



Mission Regional
Medical Center

Community Health Needs Assessment

2018





Table of Contents

Introduction..... 4

Summary of Community Health Needs Assessment..... 5

General Description of the Medical Center 6

Summary of Findings – 2018 CHNA 0

Community Served by the Medical Center..... 1

 Defined Community..... 1

Community Details 2

 Identification and Description of Geographical Community..... 2

 Community Population and Demographics 3

Socioeconomic Characteristics of the Community..... 4

 Income and Employment 5

 Unemployment Rate 5

 Poverty 5

 Uninsured..... 5

 Education 6

Physical Environment of the Community..... 6

 Grocery Store Access..... 6

 Food Access/Food Deserts..... 7

 Recreation and Fitness Facility Access..... 7

Clinical Care of the Community..... 8

 Access to Primary Care..... 8

 Lack of a Consistent Source of Primary Care..... 8

 Population Living in a Health Professional Shortage Area 9

 Preventable Hospital Events 9

Health Status of the Community..... 10

Leading Causes of Death and Health Outcomes..... 12

Health Outcomes and Factors	13
Diabetes (Adult).....	17
High Blood Pressure (Adult)	17
Poor Dental Health.....	17
Low Birth Weight	18
Community Input – Key Stakeholder Forums	18
Methodology.....	18
Results from Community Input	19
Key Findings.....	21
Health Issues of Vulnerable Populations	21
Sexually Transmitted Disease Disparities	22
Infant Health Disparities	23
Information Gaps	24
Prioritization of Identified Health Needs.....	24
Leading Causes of Death	25
Health Outcomes and Factors	25
Primary Data	25
Health Needs of Vulnerable Populations.....	25
Ranking Process.....	25
Management’s Prioritization Process	26
Health Care Resources.....	28
Hospitals	28
Other Health Care Facilities.....	29
Physicians	29
Health Department.....	29
Appendices.....	31
Appendix A: Analysis of Data.....	32
Appendix B: Sources	36
Appendix C: Dignity Health Community Need Index (CNI) Report.....	40



Appendix D: County Health Rankings	42
Appendix E: Key Stakeholder Acknowledgements.....	46



Introduction

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 and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account 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 (Medical Center) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

- ▶ An evaluation of the implementation strategy for calendar years ending December 31, 2016 through December 31, 2018, which was adopted by the Medical Center board of directors in 2016.
- ▶ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ▶ Obtaining community input through:
 - Interviews of key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This document is a summary of all the available evidence collected during the CHNA conducted in tax year 2018. 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.

Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged BKD, LLP to assist with conducting a formal CHNA. BKD, LLP is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 38 offices. BKD serves more than 1,000 hospitals and health care systems across the country. The CHNA was conducted from September 2018 to December 2018.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's CHNA:

- ▶ An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2016 CHNA was completed to understand the effectiveness of the Medical Center's current strategies and programs.
- ▶ The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in Community Served by the Medical Center.
- ▶ Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- ▶ Community input was provided through key stakeholder forums. Results and findings are described in the Community Input section of this report.
- ▶ Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked 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) the prevalence of common themes and 5) how important the issue is to the community.



- ▶ An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community.

Information gaps identified during the prioritization process have been reported.

General Description of the 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.

At Mission Regional Medical Center, the 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 is rated one of the top hospitals in the country for clinical excellence in many services including maternity and orthopedic care. With more than 300 physicians, a highly trained medical staff, and the latest medical technology, Mission Regional Medical Center is committed to restoring patients' 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

Mission Statement

To deliver compassionate, quality care to patients and better healthcare to communities.

Summary of Findings – 2018 CHNA

Health needs were identified based on information gathered and analyzed through the 2018 CHNA conducted by the Medical Center. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 25*.

As a result of the priority setting process, the identified priority areas that will be addressed through the Medical Center's Implementation Strategy for fiscal years 2019-2021 will be:

- ▶ Access to care / Access to primary care / Access to specialists
- ▶ Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- ▶ Lack of health knowledge and education
- ▶ Mental health and addiction
- ▶ Nutrition
- ▶ Obesity
- ▶ Preventative care

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

Community Served by the 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 Medical Center 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 87.9% of total discharges. The zip code analysis is reflected in *Exhibit 1*.

Exhibit 1

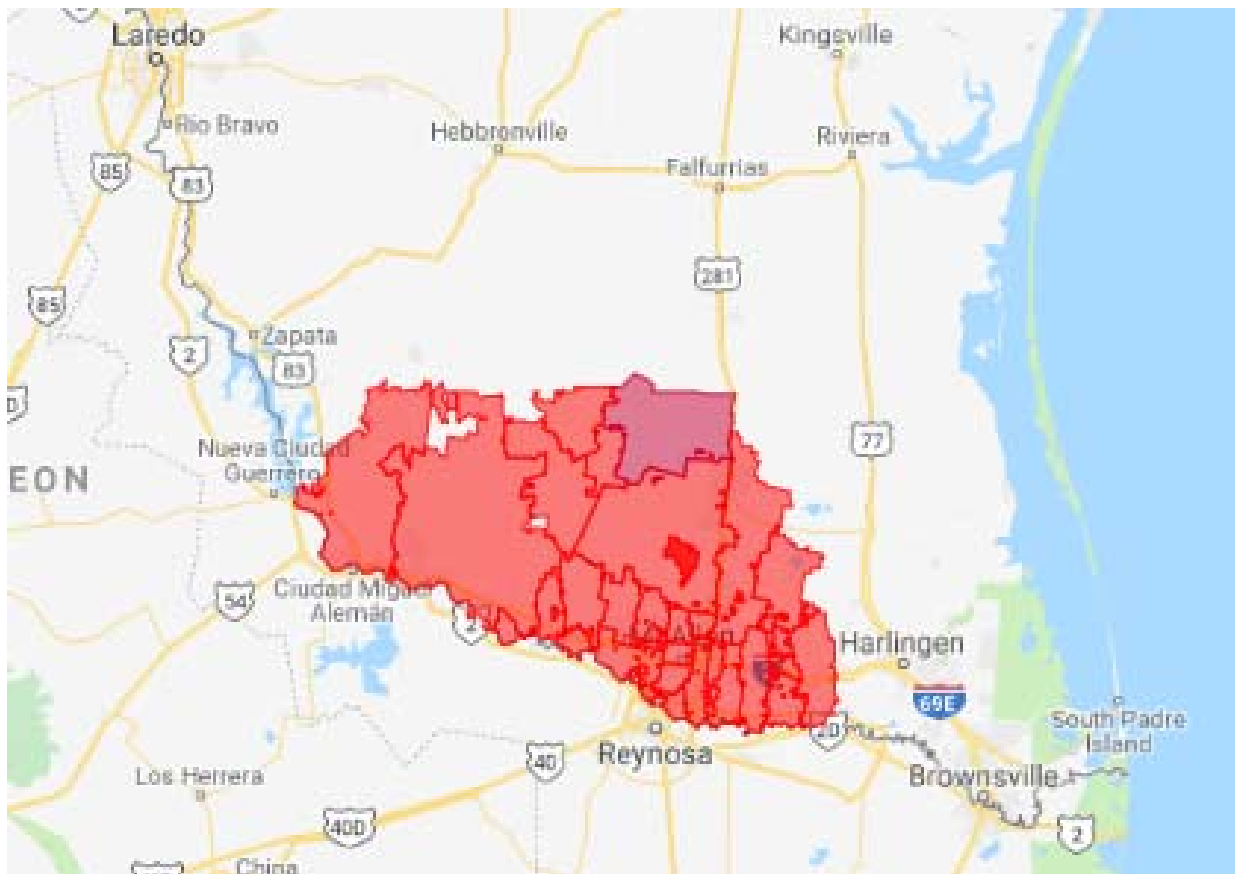
Zip Code	County (City)	Percent Discharges	Zip Code	County (City)	Percent Discharges
78572	Hidalgo (Mission)	31.5%	78577	Hidalgo (Pharr)	1.3%
78574	Hidalgo (Mission)	18.5%	78539	Hidalgo (Edinburg)	0.7%
78573	Hidalgo (Mission)	10.6%	78548	Starr (Grulla)	0.6%
78576	Hidalgo (Penitas)	5.1%	78589	Hidalgo (San Juan)	0.6%
78582	Starr (Rio Grande City)	4.3%	78542	Hidalgo (Edinburg)	0.5%
78501	Hidalgo (McAllen)	2.7%	78565	Hidalgo (Los Ebanos)	0.4%
78595	Hidalgo (Sullivan City)	2.5%	78557	Hidalgo (Hidalgo)	0.2%
78560	Hidalgo (La Joya)	1.9%	78516	Hidalgo (Alamo)	0.2%
78504	Hidalgo (McAllen)	1.6%		CHNA Community	87.9%
78541	Hidalgo (Edinburg)	1.6%		Total Other	12.1%
78584	Starr (Roma)	1.5%		Total	100.0%
78503	Hidalgo (McAllen)	1.5%			

Source: Mission Regional Medical Center

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Medical Center's community. The map below displays the Medical Center'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. *Exhibit 2* below shows the total population of the CHNA community compared to county, state and national population and demographic information. It also provides the breakout of the community between the male and female population, age distribution and race/ethnicity.

