Community Benefit Report 2021

Mission Regional Medical Center

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May 31, 2022

Dear Fellow Texans and Neighbors,

Mission Regional Medical Center (MRMC) makes it a priority to always go above and beyond in serving our community. Our expectation is to provide essential healthcare expertise to the community which we serve. In order to accomplish this, our medical staff makes it their goal to inform and educate our residents on a variety of health topics. Above all, it is our duty to help improve the overall health of the population in our service area.

Since joining Prime Healthcare Foundation, Inc. (PHFI) in 2017, it is evident that MRMC has grown and improved at an unprecedented rate, heightening our standards and our service to all community members. Proof of that is our recognition as a Fortune/IBM Watson Health "100 Top Hospital" along with the Everest Award -- for the second year in a row.

PHFI, our local leadership team, and the employees of MRMC have continuously dedicated their time and efforts to improving the health of the community we serve. Despite the ongoing COVID-19 pandemic, MRMC was able to provide the community with education by hosting virtual educational seminars, attending community health fairs and providing health screenings.

Included in this Community Benefits Report is our 2021 Community Health Needs Assessment (CHNA) which outlines our priorities. These priorities focus on increasing the community's access to care, including through primary care and specialist physicians as well as services for the aging; health knowledge and education, including regarding healthy food options to help prevent obesity; and increased awareness of chronic disease and its management. A separate report on the status of the implementation of our priorities from the CHNA is also included, as an attachment.

Mission Regional Medical Center is proud to offer the best quality healthcare. Reviewing the enclosed reports will demonstrate the extensive service that MRMC provides to our community throughout the year. We invite all members of the community to participate in future MRMC programs that can, and will, benefit their health.

It is our privilege to treat patients with quality care close to home. We look forward to continuing our 68-year legacy of service today and for generations to come.

Sincerely,

Kane Dawson CEO, Mission Regional Medical Center

What is Community Benefit?

Community benefit encompasses programs or activities that provide treatment or promote health and healing in direct response to identified community needs.

Community benefit programs and activated meet at least one of these objectives:

- Improve access to health care services
- Enhance the health of the community
- Advance medical or health care knowledge
- Service for the aging generation
- Relieve or reduce the burden of government or other efforts

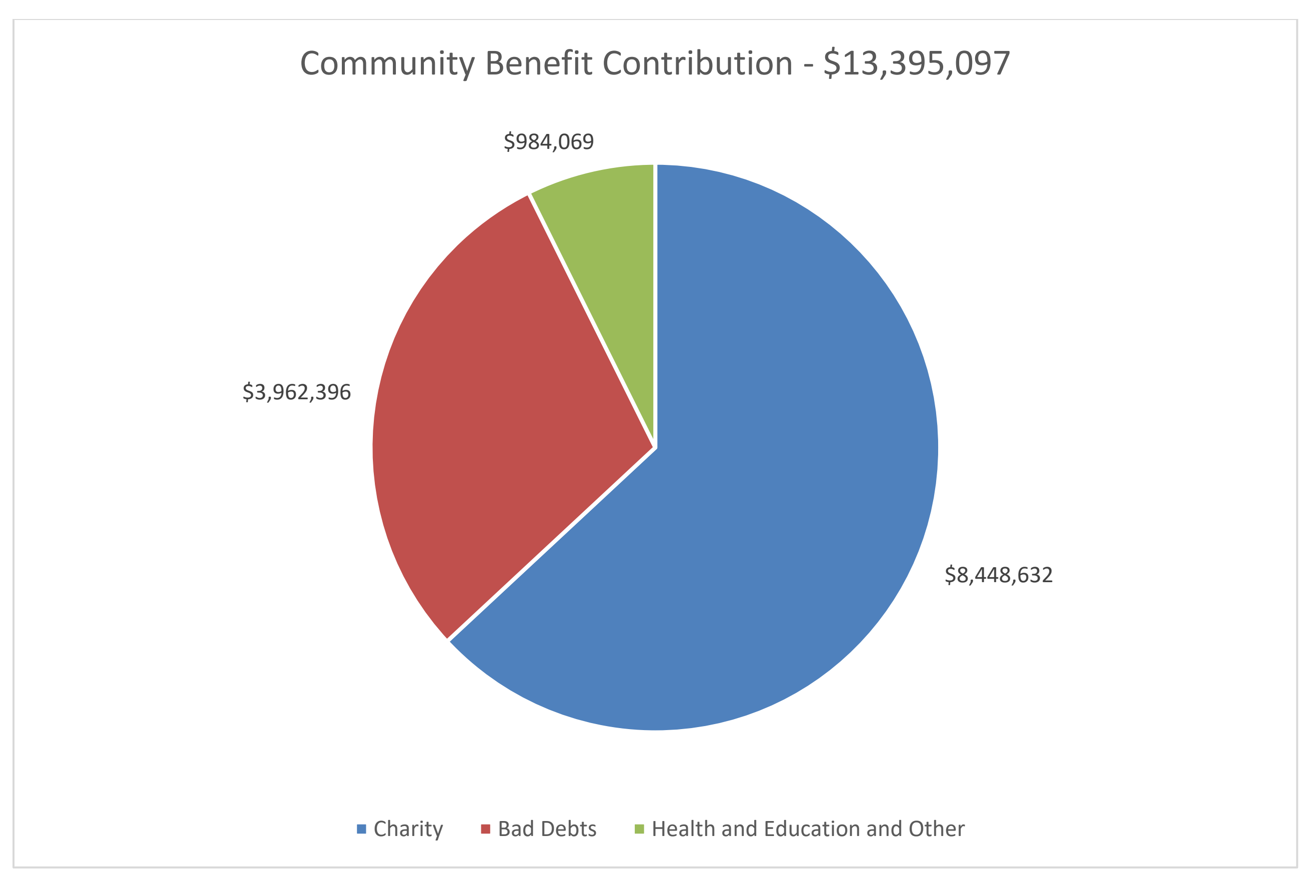
Creating healthier communities, together

Through outreach, programs, health education, donations, free or discounted care and more, we give back to our communities.

Community Benefit: Investments to support those in need

MRMC's community benefit investments not only support the health and well-being of each person we serve, but the whole community:

- Community health services: Free services such as patient education, health screenings, immunizations and support groups -- as well as grants and donations to support community partners.
- Education and research: Community education to increase knowledge and awareness of various medical conditions; this helps empower patients to seek earlier intervention, when treatment is more effective.
- Care and services operated at a loss: Clinical and social services provided despite a financial loss because they meet identified needs not met elsewhere in the community.
- Free and low-cost care: Financial assistance for those who are uninsured, underinsured, or otherwise unable to pay for their healthcare.


Community Benefit Contribution - $13,395,097
$984,069
$3,962,396
$8,448,632
Charity
Bad Debts
Health and Education and Other

Our Commitment

Mission Regional Medical Center has served the people of our region since 1954 by providing healthcare services to all, crossing barriers of age, education and income levels.

As a non-profit community hospital, we continuously identify and utilize new and more effective ways to improve community health. Through outreach, programs, collaboration, health education, donations, free or discounted care, and more, we give back to our communities.

MRMC provides outreach to increase the community's access to care, including for primary care and specialist physicians and services for the aging; health knowledge and education, including awareness of obesity and health nutrition as well as preventative care and services; and awareness of chronic disease and its management. In addition, our doctors, nurses and staff also provide community-based care to patients and help educate the next generation of healthcare professionals.

The services we provide are essential to not only the community's overall health, but also to the quality of life for community residents. This focus is "hard-wired" into our culture, from our volunteer Board of Directors to our physicians, staff members, and volunteers.

MRMC has been actively involved in the community for decades. Since its beginning, this safety net hospital's philosophy has reflected the belief that effective preventive health care does not begin and end with an individual's well-being -- but also includes promoting and supporting healthy, stable conditions in our community.

Our Community

MRMC serves the City of Mission and its surrounding communities in the central and western parts of Hidalgo and eastern Starr County. As a non-profit hospital, MRMC has a longstanding commitment to the health and well-being of the community. Our facilities were established to address a crucial need for health services, which to this day, continues stronger than ever.

Hidalgo and Starr County represent one of the poorest and most underserved regions of the state. High rates of uninsured and a higher-than-average prevalence of chronic diseases such as diabetes and all its co-morbidities have plagued this region and made it more difficult and challenging not only for our hospital, but also for our state and federal agencies.

Community Needs Assessment Process

This Community Benefit Report highlights three Priority Areas identified through the CHNA, as well as a compilation of progress made in 2021 on the implementation strategies associated with each Priority Area. As the report clearly illustrates, Mission Regional Medical Center has made significant progress in each Priority Area during the first year of the Implementation Plan, in

keeping with the hospital's strong commitment to provide better healthcare to the communities it serves.

The prioritized needs are:

1. **Lack of Access to primary care, preventative care, specialists and services for the aging:** To improve access to care for the uninsured or underinsured population and the aged.

2. **Lack of Health Knowledge/Education; Poor Nutrition and limited access to healthy food options / Obesity:** Improve the health knowledge of the population and access to healthy choices.

3. **Chronic Diseases (Heart Disease, stroke, kidney, cancer and diabetes):** Improve the identification of chronic diseases in the population and awareness of treatment and control factors.

The activities addressing these community health needs during 2021 are outlined below:

Priority 1: Lack of Access to primary care, preventative care, specialists and services for the aging

Goal: To improve access to care for the uninsured or underinsured population and the aged.

The data suggest that the population in MRMC's service area does not have adequate access to primary care and specialty services either due to a lack in the number of physicians or their availability in a reasonable amount of time. Many areas within the MRMC's service are designated Healthcare Professional Shortage Areas. There is a higher percentage of uninsured population in MRMC's service area than the Texas average. This hinders establishing a primary care provider and many seek their primary care needs through the Emergency Department of the area hospitals.

Implementation Activity:

1. Recruit additional primary care physicians (including an OB/GYN) to the area, either in partnership with other physicians or as employed physicians of Mission Doctors Group, an affiliated organization.

2. Recruit specialty physicians to partner with existing physician groups or expand specialists employed by Mission Doctors Group. Areas of focus are cardiology, orthopedics, neurology and geriatrics.

3. Investigate the development of a combination free-standing emergency department and local community urgent care center to provide options in the level of care in an underserved location within MRMC's service area.

4. Continue to support enrollment activity for uninsured patients in Texas Medicaid and referral to state agencies for enrollment in other state-sponsored programs.

5. Continue support for referral to Federally Qualified Health Centers (FQHCs) in the Service Area.

6. Investigate the development of a Rural Health Clinic in the hospital's service area to provide low-cost access to primary care providers, as an alternative to seeking care in area Emergency Departments.

7. Communicate to the community and local EMS providers the Geriatric Emergency Department Accreditation achieved by MRMC.

8. Investigate the development of a Patient Navigator program for the Emergency Department to assist patients in making follow-up appointments with primary care physicians or specialists, and to reduce recidivism to the Emergency Department for follow-up care.

9. Expand self-referral Wellness Lab panel to include blood glucose level (HA1C), to screen for potential diabetes, and communicate availability to the community.

