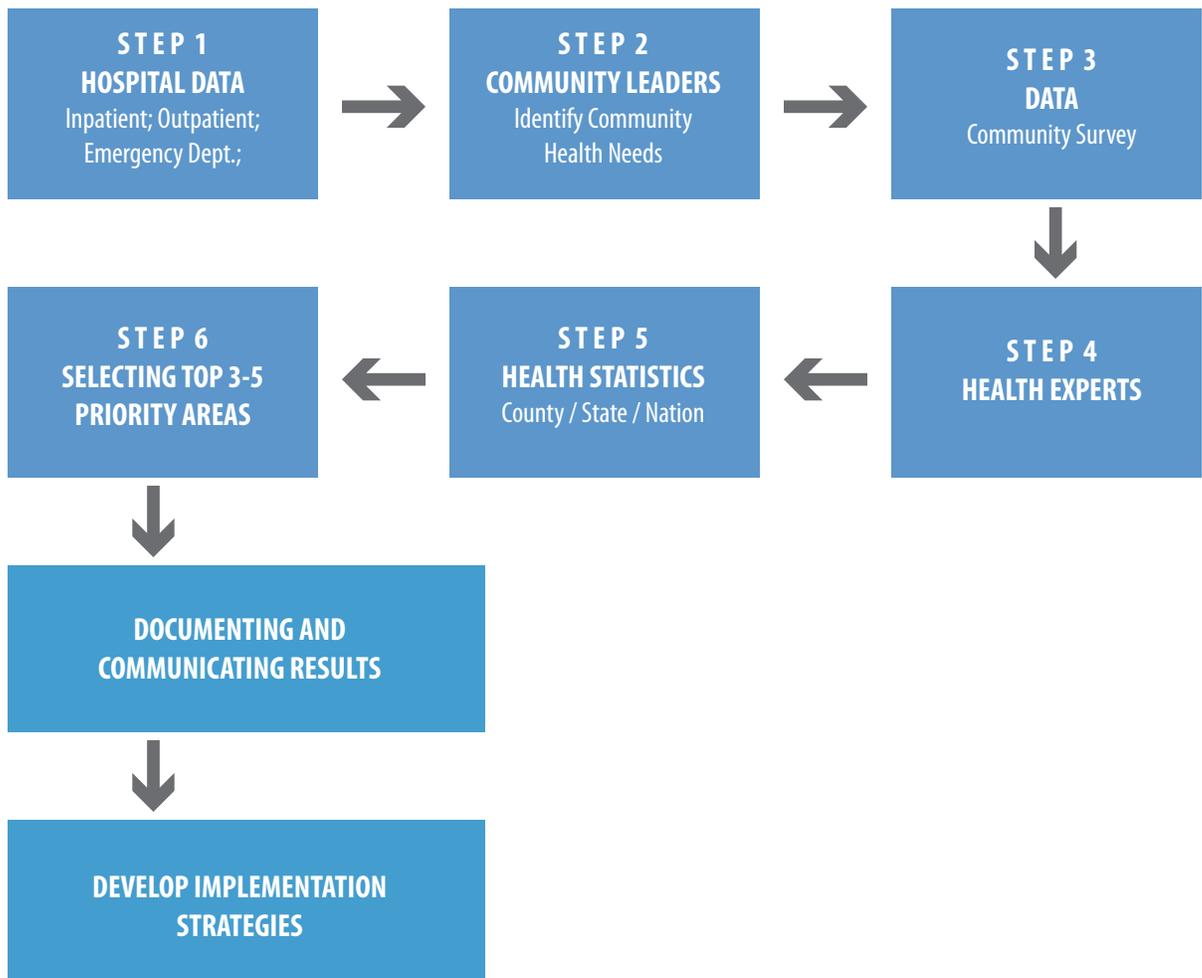
GOAL 2) The prevention, detection, and treatment of risk factors associated with Diabetes was addressed by coordinating a second Diabetes Health fair with a focus on nutrition, establishing a support group, healthy cooking demonstrations and food recipes. In addition 40 people completed the 10 hours of education on diabetes management. A newly created Diabetes Support Group met every month.

GOAL 3) Mission Regional Medical Center collaborates with various community partners to increase community capacity to deliver evidenced-based programs that support prevention and management of risk factors among high risk populations. We sponsored, staffed, and coordinated one of the largest annual health fairs in the community. An estimated 1,000 to 2,000 people attend the fair every year and took advantage of the many free services. In the last three years we've provided free health screening to an estimated 4,000 people. Our commitment to this community health fair included a clinical and administrative staff of over 30 employees. We provided a free wellness screening that included a complete lipid panel and PSA to approximately 555 participants (X 3 =1665). Nurses also provided flu vaccines to 571 individuals who attended the health fairs those years. Our Emergency Department nurses provided blood pressure checks, and our Diabetes Center provided BMI exams and nutritional education. The Women's Breast Care Center provided bone density exams to 150 women (X 3 =450). The cost of providing these

these services including human resources has a value of over \$300,000. An estimated 58 community partners also provided a variety of free services at the health fair including eye exams and glucose testing.

GOAL 4) Mission Regional Medical Center's health and wellness strategy is to promote patient and community education to improve self-management of chronic diseases. The way we addressed this all-encompassing goal was through our health education department. Mission Regional Medical Center is an American Heart Association Training Center and a contracted provider for Life Support Classes - Basic Life Support, AED & CPR-BLS; Advanced Cardiac Life Support-ACLS; Pediatric Advanced Life Support- PALS, and Heart-Saver Classes. Clinical staff also provided community health education seminars on a variety of topics including diabetes, heart disease, stroke, stress, orthopedics, joint pain, nutrition, exercise, and much more. The hospital also partnered with school districts to promote managing hypertension and "saying no" to texting and driving.

V. 2016 CHNA Process



Methodology and Data Sources

The 2016 CHNA was comprised of both quantitative and qualitative research components. A brief synopsis of the research components is included below with further details provided throughout the document:

Quantitative Data:

- A Secondary Statistical Data Profile depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for Hidalgo County was compiled.
- A review and analysis of hospital discharge data, in-patient and out-patient data, clinic and ER data.
- A Community Health Needs Assessment survey tool was developed to collect primary data from residents in Starr and Hidalgo counties. The survey was modeled after other hospital CHNA which assessed health status, health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury.

Qualitative Data:

- Key Informant Interviews were conducted with 20 local physicians.
- A Concentrated Focus Group meeting was conducted with 26 community members in April 2016.

Online Survey

A survey tool was also created and used to secure additional input from our community respondents. The tool was also accessible on-line.

The development of the survey tool included analysis of insights from the Secondary Statistical Data Profile, a review of several existing instruments including the Behavioral Risk Factor Surveillance System (BRFSF) and other community health needs assessment surveys. It was determined that the goals of the assessment would be best served by crafting questions that sought to identify what residents thought were the most important factors in improving their own health. As such, a unique instrument was developed by the hospital CHNA Team. A copy of the on-line survey is included in this report. (Appendix)

The on-line survey was promoted through a variety of methods including face-book, linked In and the hospital website.

Paper Survey

A paper survey was also available to serve as an instrument to reach larger groups through community-based partnerships. Distribution and collection of these surveys at events and meetings, after church services, during case management sessions and medical clinic appointments, and during focus groups were the primary avenues for reaching additional residents.

The relationship-building strategy set the stage for enrolling key community partners that were uniquely positioned to reach residents in underserved communities. See appendix for a list of community partners and support organizations.

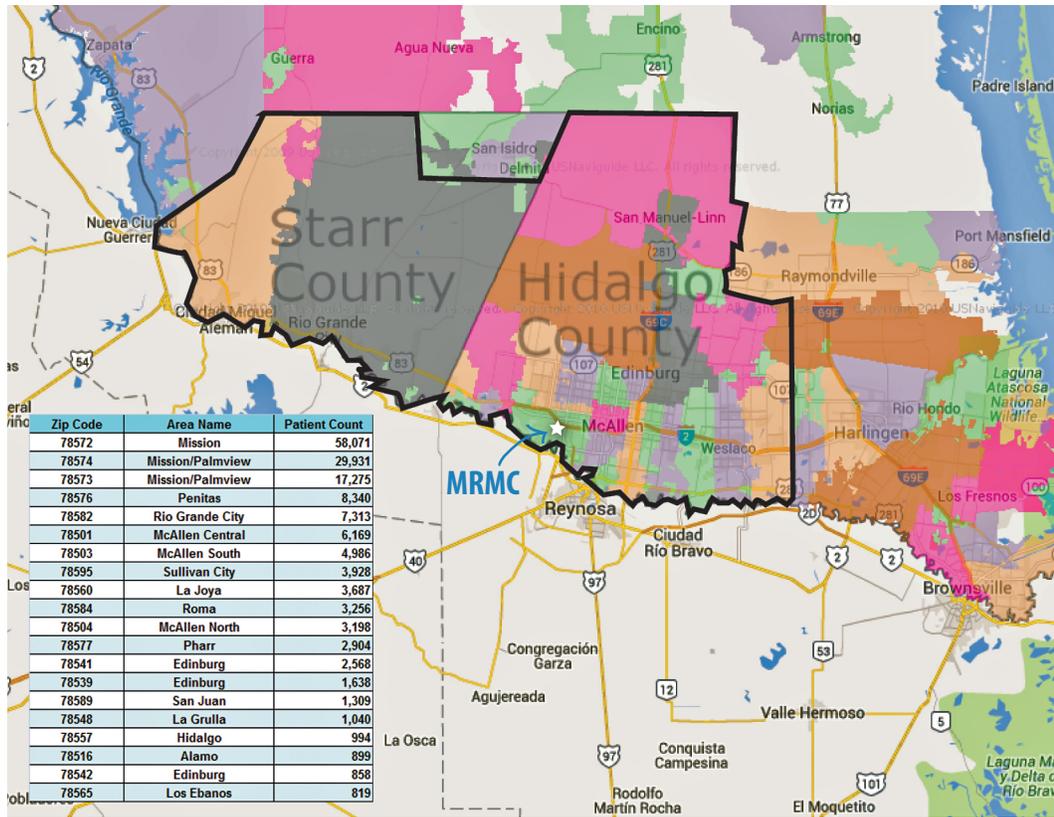
Focus Groups

One focus group session, lasting 1.5 hours, was held with community leaders and stakeholders from Hidalgo and Star counties. Participants were recruited based on their efforts on engaging lower income and minority populations. A written agenda was provided to participants as well as lunch and refreshments. Each individual was also asked to complete the paper survey and an additional questionnaire.