Exhibit 2

Demographic Characteristics

Gender	CHNA Community	Hidalgo County	Starr County	Texas	United States
Total Population	891,342	828,334	63,008	26,956,435	318,558,162
Total Male Population	434,668	404,079	30,589	13,379,165	156,765,322
Total Female Population	456,674	424,255	32,419	13,577,270	161,792,840
Percent Male	48.77%	48.78%	48.55%	49.63%	49.21%
Percent Female	51.23%	51.22%	51.45%	50.37%	50.79%

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	9.72%	9.68%	10.15%	7.31%	6.24%
5 - 17	23.99%	24.05%	23.20%	19.15%	16.87%
18 - 24	11.09%	11.06%	11.56%	10.16%	9.82%
25 - 34	13.20%	13.24%	12.72%	14.53%	13.62%
35 - 44	12.95%	13.01%	12.17%	13.51%	12.73%
45 - 54	10.55%	10.54%	10.75%	12.88%	13.64%
55 - 64	8.07%	8.05%	8.30%	10.98%	12.58%
65+	10.43%	10.37%	11.15%	11.49%	14.50%
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	90.19%	89.87%	94.43%	74.84%	73.35%
Black	0.55%	0.59%	0.06%	11.95%	12.63%
Asian and Pacific Island	0.92%	0.99%	0.08%	4.36%	5.22%
All Others	8.34%	8.55%	5.43%	8.85%	8.80%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Total Population by Ethnicity Alone

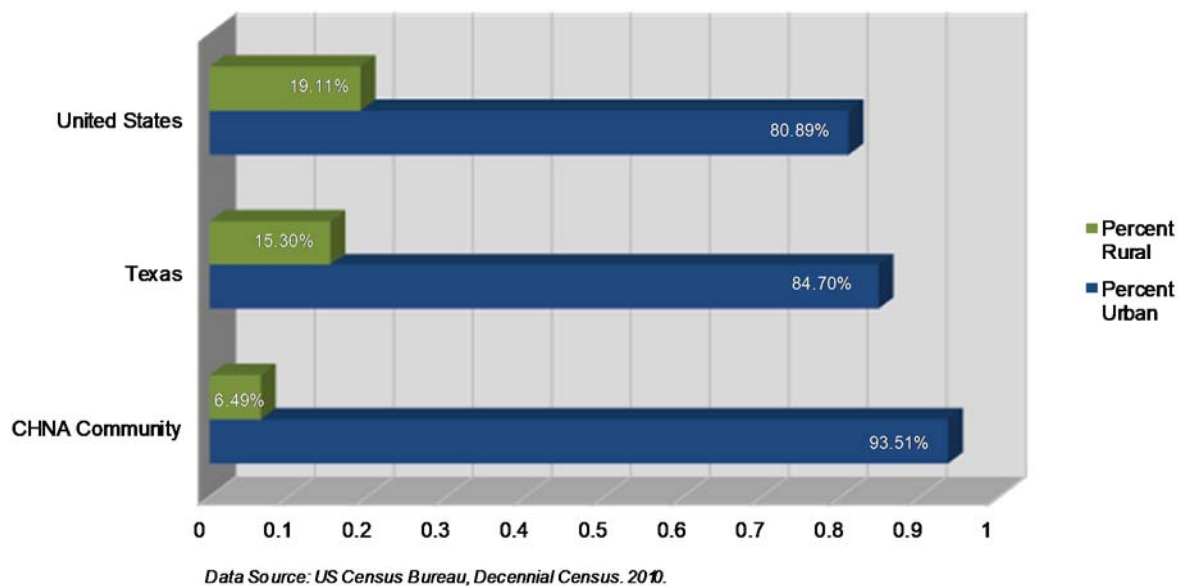
Ethnicity	Percent of CHNA Community	Percent of Hidalgo County	Percent of Starr County	Percent of Texas	Percent of United States
Hispanic or Latino	92.00%	91.48%	98.96%	38.63%	17.33%
Non-Hispanic or Latino	8.00%	8.52%	1.04%	61.37%	82.67%
Total	100.00%	100.00%	100.00%	100.00%	100.00%

Data Source: US Census Bureau, American Community Survey, 2012-16.

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 community by race illustrates different categories of race, such as White, Black, Asian, other and multiple races.

Exhibit 3 reports 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. This table helps to understand why transportation may or may not be one of the highest ranking needs within the community.

Exhibit 3



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 community. The following exhibits are a compilation of data that includes median household income, employment rates, poverty, uninsured population and educational attainment for the community. These standard measures will be used to compare the socioeconomic status of the CHNA Community to the State of Texas and the United States.

Income and Employment

Exhibit 4 presents the median household income for the CHNA Community. This includes income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder. The CHNA Community has a median household income that is below the State of Texas and the United States.

Exhibit 4

Area	Total Households	Median Household Income
CHNA Community	243,696	\$ 51,702
Texas	9,286,554	\$ 77,585
United States	11,716,237	\$ 77,866

Data Source: US Census Bureau, Decennial Census. 2010.

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate for the CHNA Community, as well as the State of Texas and the United States. The CHNA Community's unemployment rate of 6.8% is higher than the rates for the State of Texas and the United States which are 3.9% and 4.0% respectively.

Exhibit 5

Area	Number Unemployed	Unemployment Rate
CHNA Community	24,790	6.8%
Texas	539,409	3.9%
United States	6,469,456	4.0%

Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August.

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). 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 poverty rate is significantly higher than the State of Texas and the United States.

Exhibit 6

Area	Population in Poverty	Percent of Population in Poverty
CHNA Community	291,257	33%
Texas	4,397,307	17%
United States	46,932,225	15%

Data Source: US Census Bureau, American Community Survey. 2012-16.

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. 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 291,930 persons are uninsured in the CHNA Community. The CHNA Community has an uninsured rate of 33.08%, which is higher than the State of Texas and the United States.

Exhibit 7

Area	Total Uninsured Population	Percent Uninsured Population
CHNA Community	291,930	33.08%
Texas	5,114,811	19.32%
United States	36,700,246	11.70%

Data Source: US Census Bureau, American Community Survey. 2012-16.



Education

Exhibit 8 presents percentage of the population with a Bachelor’s level degree or higher in the CHNA Community versus the State of Texas and the United States.

Exhibit 8

Area	Population Age 25+ with Bachelor's Degree or Higher	Percent Population Age 25+ with Bachelor's Degree or Higher
CHNA Community	82,866	16.84%
Texas	4,800,677	28.10%
United States	64,767,787	30.32%

Data Source: US Census Bureau, American Community Survey, 2012-16.

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. As noted in Exhibit 8, the percentage of residents within the CHNA Community obtaining a Bachelor’s degree or higher is below the state and national percentage.

Physical Environment 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

Exhibit 9 reports the number of grocery stores per 100,000-population. 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, fish and poultry.

Exhibit 9

Area	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	74	8.85
Texas	3,457	13.75
United States	65,399	21.18

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2016.

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.