Priority 2: Lack of Health Knowledge/Education; Poor Nutrition and limited access to healthy food options / Obesity

Goal: Improve the health knowledge of the population and access to healthy choices.

The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health. Health education improves the health status of individuals, families and communities and thereby the quality of life for the people. Better knowledge of health status and available resources reduces premature deaths and addresses the causative factors for chronic diseases earlier, when lifestyle changes are easier to implement.

Implementation Activity:

1. Offer seminars to address health topics and to educate the community on risk factors, prevention measures, disease symptoms, and treatment resources in partnership with the City of Mission.

2. Increase the emphasis in Diabetes Education on obesity education and high blood pressure awareness as a consequence of diabetes, by offering quarterly seminars to the diabetic population, to include MRMC patients and community residents.

3. Increase the number of patients who receive free flu shots and health screenings by participating in Community Health Fairs and Winter Texan events.

4. Provide education at all health fairs that MRMC participates in.

5. All patients seen at the hospital have Body Mass Index (BMI) computed based on weight and height. Those with a BMI of 30 or greater will be provided with educational materials for weight control and a nutritional consult to discuss health lifestyle changes.

6. Create educational topics on our website in English and Spanish.

Priority 3: Chronic Diseases (Heart Disease, stroke, kidney, cancer and diabetes)

Goal: Improve the identification of chronic diseases in the population and awareness of treatment and control factors.

The data suggests that the population in the MRMC service area has a higher incidence of diabetes (Type II) and obesity than in the state and the country. Chronic uncontrolled diabetes impacts key organs, causing issues with kidneys as well as heart and circulatory problems, especially with peripheral appendages (feet).

Implementation Activity:

1. During the Community Health Fairs, screen for signs of diabetes through glucose blood tests and provide educational materials to the population.

2. Provide education on diabetes self-management and dietary controls at least quarterly, either on-site or during community health fairs.

3. Offer low-cost screening for heart disease (CT-calcium scoring), with self-referrals available for patients with certain co-morbid conditions and peripheral vascular disease (ABI).

4. Provide periodic education on controlling high blood pressure, through monitoring, diet and exercise.

5. Promote wellness lab screenings, with referral to a primary care physician if the participant does not have one.

6. Provide screening for peripheral vascular disease and education on ways to limit progression of the disease through diet, exercise and smoking cessation.

7. Develop exercise activities where citizens can walk together with our staff and talk about health by utilizing local hike and bike trails.

8. Identify at-risk patients during visits to any of our clinics.

Current Goals

In 2021, MRMC conducted a new Community Health Needs Assessment (CHNA). This CHNA is the most recent report to measure community input and relevant health data from hospital, county, state, the community and national sources, in order to assess the health status of the community and determine its needs based on multiple variables.

Three significant community health needs were identified by assessing the issues 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 hospital's 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. **Lack of Access to primary care, preventative care, specialists and services for the aging:** To improve access to care for the uninsured or underinsured population and the aged.

2. **Lack of Health Knowledge/Education; Poor Nutrition and limited access to healthy food options / Obesity:** Improve the health knowledge of the population and access to healthy choices.

3. **Chronic Diseases (Heart Disease, stroke, kidney, cancer and diabetes):** Improve the identification of chronic diseases in the population and awareness of treatment and control factors.

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.

Maternity Outreach Clinic

Mission Regional Medical Center's Maternity Outreach Clinic provides early and continuous prenatal care to underserved women who don't have the resources needed to obtain medical treatment. Staffed by nurses and medical assistants, an estimated 1,264 patients were seen in 2020 at the clinic. This compares to 1,527 patients who were seen in 2019.

Services provided at the clinic include:

- Prenatal care
- Laboratory and ultrasound testing
- Instruction on normal physical change and common discomforts
- Symptoms to look for during pregnancy that should be reported to the clinic team
- Nutritional information and counseling
- Prenatal vitamins
- Easy access to many specialty services
- Assistance with referrals for smoking cessations, WIC or addiction counseling

Over the years, the clinic has made a tremendous difference in our community by bringing care to pregnant women who otherwise wouldn't get any medical attention. Running the clinic - including human resources and repairs - is expensive, but bringing healthy babies to the world is priceless.

Hospital Education Community Benefits

Mission Regional Medical Center actively engages in a broad array of educational programs, many which are designed to serve healthcare professionals, colleges with health field programs and the community.

MRMC is an American Heart Association Training Center. It is a contracted provider for Life Support classes such as CPR with AED certification, Advanced Cardiac Life Support -ACLS, and Pediatric Advanced Life Support-PALS.

In order to meet the needs of our student population wishing to enter the Nursing, Medical and Allied Health fields of study, we offer CPR classes. In following our Mission & Vision for MRMC to "Educate the Community" the education department provides the students with a discount of $30.00 and the public $40.00 to take these classes here in our facility.

As a community-based hospital, we also host and place up to 500 students in clinical areas rotations for courses such as Nursing (LVN, Associate Degree in Nursing, and Bachelors Degree in Nursing), Ultrasonography, Health Information Management, Imaging, Cardiopulmonary, Pharmacy, Laboratory, Physical Therapy, and Pharmacy.

Our employees receive many educational programs at no cost, making them well versed and educated in their areas of specialty.

Such courses and programs are CPR, ACLS, PALS, Cardiac Rhythm Class, Neonatal Resuscitation, and other online continuing education specific to all areas of healthcare in the hospital field.

Emergency Department staff participates in annual Safety Fairs where car seats and bicycle helmets are issued out to the public along with safety awareness educational sessions.

Our online educational courses are through HealthStream and which offer hundreds of healthcare topics and certification preparation courses. With these programs the Evidence Based Best Practice concept of healthcare delivery can continue here at MRMC.

In January we continued to participate in the COVID-19 Vaccine clinics hosted here at Mission. A total of over 12,000 vaccines were given her to the public and employees through spring 2021.

2021 American Heart Association Classes & Attendance

ACLS Class Date	Number of Attendees
1/20/21	4
2/20/21	3
3/31/21	7
4/25/21	6
5/30/21	11
6/19/21	4
7/29/21	6
8/31/21	5
9/24/21	8
10/26/21	6
11/27/21	3
12/21/21	3
Totals	**66**

BLS Class Date	Number of Attendees
1/19/21	7
2/16/21	6
2/18/21	7
3/16/21	6
5/25/21	6
7/27/21	7
Totals	**39**

PALS Class Date	Number of Attendees
2/24/21	4
4/18/21	4
6/11/21	3
8/31/21	4
9/24/21	1
10/26/21	2
11/27/21	1
Totals	**19**

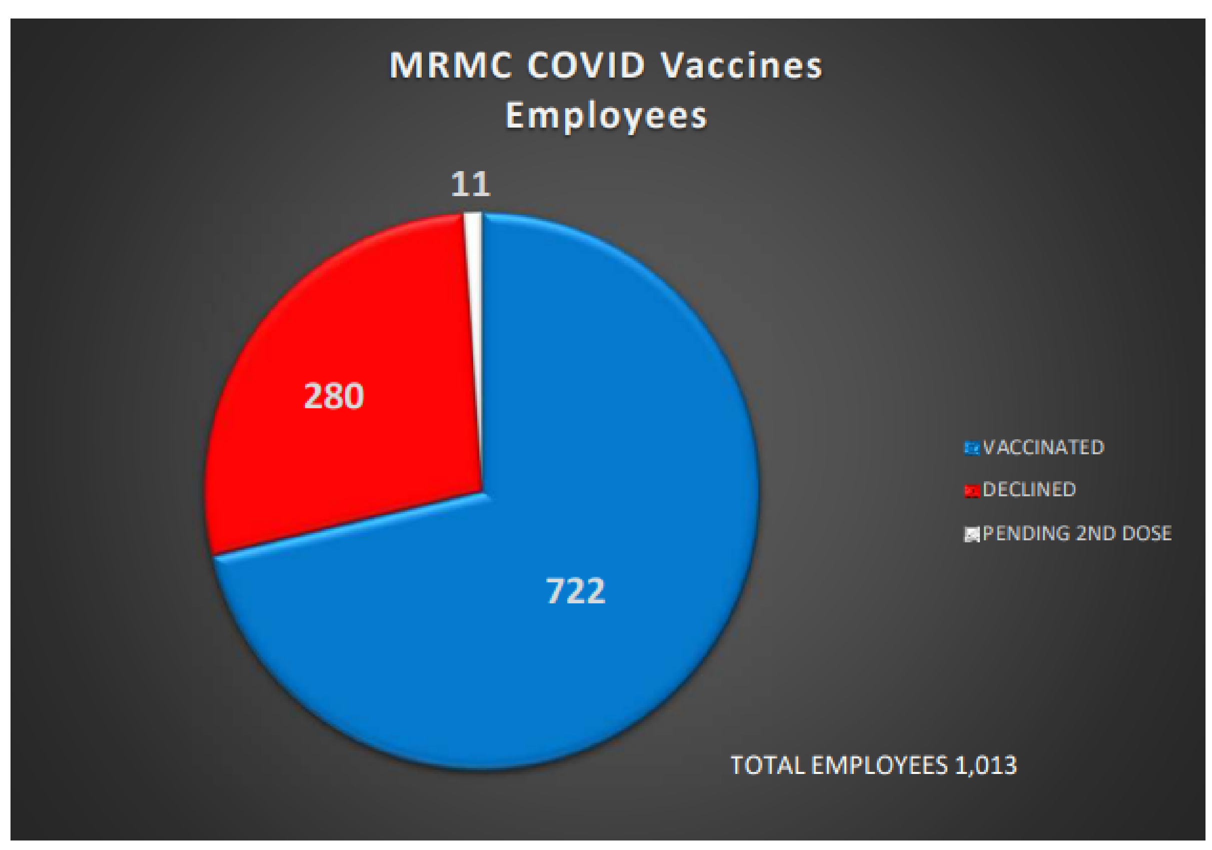
EKG Class	Number of Attendees
2/26/21	8
3/18/21	4
4/15/21	4
5/26/21	7
7/30/21	11
9/30/21	4
10/28/21	9
Totals	**47**

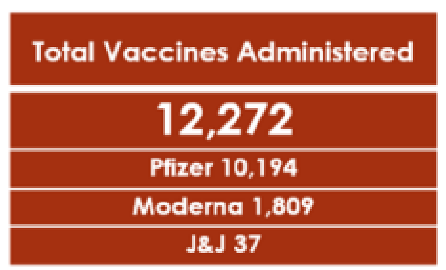
MRMC 2021 Student Clinical Rotations

School & Program	# of Students	Unit/Dept
College of Health Care Professionals - Diagnositic Medical Sonography	3	Ultrasound
College of Health Care Professionals - Radiologic Technologist Program	4	Imaging
Meridian Institute of Surgical Assisiting, Inc - First Surgical Assist Program	3	Surgery
RGV Careers - ADN	70	Nursing: Womens & Childrens; ICU; 5T-Rehab
RGV Careers - LVN	172	Nursing: 2T Tele; 3S Post Surgical; 3T& 4T Med-Tele; 5T - Rehab, Women's & Children's Services
RGV Careers - LVN Capstone	4	All nursing units
STC - ADN	88	Nursing: ED; ICU; 2T- Intermediate; 3T Med-Tele; 4T Med-Tele; 5T Women's & Childrens
STC - ADN Capstone	23	All nursing units
STC - LVN	94	Nursing: 2T - Tele, 5T Rehab
STC - Occupation Assistant Program	1	5T-RehabCare
STC - Pharmacy	1	Pharmacy
STC - Phlebotomy Program	1	Lab
STC - Physical Therapy Assistant Program	2	5T - Rehab
STC - Radiology Program	17	Imaging
STC - Respiratory Therapy	34	CP
STC - Diagnostic Ultrasonography Program	3	Ultrasound
Texas Southmost College - Medical Laboratory Program	3	Lab
Texas State Technical College - Surgical Tech	7	Surgery
University of Texas - Pharmacy	3	Pharmacy
UTRGV - CLS	2	Lab
TOTAL Students	**535**	