VI. Community Description

Mission Regional Medical Center is located in Mission, Texas in Hidalgo County. For the purpose of this CHNA, the hospital's service area is defined using a collection of ZIP codes whose residents receive most of their hospitalizations from Mission Regional Medical Center.

The table below and map illustrates discharge data for the last three years by the patient's origin zip code, representing 80% of patients seen at the hospital. The numbers include ER, OP, and IP.



Population and Demographics

The City of Mission is located along the Texas-Mexico Border in Hidalgo, County. It has an estimated population of 82,431. Mission is considered one of the fastest growing cities in Texas. Hispanics account for 86.2 percent of the population according to the latest information from City-Data.com and US Census. The population is relatively young with a median age of 29.3 years, compared to the Texas median age of 34.

Median resident age: 29.3 years

Texas median age: 34.0 years

Median Household Income in 2014:

Mission \$43,592

Hidalgo County \$34,952

Texas \$52,576

Estimated per capita income for the City of Mission in 2014:

Mission \$17,614

Hidalgo County \$14,525

Texas \$26,513

Unemployment in June 2014:

Mission	7.7%
Texas	5.5%

Education

According to the Census Bureau 72.5 percent of persons age 25 years of age or more had a high school diploma or higher in 2010-2014, compared to 62.2 percent in Hidalgo County, and 81.6 percent in the state of Texas.

People with a Bachelor's degree or higher, accounted for 23.6 percent in the City of Mission, compared to 16.4 percent for Hidalgo County and 27.1 percent for the State of Texas.

Health

Persons without health insurance, under age 65 years, percent:

Hidalgo County	33.8%
Texas	21.3%

Starr County

Mission Regional Medical Center also serves a significant number of patients from neighboring Starr County. In 2014 Starr County had a population of 62,955.

Demographics in Starr County, Texas

Hispanic or Latino	95.7%
White Non-Hispanic Alone	4.0%

Median resident age	29.0 years
Texas median age	33.0 years

Males	30,399 (48.3%)
Females	32,556 (51.7%)

Estimated median household income in 2013:

Starr	\$24,252
Texas	\$51,704

Percentage of residents living in poverty in 2013:

Starr County	39.7%
Texas	17.5%

(19.3% for White Non-Hispanic residents, 96.8% for Black residents, 39.5% for Hispanic or Latino residents, 24.1% for American Indian residents, 26.6% for other race residents, 28.1% for two or more races residents)

Unemployment in September 2015

Starr County	12.3%
Texas	4.4%

Education

High school graduate or higher, percent of persons age 25 years+, 2010-2014

Starr County	46.7%
Texas	81.6 %

Bachelor's degree or higher, percent of persons age 25 years+, 2010-2014

Starr County	9.6%
Texas	27.1%

Health Insurance

Persons without health insurance, under age 65 years

Starr County	32.4%
Texas	21.3%

Income and Poverty

Median household income (in 2014 dollars), 2010-2014

Starr County	\$25,906
Texas	\$52,576

Per capita income in past 12 months (in 2014 dollars), 2010-2014

Starr County	\$11,935
Texas	\$26,513

Persons in poverty, percent

Starr County	35.4%
Texas	17.2%

Key Driver Indicators

Three population indicators are highlighted as Key Driver Indicators: percentage of the population below the Federal Poverty Level, percentage of the population with no high school degree, and percentage of the population with no health insurance. These indicators are differentiated from other indicators because they are among the most predictive indicators of poor health outcomes and they are available at the county level examine the populations of greatest need in the two neighboring counties.

VII. Community Health Profile

This section of the assessment reviews the health status of Hidalgo County residents. As in the previous section, comparisons are provided against the state of Texas and the United States.

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 percent of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who 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:

LIFESTYLE

Smoking

PRIMARY DISEASE FACTOR

Lung cancer
Cardiovascular disease
Emphysema
Chronic bronchitis

Alcohol / Drug Abuse

Cirrhosis of liver
Motor vehicle crashes
Unintentional injuries
Malnutrition

Alcohol / Drug Abuse

Suicide
Homicide
Mental illness

Poor nutrition

Obesity
Digestive disease
Diabetes
Depression

Driving at excessive speeds

Trauma
Motor vehicle accidents

Lack of exercise

Cardiovascular disease
Depression

Overstressed

Mental illness
Alcohol/drug abuse
Cardiovascular disease



Texas BRFSS 2014

The Behavioral Health Risk Factor survey allows us to review a variety of health indicators specific to the Metropolitan Service Area. In this case the Mission MSA is identified as the McAllen-Edinburg-Pharr MSA . These indicators fall into the broad categories of health care access, behavioral risk, health conditions, and prevention behaviors. Data for the BRFSS also is drawn from local and state sources, including the U.S. Census Bureau, U.S. Bureau of Labor Statistics, and the Texas Department of State Health Services.

Summary of Health Indicators

Access Indicators	Yes	NO
Has health care coverage	53.80%	46.20%
Has a personal physician	51.70%	40.00%
Did not receive health care in past 1 year because of cost	29.00%	71.00%
Visited Dentist in the last 12 months	53.60%	46.40%
Conditions		
Has a Doctor told you, you have Heart Disease	2.60%	97.40%
Do you have Asthma	8.10%	87.90%
Do you have Diabetes	17.60%	82.40%
Have you had skin cancer	1.90%	98.10%
Other Cancer	3.00%	97.00%
COPD	3.60%	96.40%
Has a health professional told you have Arthritis	16.90%	83.10%
Have you been diagnosed with Depressive disorder	12.10%	87.90%
Have you been diagnosed with Kidney disease	4.00%	96.00%
Are you at risk of being obese	42.52%	57.50%
Do you smoke	12.50%	87.50%
Any binge drinking last month	18.40%	81.60%
Always wear seatbelt	91.20%	8.80%
Drank alcohol and drove in the past 30 days	4.00%	96.00%
Have you had the flu shot in the past year	20.20%	79.80%
Ever had pneumonia shot	24.10%	75.90%
Had shingles shot	13.30%	86.60%
Have you been tested for HIV	28.50%	71.50%
Mammogram past 2 years age 40+	46.10%	53.90%
Ever had a pap smear done	78.90%	21.10%
Ever had a PSA done	50.70%	49.30%
Health and Wellness	YES	No
In past month, did you participate in exercise	66.60%	33.40%

The Summary of Health Indicators in the Behavioral Health Risk Factor Survey (BRFSS) for the McAllen-Pharr-Edinburg MSA shows health issues consistent with national trends and areas significantly different. For example, under access, 46% of those polled answered that they did not have health care coverage. On the question of "Are you at risk for being Obese, 42.5 percent answered "yes." According to the CDC Non-Hispanic blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%).

Related to obesity is the question of physical activity. "During the past month, did you participate in any physical activities or exercises such as running, golf, gardening or walking for exercise? An estimated 66.5% answered "yes," 33.4% replied "no."

The BRFSS survey includes nutritional questions in odd years. So the last year was in 2013. In that survey, the nutritional question asks: "Did you consumed Fruits and Vegetables at Least 5 Times Per Day." The majority of respondents 85.7% indicated that they ate less than 5 servings of fruits and vegetables a day; 14.3 percent responded that they did eat at least 5 servings of fruits and vegetables a day.

On the question about Diabetes: "Has a doctor, nurse, or other health professional ever told you that you have diabetes?" 17.6 percent of the respondents answered "yes." Nationally, 9.3 percent of the US population have Diabetes.

Another behavior that stands out in the BRFSS is abuse of alcohol. According to the CDC binge drinking is the most common pattern of excessive alcohol use in the United States. In our area, when asked about, "binge drinking in the past 30 days," 18.4 % answered "yes." The number was higher among the 18-27 age group with 27.2 percent answering "yes." Nationally, 24.7 percent of people ages 18 or older reported that they engaged in binge drinking in the past month according to a 2014 report by The National Institute of Alcohol Abuse and Alcoholism.

Hospital Admissions

The following table shows the top 20 causes of inpatient hospitalization by diagnoses related group (DRG) code for the last three years. The most common diagnoses are listed in table below.

TOP 20 ADMISSIONS FY 2013, 2014, 2015	
DESCRIPTION	
1	NEONATE BIRTHWT >2499G, NORMAL NEWBORN OR NEONATE W OTHER PROBLEM
2	VAGINAL DELIVERY
3	CESAREAN DELIVERY
4	REHABILITATION W CC/MCC
5	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC
6	SEPTICEMIA & DISSEMINATED INFECTIONS
7	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC
8	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC
9	OTHER PNEUMONIA
10	NORMAL NEWBORN
11	HEART FAILURE & SHOCK W MCC
12	SIMPLE PNEUMONIA & PLEURISY W MCC
13	KIDNEY & URINARY TRACT INFECTIONS W/O MCC
14	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC
15	LAPAROSCOPIC CHOLECYSTECTOMY
16	VAGINAL DELIVERY W STERILIZATION &/OR D&C
17	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES
18	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC
19	SIMPLE PNEUMONIA & PLEURISY W CC
20	KIDNEY & URINARY TRACT INFECTIONS

Morbidity and Mortality

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. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered.

Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in Hidalgo County and the State of Texas. 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 of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The graph Below illustrates mortality rates for residents of Hidalgo County and compares the rates, per 100 thousand, to the State of Texas and the US rate.

Leading Causes of Death

Death (Mortality)				
	County	County (Rate)	Texas (Rate)	U.S Rate**
Death from All Causes	4,046	621.4	749.2	
Accidents	188	25.2	36.8	39.4
Motor Vehicle Accidents	113	14.3	13.4	
Alzheimer's	114	19.1	24.4	23.5
Assault (Homicide)	22	2.7	5.1	
Cancer (All)	814	123.9	156.1	163.2
Breast Cancer (Female)	66	18.3	20.1	
Colon Cancer	65	9.9	14.6	
Lung Cancer	127	19.7	38.4	
Prostate Cancer	35	12.8	18.7	
Cerebrovascular Dis. (Stroke)	169	26.1	40.1	36.2
Chronic Lower Respiratory Dis.	135	21.8	43.3	42.1
Diabetes	152	23.8	21.6	21.2
Heart Disease	922	144.8	170.7	168.9
Influenza and Pneumonia	126	20.1	14.4	15.9
Kidney Disease	115	18.1	15.9	13.2
Liver Disease	138	20.5	12.8	10.2
Septicemia	178	28.2	16.4	12.6
Suicide	40	5.2	11.6	
Fetal Death	81	5	5	
Infant Death	82	5.1	5.8	

*Health Facts Profile, Texas Center for Health Statistics

*National Center for Health Statistics, CDC

Key Findings-Secondary Data Profile

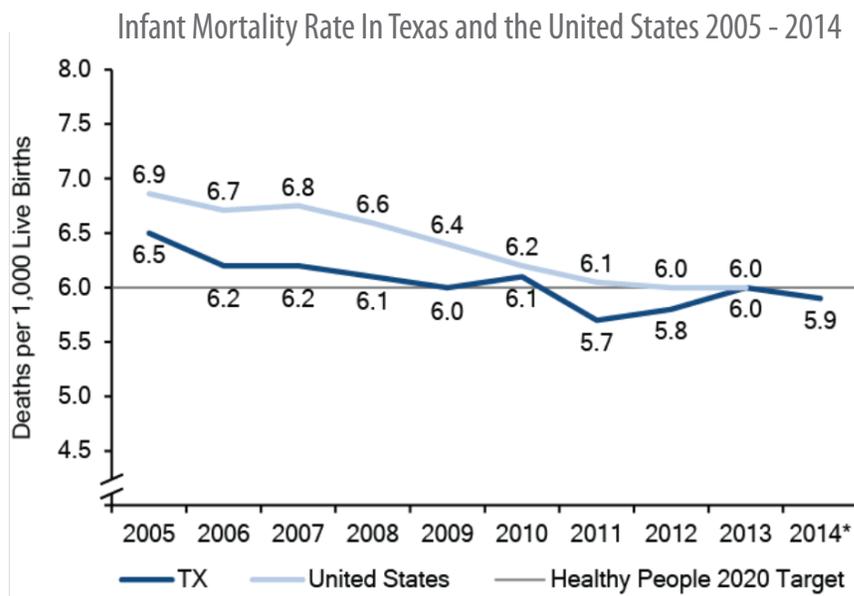
The leading causes of death in Hidalgo County mirror the causes of death reported statewide and the nation; heart disease and cancer are the most common causes. The co-morbidities for heart disease include Diabetes, kidney disease, obesity and the other metabolic diseases.

Top 10 Leading Causes of Death			
	Hidalgo County	Texas	US
1	Heart Disease	Heart Disease	Heart Disease
2	Cancer	Cancer	Cancer
3	Accidents	Chronic Lower Respiratory Disease	Chronic Lower Respiratory Disease
4	Septicemia	Stroke	Accidents
5	Stroke	Accidents	Stroke
6	Diabetes	Alzheimer's	Alzheimer's
7	Liver Disease	Diabetes	Diabetes
8	Chronic Lower Respiratory Disease	Septicemia	Influenza and Pneumonia
9	Influenza and Pneumonia	Kidney Disease	Kidney Disease
10	Kidney Disease	Influenza and Pneumonia	Septicemia

Health Facts Profiles, Texas, 2013 Age-adjusted death rates per 1000,000 population (all ages)

Infant Mortality

The infant mortality rate in Hidalgo County is 5.1 compared to 5.8 for Texas. Both the infant mortality rate (IMO) in Hidalgo and in Texas have been below the national rate for the past ten years. However, it has only been since 2008 that the state has approached or met the Healthy People 2020 (HP2020) target of 6.0 deaths per 1,000 live births. While preliminary 2014 data suggest that the IMR has remained below 6.0 per 1,000 births, there is evidence that the rate is increasing.



* 2014 Texas and United States data are preliminary
 SOURCE: 2005-2014 Texas Birth & Death Files, National Center for Health Statistics
 Prepared by: Office of Program Decision Support
 Sept 2015

VIII. Community Health Care Resources

The availability of health 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 is 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. This section will address the availability of health care resources to the residents of the City of Mission and surrounding communities in Hidalgo and Starr Counties.

The City of Mission has only one hospital-Mission Regional Medical Center and one federally qualified Community Health Center. In the neighboring city of McAllen there are five hospitals (all are privately owned for profit). Two are acute care hospitals; two are long term health hospitals; and, one is a specialty heart hospital. In Edinburg, which is about 19 miles away, there are five hospitals. Three of the hospitals are general acute-care facilities; one is rehabilitative; the other is behavioral health. Another general acute-care hospital is located about 24 miles east, in Weslaco, Texas. In addition, there is a rural Hospital District general hospital 34 miles west of Mission in Rio Grande City (Starr County).

Below is a list of hospitals in Hidalgo and Starr Counties according to the Texas Hospital Association as of January 2016.

Hospital	Address	City	State	Zip	Profit	Staffed	County	Service Type	Geo
HIDALGO COUNTY									
Behavioral Hospital at Renaissance	5510 Raphael Dr	Edinburg	TX	78539-14	Profit	88	HIDALGO	PSY	URBAN
Cornerstone Regional Hospital	2302 Cornerstone Blvd	Edinburg	TX	78539-84	Profit	14	HIDALGO	GENERAL	URBAN
Doctors Hospital at Renaissance	5501 S Mccoll Rd	Edinburg	TX	78539-91	Profit	525	HIDALGO	GENERAL	URBAN
Edinburg Regional Medical Center	1400 W Trenton Rd	Edinburg	TX	78539-34	Profit	127	HIDALGO	GENERAL	URBAN
Edinburg Children's Hospital	1102 W Trenton Rd	Edinburg	TX	78539	Profit	86	Hidalgo	GENERAL-CHILDRENS	URBAN
Knapp Medical Center	PO Box 1110	Weslaco	TX	78599-11	Non-Profit	192	HIDALGO	GENERAL	URBAN
LifeCare Hospitals of South Texas -North C	5101 N Jackson Rd	Mcallen	TX	78504-63	Profit	84	HIDALGO	LONG-ACUTE	URBAN
McAllen Heart Hospital	1900 S D St	Mcallen	TX	78503-15	Profit	60	HIDALGO	PUL-HEART	URBAN
McAllen Medical Center	301 W Expressway 83	Mcallen	TX	78503-30	Profit	443	HIDALGO	GENERAL	URBAN
Mission Regional Medical Center	900 S Bryan Rd	Mission	TX	78572-66	Non-Profit	249	HIDALGO	GENERAL	URBAN
Rio Grande Regional Hospital	101 E Ridge Rd	Mcallen	TX	78503-18	Profit	320	HIDALGO	GENERAL	URBAN
Solara Hospital McAllen	301 W Expressway 83 8	Mcallen	TX	78503-30	Profit	71	HIDALGO	LONG-ACUTE	URBAN
South Texas Behavioral Health Center	1102 W Trenton Rd	Edinburg	TX	78539-91	Profit	134	HIDALGO	PSY	URBAN
Weslaco Rehabilitation Hospital	906 James St	Weslaco	TX	78596-98	Profit	32	HIDALGO	REHAB	URBAN
STARR COUNTY									
Starr County Memorial Hospital	PO Box 78	Rio Gran	TX	78582-00	GOVT-DIST	47	STARR	GENERAL	RURAL

Primary Care Physicians by Specialty in Mission and Surrounding Communities				
Family Practice	Pediatrics	Internal Medicine	OB/GYN	Total
86	48	59	24	217
Hidalgo County Medical Society, 2016				

IX. 2016 Community Member Survey

More than 400 people in Hidalgo and Starr Counties completed the Mission Regional Medical Center 2016 Community Health Needs Assessment. Surveys were made available to the public in a hard copy and online. The complete survey and answers are located in the appendix.

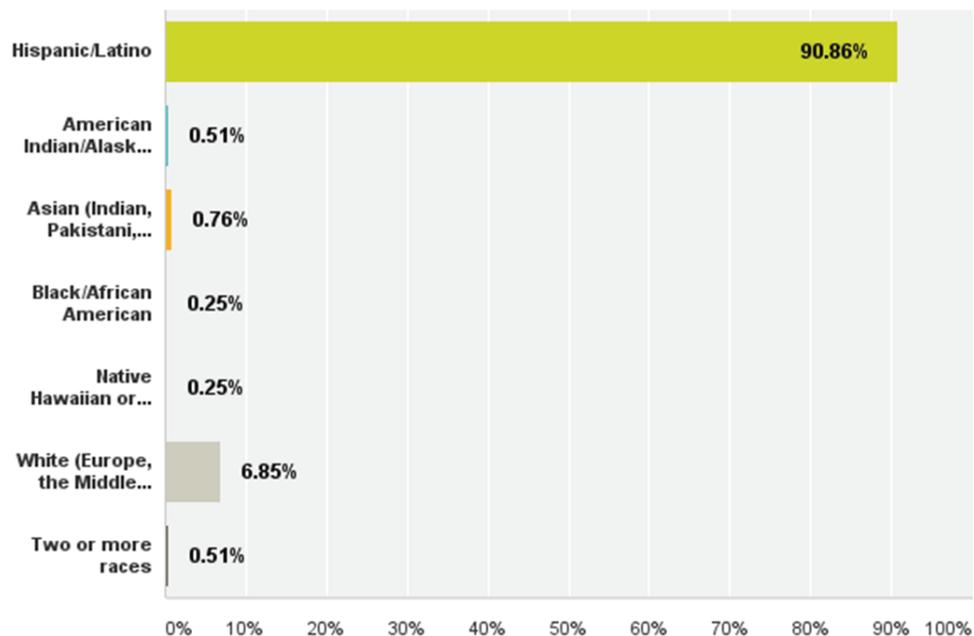
Socio - Demographic Statistics Overview

The demographic profile of the respondents completing the CHNA were a good representation of the service area with 96 % of the respondents living in Hidalgo County and 3.7 % from Starr County.