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 *Exhibit 10* is relevant because it highlights populations and geographies facing food insecurity. The CHNA Community reports levels of food insecurity at a rate significantly higher than that of the State of Texas and the United States.

Exhibit 10

Area	Population with Low Food Access	Percent Population with Low Food Access
CHNA Community	325,369	38.9%
Texas	6,807,728	27.1%
United States	69,266,771	22.4%

Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.

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. *Exhibit 11* shows that the CHNA Community has fewer fitness establishments per 100,000 than the State of Texas and the United States.

Exhibit 11

Area	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	31	3.71
Texas	2,347	9.33
United States	33,980	11.01

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016.

Exhibit 12 shows the percentage of adults who are physically inactive. The CHNA Community has a slightly lower percentage of adults who are physically inactive compared to both the State of Texas and the United States.

Exhibit 12

Area	Percent Population with No Leisure Time Physical Activity
CHNA Community	21%
Texas	23%
United States	22%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.



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 un-insurance, 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

Exhibit 13 shows the number of primary care physicians per 100,000-population. 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 age 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.

Exhibit 13

Area	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Pop.
CHNA Community	427	47.8
Texas	18,511	68.7
United States	279,871	87.8

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.

Lack of a Consistent Source of Primary Care

Exhibit 14 reports the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

Exhibit 14

Area	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
CHNA Community	251,849	46.50%
Texas	5,946,509	32.36%
United States	52,290,932	22.07%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.



Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 15* shows, 7.3% of the residents within the CHNA Community are living in a health professional shortage area.

Exhibit 15

Area	Population Living in a HPSA	Percentage of Population Living in a HPSA
CHNA Community	60,968	7.30%
Texas	4,222,353	16.79%
United States	102,289,607	33.13%

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.

Preventable Hospital Events

Exhibit 16 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 16

Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Hospital Discharges	Ambulatory Care Sensitive Discharge Rate
CHNA Community	30,428	1,838	60.4
Texas	1,497,805	79,741	53.2
United States	22,488,201	1,112,019	49.4

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015.



Health Status of the Community

This section of the assessment reviews the health status of the residents of Hidalgo and Starr Counties. 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 Medical Center 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 are presented below.





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 of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 17 reflects the leading causes of death for the CHNA Community and compares the rates to Hidalgo County, Starr County, and the State of Texas and the United States.

Exhibit 17

Area	CHNA Community	Hidalgo County	Starr County	Texas	United States
Cancer	98.90	97.60	115.40	144.45	185.30
Heart Disease	92.70	90.10	127.20	89.93	115.30
Lung Disease	16.30	16.00	197.70	36.60	47.00
Stroke	22.60	22.30	26.40	36.83	42.20
Unintentional Injury	20.70	20.80	20.00	36.31	44.10
Motor Vehicle	11.80	11.80	13.00	13.87	11.60
Drug Poisoning	3.00	3.00	3.00	9.58	15.60
Homicide	3.20	3.20	3.80	5.40	5.40
Suicide	6.20	6.00	9.20	12.05	13.40

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

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

The table above shows leading causes of death within the CHNA Community compared to Hidalgo County, Starr County, the State of Texas and also the United States. The crude rate is shown per 100,000 residents. As the table indicates, within the CHNA Community, only Heart Disease exceeds the rates for the State of Texas.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular 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 CHNA utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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 considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- ▶ Health outcomes – rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
- ▶ Health factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (nine measures)
 - Physical environment (five measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As seen in *Exhibit 18*, the relative health status of each county within the CHNA Community will be compared to the State of Texas as well as to a national benchmark. The current year information is compared to the health outcomes reported on the prior community health needs assessment and the change in measures is indicated. 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.

Exhibit 18.1

Health Outcomes	Hidalgo County: 2016	Hidalgo County: 2018	Change	Texas: 2018	Top US Performers: 2018
Mortality: State of Texas County Ranking	16	15	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,500	5,700	-	6,700	5,300
Morbidity: State of Texas County Ranking	214	212	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	30%	29%	+	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.7	4.4	+	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	3.9	+	3.4	3.1
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

Exhibit 18.2

Health Outcomes	Starr County: 2016	Starr County: 2018	Change	Texas: 2018	Top US Performers: 2018
Mortality: State of Texas County Ranking	63	40	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,900	6,500	+	6,700	5,300
Morbidity: State of Texas County Ranking	239	240	-		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	42%	41%	+	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.6	5.5	+	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	4.3	-	3.4	3.1
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

Exhibit 18.1 shows Hidalgo County’s overall mortality and morbidity outcome rankings have improved from the 2016 rankings but are worse than the outcomes reported for the State of Texas, with the exception of premature death and low birth weight.

Exhibit 18.2 shows Starr County’s overall mortality outcome rankings have improved from the 2016 rankings. However, the county’s morbidity outcome rankings have worsened from the 2016 rankings. All outcome rankings are worse than the outcomes reported for the State of Texas with the exception of premature death.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following summary shows some of the health outcomes that significantly improved or worsened from 2016 to 2018. The identified areas shown in *Exhibit 19.1* and *Exhibit 19.2* were determined using a process of comparing the rankings of each county’s health outcomes in the current year (2018) to the rankings in the prior CHNA (2016). If the current year rankings showed an improvement or decline of 3% or three points, they were included in the charts below. Please refer to *Appendix D* for the full list of health factor findings and comparisons between prior CHNA information reported and current year information.

Exhibit 19.1

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENERD: 2016 TO 2018		
Health Outcomes	Hidalgo County: 2016	Hidalgo County: 2018	Health Outcomes	Hidalgo County: 2016	Hidalgo County: 2018
Adult obesity – Percent of adults that report a BMI >= 30	37.0%	34.0%	Primary care physicians – Ratio of population to primary care physicians	2,220:1	2,330:1
Teen birth rate – Per 1,000 female population, ages 15-19	76.0	62.0			
Uninsured adults – Percent of population under age 65 without health insurance	38.0%	32.0%			
Dentists – Ratio of population to dentists	4,090:1	3,920:1			
Mental health providers – Ratio of population to mental health providers	2,330:1	1,970:1			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	61.0	56.0			
Children in poverty – Percent of children under age 18 in poverty	46.0%	43.0%			



Exhibit 19.2

OUTCOMES IMPROVED: 2016 TO 2018			OUTCOMES WORSENE: 2016 TO 2018		
Health Outcomes	Starr County: 2016	Starr County: 2018	Health Outcomes	Starr County: 2016	Starr County: 2018
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	13.0%	28.0%	Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	28.0%
Sexually transmitted infections – Chlamydia rate per 100K population	323.0	279.6	Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	31.0%	41.0%
Teen birth rate – Per 1,000 female population, ages 15-19	92.0	80.0	Children in poverty – Percent of children under age 18 in poverty	44.0%	55.0%
Uninsured adults – Percent of population under age 65 without health insurance	35.0%	31.0%	Children in single-parent households – Percent of children that live in household headed by single parent	39.0%	43.0%
Primary care physicians – Ratio of population to primary care physicians	5,630:1	5,320:1	Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	265.0	281.0
Dentists – Ratio of population to dentists	7,000:1	6,410:1			
Mental health providers – Ratio of population to mental health providers	7,000:1	6,410:1			
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	103.0	88.0			

As can be seen in *Exhibit 19.1* and *Exhibit 19.2*, there are several areas of the community that have room for improvement when compared to the state statistics; however, there are also significant improvements made within the counties from the prior year CHNA report.

The following exhibits show a more detailed view of certain health outcomes and factors. Detailed information was not available by zip codes; therefore Hidalgo and Starr Counties as a whole were used for the following indicators. The percentages for each county compared to the State of Texas and the United States.



Diabetes (Adult)

Exhibit 20 reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. 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.

High Blood Pressure (Adult)

Per *Exhibit 21*, 28.2% of CHNA Community residents aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. This percentage of high blood pressure among adults is less than the percentage of the State of Texas but equal to the percentage for the United States.

Obesity

Of adults aged 20 and older, 30.2% self-report that they have a body mass index (BMI) greater than 30.0 (obese) in the CHNA Community per *Exhibit 22*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA Community has a BMI percentage greater than of the State of Texas and the United States.