Hospital Education January 2021-December 2021

BLS Provider Classes 39 attendees x ($30.00 per hour x 4 hours) Instructor: 6 Classes x $200/class: BLS Online Access Keys 155 x $21.00 BLS ecards 155 x $2.40 BLS supplies 150.00	$4,680.00 $1,200.00 $3,255.00 $372.00 $150.00
ACLS classes 66 attendees x ($30.00 per hour x 8 hours) Instructor: 12 classes x $300 per class ACLS Online Access Keys 60 x $103 ACLS ecards 60 x $ 5.40 ACLS supplies $400.00	$15,840.00 $3,600.00 $6,180.00 $324.00 $400.00
PALS Classes 19 attendees x ($30.00 per hour x 8 hours) Instructor: 7 classes x $300 per class PALS Online Access Keys 49 x $114 PALS ecards 49 x $ 5.40 PALS supplies $400.00	$4,560.00 $2,100.00 $5,586.00 $264.60 $400.00
EKG Classes 47 attendees x ($30.00 per hour x 6 hours)	$ 8,460.00





Total Vaccines Administered
12,272
Pfizer 10,194
Moderna 1,809
J&J 37

MRMC COVID VACCINES
COMMUNITY
11,550

COMMUNITY OUTREACH

Mission Regional Medical Center goes beyond its walls providing healthcare expertise to the community it serves. Medical and allied staff reach out to inform and educate residents on a variety of health topics. The outreach is in keeping with the hospital's mission statement: *"to provide quality care and superior service to improve the health of the communities we serve."*

Annual Mission Community Health Fair

Our annual community health care fair provides an opportunity for all members of our community to access beneficial healthcare screenings that they might not be able to have otherwise. For two days, people took the opportunity to receive free health screenings that the hospital offered, such as blood tests, flu vaccines, blood pressure and bone density screenings, "QuantaFlo" peripheral artery disease screenings, medication reconciliation, information on preventing strokes and falls, and much more. Through these screenings, our community is given the opportunity to detect unfortunate medical issues, so that treatment can begin as soon as possible. The annual community health fair is held in partnership with the Mission Chamber of Commerce.

People gathered to receive free health screenings at the Mission Event Center for the for the Annual Mission Community Health Fair.

Weight Loss Seminars

Mission Regional Medical Center conducts monthly weight loss seminars that are beneficial for members of our community. These seminars are used to spread awareness and solutions to address the high rates of Type 2 diabetes, high blood pressure, and high cholesterol within our community.

Sample social media advertisement for our weight loss seminar

Mission Pink

Every October, Mission Regional Medical Center hosts the annual Mission Pink 5K Walk/Run for Breast Cancer Awareness. In 2021, more than 1,500 people participated in the event. Funds raised from the walk enabled MRMC to provide 100 free mammograms for needy women.

In addition to the Walk / Run, the MRMC staff attended multiple events during Breast Cancer Awareness Month in October, providing educational information to the community on the importance of breast cancer and early detection.

Participants at the Mission Pink Walk/Run for Breast Cancer Awareness, at Mission Regional Medical Center

COVID Treatment and Vaccines

MRMC treated over 1,200 COVID-19 patients in 2020. Once the vaccines were ready and available, MRMC provided over 3,000 vaccines in late 2020 and into 2021.

Nurses ready to administer COVID-19 Vaccines to the community

Winter Texans

From October to March every year, the Rio Grande Valley becomes the temporary home to thousands of seniors from far northern states. These people, warmly known as "Winter Texans," migrate to areas with warmer climates in order to avoid the harsh weather conditions of their hometowns.

Mission Regional Medical Center has welcomed our Winter Texans with open arms for as long as they have been visiting the Rio Grande Valley. Our Marketing and Business Development Team coordinates health presentations, free health screenings, flu shots, educational presentations, and even interactive discussions with local physicians at a variety of community meetings. The MRMC staff attended various health fairs and events, such as an "Winter Texan Appreciation Day" held by the Mission Chamber of Commerce, and visited RV parks, providing educational information on heart health and stroke and fall prevention, as well as information on "stop the bleed."

EMS / Fire Department Educational Presentations

MRMC also holds educational presentations for EMS paramedics and Fire Department staff on stop the bleed and other important topics.

City of Mission and Mission CISD Educational Presentations

In addition, MRMC holds educational presentations and webinars with the City of Mission and the Mission Consolidated Independent School District on the importance of health and wellness. MRMC also supports Mission CISD's annual back-to-school drive by providing pens and other school supplies.

Community Partnerships

We are so fortunate to have the privilege of working with our community partners to build a healthier community year after year. MRMC has formed invaluable partnerships with a variety of organizations within the area that we serve. Our partners include:

City of Mission

MRMC provides clinical screenings at the city's health fairs, as well as educational seminars on learning about worksite wellness, breast cancer, heart disease, kidney health, diabetes, nutrition, blood pressure, cholesterol, and the importance of exercise. MRMC also supports the City of Mission with a variety of projects that benefit our community as a whole. Annually, a team of our medical center employees volunteer to help clean up sections of our city during the city's annual "Trash Bash."

Mission Consolidated Independent School District

Our medical center provides information about health and wellness to all faculty and staff members. In addition, Mission Regional Medical Center supports the Health Occupations Students of America (HOSA) program.

Mission Chamber of Commerce

Our staff members help organize and support several events coordinated by the Mission Chamber of Commerce. These events include the Annual Community Health Fair, Winter Texan Fiesta, and Buenas Tardes Luncheon.

Leadership Mission

MRMC sponsors employee participation in the Community Leadership Development Program and hosts one of the program's meetings at our hospital.

Philippine Nurses Association

We support the Philippine Nurses Association in several community projects to enhance their profession and collegiality.

United Blood Services

MRMC staff donate blood and MRMC helps encourage blood donations to United Blood Services throughout the year.

Mission Boys & Girls Club

We make financial donations for programs and operations for this important community resource.

Mission Police Department

MRMC supports our local police department in various activities throughout the year, including collecting toys for Christmas and community neighborhood watch projects.

Community Speakers Bureau

MRMC mammographers speak at various community events on breast cancer and early detection.

Mayor's International Brunch

The Mayor of Mission coordinates the Mayor's International Brunch to foster goodwill with our neighbors to the south - Mexico. This is part of our US Sister City Program. MRMC attends and supports the event and its goodwill efforts.

South Texas Community College

MRMC hospital staff helps as adjunct faculty at South Texas Community College to educate future healthcare professionals.

South Texas Juvenile Diabetes Association

MRMC supports the STJDA through their fundraising efforts, and most recently, has supported the association's efforts to establish a camp in the Rio Grande Valley for children with diabetes and special needs.

RGV Hispanic Chamber of Commerce

MRMC provides health care education and screenings to the community through the RGV Hispanic Chamber of Commerce and their various community events.

Part I

ANNUAL STATEMENT OF COMMUNITY BENEFITS STANDARD 2020 TEXAS NONPROFIT HOSPITALS

Part I

Please Check "one" your ownership: *

(x) Not-For-Profit

( ) For-Profit (received Medicaid Disproportionate Share Funds)
( ) Public
( ) For-Profit

Are you reporting as part of a hospital system? ? ( ) Yes (x) No

III HOSPITAL SYSTEMS - List all the hospitals included in this system report. Refer to the instructions on the back of this page in completing this section.

III	Community Benefits Contribution*	Net Patient Revenue (NPR)**	Miles From System Office	Name of Hospital	Physical Address, City, State, Zip
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
TOTAL:					

* The sum of these contributions should equal the entry in II.E (Section II follows Worksheet 5).

** The sum of net patient revenue should equal the entry in STDI1 (Standards Section follows Section II).

ESTIMATED UNREIMBURSED COSTS OF INPATIENT AND OUTPATIENT CHARITY CARE PROVIDED - 2021

Total Billed Charges for Charity Care Provided (based on 2021 audited fiscal year): (exclude bad debt)

W1A.	Financially Indigent	Medically Indigent	Total Charity Care Charges
Inpatient	45,234,169	______	45,234,169
Outpatient	35,328,171	______	35,328,171
Total	80,562,340	______	(a) 80,562,340

Cost to Charge Ratio Calculation (based on 2020 audited fiscal year):

W1B1. **2020** Gross Patient Service Revenue1, 2;.. (b) 843,530,717

W1B2. **2020** Total Patient Care Operating Expenses1,3.....**(Bad Debt should be treated as a Deduction)** .... (c) 105,842,199

W1B3. **Cost to Charge Ratio (Divide (c) by (b)) (please report the ratio as a decimal 0.0000)**
*****THIS IS A PRE-CALCULATED FIELD.** (d) 0.1255

W1C. **Estimated Costs of Charity Care Provided ((a) x (d))** .... (e) 10,110,573

Payments Received for Charity Care Provided: (based on 2021 audited fiscal year)

W1D1. Third-Party Payments.. 723,579

W1D2. Payments from Patients... 938,363

W1D3. Other Payments (4) (Public hospitals report tax appropriations relative to charity care here) 0

W1D4. **Total Payments Received for Charity Care Provided**..
*****THIS IS A PRE-CALCULATED FIELD.** (f) 1,661,942

W1E. **Estimated Unreimbursed Costs of Charity Care Provided ((e) - (f))5**....................... * (g) 8,448,632

1 Use audited data for FY 2020 to complete the Cost to Charge Ratio Calculation section of this worksheet for FY 2021.

2 Gross Patient Service Revenue excludes Medicaid Disproportionate Share Hospital payments.

3 Total Patient Care Operating Expenses -**(Bad Debt should be treated as a deduction) excludes contractual adjustments.**

4 Do not include charitable contributions and grants received by the hospital.

5 Report zero (0) in (g) if total estimated costs of charity care provided (e) minus total payments (f) is a negative value.