Of the total 410 respondents, the majority were female 70.3% compared to 28.7% for men. Respondent's ages ranged from 18 to 65 years and over. Ninety-One percent (90.1%) of the respondents identify themselves as Hispanic/Latino. The next largest race/ethnicity population is White (6.8%).

Q27 What is your race/ethnicity?

Answered: 394 Skipped: 16



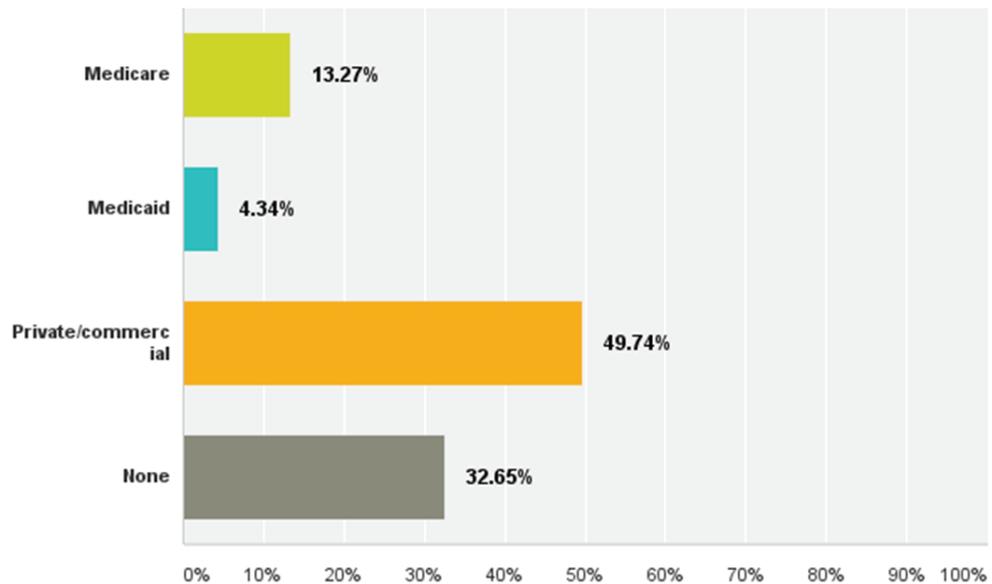
In regard to educational levels, a quarter of respondents (25.67%) did not attain a high school diploma. Twenty-four percent did have a high school diploma. Another 16.5 % of survey participants had a college degree. Fifteen percent had some college hours, but no degree.

Health Insurance Coverage

Health insurance coverage can have a significant influence on health outcomes. Respondents were asked to indicate whether or not they have health care coverage, including insurance, or government plans, such as Medicaid or Medical Assistance. Close to 50 % (49.75%) of respondents reported they predominately obtain their health care coverage through private or commercial insurance. Thirty-two percent of respondents (32.45) indicated they did not have any health care insurance. Thirteen percent (13.40%) of the respondents had Medicare. Four percent (4.3%) of the respondents indicated they had Medicaid.

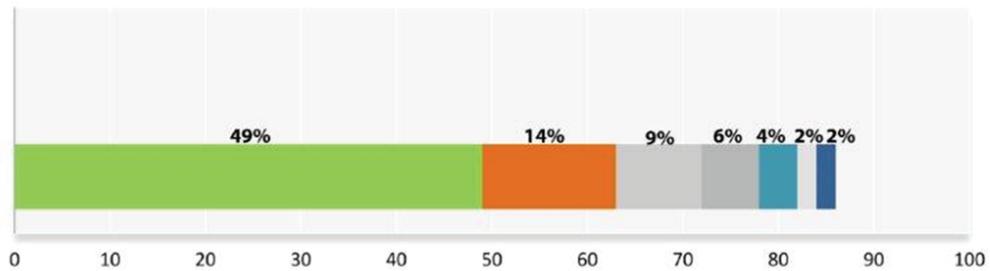
Q25 Why type of insurance do you have?

Answered: 392 Skipped: 16



Similarly, respondents were asked, "Was there a time in the last year, when you needed medical care but were not able to get it?" Approximately 80% answered "no," while 20% answered "yes." Those that answered "yes," indicated the following reasons for not going to see a physician.

Q9 If "yes", why weren't you able to get medical care? Choose all that apply.



- I didn't have health insurance.
- I couldn't afford to pay my co-pay or deductible.
- Too long to wait for appointment.
- Other
- The doctor/clinic refused to take my insurance of Medicaid/Medicare.
- I didn't have transportation.
- I didn't know how to find a doctor.

Approximately 76% of survey participants indicated they have at least one person who they think of as their a personal doctor. In other words, at least 23% are without a medical home.

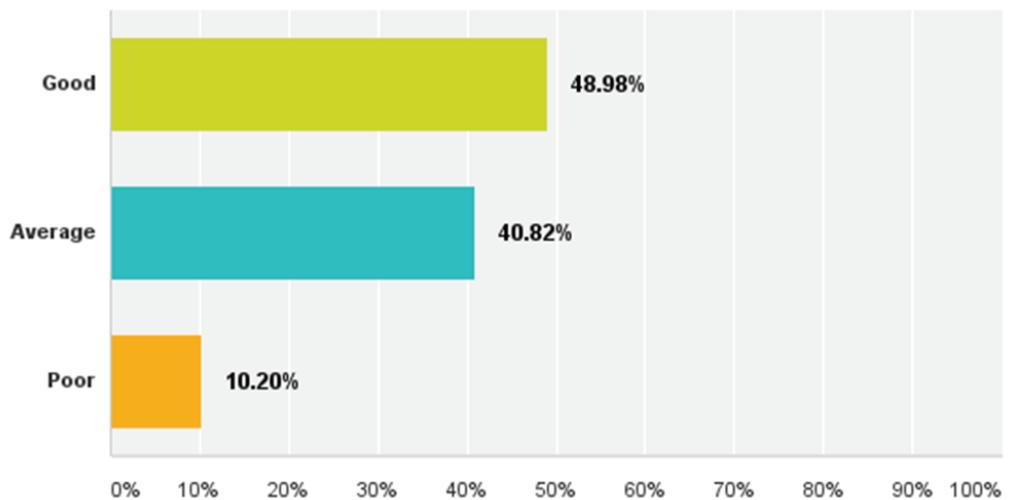
Key Health Issues

Overall Physical Health Status

Survey participants were asked to rate their overall health. In general, self-reported measures of health are favorable among respondents. Close to 50% (48.9%) reported having “very good” health. Approximately 40.8 % of respondents reported having “average health.” In addition, 10.2% of the respondents reported have “poor health.”

Q23 Overall, my physical health is:

Answered: 147 Skipped: 261

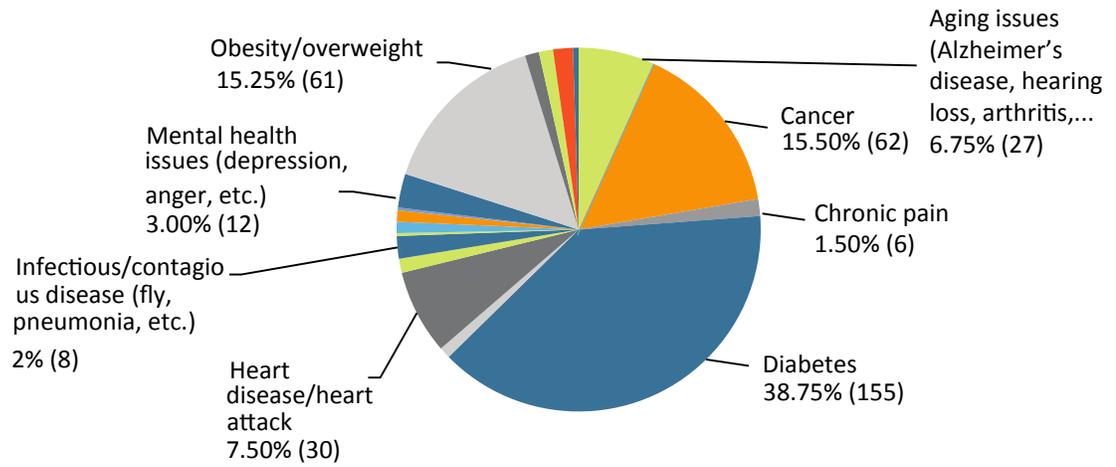


Healthy lifestyles such as good nutrition and exercise represent ideal indicators for good health. Approximately 36 percent of respondents indicated that they participate in deliberate exercise for at least 30 minutes 1-2 times in the previous week. Twenty-nine percent indicated they did not exercise at all; while 26 % of the respondents indicated they exercised 3-5 times for at least 30 minutes in the previous week. Regarding nutrition, 74% of respondents indicated that they ate 1-3 servings of fruits and vegetables a day; while 17% of the respondents indicated they ate none.

