

# *Community Health Needs Assessment 2016*



**Knapp Medical Center**



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## 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 as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must 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 Knapp Medical Center's (Medical Center or Knapp) compliance with IRC Section 501(r)(3). 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 fiscal years ending December 31, 2014 through December 31, 2016, which was adopted by the Medical Center board of directors in 2013.
- ✓ 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 a combination of interviews and surveys 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 2016. 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 conduct 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 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from November 2016 to December 2016.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Knapp's current strategies and programs.
- The "community" served by Knapp was defined by utilizing inpatient 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 the Center for Disease Control and Prevention (Community Health Status Indicators) as well as [countyhealthrankings.org](http://countyhealthrankings.org). Health factors with significant opportunity for improvement were noted.
- Community input was provided through surveys and interviews with 16 key stakeholders. Results and findings are described in the *Key Stakeholder 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***

Knapp Medical Center is a 227-bed not-for-profit acute care hospital located in Weslaco, Texas, that offers a women's center, pediatric center and numerous other innovative services. In 2013, Knapp Medical Center became a part of Prime Healthcare Services, a growing California-based system of more than 40 hospitals nationwide. As part of Prime Healthcare Services – which was named one of the top 15 health systems in the country in 2013, 2012, and 2009 – Knapp has gained the stability and support to continue to provide quality healthcare to Mid-Valley residents for decades to come. The Medical Center employs more than 880 people and is one of the Mid-Valley's largest private employers.

### ***Evaluation of Prior Implementation Strategy***

The implementation strategy for fiscal years ending December 31, 2014 through December 31, 2016, focused on three priorities to address identified health needs. Based on the Medical Center's most recent evaluation, the Medical Center has made significant progress in meeting their goals and strategies outlined in their prior implementation strategy as reported below.

#### **Priority 1: Lack of Access to Services**

Knapp Medical Group expanded its health clinics by opening a fourth clinic on N. International Blvd. (FM 1015 in northeast Weslaco) to provide better access to care in the growing North Weslaco and other areas. In addition, Knapp took the first step toward expanding access to care in the Mercedes area, by entering into an agreement with the University of Texas – Pan American (now UTRGV) to establish a Family Practice Residency Clinic / Program in Mercedes. Groundbreaking for the Family Practice Residency Clinic was held in December 2015 and the clinic is scheduled to open in 2017. Knapp Medical Center also continued with its Wellness Program, which offers low-cost lab screenings priced from \$5 to \$30, to encourage healthy lifestyles.

#### **Priority 2: Lack of Health Knowledge**

In the past three years (2014 – 2016), Knapp Medical Center provided or assisted in 167 educational opportunity events, which reached 62,986 participants.

To provide the community with improved access to health knowledge, Knapp Medical Center took the following course of action:

- Continued and expanded the hospital's free "Valley Health Seminars series.
- Continued and expanded stroke education efforts among senior residents of the mid-Valley, including education on signs and symptoms of stroke and the urgency of calling 911 when symptoms present, and assistance for a stroke support group in the Weslaco area.
- Continued trauma education efforts, including the importance of wearing helmets to prevent head injuries.
- Continued car seat safety classes for expectant parents (which includes free car seats for low-income residents).
- Continued working with area schools on education on healthy eating, as part of the battle against wide-spread diabetes and obesity in the Rio Grande Valley.
- Continued effort to promote breast cancer awareness, including offering screenings mammograms for the low price of \$60 during Breast Cancer Awareness Month in October.

#### **Priority 3: Diabetes**

Knapp Medical Center undertook the following courses of action to address the epidemic of diabetes in the community:

- Continued to collaborate with fellow members of Regional Health Partnership 5 to increase access to primary and specialty care services in the short-term, with a focus on individuals with chronic conditions (including diabetes), to ensure they have access to the most appropriate care for their condition, regardless of where they live or their ability to pay.
- Continued to collaborate with the Auxiliary for Knapp Medical Center to improve, promote, and distribute diabetes food charts. Created in 1996 in conjunction with Knapp Medical Center's Public Information and Nutrition Services Departments, the full-color charts were designed as an



easy-to-use guide to help diabetes patients understand how to make healthy food choices to better manage and control their disease.