Poor Dental Health

This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. The CHNA Community reports 11.1% percent of adults with poor dental health as compared to 12.7% and 15.7% for the State of Texas and the United States respectively (*Exhibit 23*).

Exhibit 20

Area	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
CHNA Community	56,265	10.02%
Texas	1,895,549	9.54%
United States	24,722,757	9.28%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Exhibit 21

Area	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
CHNA Community	150,603	28.2%
Texas	5,399,918	30.0%
United States	65,476,522	28.2%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Exhibit 22

Area	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
CHNA Community	172,249	30.20%
Texas	5,632,512	28.80%
United States	67,983,276	28.30%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015.

Exhibit 23

Area	Percent Adults with Poor Dental Health
CHNA Community	11.10%
Texas	12.70%
United States	15.70%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10.



Low Birth Weight

Exhibit 24 below reports the percentage of total births that are low birth weight (under 2500g). 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. The CHNA Community has a lower percent of low birth weight births compared to the State of Texas and the United States.

Exhibit 24

Area	Low Weight Births, Percent of Total Live Births
CHNA Community	7.90%
Texas	8.40%
United States	8.20%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12.

Community Input – Key Stakeholder Forums

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. These key stakeholder forums are 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

Key stakeholders forum participants were selected for participation based on their specialized knowledge or expertise in public health; their affiliation with local government, schools and industry; or their involvement with underserved and minority populations. Key stakeholders represent the following types of organizations:

- ▶ Mission Regional Medical Center
- ▶ Social service agencies
- ▶ Local school systems and universities
- ▶ Public health agencies
- ▶ Other medical providers
- ▶ Government officials
- ▶ Local businesses

All forums were conducted by BKD personnel. Two key stakeholder forums were conducted on October 29, 2018 and October 30, 2018.

Participants who participated in the survey provided input on the following issues:

- ▶ Health and quality of life for residents of the primary community
- ▶ Underserved populations and communities of need



- ▶ Barriers to improving health and quality of life for residents of the community
- ▶ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

This technique reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Results from Community Input

The discussions in the key stakeholder forums were grouped into four major categories for discussion. A summary of the stakeholders' responses by each of the categories follows. This section of the report summarizes what the key stakeholders provided without assessing the credibility of their comments.

General opinions regarding health and quality of life in the community

The key stakeholders were asked to rate the health and quality of life in the community. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key stakeholders were asked to provide support for their answers.

Key stakeholders rated the health and quality of life in their county as “average” to “below average”. When asked whether the health and quality of life had improved, declined or stayed the same, the group expressed they thought the health and quality of life had improved over the last few years. When asked “why they thought the health and quality of life had improved”, key stakeholders primarily noted that access to health services had increased.

Underserved populations and communities of need

Key stakeholders were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. BKD also asked the key stakeholders to provide their opinions as to why they thought these populations were underserved or in need. BKD asked each key stakeholder to consider the specific populations they serve or those with which they usually work.

The group noted that persons living with low-incomes or unemployed are most likely to be underserved due to lack of access to services. The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation. The group also identified “Winter Texans” and individuals living in the community with no legal immigration status as groups that are underserved.

Barriers

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. The majority of the key stakeholders noted barriers due to lack of funding for programs targeted at low-income/uninsured person and the inability for these persons to afford healthcare. Lack of transportation, language, immigration status, excessive wait times at physician appointments, and the current political climate relating to immigration were also noted as barriers.

Most important health and quality of life issues

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county. Key stakeholders identified access and affordability of healthcare services as being the most important issue impacting health of the community. Additionally, there is a high rate of uninsured among this population and efforts should be made to connect community members to available resources.

Other noted important health and quality of life issues impacting the community include:

- ▶ Access to primary care and specialists
- ▶ Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- ▶ Lack of health knowledge and education
- ▶ Mental health and addiction
- ▶ Poor nutrition / limited access to healthy food options
- ▶ Obesity
- ▶ Preventative care
- ▶ Services for the aging
- ▶ Transportation
- ▶ Language and cultural barriers
- ▶ Healthy behaviors / lifestyle choices.

The stakeholders felt the best way to address these needs was to continue to increase education and outreach to community members regarding the available services. Stakeholders also recommended collaboration in the community between the various healthcare resources.

The key stakeholders were also asked to identify the most critical issue the hospital should address over the next three to five years. Responses included:

- ▶ Improve access for uninsured and under-insured residents
- ▶ Expand services in the community
- ▶ Improve chronic disease (Heart Disease, Stroke, Cancer, Diabetes) management services



- ▶ Establishing clinics or providing extended service hours
- ▶ Increase health education in the education.

Key Findings

A summary of themes and key findings provided by the key stakeholders follows:

- ▶ The community's health and quality of life are generally seen to be very good, but there are certain groups of persons who have limited access to health such as those persons living in poverty and the elderly.
- ▶ Access to affordable healthcare for persons who are unemployed, uninsured, or who have low-income is seen as a major issue in the community.
- ▶ Mission Regional Medical Center should continue its outreach and education efforts on health and wellness.
- ▶ Heart disease, diabetes, cancer and obesity were noted health conditions negatively impacting the community.
- ▶ The community does not have adequate resources to treat patients suffering from Chronic Kidney Disease.
- ▶ Transportation was cited as a barrier to health. Transportation is an issue for people and prevents them from seeking care, making their appointments or receiving follow-up care.
- ▶ Over the last three years access to health services has improved due to additional services. However, expansion of services remains a need in the community.
- ▶ Access and services for mental health, especially services to children are limited.

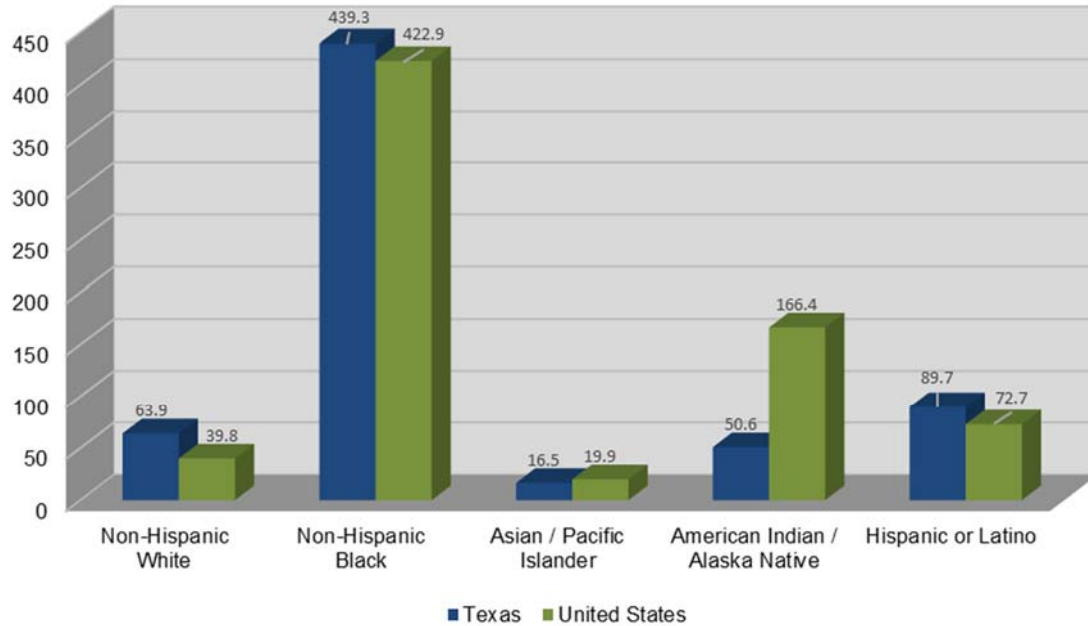
Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendices*), the Medical Center's CHNA Community has a high level of need. 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 zip codes that have the highest need in the community are 78501 (McAllen), 78577 (Pharr), 78541 (Edinburg), and 78503 (McAllen).