*__Please take a brief second to fill out the four question feedback survey in the link below.__

https://tcnws.co1.qualtrics.com/jfe/form/SV_0lENJ4LgFt35DDv

CALCULATION OF THE RATIO OF COST TO CHARGE - 2020

Calculation of initial Ratio of Cost to Charge

W1AA1. Total Patient Revenues (from **2020** Medicare Cost Report1, Worksheet G-3, Line 1) (a) 843,530,717

W1AA2. Total Operating Expenses (from **2020)** Medicare Cost Report1, Worksheet A, Line 118, Col. 7 (b) 95,925,393

W1AA3. **Initial Ratio of Cost to Charge ((b) divided by (a))**
*****THIS IS A PRE-CALCULATED FIELD.** (c) 0.1137

Application of Initial Ratio of Cost to Charge to 20 Bad-Debt Expense

W1AB1. Bad-Debt Expense2 (from **2021** audited financial statement covering your reporting period) (d) 33,522,810

W1AB2. Multiply "Bad-Debt Expense" by "Initial Cost to Charge Ratio" to determine allowable Bad-Debt Expense ((d) x (c))
*****THIS IS A PRE-CALCULATED FIELD.** (e) 3,811,543

W1AB3. **Add the allowable "Bad-Debt Expense" to " Total Operating Expenses" ((b) + (e))**
*****THIS IS A PRE-CALCULATED FIELD.** (f) 99,736,936

W1AC. **Calculation of Ratio of Cost to Charge ((f) divided by (a)) (Please report the ratio as a decimal)** (g) 0.1182

NOTE:This is Worksheet 1-A from the 1994 Annual Statement of Community Benefits Standard form.

1. Use the **PRIOR** year cost report regardless of status of review. For example, use Medicare Cost Report data for FY 2020 to complete the calculation of initial Ratio of Cost to Charge section of this worksheet.

2. Bad debt expense is defined as the provision for actual or expected uncollectibles resulting from the extension of credit.

Additional cost areas that are not reflected in the above calculations may be identified on the back of this form. Do not include these costs in worksheet computations.

Worksheet 1-A (continued)

Cost Area	Medicare Cost Report Reference*	Amount
______________	______________	________
______________	______________	________
______________	______________	________
______________	______________	________
______________	______________	________
______________	______________	________
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PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY.
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.

Support to Financially Indigent Patients Provided Through Others 2021

Funding to: W2A

W2A.	Other Nonprofit	Public	Total
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	588,855	588,855
Total Funding to Others	0	588,855	588,855

Financial Support to:

W2B.

W2B	Other Nonprofit	Public	Total
Outpatient Clinic	0	0	0
Hospital	0	0	0
Other Health Care Organizations	0	0	0
Total Other Financial Support	0	0	0

.

W2C.	Other Nonprofit	Public	Total
Total Support Provided Through Others:	0	588,855	588,855

W2D. **Less: Payments allocated** (c) 0

W2E. **Total Unreimbursed Support Provided Through Others ((a.3. + b.3.) - (c))** (d) 588,855

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0). . 1. Local Provider Participation Fund (LPPF) should not be included in the Annual Statement of Community Benefit).
To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.

ESTIMATED UNREIMBURSED COSTS OF GOVERNMENT-SPONSORED INDIGENT HEALTH CARE - 2021

Worksheet 3

Billed Charges for Government-sponsored Indigent Health Care Provided:(Do not include Medicare or Non-government charges.)

W3A.	Inpatient	Outpatient	Total
Medicaid(include Medicaid Managed Care charges; exclude Medicaid Disproportionate Share AND 1115 WAIVER PAYMENTS payments)	153,346,162	66,868,767	220,214,929
State Government (CSHCN, Primary Care, Kidney Health, etc.)	2,792,090	2,100,900	4,892,990
Local Government (County Indigent Health Care, other)	0	0	0
Other Government	27,396,011	6,536,769	33,932,780
Total Billed Charges	183,534,263	75,506,436	259,040,699

W3B1. **Ratio of Cost to Charge (Worksheet 1, Item d)** (Please report the ratio as a decimal) *****THIS IS A PRE-CALCULATED FIELD.** (b) 0.1255

W3B2. **Estimated Costs of Government-sponsored Indigent Health Care Provided ((a) x (b))** *****THIS IS A PRE-CALCULATED FIELD.** (c) 32,509,607

Payment Received for Government-sponsored Indigent Health Care Provided:(Do not include Medicare or non-government payments received.)

W3C1. Medicaid (include Medicaid Managed Care payments; exclude Medicaid Disproportionate Share Hospital payments) 18,603,596

W3C2. Medicaid Disproportionate Share Hospital payments 6,441,193

w3c22. Uncompensated Care Payments

7,935,607

W3C3. State Government (CSHCN, Primary Care, Kidney Health, etc.) 158,398

W3C4. Local Government (County Indigent Health Care, other). 0

W3C5. Other Government. **Champus Payments, VA and DSRIP should not be reported here; report Champus Payments in Worksheet 4B only)(Champus Payments and DSRIP "SHOULD NOT" be reported here; report "CHAMPUS Payments only in Worksheet 4b.)** 4,299,244

W3C5A. Please specify source of Other Government payments

HRSA

W3C6. **Total Payments** *****THIS IS A PRE-CALCULATED FIELD.** (d) 37,438,038

W3D. **Estimated Unreimbursed Costs of Government-sponsored Indigent Health Care ((c) - (d))1** 0

(e)

(1) Report zero (0) in (e) if estimated costs of government-sponsored indigent health care provided (c) minus total payments (d) is a negative value.

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).

To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.

UNREIMBURSED COSTS OF PROVIDING COMMUNITY BENEFITS -2021

Worksheet 4-A

Unreimbursed Costs of Subsidized Health Services:

W4AA1. Emergency Care 0

W4AA2. Trauma Care 0

W4AA3. Neonatal Intensive Care 0

W4AA4. Freestanding Community Clinics, e.g., rural health clinics 93,357

W4AA5. Collaborative effort with local government(s) and/or private agency in preventive medicine, e.g., immunization program 0

W4AA6. Other Services 0

W4AA7. **Total**
*****THIS IS A PRE-CALCULATED FIELD.** (a) 93,357

W4AB1. **Donations Made by the Hospital** (b) 25,989

W4AB2. **Unreimbursed Research-Related Costs** (c) 0

Unreimbursed Education - Related Costs:

W4AC1. Education of physicians, nurses, technicians and other medical professionals and health care providers 168,982

W4AC2. Scholarships and funding to medical schools, colleges and universities for health professions education 56,442

W4AC3. Education of patients concerning diseases and home care in response to community needs 0

W4AC4. Community health education through informational programs, publications and outreach activities in response to community needs 50,444

W4AC5. Other educational services 0

W4AC6. **Total**
*****THIS IS A PRE-CALCULATED FIELD.** (d) 275,868

W4AD. **Total Unreimbursed Costs of Providing Community Benefits ((a) + (b) + (c) + (d))** (e) 395,214
*****THIS IS A PRE-CALCULATED FIELD***.**

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EST. UNREIMBURSED COSTS OF INPAT./OUTPAT. MEDICARE, CHAMPUS AND OTHER GOV'T-SPONSORED PROGRAMS - 2021

Worksheet 4-B

Total Billed Charges for Medicare *(INCLUDE MEDICARE MANAGED CARE)*, CHAMPUS, and Other Government (DO NOT REPORT DSRIP)-sponsored

Health Care Provided: (Do not include Medicaid charges or other government charges previously reported on worksheet 3.)

W4BA1. Inpatient 300,804,514

W4BA2. Outpatient 106,883,971

W4BA3. **Total Billed Charges ***THIS IS A PRE-CALCULATED FIELD***.** (a) 407,688,485

W4BB1. **Ratio of Cost to Charge (Worksheet 1, Item d) (Please report the ratio as a decimal 0.0000) ***THIS IS A PRE-CALCULATED FIELD***.** (b) 0.1255

W4BB2. **Estimated Costs of Government-sponsored Health Care Provided (a x b) ***THIS IS A PRE-CALCULATED FIELD***.** (c) 51,164,905

Payments Received for Care Provided: (Do not include Medicaid payments received.)

W4BC1. Government Payments 53,622,839

W4BC2. Payments from Patients 158,238

W4BC3. Other Payments 848,157

W4BC4. **Total Payments ***THIS IS A PRE-CALCULATED FIELD***.** (d) 54,629,234

W4BD. **Estimated Unreimbursed Costs of Government-sponsored Health Care Provided ((c) - (d))2** (e) 0

1. Do not include charitable contributions and grants.

2. Report zero (0) in (e) if estimated cost of government-sponsored health care provided (c) minus total payments (d) is a negative value.

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY. DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).
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ESTIMATED VALUE OF TAX EXEMPT BENEFITS
2020

Worksheet 5

Franchise Tax:

W5A. The greater of Fund Balance x 0.25 percent (.0025); -OR-

Net Income plus Officers' and Directors' Compensation x 4.5 percent (.045) — (a) 291,453

Ad Valorem Taxes

	Amount of Taxes
County Property Tax (Appraised Value of Property (Real andPersonal) x Tax Rate)	212,271
School District Tax (Appraised Value of Property x Tax Rate)	524,327
Hospital District Tax (Appraised Value of Property x Tax Rate)	0
Other Property Taxes (Appraised Value of Property x Tax Rate)	233,498

W5B5. **Total Estimated Ad Valorem Taxes** — (b) 970,096

Sales Tax

W5C1. Supplies expense less pharmacy supplies expense — 12,333,243

W5C2. Lease or rental expense — 1,135,887

W5C3. Capital Purchases — 3,889,626

W5C4. Total Estimated Taxable Purchases — (1) 17,358,756

W5C5. Sales Tax Rate.......**(Please report RATE (.0000), not a percent)** — (2) 0.0825

W5C6. **Total Estimated Sales Tax (Multiply (1) by (2))**
*****THIS IS A PRE-CALCULATED FIELD.** — (c) 1,432,097

Contributions

W5D1. Nondesignated and Charitable Cash Donations received by the hospital — 51,027

W5D2. Fair Market Value of Nondesignated and Charitable In-Kind Donations — 0

W5D3. **Total Contributions** (d) 51,027

Tax-Exempt Bond Financing

W5E1. Average Outstanding Bond Principal x Prevailing Interest Rate at Time of Issuance (1) 0

W5E2. Actual Interest Expense for the Reporting Period (2) 0

W5E3. Value of Tax-Exempt Bond Financing ((1) - (2)) (e) 0

W5F. **TOTAL ESTIMATED VALUE OF TAX EXEMPT BENEFITS ((a)+(b)+(c)+(d)+(e))** (f) 2,744,673

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To navigate the worksheet pages of the Annual Statement of community benefits standards for Texas non profit hospitals please go to worksheet 1 and push save or save and validate. If you decide to exit the survey and continue at a later date go back to worksheet 1 and push save to continue to where you left off.