The other set of survey questions dealt with identifying the most pressing health issues facing community residents. Diabetes topped the list with 38.8% of respondents selecting the condition as one of the top five most pressing health issues facing their community. Cancer and Obesity were also health concerns shared by 15% of the respondents respectively. The fourth most pressing health issue was Heart Disease, with a 7.4% rating. The following table highlights the rankings of the top ten health issue as selected by respondents.

Q3 Please identify the most important health problem in the community.

Answered: 400 Skipped: 8



Preventative Care

Generally, routine check-ups looked favorable among respondents. Approximately 42.2% of survey respondents visited a doctor for a routine physical exam or check-up within the last few months; 30% visited a doctor only when they were sick; 20 percent visited for a routine visit or exam within the last 1-2 years.

Tobacco

Risky behaviors related to tobacco use were measured as part of the survey. About 92% of respondents reported not smoking at all, while 4% indicated smoking 1-4 cigarettes every day.

X. Community Leadership Focus Group

Summary

Mission Regional Medical Center conducted a focus group meeting on April 14, 2016 on the hospital campus. Twenty-six community leaders participated in the meeting. The participants represented a cross-section of community leaders from various sectors including (faith based organizations, education, government, health care, social agencies, city and county government, and business). These community leaders were asked to help identify the most pressing health care needs in the community, causes, and solutions. A moderator facilitated and prompted the discussion.

It is important to note that the focus group results reflect the perceptions of a small sample of community members and may not necessarily reflect all views in the service area.

Participants identified Diabetes (1) and Obesity (2) as the most important health problems in the community. As far as possible causes/contributing to the problem the group pointed to a lack of health education, lack of a healthy lifestyle, lack of physical activity, poor diet, and "culture."

When asked to identify health care services that need to be enhanced in our community, the group identified three by order of importance:

- 1. Mental Health**
- 2. Cancer Care**
- 3. Drug Rehabilitation**

When asked what categories of our populations had more problems accessing health care and taking care of their health, participants identified: adolescents, the elderly, homeless individuals, and those who do not speak English. Of particular concern is increased substance abuse, especially among adolescents, and the co-occurring diagnosis of mental illness and substance abuse. The participants also expressed concerns about the complexity of patients' conditions and the relationship between mental and physical health.

Participants were asked, "Why do people have trouble taking care of these health problems?" Respondents identified the following reasons by order of importance:

1. Lack of Money
2. Uninsured
3. Immigration status

On the question of "What prevents people from living responsible, healthy lifestyles?" The group identified money(1) as being the top barrier to living a healthy lifestyle followed by a lack of knowledge (2), and cultural beliefs (3). Participants also suggested the following reasons for not following a healthy lifestyle:

- Diversity of food
- Apathy
- Medication will help them with their condition
- Poor food choices because of work schedule
- Short-sightedness of un-healthy choices
- Priority Budget (paying for basic needs instead of medications)
- Lack of resources in area (parks, walking areas, etc)

Public health insurance programs have expanded some coverage for the poor, but despite these efforts, many Americans do not have access to basic medical care. Participants were asked, about key barriers to getting their health care needs met? They identified the top three as:

1. Cost
2. Lack of Knowledge (where to access services)
3. Transportation

Respondents also identified the following barriers to health care:

- Immigration status
- Poor nutritional choices
- No health insurance
- Lack of health care education
- Complacency
- Language barrier
- Poor infrastructure
- Distance/proximity to resources

Community leaders were asked whether people knew about the services that currently exist in the community? The group unanimously said “no.” They suggested community outreach through the following resources:

- Health fairs, door-to-door
- Partnerships and alliances
- Providers
- Blue Book/211
- Secretary of state
- Chamber of Commerce
- Parental Involvement Coordinators (schools)
- Churches

Responding to the health needs of our community requires a deliberate approach for addressing those needs. Participants were asked “Who should be taking care of these community health problems?” Respondents identified the hospital (1) the city (2) and the school districts (3). They also suggested;

- County Health
- Religious organizations
- State
- Non-profit organizations
- Patients
- Parents
- Media groups

Finally, when asked “what part of addressing our community health needs can you or your organization/business do to help improve our population’s health?”

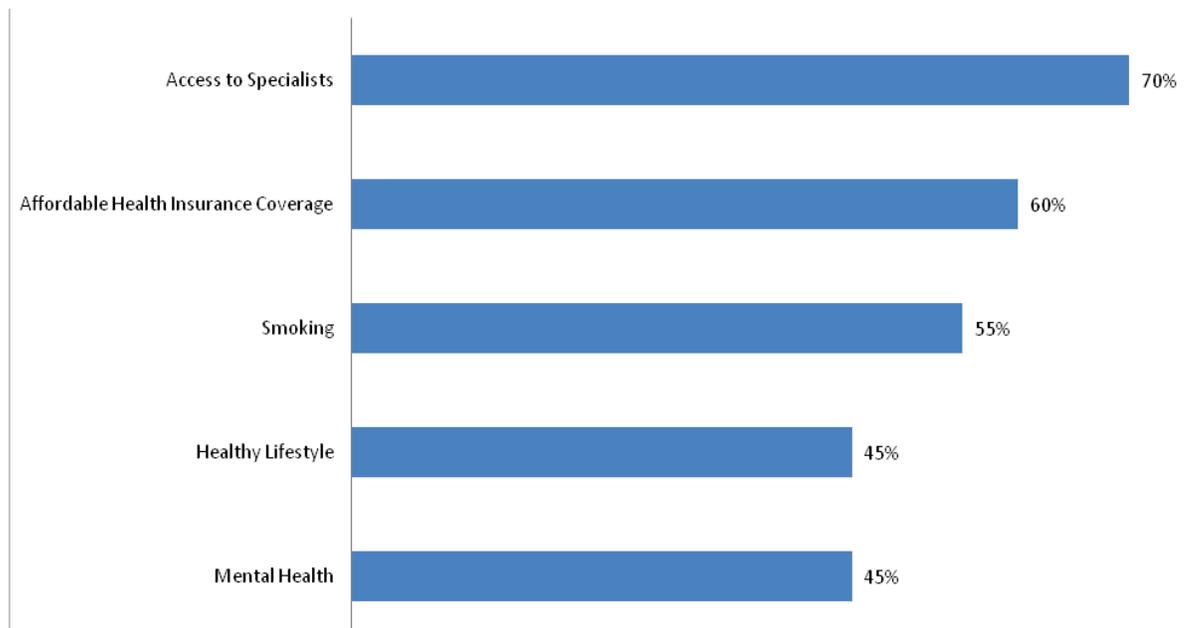
Respondents agreed on addressing issues as a partnership between the attending participant organizations.

The focus group feedback is not significantly different than the results from three years ago. Diabetes and obesity continue to top the list of community health problems.

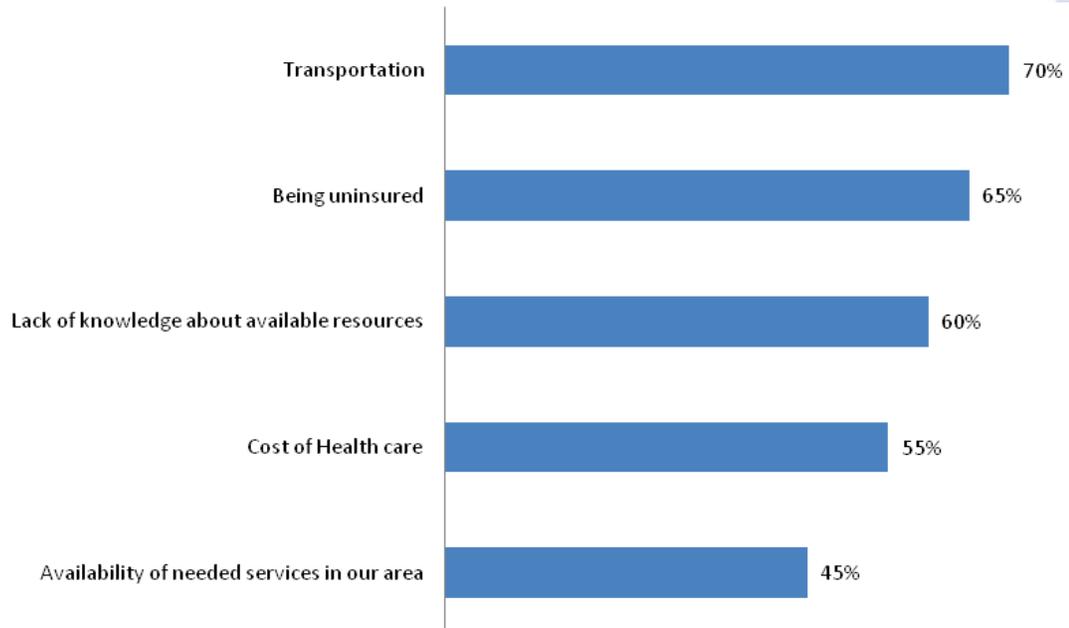
XI. Physician Survey

Twenty physicians who practice in the City of Mission were surveyed about their perspective on the community’s healthcare needs . The physicians practiced in the following specialties: seven family practice, five internal medicine, two pediatricians, two OB/GYNs, one emergency medicine, one pulmonologist, one pediatrician/obstetrics, and one anesthesiologists. The questions and responses are as follows:

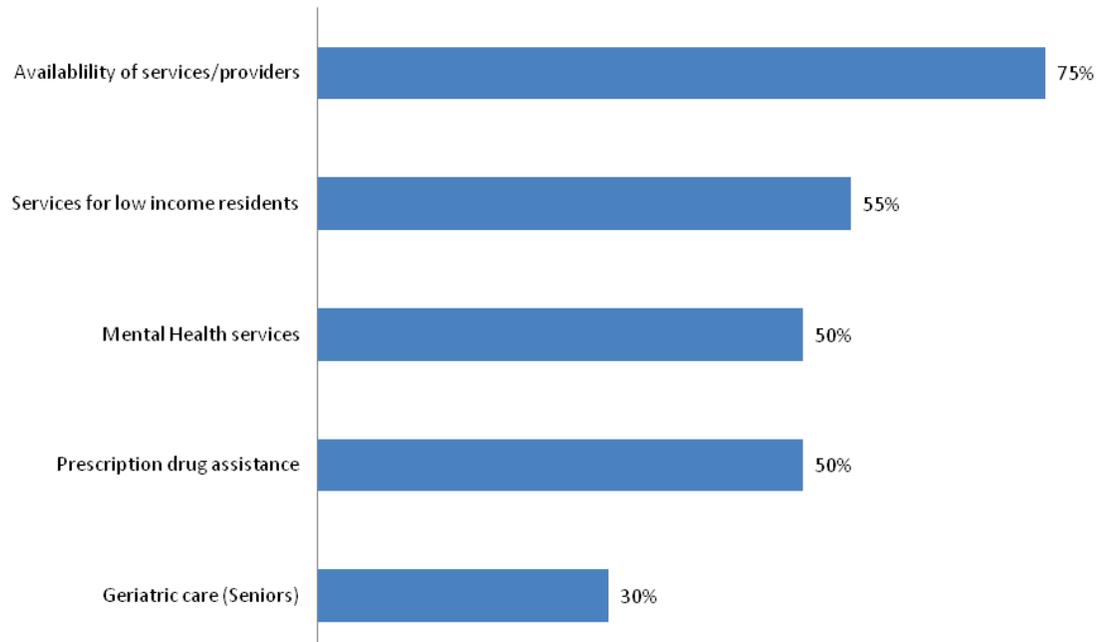
What are the most pressing health concerns in the community you represent?



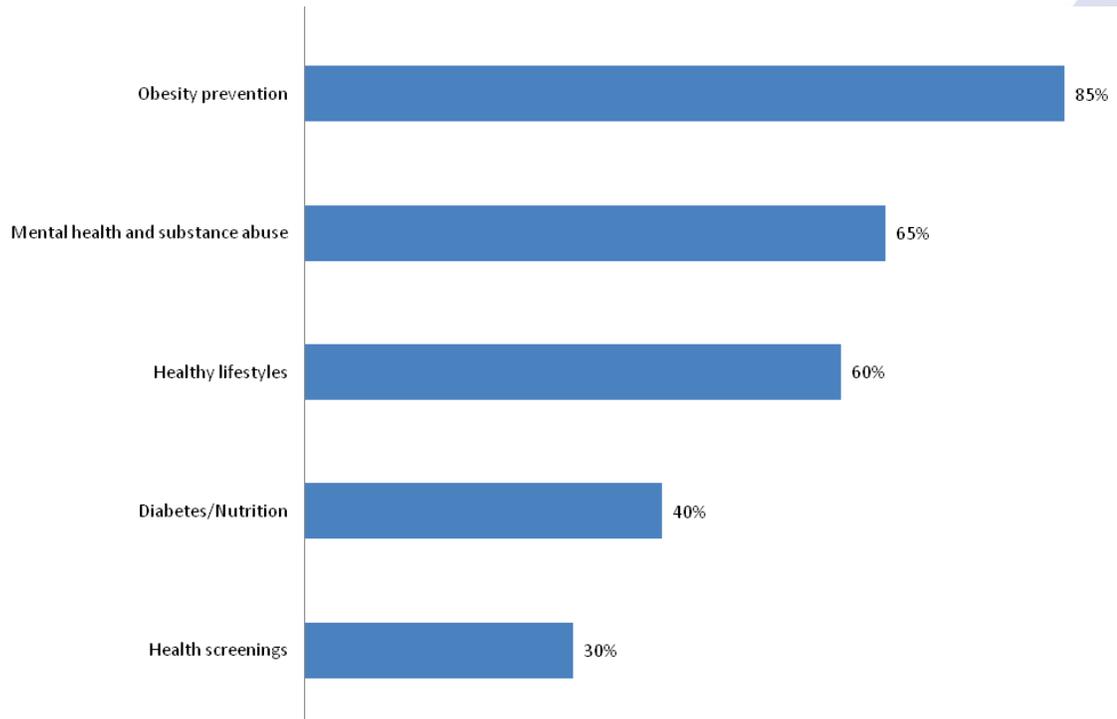
2. Identify the greatest barriers to accessing health care services in the community you represent?



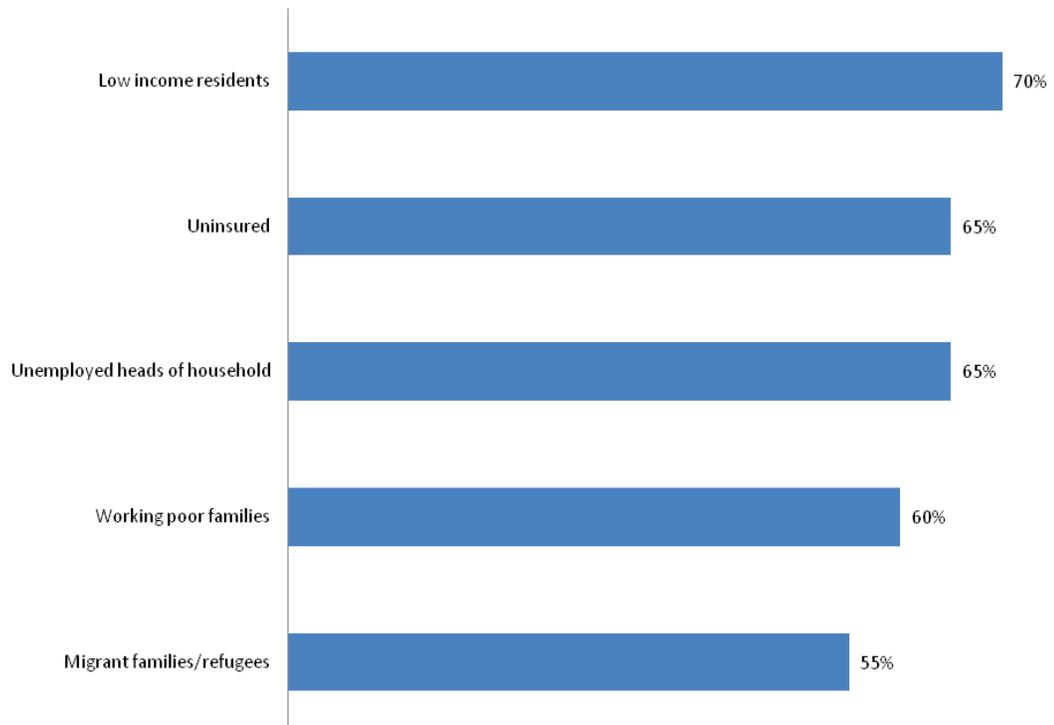
3. In the community you represent, what are the greatest gaps in health care services for community residents?



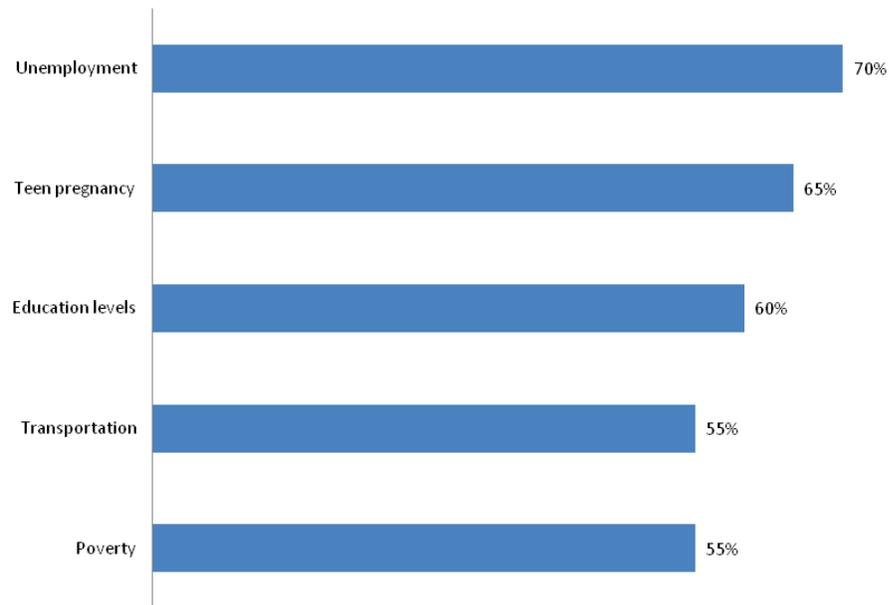
4. In the community you represent, who are the greatest needs regarding health education and prevention services?



5. In the community you represent, who are the vulnerable populations most affected by local health care needs?



6. What do you consider be the top social concern in the community you represent?



The overall trend was very consistent across the board. According to the physician's surveyed diabetes, obesity and mental health, particularly cost and access to specialty care are the top concerns in the service area. Along with the need for more specialty care, physicians also identified the most vulnerable segment of the population impacted by these health care needs as the uninsured, working poor, the unemployed, and migrant families.

XII. Conclusions

Key Themes And Conclusions

Several overarching themes emerged from the Community Survey, the Community Focus Group Session, the Physician Survey, the Texas BRFFS, and the Morbidity and Mortality data.

- Diabetes was ranked at the top in the Community Survey and the Focus Group session
- Obesity consistently ranked near the top
- Mental health and community resources, were perceived as pressing health concerns
- Poverty and the Uninsured

Conclusions

Each of the research components from the CHNA reveal specific points of feedback worthy of attention from Mission Regional Medical Center and its community partners. However, it is important to undertake a process that pulls key themes from each component and prioritizes the community efforts.