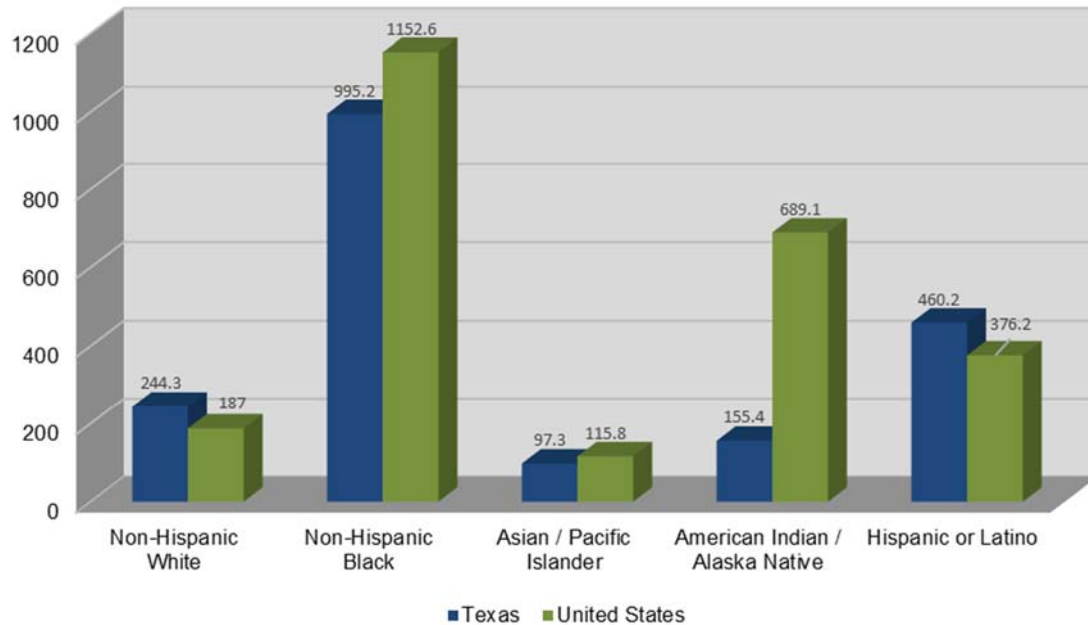
The following health disparities were noted per review of the secondary data from Community Commons and are based on age, race and ethnicity. Data is presented for the CHNA Community.

Sexually Transmitted Disease Disparities

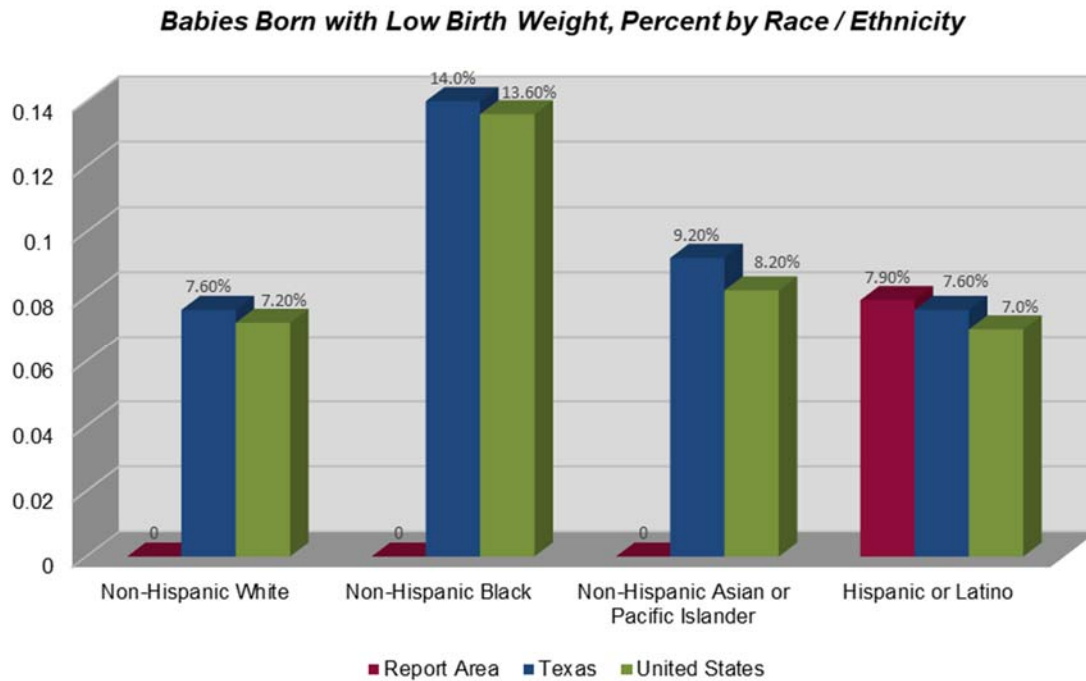
Gonorrhea Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Chlamydia Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity



Infant Health Disparities



Based on information obtained through key stakeholder forums, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- ▶ Uninsured/Working Poor Population
 - Transportation
 - Access to specialty services
 - Health education
 - High cost of health care prevents needs from being met
 - Healthy lifestyle and health nutrition education
- ▶ Elderly
 - Transportation
 - Cost of prescriptions and medical care
 - Shortage of Physicians (limit on patients who are on Medicare)



- ▶ Hispanic Population
 - Language barriers
 - Transportation
 - Healthy living education
- ▶ Non-Hispanic/Black Population
 - Sexually Transmitted Diseases*
 - Low Birth Weight*

* *Per secondary data report in graphs on previous pages.*

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center. However, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically 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 forums.

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 Medical Center 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 each county within the Medical Center'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 Medical Center CHNA Community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within the 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 forums 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.

Ranking Process

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

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, primary causes for inpatient hospitalization, health outcomes and factors and primary data) identified the need.

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

Exhibit 25

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?	How Many Sources Identified the Need?	Total Score *
Uninsured / Limited Insurance / Access	5	4	5	5	3	22
Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)	5	4	3	4	3	19
Lack of Primary Care Physicians / Hours	4	3	4	4	2	17
Lack of Specialists / Hours	4	3	4	4	2	17
Poor Nutrition / Limited Access to Healthy Food Options	5	3	3	3	2	16
Lack of Health Knowledge / Education	5	2	3	3	2	15
Transportation	3	1	5	4	2	15
Obesity	4	4	0	4	2	14
Preventative Care	5	3	2	3	1	14
Services for the Aging	3	3	4	2	1	13
Lack of Mental Health / Addiction Providers and Services	4	3	2	2	2	13
Healthy Behaviors / Lifestyle Choices	5	2	2	2	2	13
Services for Children	3	3	3	2	1	12
Need for Prenatal Care	2	3	4	2	1	12
Language and Cultural Barriers	2	2	3	3	2	12
Physical Inactivity / Lack of Exercise	2	3	2	2	1	10
Adult Smoking	2	3	2	2	1	10
Low Birth Weight	2	1	2	1	1	7
Teen Birth Rate	2	1	2	1	1	7
Medical Services to Winter Texans	1	2	2	1	1	7
Lack of Dentists	2	2	0	1	1	6
Sexually Transmitted Diseases	2	1	0	1	2	6
Excessive Drinking / Alcohol-Impaired Drinking Deaths	2	1	0	1	1	5

Management’s Prioritization Process

For the health needs prioritization process, the Medical Center engaged a hospital leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 25*, 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



Based on the criteria outlined above, the leadership team ranked each of the health needs. As a result of the priority setting process, the identified priority areas that will be addressed through the Medical Center's Implementation Strategy for fiscal years 2019-2021 will be:

- ▶ Access to care / Access to primary care / Access to specialists
- ▶ Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- ▶ Lack of health knowledge and education
- ▶ Mental health and addiction
- ▶ Nutrition
- ▶ Obesity
- ▶ Preventative care

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



Health Care 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.

Exhibit 26 summarizes hospitals available to the residents of the CHNA Community.

Exhibit 26

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

Source: <http://www.ushospitalfinder.com>

* Limited to Within 25 Miles of Medical Cen

Other Health Care Facilities

Short-term acute care hospital services are not the only health services available to members of the Medical Center’s CHNA Community. *Exhibit 27* provides a listing of community health centers within the Medical Center’s CHNA Community.