II. CHARITY CARE, GOVERNMENT-SPONSORED INDIGENT HEALTH CARE, AND OTHER COMMUNITY BENEFITS INFORMATION - 2021

IIA. Unreimbursed costs of charity care

	Hospital	System Total
IIA1. Unreimbursed costs of providing care to financially and medically indigent (Worksheet 1, (g))	8,448,632	
IIA2. Support to financially indigent patients provided through others (Worksheet 2, (d))	588,855	
IIA3. Unreimbursed costs of charity care (A.1. + A.2.)	9,037,487	
IIB. Unreimbursed costs of providing Government-sponsored Indigent Health Care (Worksheet 3, (e))	0	
IIC. Total Charity Care and Government-sponsored Indigent Health Care (A.3. + B.)	9,037,487	
IID. Unreimbursed costs of providing Other Community Benefits (Worksheets 4-A, (e) + 4-B, (e))	395,214	
IIE. Total Charity Care, Government-sponsored Indigent Health Care, and Other Community Benefits (C. + D.)	9,432,701	

If you're reporting as a system, please provide system aggregate data for sections I, II, and III

PLEASE PRESS SAVE OR SAVE AND VALIDATE TO CONTINUE OUR WORKSHEET SECTION OF THE SURVEY.DO NOT LEAVE ANY SECTION BLANK, REPORT ZERO (0).

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STD **STANDARDS - Please check the appropriate box (A, B or C) below and provide the requested information.**

TaxID. Taxpayer Number: 74-2206635

STDI1. Net Patient Revenue (include Medicaid Disproportionate Share Hospital payments):**(exclude Local Provider Participation Funds (LPPF) and DSRIP= the incentive payments from "Net Patient Revenue) TREAT BAD DEBT AS A DEDUCTION FROM NET REVENUE**

Hospital	System
111,748,018	

STDI2. The hospital has been designated as a**disproportionate share hospital** under the state Medicaid program in the period covered by this report (2021) or in either of its two previous fiscal years. Completion of section I-3. or I-4. is not required.

I-2
[x]

I3. STANDARDS - Please check the appopriate box (A, B, or C) below and provide the requested information.

A. Charity care and government-sponsored indigent health care are provided at a level which is reasonable in relation to the community needs, as determined through the community needs assessment, the available resources of the hospital, and the tax-exempt benefits received by the hospital.

A.[ ]

	Hospital
STDI3A1. Tax exempt benefits (Worksheet 5)	
STDI3A2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year	

B. Charity care and government-sponsored indigent health care are provided in an amount equal to at least 100 percent of the hospital's tax-exempt benefits, excluding federal income tax. (Standard B is met if B.4. is greater than or equal to B.3.)

[ ] B.

	Hospital	System
STDI3B1. Tax-exempt benefits (Worksheet 5)		
STDI3B2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STDI3B3. Total of B.1. and B.2. above		
STDI3B4. Enter the total from item II.C		

C. Charity care and community benefits are provided in a combined amount equal to at least five (5) percent of the hospital s net patient revenue, provided that charity care and government-sponsored indigent health care are provided in an amount equal to at least four (4) percent of net patient revenue. (Standard C is met if C.4. is greater than or equal to C.3. and C.8. is greater than or equal to C.7.)

C.[ ]

	Hospital	System
STDI3C1. Multiply Net Patient Revenue (I-1.) by 5%		
STDI3C2. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STDI3C3. Total of C.1. and C.2. above		
STDI3C4. Enter the amount recorded in item II.E.		
STDI3C5. Multiply Net Patient revenue (I-1.) by 4%		
STDI3C6. Shortfall in charity care and government-sponsored indigent health care from the prior fiscal year		
STDI3C7. Total of C.5. and C.6. above		
STDI3C8. Enter the amount recorded in item II.C.		

I4. Check this box if your hospital **did not meet** any of the standards in sections I-3. Please attach explanatory information.

[ ] I-4

I5. Certification Contact Information - Annual Statement of Community Benefits

Coordinator Name	Coordinator Title	Phone	Fax	Electronic/internet Mail address
Trish Van Matre	Controller	(956) 323-1025	(956) 323-1030	pvanmatre@primehealthcare.com

If you're reporting as a system, please provide system aggregate data

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Part II

Texas Nonprofit Hospitals*
Part II

Summary of Current Charity Care Policy and Community Benefits for Inclusion in DHSH Charity Care Manual as Required by Texas Health and Safety Code, 311.0461** 2021

Name of Hospital:	Mission Regional Medical Center
County:	Hidalgo
Mailing Address:	900 S. Bryan Road, Mission, Texas 78572
Physical Address if different from above:	________________
Effective Date of the current policy:	01/01/2020 (mm/dd/yyyy)
Date of Scheduled Revision of this policy:	01/03/2022 (mm/dd/yyyy)
How often do you revise your charity care policy?	Reviewed annually, revised as needed

Provide the following information on the office and contact person(s) processing requests for charity care.

Name of the office/department:	Patient Access
Mailing Address:	900 S. Bryan Road, Mission, Texas 78572
Contact Person:	Lupe Bautista
Title:	Patient Access Director
Phone:	(956) 323-1804
Fax:	(956) 323-1817
E-Mail: *	mbautista6@primehealthcare.com

Person completing this form if different from above:

Name: Trish Van Matre

Phone: (956) 323-1025

*This summary form is to be completed by each nonprofit hospital. Hospitals in a system must report on an individual hospital basis. Public hospitals, for-profit hospitals participating in the Medicaid disproportionate share hospital program and exempt hospitals are not required to complete this form. This form is also available in PDF format at DSHS web site: www.dshs.state.tx.us/chs/hosp under 2020 Annual Statement of Community Benefits Standard.

This information will be made available for public use. Please report most current information on the charity care policy and community benefits provided by the hospital.

I. Charity Care Policy:

1. Include your hospital's Charity Care Mission statement in the space below.

Mission Regional Medical Center (MRMC) provides care to individuals regardless of their ability to pay. The level of charity is determined in accordance with the attached Charity Care Policy.

2. Provide the following information regarding your hospital's current charity care policy.

a. Provide the definition of **charity care** for your hospital.
Charity care is provided to those who meet the guidelines set forth in our Charity Care Policy based on financial income, family size and other considerations.

b. What percentage of the federal poverty guidelines is financial eligibility based upon?

( ) Less then 100 %
( ) Less then 133 %
( ) Less then 150 %
(x) Less then 200 %
( ) Other, specify ______________

c. Is eligibility based upon net or gross income?

( ) Net
(x) Gross

d. Does your hospital have a charity care policy for the Medically indigent?

(x) Yes ( ) No

If yes, provide the definition of the term **Medically Indigent**.

An individual who does not meet the poverty guidelines but has medical bills far exceeding their ability to pay.

e. Does your hospital use an Assets test to determine eligibility for charity care?

( ) Yes (x) No

If yes, please briefly summarize method:

____

f. Whose income and resources are considered for income and/or assets eligibility determination?

[ ] 1. Single parent and children
[ ] 2. Mother, Father and Children
[x] 3. All family members
[ ] 4. All household members
[ ] 5. Other, please explain ______________

g. What is included in your definition of income from the list below? Check all that apply.

[x] 1. Wages and salaries before deductions
[x] 2. Self-employment income
[x] 3. Social security benefits
[x] 4. Pensions and retirement benefits
[x] 5. Unemployment compensation
[x] 6. Strike benefits from union funds
[x] 7. Worker's compensation
[x] 8. Veteran's payments
[x] 9. Public assistance payments
[x] 10. Training stipends
[x] 11. Alimony
[x] 12. Child support
[x] 13. Military family allotments
[x] 14. Income from dividends, interest, rents, royalties
[x] 15. Regular insurance or annuity payments
[x] 16. Income from estates and trusts
[x] 17. Support from an absent family member or someone not living in the household
[x] 18. Lottery winnings
[ ] 19. Other, specify: ______________

3. Does application for charity care require completion of a form?

(x) Yes ( ) No

If Yes:

a. **Please send a copy of the charity care application form.**

b. How does a patient request an application form? Check all that apply.

[x] 1. By telephone
[x] 2. In person
[x] 3. Other, please specify: Mail

c. Are charity care application forms available in places other than the hospital? *

(x) Yes ( ) No *

If Yes, please provide the name and address of the place:

Name: Maternity Clinic

Address: 910 S. Bryan Road, Suite 101, Mission, Texas 78573

d. Is the application form available in language(s) other than English? *

(x) Yes ( ) No *

If yes, please check:

[x] Spanish
[ ] Other please specify: ______________

4. When evaluating a charity care application:

a. How is the information verified by the hospital?

(x) 1. The hospital independently verifies information with third party evidence (W2, pay stubs)
( ) 2. The hospital uses patient self-declaration
( ) 3. The hospital uses both independent verification and patient self-declaration

b. What documents does your hospital use/require to verify income, expenses, and assets? Check all that apply.

[x] 1. W2-form
[x] 2. Wage and earning statement
[x] 3. Pay check remittance
[x] 4. Worker's compensation
[x] 5. Unemployment compensation determination letters
[x] 6. Income tax returns
[x] 7. Statement from employer
[x] 8. Social security statement of earnings
[x] 9. Bank statements
[x] 10. Copy of checks
[ ] 11. Living expenses
[ ] 12. Long term notes
[x] 13. Copy of bills
[ ] 14. Mortgage statements
[ ] 15. Document of assets
[x] 16. Documents of sources of income
[x] 17. Telephone verification of gross income with the employer
[x] 18. Proof of participation in govt assistance programs such as Medicaid
[x] 19. Signed affidavit or attestation by patient
[ ] 20. Veterans benefit statement
[ ] 21. Other, please specify: ______________

5. When is a patient determined to be a charity care patient? Check all that apply.

[x] a. At time of admission
[x] b. During hospital stay
[x] c. At discharge
[x] d. After discharge
[ ] e. Other, please specify ______________

6. How much of the bill will your hospital cover under the charity care policy? Check all that apply.

[ ] a. 100%
[x] b. A specified amount/percentage based on the patient's financial situation
[ ] c. A minimum or maximum dollar or percentage amount established by the hospital
[ ] d. Other, please specify ______________

7. Is there a charge for processing an application/request for charity care assistance?

( ) Yes (x) No

8. How many days does it take for your hospital to complete the eligibility determination process?

9. How long does the eligibility last before the patient will need to reapply?

( ) a. Per admission
( ) b. Less than six months
( ) c. One year
(x) d. Other, specify 30 days

10. How does the hospital notify the patient about their eligibility for charity care? Check all that apply.

[x] a. In person
[x] b. By telephone
[x] c. By correspondence
[ ] d. Other, specify ______________

11. Are all services provided by your hospital available to charity care patients?

( ) Yes (x) No

If NO, please list services not covered for charity care patients (e.g. transplant services, ER services, other outpatient services, physician's fees).

Elective procedures

12. Does your hospital pay for charity care services provided at hospitals owned by others?

( ) Yes (x) No

II. Community Benefits Projects/Activities:

Provide information on name, brief description (3 lines), target population or purpose (3 lines) for each of the community benefits projects/activities CURRENTLY being undertaken by your hospital (example: diabetes awareness). If more space is needed, please send additional information in a Word or PDF file. *

Based on information gathered through the last CHNA conducted by MRMC in 2018, the following areas were identified as priorities and will be addressed through MRMC's Implementation Strategy for fiscal years 2019-2021. 1. Access to care, including access to primary care and specialists. 2. Chronic disease management (Heart Disease, Stroke, Diabetes, Cancer and Kidney Disease). 3. Lack of health knowledge and education. 4. Mental health and addiction. 5. Nutrition 6. Obesity 7. Preventative Care

Additional Information:

____

Appendix A

Mission Regional Medical Center

		Page(s):	1 of 13
Subject:	**Financial Assistance Policy (Non-Profit Facilities)**	**Formulated:**	**10/2016**
Manual:	**Patient Financial Services**	**Reviewed:**	**10/2016, 12/2018**
Corporate Board Approval	**Date:**	**Last Revised:**	**12/2018**

I. Policy:

Prime Healthcare nonprofit facilities, including Mission Regional Medical Center (the "Hospital"), offer a financial assistance program for those patients who meet the eligibility tests described below. The intent of this Financial Assistance Policy (the "Policy") is to satisfy the requirements of Section 501(r) of the Internal Revenue Code and Texas Health & Safety Code sections 311.031 to 311.048 and 324.101; all provisions should be interpreted accordingly.