Select highlights from both components of the CHNA are listed below:

- **ACCESS OF HEALTH CARE:** Having no health insurance and the means to pay for health care remains a significant barrier to health care according to key informant discussions and survey responses. In addition, key informants noted that patients with chronic illnesses often fail to follow through with their medical care regimen because of their inability to afford out-of-pocket expenses.
- **MOST PRESSING HEALTH ISSUES:** Diabetes, obesity, cancer, and substance abuse were some of the most pressing health issues mentioned by both the community survey and key informant focus group participants.
- **MENTAL HEALTH:** The issue of mental health and substance abuse was also a shared concern among participants. Along these lines, the need for mental health services and a shorter wait period to see mental health providers was commonly voiced.
- **LACK OF AWARENESS OF EXISTING RESOURCES:** Community survey participants noted through that they lacked awareness of resources that are available to the community. This point was corroborated by the focus group participants that even they, as providers, struggle with how and where to access existing resources when trying to connect patients with these resources.

XIII. Implementation Plan

A Community Health Needs Assessment (“CHNA”) was performed in 2016 in collaboration with Nuestra Clinica Del Valle and other community partners to determine the most pressing health needs in the City of Mission and surrounding communities.

The 2016 CHNA Team participated in a roundtable discussion to rank the community health needs based on three characteristics: prevalence of the issue, effectiveness of interventions and the hospitals’ capacity to address the need. Once this prioritization process was complete, the CHNA Team discussed the results and elected to address the following needs in various capacities through hospital-specific implementation plans and partnerships.

The prioritized needs are listed below:

1. DIABETES: Improve management and prevention of Diabetes

- Promote Diabetes self-management
- Promote Diabetes Prevention Activities

2. OBESITY: Increase the percentage of adults and youth who are at a healthy weight

- Promote Good Nutrition
- Promote Healthy Lifestyle (exercise, healthy foods)
- Offer fitness challenge to employees

3. HEART DISEASE/STROKE: Raise community awareness to reduce incidence of heart disease and stroke

- Target healthy heart education and prevention interventions in community
- Partner with local non-profits to raise awareness of risk factors for heart attacks and strokes

4. ACCESS TO HEALTHCARE: Bring screenings, vaccinations and health education to people who otherwise would not receive health care intervention.

- Increase number of people receiving free flu shots
- Increase number of people receiving health screenings
- Increase number of women receiving free mammograms

Some of the “needs” identified in our 2016 CHNA cannot be directly addressed by Mission Regional Medical Center (MRMC) without the support of other providers and resources, these include:

- **Mental Health**
- **Cancer**
- **Drug Abuse Rehabilitation**

Unfortunately, MRMC does not have a psychiatric in-patient or out-patient unit nor are we licensed to care for this specialized patient population. Patients with a need for mental health or drug rehabilitative services are referred to Tropical Texas Behavioral Health in Edinburg, Behavioral Hospital at Renaissance in Edinburg, and South Texas Behavioral Health Center in Edinburg. The same is true for cancer care. People that need cancer treatment are referred to Texas Oncology in McAllen and Doctors Hospital at Renaissance.

However, we will continue to explore potential partnerships and internal strategies to find a way to provide these essential services to our patients. Every effort will be made to assist our existing healthcare providers in maintaining and/or expanding the services that they currently provide.

Implementation Plan Goals

The Board of Trustees of Mission Regional Medical Center has determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

Priority Area: CHNA Goal 1 - Diabetes

Priority Area: Diabetes Goals: Increase the number of patients and community residents served by Diabetes Education/Outreach			
1. Increase the emphasis in Diabetes Education on obesity education and high blood pressure awareness as a consequence of diabetes			
2. Maintain and enhance diabetes education for Diabetes patients at Mission Regional Medical Center and the public			
Objective	Strategy & Action	Target Population	Measure
Increase Diabetes Education to MRMC Patients and Community Residents Highlight connection between diabetes and resulting complications, especially high blood pressure for patients receiving diabetes education -----	Continue and expand evidence-based diabetes education opportunities	Community and patients diagnosed diabetes	Document number of patients detailed about Diabetes -Nutrition Education -Managing Diabetes -Diabetes and Co-Morbidities -Community Diabetes Seminars

Implementation Strategy

Priority Area: CHNA Goal 2 - Obesity

Priority Area: Maintaining a Healthy Weight/Obesity Goals: Bring health education to people who otherwise would not receive any health care interventions on healthy weight and obesity. <ol style="list-style-type: none"> 1. Increase the number of patients receiving health education on nutrition and weight management 2. Increase access to healthy food in the workplace and promote wellness 			
Objective	Strategy & Action	Population	Measure
Increase the number of patients and community members detailed about healthy weight and nutrition	MRMC will provide free health education on healthy weight and nutrition	General population/hospital patients	Number of patients and community members who recieved information on healthy weight and obesity <ul style="list-style-type: none"> ▪ FY16 2000 ▪ FY17 2000 ▪ FY18 2000
Increase access to healthy food in the workplace promote wellness	Partner with hospital Nutritionists and Food services and offer healthy food options in the cafeteria	General population/hospital patients	Promote wellness program to hospital employees and establish healthy food options in cafeteria

Priority Area: CHNA Goal 3 - Heart Disease

Priority Area: Heart Disease Goals: Raise community awareness and reduce incidence of heart disease and stroke 1. Target heart healthy education and prevention interventions in community 2. Partner with local non-profits organizations to raise awareness of risk factors for heart attacks and stroke			
Objective	Strategy & Action	Target Population	Measure
Increase heart healthy education to community Residents Highlight connection between heart disease and resulting complications, especially high blood pressure and cholesterol -----	Continue and expand heart disease education opportunities	Community	Document number of patients detailed about Heart disease and stroke - Co-morbidities - Cholesterol - Blood Pressure - Diabetes - Blood Pressure Screening

Implementation Strategy
Priority Area: CHNA Goal 4 - Access to Health Care

Priority Area: Access to Health Care Services Goals: Bring screenings, vaccinations and health education to people who otherwise would not receive any health care interventions. <ol style="list-style-type: none"> 1. Increase the number of patients receiving free flu shots 2. Increase the number of patients receiving health screenings 			
Objective	Strategy & Action	Population	Measure
Increase the number of patients who receive free flu shots; and other health screenings	MRMC will provide 1,000 free seasonal flu vaccinations and other health screenings through health fairs offered on-site and at various offsite locations	General population	Number of community members who will receive vaccinations/health screening <ul style="list-style-type: none"> ▪ FY16 200 vaccinated ▪ FY17 200 vaccinated ▪ FY18 200 vaccinated ▪ FY16 500 lipid panel ▪ FY17 500 lipid panel ▪ FY18 500 lipid panel
Increase number of women receiving free mammograms	MRMC will provide 50 free Mammograms	Women 40 years of age without health insurance	
	Provide free lipid panel screenings to seniors residents	Senior Citizens	Number of seniors who will receive Free lipid panel screenings FY16 400 lipid panel screening FY17 400 lipid panel screening FY18 400 lipid panel screening



XIV. Appendix

We want to know how you view our community, so we are inviting you to participate in a research study for community health-needs. Your opinions are important. This questionnaire will take approximately **5 minutes** to complete. We will use results of the surveys to improve our understanding of health needs in the community. Please read each question and mark the response that best represents your views of community needs. **All of your individual responses are confidential.**

HEALTH PROBLEMS IN THE COMMUNITY

1. Please identify the most important health problem in the community. (Choose 1 only)

- | | |
|--|---|
| <input type="checkbox"/> Aging issues (<i>Alzheimer's disease, hearing loss, arthritis, etc</i>) | <input type="checkbox"/> Injuries |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Chronic pain | <input type="checkbox"/> Lung disease (asthma) |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health issues (<i>depression, anger, etc</i>) |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Heart disease/heart attack | <input type="checkbox"/> Sexually transmitted infections |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Infant death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Infectious/contagious diseases (<i>flu, pneumonia, etc</i>) | <input type="checkbox"/> Other |

UNHEALTHY BEHAVIORS

2. Please identify the most important unhealthy behavior in the community. (Choose 1 only)

- | | |
|--|---|
| <input type="checkbox"/> Angry behavior/violence | <input type="checkbox"/> Not receiving medical checkups |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Reckless driving (<i>speeding, texting while driving, etc</i>) |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Don't use seatbelts | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Elder abuse (<i>physical, emotional, financial, sexual</i>) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lack of exercise | |

ISSUES WITH QUALITY OF LIFE

3. Please identify the most important factor that impact your quality of life in the community. (Choose 1 only)

- | | |
|---|--|
| <input type="checkbox"/> Access to health services | <input type="checkbox"/> Healthy food choices |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Job opportunities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty |
| <input type="checkbox"/> Better school attendance | <input type="checkbox"/> Safer neighborhoods/schools |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Other |

ACCESS TO HEALTHCARE

The following questions ask about your own personal health and health choices. Remember, this survey will not be linked to you in any way.