Exhibit 27

Facility	Address	Facility	Address
Nuestra Clinica del Valle - Mission	611 N Bryan Road Mission, TX 78572-4245	Nuestra Clinica del Valle - Donna	301 S 17th Street Donna, TX 78537
Nuestra Clinica del Valle - Memorial	201 S Los Ebanos Blvd Alton, TX 78574-1139	Nuestra Clinica del Valle - Edcouch	1518 E Santa Rosa Edcouch, TX 78538-0355
Valley AIDS Council - Westbrook Clinic McAllen	300 S 2nd Street, Suite 101 McAllen, TX 79501	Nuestra Clinica del Valle - Mercedes	1500 First Street Mercedes, TX 78570-2551
Nuestra Clinica del Valle - Women's Health Clinic	806 W 3rd Street San Juan, TX 78589-2276	Nuestra Clinica del Valle - Rio Grande City	600 N Garza Street, Suite A Rio Grande City, TX 78582-3538
Nuestra Clinica del Valle - San Juan	801 W 1st Street San Juan, TX 78589-2276	Valley AIDS Council - Westbrook Clinic Harlingen	2306 Camelot Plaza Circle Harlingen, TX 78550
Nuestra Clinica del Valle - PSJA School Based Clinic	2900 N Raul Longoria Road San Juan, TX 78589-9727	Su Clinica - Harlingen Clinic	1706 Treasure Hills Blvd Harlingen, TX 78550
Nuestra Clinica del Valle - San Carlos	300 N 86th Street Edinburg, TX 78541-1838	Nuestra Clinica del Valle - Roma	2891 E Grant Roma, TX 78584-8053

Source: https://www.tachc.org/find_healthcare_center

The Medical Center’s CHNA Community also has a number of clinics inside various retail facilities, including Walgreens and CVS. These clinics are expanding past providing only flu shots to providing checkups and treatments to a growing list of ailments.

Physicians

The Medical Center regularly monitors physician supply and demand. The key informant surveys indicated the need for additional primary care physicians and specialists.

Health Department

Hidalgo County Health & Human Services has eight Health Clinics located throughout Hidalgo County that provide a variety of clinical services for free or low cost; cost for clinical services is based on specific program requirements. Currently the Clinics accept the following medical coverage/insurances: Blue Cross Blue Shield of Texas, United Health, Superior, Driscoll, Molina, CHIP, and Medicaid.

The Health Clinic Staff is committed to serving the public health needs of Hidalgo County and to continue strengthening our outreach through local partnerships.



The following clinical services are provided:

- ▶ Immunizations
- ▶ Pregnancy Testing
- ▶ Well Child Checkups
- ▶ Tuberculosis Services
- ▶ Prenatal Care
- ▶ Family Planning
- ▶ Wellness Health
- ▶ Tuberculin Skin Test
- ▶ Newborn Screenings
- ▶ Case Management
- ▶ STD Clinics
- ▶ STD/HIV Testing & Counseling.



Appendices

Listing of Appendices:

- A. Analysis of Data
- B. Sources
- C. Dignity Health Community Need Index (CNI) Report
- D. County Health Rankings
- E. Survey Instrument and Acknowledgements

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	185.30	18.53	97.60	-87.70	
Heart Disease	115.30	11.53	90.10	-25.20	
Lung Disease	47.00	4.70	16.00	-31.00	
Stroke	42.20	4.22	22.30	-19.90	
Unintentional Injury	44.10	4.41	20.80	-23.30	
Motor Vehicle	11.60	1.16	11.80	0.20	
Drug Poisoning	15.60	1.56	3.00	-12.60	
Homicide	5.40	0.54	3.20	-2.20	
Suicide	13.40	1.34	6.00	-7.40	

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

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.

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	185.30	18.53	115.40	-69.90	
Heart Disease	115.30	11.53	127.20	11.90	Health Need
Lung Disease	47.00	4.70	197.70	150.70	Health Need
Stroke	42.20	4.22	26.40	-15.80	
Unintentional Injury	44.10	4.41	20.00	-24.10	
Motor Vehicle	11.60	1.16	13.00	1.40	Health Need
Drug Poisoning	15.60	1.56	3.00	-12.60	
Homicide	5.40	0.54	3.80	-1.60	
Suicide	13.40	1.34	9.20	-4.20	

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

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.



Analysis of Health Outcomes: Hidalgo County

Health Outcomes	Top US Performers: 2018	(A) 30% of National Benchmark	Hidalgo County: 2018	(B)	If (B)>(A), then "Health Need"
				County Rate Less National Benchmark 2018	
Adult smoking	14.0%	4.2%	15.0%	1.0%	
Adult obesity	26.0%	7.8%	34.0%	8.0%	Health Need
Food environment index	8.6	2.6	7.1	(1.5)	
Physical inactivity	20.0%	6.0%	25.0%	5.0%	
Access to exercise opportunities	91.0%	27.3%	62.0%	-29.0%	
Excessive drinking	13.0%	3.9%	14.0%	1.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	28.0%	15.0%	Health Need
Sexually transmitted infections	145.1	43.5	407.3	262.2	Health Need
Teen birth rate	15.0	4.5	62.0	47.0	Health Need
Uninsured adults	6.0%	1.8%	32.0%	26.0%	Health Need
Primary care physicians	1,030	309	2,330	1,300	Health Need
Dentists	1,280	384	3,920	2,640	Health Need
Mental health providers	470	141	1,970	1,500	Health Need
Preventable hospital stays	35.0	10.5	56.0	21.0	Health Need
Diabetic screening	91.0%	27.3%	88.0%	-3.0%	
Mammography screening	71.0%	21.3%	58.0%	-13.0%	
Children in poverty	12.0%	3.6%	43.0%	31.0%	Health Need
Children in single-parent households	20.0%	6.0%	35.0%	15.0%	Health Need

Analysis of Health Outcomes: Starr County

Health Outcomes	Top US Performers: 2018	(A) 30% of National Benchmark	Starr County: 2018	(B)	If (B)>(A), then "Health Need"
				County Rate Less National Benchmark 2018	
Adult smoking	14.0%	4.2%	20.0%	6.0%	Health Need
Adult obesity	26.0%	7.8%	31.0%	5.0%	
Food environment index	8.6	2.6	5.8	(2.8)	
Physical inactivity	20.0%	6.0%	28.0%	8.0%	Health Need
Access to exercise opportunities	91.0%	27.3%	28.0%	-63.0%	
Excessive drinking	13.0%	3.9%	14.0%	1.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	41.0%	28.0%	Health Need
Sexually transmitted infections	145.1	43.5	279.6	134.5	Health Need
Teen birth rate	15.0	4.5	80.0	65.0	Health Need
Uninsured adults	6.0%	1.8%	31.0%	25.0%	Health Need
Primary care physicians	1,030	309	5,320	4,290	Health Need
Dentists	1,280	384	6,410	5,130	Health Need
Mental health providers	470	141	6,410	5,940	Health Need
Preventable hospital stays	35.0	10.5	88.0	53.0	Health Need
Diabetic screening	91.0%	27.3%	90.0%	-1.0%	
Mammography screening	71.0%	21.3%	44.0%	-27.0%	
Children in poverty	12.0%	3.6%	55.0%	43.0%	Health Need
Children in single-parent households	20.0%	6.0%	43.0%	23.0%	Health Need

Analysis of Primary Data – Key Informant Focus Groups
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
 Mental health and addiction
 Poor Nutrition / Limited Access to Healthy Food Options
 Obesity
 Preventative care
 Services for the aging
 Transportation
 Language and Cultural Barriers
 Healthy Behaviors / Lifestyle Choices



Issues of Uninsured Persons, Low-Income Persons and Minority/Vulnerable Populations

Population	Issues
Uninsured/Working Poor Population	Transportation Access to specialty services High cost of health care prevents needs from being met Healthy lifestyle and health nutrition education Prenatal care Services for children
Elderly	Transportation Cost of prescriptions and medical care Medical services to Winter Texans
Hispanic Population	Language and cultural barriers Transportation Immigration status Healthy living education
Non-Hispanic/Black Population	Sexually Transmitted Diseases* Low Birth Weight* <i>* Data Source: Community Commons</i>