A significant objective of Prime Healthcare nonprofit facilities is to provide care for patients in times of need. Prime Healthcare nonprofit facilities provide charity care and a discounted payment program as a benefit to the communities we serve as not-for-profit hospitals. To this end, Prime Healthcare nonprofit facilities are committed to assisting low-income and/or uninsured eligible patients with appropriate discount payment and charity care programs. All patients will be treated fairly, with compassion and respect. Notwithstanding anything else in this Policy, no individual who is determined to be eligible for financial assistance will be charged more for emergency or other medically necessary care than the Amounts Generally Billed to individuals who have insurance covering such care.

Financial assistance policies must balance a patient's need for financial assistance with the Hospital's broader fiscal stewardship. Financial assistance through discount payment and charity care programs is not a substitute for personal responsibility. It is the patients' responsibility to actively participate in the financial assistance screening process and where applicable, contribute to the cost of their care based upon their ability to pay. Outside debt collection agencies and the Hospital's internal collection practices will reflect the mission and vision of the Hospital.

This Policy applies to all emergency and other medically necessary care provided by the Hospital or a substantially-related entity working in the Hospital. This Policy applies only to charges for Hospital services and is not binding upon other providers of medical services who are not employed or contracted by Hospital to provide medical services, including physicians who treat Hospital patients on an emergency, inpatient or outpatient basis. A list of providers that deliver care in the hospital is available at www.missionrmc.org. This list specifies which providers are and are not covered by this Policy. Physicians not covered by this Policy who provide services to patients who are uninsured or cannot pay their medical bills due to high medical costs may have their own financial assistance policies to provide assistance.

II. Definitions:

"Amounts Generally Billed": The amounts generally billed ("AGB") for emergency or other medically necessary services to individuals eligible for the discounted payment program. The Hospital calculates the AGB for a patient using the prospective method as defined in the Treasury Regulations. Under the

prospective method, AGB is calculated using the billing and coding process the Hospital would use if the individual were a Medicare fee-for-service beneficiary using the currently applicable Medicare rates provided by the Centers for Medicare & Medicaid Services.

"Emergency and Medically Necessary": Any hospital emergency, inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

"Extraordinary Collection Actions": An Extraordinary Collection Action means any collection action involving certain sales of debt to another party, reporting adverse information to credit agencies or bureaus, or deferring or denying, or requiring a payment before providing, medically necessary care because of an individual's nonpayment of one or more bills for previously provided care covered under the hospital's Financial Assistance Policy, or any action requiring a legal or judicial process, including placing a lien, foreclosing on real property, attaching or seizing of bank accounts or other personal property, commencing a civil action against an individual, taking actions that cause an individual's arrest, taking actions that cause an individual to be subject to body attachment, and garnishing wages, in each case as further described in Treasury Regulations Section 1.501(r)-6.

"Family": (1) for persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and (2) for persons under 18 years of age, parent, caretaker, relatives, and other children under 21 years of age of the parent or caretaker relative.

"Financially indigent": A financial indigent patient is a person who is uninsured or underinsured and is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the Hospital's eligibility criteria set forth in this policy.

"Medically Indigent": A medically indigent patient is a person whose medical or hospital bills, after payment by third-party payors, exceed a specified percentage of the patient's annual gross income, determined in accordance with the Hospital's eligibility criteria set forth in this policy, and the person is financially unable to pay the remaining bill.

"Plain Language Summary": The summary of the Financial Assistance Policy attached hereto as Exhibit 2, intended to comply with Treasury Regulations Section 1.501(r)-1(b)(24).

III. Procedure:

1. Eligibility for Financial Assistance

A. Self-Pay Patients

A patient qualifies for **charity care** as described in Section (III)2 below if all of the following conditions are met: (1) the patient does not have third party coverage from a health insurer, health care service plan, union trust plan, Medicare, or Medicaid, or is underinsured, as determined and documented by the hospital; (2) the patient's injury is not a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital; (3) the income of the Patient's Family does not exceed two hundred percent (200%) of the

current Federal Poverty Level; **and** (4) the patient has monetary assets of less than ten thousand dollars ($10,000.00).

A patient qualifies for the **discounted payment program** if all of the following conditions are met: (1) the income of the Patient's Family is greater than two hundred percent (200%) but less than four hundred percent (400%) of the current Federal Poverty Level; (2) the patient has monetary assets of less than ten thousand dollars ($10,000.00); **and** (3) the patient has out-of-pocket medical expenses in the prior twelve (12) months (whether incurred or paid in or out of any hospital) exceeding ten percent (10%) of Family income.

B. Insured Patients

A patient who has third party coverage or whose injury is a compensable injury for purposes of workers' compensation, automobile insurance, or other insurance as determined and documented by the hospital does not qualify for charity care, but may qualify for the discounted payment program if he or she (i) has a Family income greater than two hundred percent (200%) but less than four hundred percent (400%) of the current Federal Poverty Level; and (ii) has out-of-pocket medical expenses in the prior twelve (12) months (whether incurred or paid in or out of any hospital) exceeding ten percent (10%) of Family income. If eligible, the Medically Indigent patient's payment obligation will be an amount equal to the difference between what the Hospital receives from the insurance carrier and the Discounted Payment Maximum. If the amount paid by insurance exceeds the Discounted Payment Maximum, the patient will have no further payment obligation.

C. Other Circumstances

The Director of the Hospital's Patient Financial Services, (PFS) Department shall also have the discretion to extend charity care or the discounted payment program to patients under the following circumstances:

(i) The patient qualifies for limited benefits under the state's Medicaid program, i.e., limited pregnancy or emergency benefits, but does not have benefits for other services provided at the Hospital. This includes non-covered services related to:

- Services provided to Medicaid beneficiaries with restricted Medicaid (i.e., patients that may only have pregnancy or emergency benefits, but receive other care from the Hospitals);
- Medicaid pending applications that are not subsequently approved, provided that the application indicates that the patient meets the criteria for charity care;
- Medicaid or other indigent care program denials;
- Charges related to days exceeding a length of stay limit; and
- Any other remaining liability for insurance payments.

(ii) The patient qualifies for a County Indigent Health Care Program but no payment is received by the Hospital.

(iii) Reasonable efforts have been made to locate and contact the patient, such efforts have been unsuccessful, and the PFS Director has reason to believe that the patient would qualify for charity care or the discounted payment program, i.e., homeless.

(iv) A third party collection agency has made efforts to collect the outstanding balance and has recommended to the Hospital's PFS Director that charity care or the discounted payment program be offered.

D. Determination of Family Income

For purposes of determining eligibility for the discounted payment program, documentation of income of the patient's Family shall be limited to recent pay stubs or income tax returns.

In determining a patient's monetary assets, the Hospital shall not consider retirement or deferred compensation plans qualified under the Internal Revenue Code, non-qualified deferred compensation plans, the first ten thousand dollars ($10,000.00) of monetary assets, and fifty percent (50%) of the patient's monetary assets over the first ten thousand dollars ($10,000.00).

E. Federal Poverty Levels

The measure of the Federal Poverty Level shall be made by reference to the most up to date Health and Human Services Poverty Guidelines for the number of persons in the patient's family or household. The Federal Poverty Levels as of 2018 are as follows:

SOURCE: Federal Register, Vol. 83, No. 12, January 18, 2018, pp. 2642-2644

2018 Poverty Guidelines for the 48 Contiguous States and the District of Columbia		
Persons in Family/Household	Poverty Guideline	400% of Poverty Guideline
1	$12,140	$48,560
2	$16,460	$65,840
3	$20,780	$83,120
4	$25,100	$100,400
5	$29,420	$117,680
6	$33,740	$134,960
7	$38,060	$152,240
8	$42,380	$169,520
For families/households with more than 8 persons, see https://aspe.hhs.gov/poverty-guidelines.		

2. Charity Care and Discounted Payment Program

Financial assistance may be granted in the form of full charity care or discounted care, depending upon the patient's level of eligibility as defined in this Policy.

The patient balances for those patients who qualify for charity care, as determined by the Hospital, shall be reduced to a sum equal to zero dollars ($0) with the remaining balance eliminated and classified as charity care.

The patient balances for those patients who qualify for the discounted payment program will be reduced; any discount will be applied against the gross charges for hospital services provided.

Discounted payments will be limited to the highest amount paid by Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or any other government-sponsored health program in which the Hospital participates (the "Discounted Payment Maximum"). The discount payment policy shall also include an interest-free extended payment plan to allow payment of the discounted price over time. The Hospital and the patient shall negotiate the terms of an extended payment plan, taking into consideration the patient's Family income and essential living expenses.

Once a complete financial assistance application is received, the Hospital must make a determination and provide a written notice of the decision and the basis relied on. If the patient is found eligible for assistance, a new billing statement will be sent which indicates how the discounted amount was calculated and states where to find the AGB. The Hospital will refund any amount collected in excess of the revised charges and reverse any Extraordinary Collection Actions that have been initiated. If a financial assistance application is received and is incomplete, the Hospital will provide written notice of the outstanding items and wait a reasonable period of time before initiating or resuming Extraordinary Collection Actions. If a complete application is received within the two hundred forty (240) day application period described below, any Extraordinary Collection Actions will be suspended while a determination of eligibility is made.

3. Application Process

Any patient who requests financial assistance will be asked to complete a financial assistance application. The financial assistance application form is attached as Exhibit 1 to this Policy. The application includes the office address and phone number to call if the patient has any questions concerning the financial assistance program or application process. The Hospital shall ensure that all employees likely to encounter patients that may need financial assistance are fully informed of and have access to this Policy, the Plain Language Summary, and the financial assistance application, and shall provide reasonable assistance to patients with the application process.

A patient is expected to submit the financial assistance promptly following care. A patient has up to two hundred forty (240) days following the date of first post-discharge statement in which to submit an application for financial assistance.

The financial assistance application requests patient information necessary for determining patient eligibility under the Financial Assistance Policy, including patient or family income and patient's family size. The Hospital will not request any additional information other than the information requested in the financial assistance application. A patient seeking financial assistance, however, may voluntarily provide additional information if they so choose. Qualification for financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

4. Resolution of Disputes

Any disputes regarding a patient's eligibility to participate in the Charity Care Program shall be directed and resolved by the Hospital's Chief Financial Officer.