4. When you get sick, where do you go? Please choose only one.

- | | |
|---|--|
| <input type="checkbox"/> Clinic/Doctor's office | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> I seek medical care in Mexico |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Other |

5. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- | | |
|--|--|
| <input type="checkbox"/> I only visit a doctor if I'm not feeling well | <input type="checkbox"/> 3 - 5 years ago |
| <input type="checkbox"/> Within the last few months | <input type="checkbox"/> 5 or more years ago |
| <input type="checkbox"/> 1 - 2 years ago | |

6. In the last year, was there a time when you needed medical care but were not able to get it?

- Yes (Answer **Question 6a**)
- No (Skip to **Question 7**)

6a. If "yes", why weren't you able to get medical care? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I didn't have health insurance. | <input type="checkbox"/> I didn't have transportation. |
| <input type="checkbox"/> The doctor/clinic refused to take my insurance or Medicaid/Medicare. | <input type="checkbox"/> I didn't know how to find a doctor. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Too long to wait for appointment. |
| | <input type="checkbox"/> Other |

7. In the last year, was there a time when you needed counseling but were not able to get it?

- Yes (Answer **Question 7a**)
- No (Skip to **Question 8**)

7a. If "yes", why weren't you able to get counseling? Choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> I didn't have health insurance. | <input type="checkbox"/> I didn't have transportation. |
| <input type="checkbox"/> The doctor/clinic refused to take my insurance or Medicaid/Medicare. | <input type="checkbox"/> I didn't know how to find a doctor. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> Too long to wait for appointment. |
| | <input type="checkbox"/> Other |

8. Do you have a personal physician?

- Yes
- No

9. Have you or someone in your household used the services of a hospital in the past 24 months?

- Yes (Answer **Question 9a & 9b**)
- No (Skip to **Question 10**)

9a. At which hospital(s) were services received? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Doctors Hospital at Renaissance | <input type="checkbox"/> Rio Grande Regional Hospital |
| <input type="checkbox"/> Edinburg Regional Medical Center | <input type="checkbox"/> Valley Baptist Medical Center |
| <input type="checkbox"/> Knapp Medical Center | <input type="checkbox"/> Hospital in Mexico |
| <input type="checkbox"/> McAllen Heart Hospital | <input type="checkbox"/> Other |
| <input type="checkbox"/> McAllen Medical Center | <input type="checkbox"/> No hospital services have been received by me or my family. |
| <input type="checkbox"/> Mission Regional Medical Center | |

9b. Why was that hospital(s) chosen? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Availability of specialty care | <input type="checkbox"/> Physician referral |
| <input type="checkbox"/> Convenience (<i>closest to home</i>) | <input type="checkbox"/> Quality of care |
| <input type="checkbox"/> Cost of services | <input type="checkbox"/> Other (<i>please specify</i>) |
| <input type="checkbox"/> Insurance | _____ |

10. What health service(s) have you or someone in your household received at Mission Regional Medical Center? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> We have not received care at Mission Regional. | <input type="checkbox"/> Radiology/Imaging |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Rehabilitation Center |
| <input type="checkbox"/> Emergency room (<i>ER</i>) | <input type="checkbox"/> Women's and Newborns' Center |
| <input type="checkbox"/> Inpatient services (<i>Surgery, ICU</i>) | <input type="checkbox"/> (<i>Obstetrics, NICU</i>) |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Wound Care Center |
| <input type="checkbox"/> Outpatient surgery (<i>day surgery that did not require an overnight stay</i>) | <input type="checkbox"/> Other (<i>please specify</i>) |
| | _____ |

11. In case of an emergency, would you prefer a hospital ER or a stand-alone ER?

- Hospital ER
- Stand-alone ER

12. Where do you get most of your medical information? Check only one.

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Doctor | <input type="checkbox"/> Library |
| <input type="checkbox"/> Friends/family | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other |

13. In the last week how many times did you participate in deliberate exercise (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

- None (Answer *Question 13b*)
- 1 - 2
- 3 - 5
- More than 5

13b. If you answered "none" to the last question, why didn't you exercise in the past week? Choose all that apply.

- I don't like to exercise.
- I don't have child care while I exercise.
- I have a physical disability.
- I don't have time to exercise.
- I am too tired.
- No access to nearby exercise facility/park.
- I can't afford the exercise facility fees.

14. On a typical day, how many servings of fruits and/or vegetables do you have?

- None
- 1 - 3
- 4 or more

15. On a typical day, how many cigarettes do you smoke?

- None
- 1 - 4
- 5 - 8
- 9 - 12
- More than 12

16. Overall, my physical health is:

- Good
- Average
- Poor

17. Overall, my mental health is:

- Good
- Average
- Poor

BACKGROUND HEALTH

18. What county do you live in?

- Hidalgo
- Starr

19. What type of insurance do you have?

- Medicare
- Medicaid
- Private/commercial
- None

20. What is your gender?

- Female
- Male

21. What is your age?

- 21 and Under
- 22 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 and Over

22. What is your race/ethnicity?

- Hispanic/Latino
- American Indian/Alaska Native
- Asian (*Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino/a*)
- Black/African American
- Native Hawaiian or Other Pacific Islander (*Hawaii, Guam, Samoa, or other Pacific Islands*)
- White (*Europe, the Middle East, North Africa*)
- Two or more races

23. What is your highest level of education?

- Less than high school
- High School degree (*or GED/equivalent*)
- Some college (*no degree*)
- Associate's or technical degree
- Bachelor's degree
- Graduate or professional degree

24. What is your job status?

- Full-time
- Retired
- Part-time
- Disabled
- Unemployed
- Student
- Homemaker
- Armed Forces

Thank you very much for sharing your views with us!

Mission Regional Medical Center
Community Leaders Focus Group 4/1/2016

Questions:

Welcome and Introductions (Javier Iruegas, CEO)

Thank you for being here. To give you a little background, the Patient Protection and Affordable Care Act requires non-profit community hospitals to conduct Community Health Needs Assessments Every three years. We are due this year. Part of the community health needs assessment is to poll community leaders about health care needs in our service area. That is the purpose of this meeting.

With that in mind, let me turn it over to our facilitator: Brian Godinez .

Let me begin by getting a few house keeping items out of the way: If you need to use the restroom go out of these doors straight out to the hallway and make a right hand turn.

- I. The purpose of a focus group is a form of qualitative research in which a group of people (In this case all of you) are asked questions about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, or an idea. Questions are asked in an interactive group setting where participants are free to talk with other group members.
- II. There are not right or wrong answers. If we can just have participants speaking one at a time.

- III. Our scribe will be taking notes and we also will be taping the audio portion of the session.
- IV. Let me assure you that your remarks are confidential in the sense that your names will never be attached to your statements

(Ice Breakers)

Lets do a Round Robin and have everyone introduce themselves and what they do?

How do you define Community Health?

The term community health refers to the health status of a defined group of people, or community, and the actions and conditions that protect and improve the health of the community.

Objective: Understanding/identifying the most important health problems in the community.

Question:

1. As community leaders, what do you see as the most serious health care problems facing our community?

Polling:

Which two concern you the most?

Question:

2. Are there health care services not available in our community that should be?

Polling:

Which two concern you the most?

Objective: Insight into causes of these health problems.

Questions:

3. Why do you think these are serious problems?
4. What is causing/contributing to these problems?

Objective: Identifying what groups within the community have the most urgent needs.

Question:

5. What age group have the most trouble with their health and getting those problems taken care of?

6.

Is there a particular group that is not getting enough care?

a.

What factors are contributing that (those) particular group(s)?

Objective: Identifying key barriers to receiving services.

Questions:

7. Why do people have trouble taking care of these health problems?
8. What prevents people from living responsible, healthy lifestyles?
9. What are the key barriers to getting their needs met?

Prompts: Transportation, distance, cost/uninsured, can't find a physician, language, etc.

Polling:

10. Which two barriers are the most serious? □ Which two barriers, if removed, would have the greatest impact on improving community health (i.e. biggest bang for the buck)?

Objective: Identifying available resources currently being used.

Question:

11. Do people know about the services that currently exist in the community?
 - a. How do you think they find out about them?
 - b. Where do they go for help?
 - c. What would be the best way for them to get information?

Objective: Identifying best methods for meeting community needs.

Question:

12. Who should be taking care of these community health problems?

a. Who is most responsible for finding solutions?

Prompts: The government, the people themselves, doctors, hospitals, others?

13. What part of addressing our community health needs can you (or your organization/business) do to help improve our population's health?

14. If Mission Regional Medical Center could do just one thing to help meet the health needs of Mission, TX, what do you think that should be?

Last Question: What else would help us understand Our Community's health care needs that we haven't talked about?

Rank The Following in Order of Importance to Our Community's Health.

A rank of 1 means that the issue is most important and a rank of 10 means the issue is of least importance. Please place a letter in the appropriate rank box

A. Communicable Diseases

B. Chronic Diseases (heart disease, diabetes, cancer)

C. Obesity

D. Mental Health

E. Alcohol, Tobacco and Drug Abuse

F. Dental Health

G. Health of the Elderly

H. Access to Care

I. Disabilities (physical, sensory, intellectual)

J. Unintentional injuries (Accidents or Trauma)

K. Teen Pregnancy

Is there another health issues you would rank high in importance? Yes No

If yes, What is the Issue_____

Focus Group Participants

Name	Title	City
Robert Dominguez	Police Chief	Mission, Texas
Marin Garza	City Manager	Mission, Texas
Nereida Pena	Benefits Coordinator	Mission, Texas
Lyana Benavides	Comfort House/hospice	McAllen, Texas
Libby Salinas	Food Bank	Mission, Texas
Sandra Villegas	Food Bank	Mission, Texas
Belinda Garcua	Food Bank	Mission, Texas
Libby Salinas	Food Bank	Mission, Texas
Diana Alcocer	Mission Chamber	Mission, Texas
Roy Romero	Help America	Mission, Texas
Tonia Chavez	La Union Del Pueblo	Mission, Texas
Magda Saucedo	Mission CISD Health Service	Mission, Texas
Richard Lopez	Superintendent MCSID	Mission, Texas
Cristina Martinez	Nuestra Clinica Del Valle	Mission, Texas
Pete Jaramillo	Jaramillo Insurance Service	Mission, Texas
Sandra Vecchio	RV Contractors	Mission, Texas
Cesar A Suarez	Texas Regional Bank	Mission, Texas
Dora Banda	MRMC Volunteer	Mission, Texas
Clive Horn,	MRMC Volunteer	Mission, Texas
Leana Vicinaz	Saint Paul Church	Mission, Texas
Jean Peno	Saint Pual Church	Mission, Texas
Tanya Chavez	La Union Del Pueblo	
Gloria Perez	MRMC Case Manager	Mission, Texas
Olga Cruz	Hidalgo County Health Dept	Edinburg, Texas
Roy Vela	Mission CISD School Board	Mission, Texas
Sergio Munoz	State Rep. Sergio Munoz Office	Mission, Texas