Appendix B: Sources

Data Indicator	Source
Total Population	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Change in Total Population	Data Source: US Census Bureau, Decennial Census. 2000 - 2010. Source geography: Tract
Population Under Age 18	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Median Age	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Migration Patterns	Data Source: University of Wisconsin Net Migration Patterns for US Counties. 2000 to 2010. Source geography: County
Population Age 18-64	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Age 65+	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population in Limited English Households	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Renter-Occupied Housing	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Household Composition	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Urban and Rural Population	Data Source: US Census Bureau, Decennial Census. 2010. Source geography: Tract
Children Eligible for Free/Reduced Price Lunch	Data Source: National Center for Education Statistics, NCES - Common Core of Data. 2015-16. Source geography: Address
Education - Bachelor's Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Education - Head Start	Data Source: US Department of Health & Human Services, Administration for Children and Families. 2018. Source geography: Point
Education - High School Graduation Rate	Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. Additional data analysis by CARES. 2015-16. Source geography: School District
Education - No High School Diploma	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Education - Student Reading Proficiency (4th Grade)	Data Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source geography: School District
Households with No Motor Vehicle	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Income - Inequality (GINI Index)	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Income - Median Household Income	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Insurance - Uninsured Population	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Commuting to Work Over 60 Minutes	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Population Receiving SNAP Benefits (SAIPE)	Data Source: US Census Bureau, Small Area Income & Poverty Estimates. 2015. Source geography: County
Poverty - Children Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract

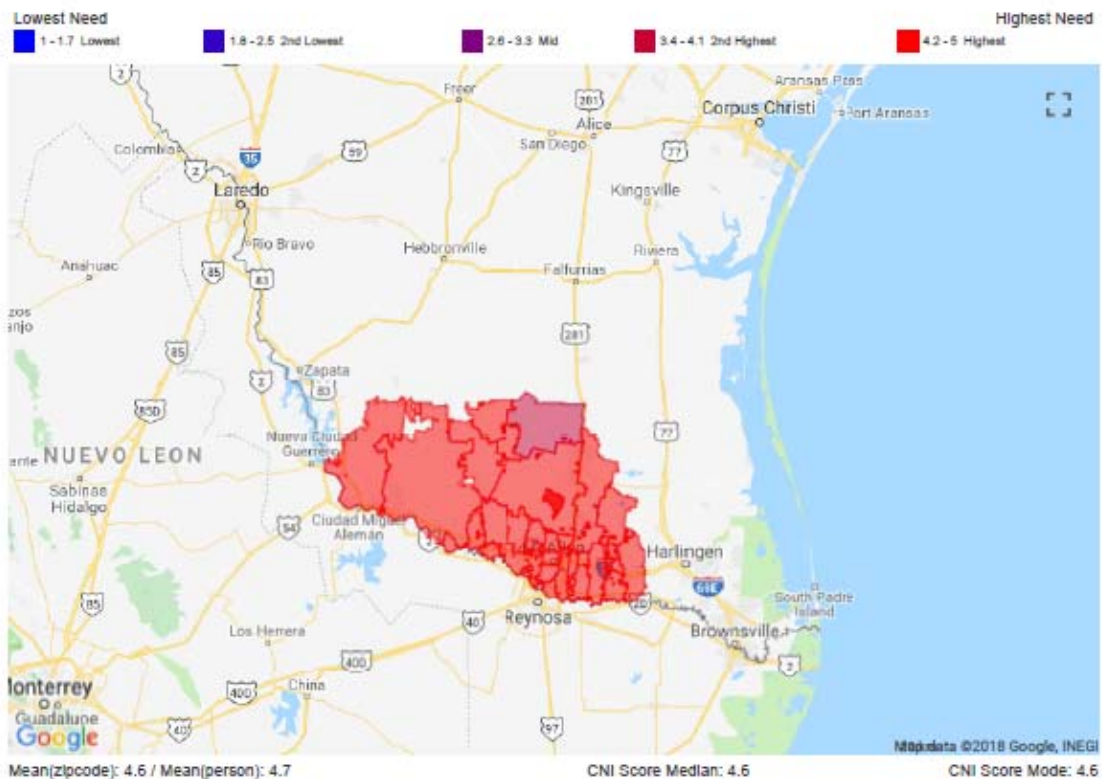
Data Indicator	Source
Poverty - Population Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Teen Births	Data Source: US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-
Unemployment Rate	Data Source: US Department of Labor, Bureau of Labor Statistics. 2018 - August. Source geography: County
Violent Crime	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
Young People Not in School and Not Working	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Air Quality - Particulate Matter 2.5	Data Source: Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network. 2012. Source geography: Tract
Air Quality - Respiratory Hazard Index	Data Source: EPA National Air Toxics Assessment.
Built Environment - Broadband Access	Data Source: National Broadband Map. 2016. Source geography: Tract
Built Environment - Recreation and Fitness Facility Access	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Climate & Health - High Heat Index Days	Data Source: National Oceanic and Atmospheric Administration, North America Land Data Assimilation System (NLDAS) . Accessed via CDC WONDER. Additional data analysis by CARES. 2014. Source
Climate & Health - Tree Canopy	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database 2011. Additional data analysis by CARES. 2011. Source geography: Tract
Food Environment - Fast Food Restaurants	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015.
Food Environment - Grocery Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source geography: ZCTA
Food Environment - Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Source geography: Tract
Food Environment - Modified Retail Food Environment Index	Data Source: Centers for Disease Control and Prevention, Division of Nutrition, Physical Activity, and Obesity. 2011. Source geography: Tract
Food Environment - SNAP-Authorized Food Stores	Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2017. Source geography: Tract
Housing - Housing Cost Burden (30%)	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Mortgage Lending	Data Source: Federal Financial Institutions Examination Council, Home Mortgage Disclosure Act. Additional data analysis by CARES. 2014.
Housing - Substandard Housing	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
Housing - Vacancy Rate	Data Source: US Census Bureau, American Community Survey. 2012-16. Source geography: Tract
30-Day Hospital Readmissions	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care.
Access to Dentists	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County
Access to Mental Health Providers	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

Data Indicator	Source
Access to Primary Care	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County
Diabetes Management - Hemoglobin A1c Test	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Federally Qualified Health Centers	Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source geography: Address
Health Professional Shortage Areas	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016. Source geography: Address
Lack of Prenatal Care	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for
Preventable Hospital Events	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Mammogram	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County
Prevention - Recent Primary Care Visit	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2015.
Alcohol Consumption	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
Alcohol Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Breastfeeding - Ever	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. Additional data analysis by CARES. 2016. Source geography: State
Fruit/Vegetable Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Physical Inactivity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
STI - Chlamydia Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
STI - Gonorrhea Incidence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
STI - HIV Prevalence	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
Tobacco Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014. Source geography: Tract
Tobacco Usage - Current Smokers	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
Vegetable Consumption - All Vegetables	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2015. Source geography: State
Asthma Prevalence	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Colon and Rectum	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Cancer Incidence - Lung	Data Source: State Cancer Profiles. 2011-15. Source geography: County

Data Indicator	Source
Cancer Incidence - Prostate	Data Source: State Cancer Profiles. 2011-15. Source geography: County
Depression (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Diabetes (Adult)	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Diabetes (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Heart Disease (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County
Heart Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
High Blood Pressure (Adult)	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health
High Blood Pressure (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2015. Source geography: County
Infant Mortality	Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County
Low Birth Weight	Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-
Mortality - Cancer	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Coronary Heart Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Drug Poisoning	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Homicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Lung Disease	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Motor Vehicle Crash	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Pedestrian Motor Vehicle Crash	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-2015. Source geography: County
Mortality - Premature Death	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-16. Source geography: County
Mortality - Stroke	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Suicide	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Mortality - Unintentional Injury	Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source geography: County
Obesity	Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2015. Source geography: County
Obesity (Youth)	Data Source: Child and Adolescent Health Measurement Initiative, National Survey of Children's Health. 2016. Source geography: State
Poor Dental Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County
Poor General Health	Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health