- Continued and expanded on efforts to provide free diabetes health information to the community through health fairs, Valley Health Seminars and joint efforts with municipalities, school districts and community organizations.





## **Summary of Findings – 2015 Tax Year CHNA**

Health needs were identified based on information gathered and analyzed through the 2016 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 26*.

Based on the prioritization process, the following significant needs were identified:

- Lack of Primary Care Physicians
- Poverty/Children in Poverty
- Lack of Mental Health Providers
- Healthy Behaviors/Lifestyle Changes
- Adult Obesity
- Uninsured
- Limited Access to Health Foods
- High Cost of Health Care
- Diabetes
- Safe/Affordable Housing
- Physical Inactivity

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.



## Community Served by the Medical Center

The Medical Center is located in Weslaco, Texas, in Hidalgo County, a half hour from McAllen, Texas and an hour from Brownsville, Texas. The Medical Center is located off Interstate highway 83. As a regional facility, the Medical Center serves residents in and around the Weslaco area.

### Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Medical Center 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 Medical Center services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from January 1, 2015, through December 31, 2015, management has identified Hidalgo County as the defined CHNA community. Hidalgo County represents approximately 96% of the inpatient discharges as reflected in *Exhibit 1* below. The CHNA will utilize data and input from this county, as well as the top three zip codes within Hidalgo County to analyze health needs for the community.

**Exhibit 1**  
**Summary of Inpatient Discharges by Zip Code**  
**1/1/2015 - 12/31/2015**

Zip Code	City	Discharges	Percent Discharges
<b>Hidalgo County:</b>			
78596	Weslaco	3,428	34.5%
78570	Mercedes	2,037	20.5%
78537	Donna	1,622	16.3%
All Other		2,442	24.6%
	Total Hidalgo County	<b>9,529</b>	<b>95.8%</b>
All Other		416	4.2%
	Total	<b>9,945</b>	<b>100.0%</b>