5. **Publication of Policy**

In order to ensure that patients are aware of the existence of the Financial Assistance Policy, the Hospital shall widely disseminate the existence and terms of this Policy throughout its service area. In addition to other appropriate efforts to inform the community about the Policy in a way targeted to reach community members most likely to need financial assistance, the following actions shall be taken:

A. Written Notice to All Patients

Each patient who is seen at a Prime Healthcare nonprofit facility, whether admitted or not, shall receive the Plain Language Summary, which is attached hereto as Exhibit 2. The notice shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

B. Posting of Notices

The notices attached hereto as Exhibit 3:

- shall be clearly and conspicuously posted in locations that are visible to the patients in the following areas: (1) Emergency Department; (2) Billing Office; (3) Admissions Office; and (4) other outpatient settings.
- shall be printed in the Hospital's patient guide or other material that provides patients with information about the Hospital's admissions criteria.
- shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

C. Notices to Accompany Billing Statements

Every post-discharge statement shall include a copy of the notice attached hereto as Exhibit 4. Each bill that is sent to a patient who has not provided proof of coverage by a third party at the time care is provided or upon discharge must include a statement of charges for services rendered by the Hospital and the notices attached hereto as Exhibits 4 and 5.

These notices shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy.

D. Availability of Financial Assistance Documents

The Hospital shall post a copy of this Policy, the Plain Language Summary and the financial assistance application on its website and make all such documents available for free download. Such documents shall be available in the emergency room and admissions office and by mail upon request. The Hospital shall also annually publish notice of the Hospital's financial assistance program and this Policy in a local newspaper of general circulation in the county served by the Hospital. The documents shall be provided in non-English languages spoken by a substantial number of the patients served by the Hospital as provided in section III(5)(E) of this Policy and in language readily understandable to the average reader.

E. Accessibility to Limited English Proficient Individuals

The Hospital shall make translations of this Policy, the Plain Language Summary, and the financial assistance application available in any language that is the primary language of the lesser of one thousand (1,000) individuals or five percent (5%) of the population of the communities served by the Hospital.

6. Efforts to Obtain Information Regarding Coverage & Applications for Medicaid and CHIP

The Hospital shall make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the Hospital to a patient including, but not limited to, the following:

(1) private health insurance, including coverage offered through the federal health insurance marketplace; (2) Medicare; and/or (3) the Medicaid program, CHIP, the Texas Children with Special Health Care Needs Program, or other state-funded programs designed to provide health coverage.

If a patient does not indicate that he/she has coverage by a third party payor or requests a discounted payment program or charity care then the patient shall be provided with an application for the Medicaid program, CHIP, or other governmental program prior to discharge.

7. Collection Activities

Prime Healthcare nonprofit facilities may use the services of an external collection agency for the collection of patient debt. No debt shall be advanced for collection until the Director of the Hospital PFS or his/her designee has reviewed the account and approved the advancement of the debt to collection. Prime Healthcare nonprofit facilities shall obtain an agreement from each collection agency that it utilizes to collect patient debt that the agency will comply with the requirements of this Policy and applicable state law. For accounting purposes, any account that qualifies for bad debt under the Hospital's internal policy, but is not deemed as bad debt (resulting from revenue recognition accounting standards), will be considered and reported as patient financial assistance as a reduction to Hospital revenue.

If a patient does not apply for financial assistance or is denied financial assistance and fails to pay their bill, the patient may be subject to various collection actions, including Extraordinary Collection Actions. Notwithstanding the foregoing, neither the Hospital nor any collection agency with which it contracts shall engage in any Extraordinary Collection Actions (i) at any time prior to one hundred fifty (150) days following the first post-discharge statement sent to a patient or (ii) without first making reasonable efforts to determine whether a patient is eligible for financial assistance under this Policy. In addition, and even if the above two conditions are satisfied, Hospital or its contracted collection agencies must send a notice to the patient at least thirty (30) days before commencing any Extraordinary Collection Actions, which specifies the following: (i) collection activities the Hospital or contracted collection agency may take, (ii) the date after which such actions may be taken (which date shall be no earlier than thirty (30) days of the notice date, (iii) that financial assistance is available for eligible patients. A copy of the Plain Language Summary will be included with such notice. Reasonable efforts must be made (and documented) to orally notify patients of this Policy. If the patient applies for

financial assistance, any Extraordinary Collection Actions that may be in process will be suspended immediately pending the decision on the patient's application.

In addition, if a patient is attempting to qualify for eligibility under this Policy and is attempting in good faith to settle an outstanding bill with the hospital by negotiating a reasonable payment plan or making regular partial payments of a reasonable amount, the Hospital shall not send the unpaid bill to any collection agency.

The Hospital shall not, in dealing with patients eligible under this Policy, use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills.

Exhibit 1 [Financial assistance application]

Exhibit 2 [Financial Assistance Plain Language Summary]

Plain Language Summary of
Mission Regional Medical Center Financial Assistance Policy

Eligibility: Mission Regional Medical Center offers reduced or no charge services for emergency and other medically necessary care for individuals eligible under our Financial Assistance Policy. Eligibility is based on the Hospital's Financial Assistance Policy, which includes using the Federal Poverty Level guidelines, number of dependents, and gross annual income along with supporting income documents.

Income Guidelines: If meeting the Hospital's Financial Assistance Policy requirements, uninsured or underinsured patients with family income below 200% of the current Federal Poverty Level and less than $10,000 in monetary assets will qualify for a 100% discount on their qualifying Hospital services. Patients with family income greater than 200% but less than 400% of current Federal Poverty Level, less than $10,000 in monetary assets and excessive medical costs, and insured patients with family income less than 400% of current Federal Poverty Level and excessive medical costs, may qualify for partially discounted care and extended payment plans. Patients eligible for financial assistance will not be charged more than the amount generally billed for emergency or other medically necessary care to individuals having insurance coverage.

For More Information: The full Financial Assistance Policy and a Financial Assistance Application Form are available at our website, www.missionrmc.org, or by mail at no charge by calling 956-323-1800. Paper copies may be also obtained in person from our Billing Office at 900 S. Bryan Rd., Mission, TX, 78572. Applications are available in non-English languages spoken by large segments of the community. For further questions or assistance in completion of the Financial Assistance Application, please call our Billing Office at 956-323-1800.

Exhibit 3 [Notices to be posted in Emergency Department, Billing Office, Admissions Office, and other outpatient settings, and printed in hospital patient guide]

CHARITY CARE & DISCOUNTED PAYMENT PROGRAM

PATIENTS WHO LACK INSURANCE OR HAVE INADEQUATE INSURANCE AND MEET CERTAIN LOW- AND MODERATE-INCOME REQUIREMENTS MAY QUALIFY FOR DISCOUNTED PAYMENTS OR CHARITY CARE. THE EMERGENCY DEPARTMENT PHYSICIANS AND OTHER PHYSICIANS WHO ARE NOT EMPLOYEES OF THE HOSPITAL MAY ALSO PROVIDE CHARITY CARE OR DISCOUNTED PAYMENT PROGRAMS. PLEASE CONTACT 956-323-1800 FOR FURTHER INFORMATION.

REPORTING OF FINANCIAL ASSISTANCE

In keeping with its mission, Mission Regional Medical Center prepares and submits an annual report of the Hospital's financial assistance program and information relating to the provision of government-sponsored indigent health care and other community benefits to the Texas Department of State Health Services. This report is public information and is available upon request from the Texas Department of State Health Services.

Exhibit 4 [Notice to be included in *all* post-discharge billing statements]

Charity Care & Discounted Payment Program

Patients who lack insurance or who have inadequate insurance and meet certain low-and moderate-income requirements may qualify for discounted payments or charity care. Patients seeking discounted or free care must obtain and submit an application that will be reviewed by the Hospital. No patient eligible for financial assistance will be charged more for emergency or medically necessary care than amounts generally billed to individuals who have insurance covering such care. For more information, copies of documentation, or assistance with the application process, please contact the Hospital at 956-323-1800 or you may visit www.missionrmc.org or 900 S. Bryan Rd., Mission, TX, 78572 to obtain further information. Free copies of financial assistance documentation may also be sent to you by mail and are available in non-English languages spoken by a substantial number of the patients served by the Hospital. The Emergency Department physicians and other physicians who are not employees of the Hospital may also provide charity care or discounted payment programs. Please contact 956-323-1800 for further information.

Exhibit 5 [Notice to be included in post-discharge billing statements

to patients who have not provided proof of insurance]

Our records indicate that you do not have health insurance coverage or coverage under Medicare, Medicaid, CHIP, or other similar programs. If you have such coverage, please contact our office at 956-323-1800 as soon as possible so the information can be obtained and the appropriate entity billed.

If you do not have health insurance coverage, you may be eligible for Medicare, Medicaid, CHIP, coverage offered through the federal health insurance marketplace, the Texas Children with Special Health Care Needs Program, other state- or county-funded health coverage, or Prime Healthcare nonprofit facilities charity care or discounted payment program. For more information about how to apply for these programs, please contact the Prime Healthcare nonprofit facility PFS Designee at 956-323-1800 who will be able to answer questions and provide you with applications for these programs.

Patients who lack insurance or have inadequate insurance and meet certain low- and moderate-income requirements may qualify for discounted payments or charity care. Patients should contact the Prime Healthcare nonprofit facility or PFS Designee, at 956-323-1800 to obtain further information. If a patient applies, or has a pending application, for another health coverage program at the same time that he or she applies for a Prime Healthcare nonprofit facilities charity care or discounted payment program, neither application shall preclude eligibility for the other program.

Appendix B

COMMUNITY HEALTH NEEDS ASSESSMENT

2021

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Questions and/or comments regarding Mission Regional Medical Center's Community Health Needs Assessment may be directed to:

Lester Surrock, Chief Financial Officer, Mission Regional Medical Center
900 South Bryan Road
Mission, Texas 78572
lsurrock@primehealthcare.com

EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

Identified Priority	Correlated Community Health Need
Access To / Availability of Health Care Services	► Lack of Primary Care Physicians / Hours ► Lack of Specialists / Hours ► Preventative Care ► Services for the Aging
Healthy Lifestyle Choices	► Lack of Health Knowledge / Education ► Poor Nutrition / Limited Access to Healthy Food Options ► Obesity
Management and Treatment of Chronic Diseases	► Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS

HOW THE ASSESSMENT WAS CONDUCTED

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

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

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

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

LIMITATIONS AND INFORMATION GAPS

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

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

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

GENERAL DESCRIPTION OF MISSION REGIONAL MEDICAL CENTER

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

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

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

DESCRIPTION OF SERVICES PROVIDED BY MISSION REGIONAL MEDICAL CENTER

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

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

The medical Center's services include:

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

COMMUNITY SERVED BY MISSION REGIONAL MEDICAL CENTER

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

DEFINED COMMUNITY

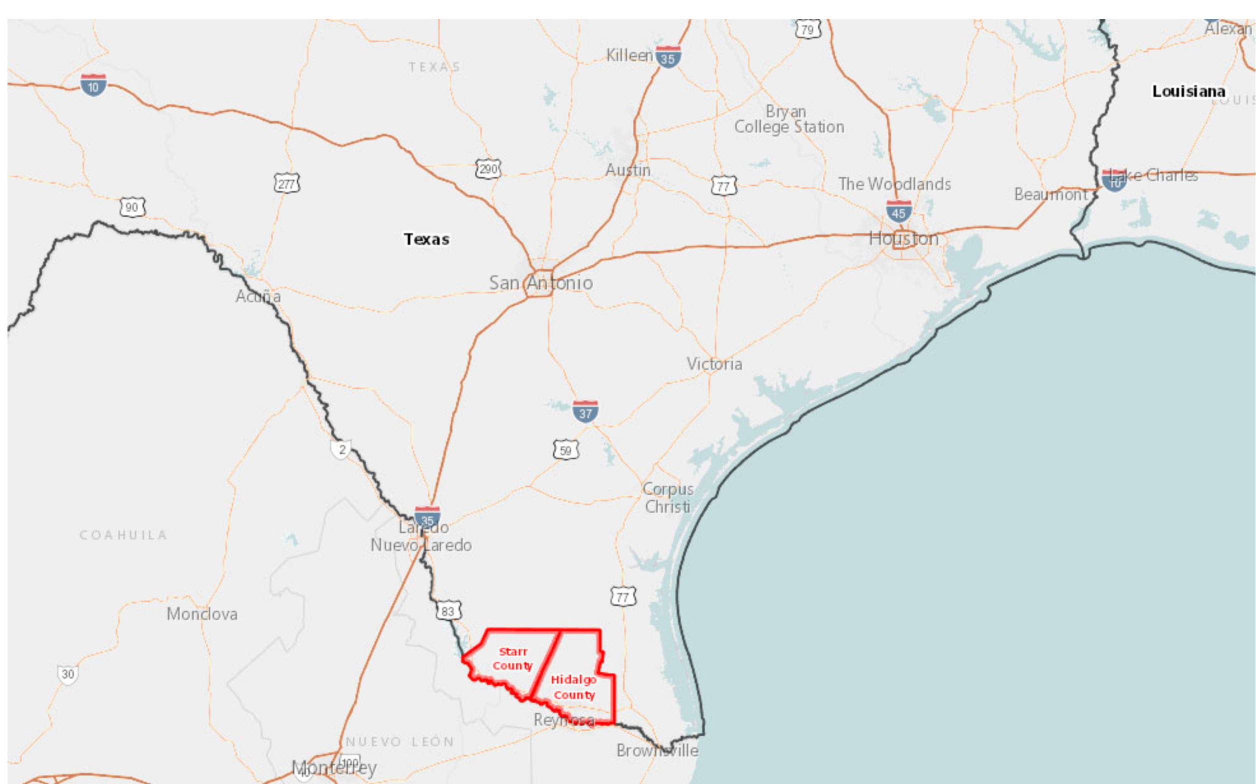
A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of

hospital services provides the clearest definition of the community. Based on the patient origin of inpatient and outpatient discharges, management has identified the CHNA community to include Hidalgo and Starr Counties, hereafter referred to as the "CHNA Community". Based on analysis of patient discharge zip codes, the CHNA community represents more than 75% of total discharges.

COMMUNITY DETAILS

IDENTIFICATION AND DESCRIPTION OF GEOGRAPHICAL COMMUNITY

The following map geographically illustrates the Hospital's community. The map below displays the Hospital's geographic relationship to the community, as well as significant roads and highways.



COMMUNITY POPULATION AND DEMOGRAPHICS

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

Demographic Characteristics

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

Population Age Distribution

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

Total Population by Race Alone

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

Total Population by Ethnicity Alone

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

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

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

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

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

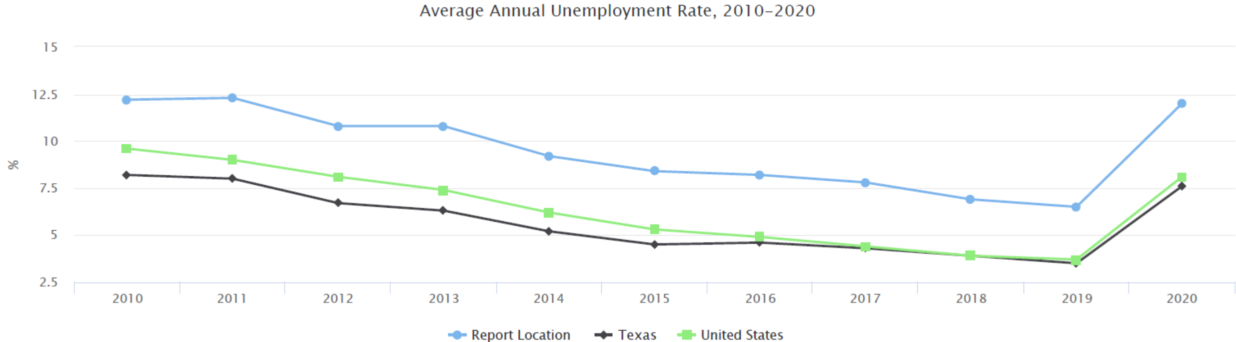
INCOME AND EMPLOYMENT

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

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

UNEMPLOYMENT RATE

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



POVERTY

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

UNINSURED

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

30.6% Percent uninsured in CHNA Community

17.2% Percent uninsured in Texas

8.8% Percent uninsured in United States

EDUCATION

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

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

Bachelor's Degree or Higher	
CHNA Community	18.1%
Texas	29.9%
United States	32.2%

PHYSICAL ENVIROMENT OF THE COMMUNITY

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

GROCERY STORE ACCESS

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

FOOD ACCESS/FOOD DESERTS

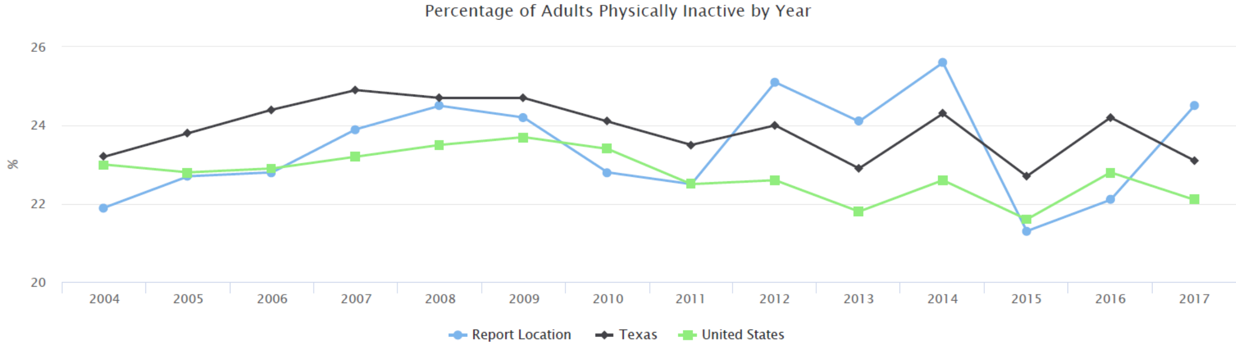
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in is relevant because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

RECREATION AND FITNESS FACILITY ACCESS

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

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

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



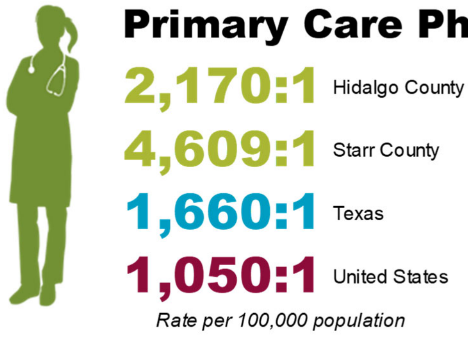
CLINICAL CARE OF THE COMMUNITY

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

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

ACCESS TO PRIMARY CARE

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



HEALTH STATUS OF THE COMMUNITY

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

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

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

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

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

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

LEADING CAUSES OF DEATH

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

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

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

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

HEALTH OUTCOMES AND FACTORS

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

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

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

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

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

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

Data Source: Countyhealthrankings.org

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

Data Source: Countyhealthrankings.org

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

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

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

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

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

CANCER INCIDENCE

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

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

DIABETES (ADULT)

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

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

HEART DISEASE (MEDICARE POPULATION)

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

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

OBESITY

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

Obesity	
CHNA Community	37.9%
Hidalgo County	38.3%
Starr County	32.2%
Texas	31.3%
United States	29.5%

LOW BIRTH WEIGHT

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

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

PRIMARY DATA ASSESSMENT

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

METHODOLOGY

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

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

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

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

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

KEY INFORMANT PROFILES

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

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

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

KEY INFORMANT SURVEY QUESTIONS

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

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

RESULTS FROM COMMUNITY INPUT

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HEALTH ISSUES OF VULNERABLE POPULATIONS

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

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

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

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

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

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

LEADING CAUSES OF DEATH

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

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

HEALTH OUTCOMES AND FACTORS

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

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

PRIMARY DATA

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

HEALTH NEEDS OF VULNERABLE POPULATIONS

Health needs of vulnerable populations were included for ranking purposes.

PRIORITIZATION METHODOLOGY

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

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

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

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

MANAGEMENT'S PRIORITIZATION PROCESS

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

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

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

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

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

COMMUNITY RESOURCES

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

HOSPITALS

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

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

Facility	Address
Mission Regional Medical Center	900 South Bryan Road Mission, TX 78572-6613
South Texas Health System McAllen	301 West Expressway 83 Mcallen, TX 78503-3045
Solara Specialty Hospitals McAllen	301 West Expressway 83 Mcallen, TX 78503-3045
Rio Grande Regional Hospital	101 East Ridge Road Mcallen, TX 78503-1299
DHR Health	5501 South Mccoll Road Edinburg, TX 78539

Facility	Address
Cornerstone Regional Hospital	2302 Cornerstone Boulevard Edinburg, TX 78539-8471
South Texas Health System Edinburg	1102 West Trenton Road Edinburg, TX 78539-6199
Weslaco Regional Rehabilitation Hospital	906 South James Street Weslaco, TX 78596
Knapp Medical Center	1401 East Eighth Street Weslaco, TX 78596-6640

OTHER HEALTH CARE FACILITIES

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

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

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

APPENDICES

APPENDIX A – ANALYSIS OF DATA

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

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

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

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

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

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

ANALYSIS OF HEALTH OUTCOMES: HIDALGO COUNTY

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

ANALYSIS OF HEALTH OUTCOMES: STARR COUNTY

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

ANALYSIS OF PRIMARY DATA – KEY INFORMANT SURVEYS

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

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

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

APPENDIX B – ACKNOWLEDGEMENT OF KEY INFORMANTS

KEY INFORMANTS

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

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

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

Dignity Health.

Lowest Need | Highest Need

1 - 1.7 Lowest | 1.8 - 2.5 2nd Lowest | 2.6 - 3.3 Mid | 3.4 - 4.1 2nd Highest | 4.2 - 5 Highest

Map data ©2021 Google, INEGI

Mean(zipcode): 4.6 / Mean(person): 4.7 | CNI Score Median: 4.6 | CNI Score Mode: 4.6

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

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APPENDIX D – SOURCES

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

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

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

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

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

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

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

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

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