Appendix C: Dignity Health Community Need Index (CNI) Report



Zip Code	CNI Score	Population	City	County	State
78557	4.4	13659	Hidalgo	Hidalgo	Texas
78599	4.6	31831	Weslaco	Hidalgo	Texas
78570	4.8	34998	Mercedes	Hidalgo	Texas
78573	4.8	39791	Mission	Hidalgo	Texas
78574	4.6	62977	Mission	Hidalgo	Texas
78596	4.8	41907	Weslaco	Hidalgo	Texas
78516	4.6	35599	Alamo	Hidalgo	Texas
78501	5	63521	Mcallen	Hidalgo	Texas
78577	5	81193	Pharr	Hidalgo	Texas
78537	4.6	45989	Donna	Hidalgo	Texas
78541	5	47814	Edinburg	Hidalgo	Texas
78560	4.8	5988	La Joya	Hidalgo	Texas
78542	4.6	76071	Edinburg	Hidalgo	Texas
78572	4.8	84710	Mission	Hidalgo	Texas
78595	4.4	6696	Sullivan City	Hidalgo	Texas
78548	4.2	77	Gruña	Starr	Texas
78503	5	24911	Mcallen	Hidalgo	Texas
78576	4.2	11137	Penitas	Hidalgo	Texas
78538	4.6	19384	Eddouich	Hidalgo	Texas
78543	4.8	6076	Elsa	Hidalgo	Texas
78589	4.6	40768	San Juan	Hidalgo	Texas
78539	4.6	35498	Edinburg	Hidalgo	Texas
78504	4.2	55725	Mcallen	Hidalgo	Texas
78549	4.4	1174	Hargill	Hidalgo	Texas



78591	4.2	312	Santa Elena	Starr	Texas
78563	3.8	427	Linn	Hidalgo	Texas
78588	4.2	322	San Isidro	Starr	Texas
78536	4.2	195	Deimita	Starr	Texas
78584	4.8	19634	Roma	Starr	Texas
78582	4.6	43961	Rio Grande City	Starr	Texas

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Source: <http://cni.chw-interactive.org>



Appendix D: County Health Rankings

County Health Rankings - Health Outcomes: Hidalgo County

Health Outcomes	Hidalgo County: 2016	Hidalgo County: 2018	Change	Texas: 2018	Top US Performers: 2018
Health Behaviors: State of Texas County Ranking	172	131	+		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15.0%	15.0%	NC	14.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	37.0%	34.0%	+	28.0%	26.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.3	7.1	+	6.0	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	25.0%	25.0%	NC	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	61.0%	62.0%	+	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%	13.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	30.0%	28.0%	+	28.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population	407.3	407.3	NC	526.6	145.1
Teen birth rate – Per 1,000 female population, ages 15-19	76.0	62.0	+	41.0	15.0
Clinical Care: State of Texas County Ranking	182	176	+		
Uninsured adults – Percent of population under age 65 without health insurance	38.0%	32.0%	+	19.0%	6.0%
Primary care physicians – Ratio of population to primary care physicians	2,220:1	2,330:1	-	1,670:1	1,030:1
Dentists – Ratio of population to dentists	4,090:1	3,920:1	+	1,790:1	1,280:1
Mental health providers – Ratio of population to mental health providers	2,330:1	1,970:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	61.0	56.0	+	53.0	35.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	87.0%	88.0%	+	84.0%	91.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	58.0%	58.0%	NC	58.0%	71.0%

County Health Rankings - Health Outcomes: Hidalgo County

Health Outcomes	Hidalgo County: 2016	Hidalgo County: 2018	Change	Texas: 2018	Top US Performers: 2018
Social and Economic Factors: State of Texas County Ranking	235	232	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	85.0%	87.0%	+	89.0%	95.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	45.0%	47.0%	+	60.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	8.7%	7.8%	+	4.6%	3.2%
Children in poverty – Percent of children under age 18 in poverty	46.0%	43.0%	+	22.0%	12.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.6	5.6	NC	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	33.0%	35.0%	-	33.0%	20.0%
Social associations – Number of membership associations per 10,000 population	3.9	3.7	-	7.6	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	310.0	312.0	-	408.0	62.0
Injury deaths – Number of deaths due to injury per 100,000 population	30.0	30.0	NC	55.0	55.0
Physical Environment: State of Texas County Ranking	217	231	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.6	8.9	-	8.0	6.7
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%	28.0%	NC	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	79.0%	80.0%	-	80.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	22.0%	+	37.0%	15.0%

Data Source: Countyhealthrankings.org

County Health Rankings - Health Outcomes: Starr County

Health Outcomes	Starr County: 2016	Starr County: 2018	Change	Texas: 2018	Top US Performers: 2018
Health Behaviors: State of Texas County Ranking	231	239	-		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	20.0%	NC	14.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	30.0%	31.0%	-	28.0%	26.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	4.4	5.8	+	6.0	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	28.0%	-	24.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	13.0%	28.0%	+	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%	13.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	31.0%	41.0%	-	28.0%	13.0%
Sexually transmitted infections – Chlamydia rate per 100K population	323.0	279.6	+	526.6	145.1
Teen birth rate – Per 1,000 female population, ages 15-19	92.0	80.0	+	41.0	15.0
Clinical Care: State of Texas County Ranking	236	231	-		
Uninsured adults – Percent of population under age 65 without health insurance	35.0%	31.0%	+	19.0%	6.0%
Primary care physicians – Ratio of population to primary care physicians	5,630:1	5,320:1	+	1,670:1	1,030:1
Dentists – Ratio of population to dentists	7,000:1	6,410:1	+	1,790:1	1,280:1
Mental health providers – Ratio of population to mental health providers	7,000:1	6,410:1	+	1,010:1	470:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	103.0	88.0	+	53.0	35.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	88.0%	90.0%	+	84.0%	91.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	46.0%	44.0%	-	58.0%	71.0%

County Health Rankings - Health Outcomes: Starr County

Health Outcomes	Starr County: 2016	Starr County: 2018	Change	Texas: 2018	Top US Performers: 2018
Social and Economic Factors: State of Texas County Ranking	240	241	-		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	92.0%	92.0%	NC	89.0%	95.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	33.0%	32.0%	+	60.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	13.5%	13.6%	-	4.6%	3.2%
Children in poverty – Percent of children under age 18 in poverty	44.0%	55.0%	-	22.0%	12.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.2	5.3	-	4.9	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	39.0%	43.0%	-	33.0%	20.0%
Social associations – Number of membership associations per 10,000 population	2.7	2.7	NC	7.6	22.0
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	265.0	281.0	-	408.0	62.0
Injury deaths – Number of deaths due to injury per 100,000 population	31.0	33.0	-	55.0	55.0
Physical Environment: State of Texas County Ranking	60	130	-		
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	8.6	8.0	+	8.0	6.7
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%	21.0%	NC	18.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	71.0%	71.0%	NC	80.0%	72.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	20.0%	22.0%	NC	37.0%	15.0%

Data Source: Countyhealthrankings.org



Appendix E: Key Stakeholder Acknowledgements

Key Stakeholder Acknowledgements

Thank you to the following individuals who provided input into the community health needs assessment.

Key Stakeholders

Name	Organization
Mayor Armando O'Caña	Mayor - City of Mission
Roberto Dominguez	Chief of Police - City of Mission
Jaime Acevedo	Planning Director - City of Mission
Noemi Munguia	Human Resources Director - City of Mission
Nereyda Pena	Assitant HR Director - City of Mission
Ruben Plata	City Council Member - City of Mission
Robert Hinojosa	Risk Management Director - City of Mission
Martin Garza, Jr.	City Manager - City of Mission
Omar Rodriguez	Manager of Communication - Food Bank
Lulu Rizalde	Case Management Director - MRMC
Diana Alcocer	Executive Director - Stream
Craig Verley	Director of Public Relations and Marketing - Mission CISD
Lorena Garcia	Assistant Superintendent
Dr. Carol G. Perez	Superintendent - Mission CISD
Dr. Gloria Ortiz	Endocrinologist
Dr. Humberto Nunez	Hospitalist
Dr. Sheila Calderon	Internal Medicine
Dr. Jaspreet Kaur	Primary Care Physician