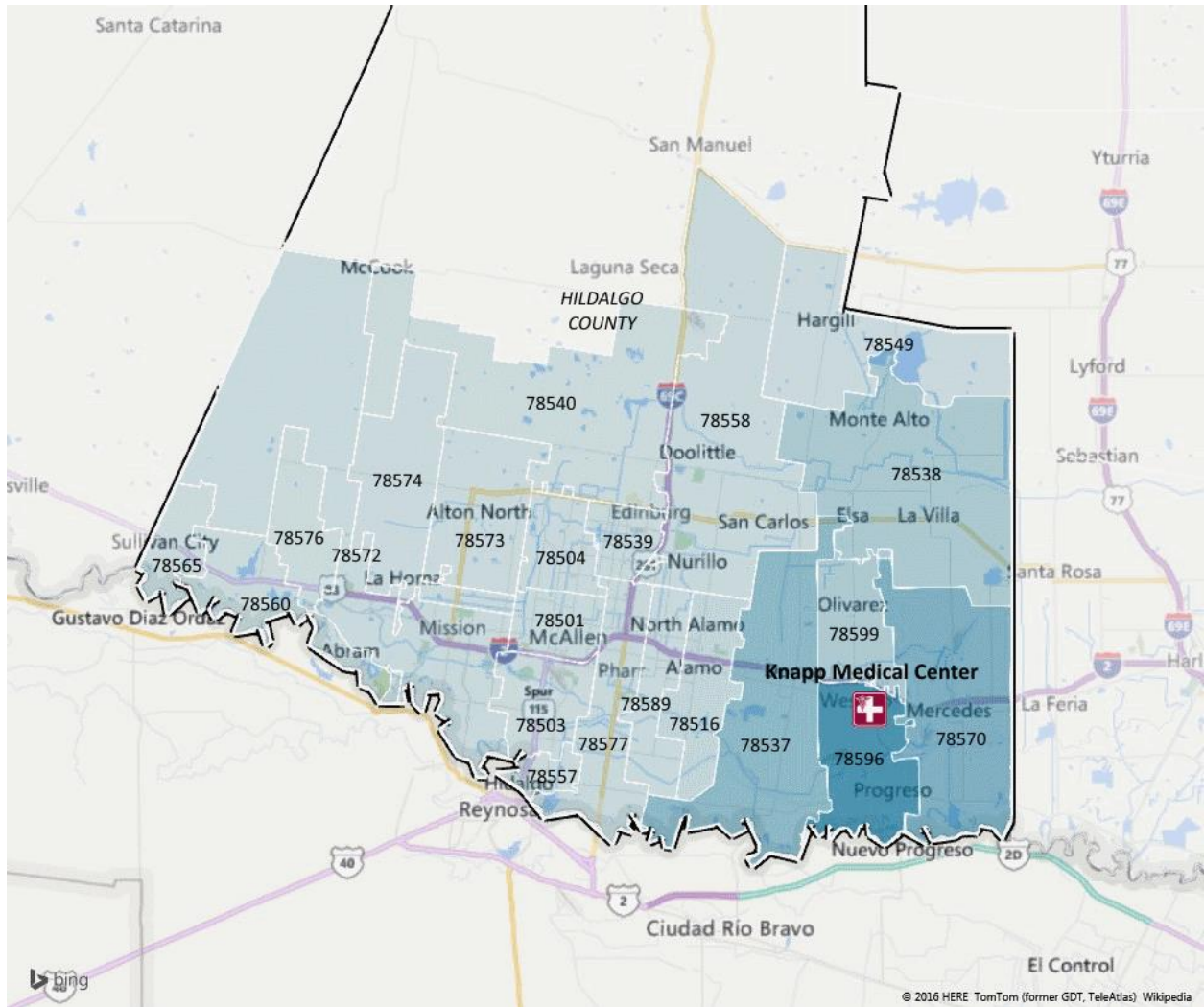
Source: Knapp Medical Center



## Community Details

### Identification and Description of Geographical Community

The following map geographically illustrates the Medical Center's community by showing the community zip codes shaded by number of inpatient discharges. 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. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

**Exhibit 2  
Demographic Snapshot**

DEMOGRAPHIC CHARACTERISTICS						
	Total Population				Hidalgo County	
Hidalgo County	806,447					
Texas	26,092,032		Total Male Population		393,013	
United States	314,107,083		Total Female Population		413,434	

POPULATION DISTRIBUTION						
Age Group	Hidalgo County	Age Distribution		Percent of Total Texas	United States	Percent of Total US
		Percent of Total	Texas			
0 - 4	77,740	9.64%	1,940,753	7.44%	19,973,712	6.36%
5 - 17	197,060	24.44%	5,049,335	19.35%	53,803,944	17.13%
18 - 24	88,610	10.99%	2,675,215	10.25%	31,273,296	9.96%
25 - 34	108,838	13.50%	3,766,749	14.44%	42,310,184	13.47%
35 - 44	106,089	13.16%	3,556,741	13.63%	40,723,040	12.96%
45 - 54	84,426	10.47%	3,451,540	13.23%	44,248,184	14.09%
55 - 64	64,296	7.97%	2,801,943	10.74%	38,596,760	12.29%
65+	79,388	9.84%	2,849,756	10.92%	43,177,963	13.75%
<b>Total</b>	<b>806,447</b>	<b>100.00%</b>	<b>26,092,032</b>	<b>100.00%</b>	<b>314,107,083</b>	<b>100.00%</b>

RACE/ETHNICITY						
Race/Ethnicity	Hidalgo County	Race/Ethnicity Distribution		Percent of Total Texas	United States	Percent of Total US
		Percent of Total	Texas			
White Non-Hispanic	60,001	7.44%	11,562,453	44.31%	197,159,488	62.77%
Hispanic	733,179	90.91%	9,962,643	38.18%	53,070,096	16.90%
Black Non-Hispanic	3,281	0.41%	3,015,767	11.56%	38,460,597	12.24%
Asian & Pacific Island Non-Hispanic	7,903	0.98%	1,072,204	4.11%	16,029,364	5.10%
All Others	2,083	0.26%	478,965	1.84%	9,387,538	2.99%
<b>Total</b>	<b>806,447</b>	<b>100.00%</b>	<b>26,092,032</b>	<b>100.00%</b>	<b>314,107,083</b>	<b>100.00%</b>

Source: *Community Commons (ACS 2010-2014 data sets)*

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. Hispanics make up almost 91% of the community while white non-Hispanics make up approximately 7% of the CHNA community.

*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 could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

**Exhibit 3**

<b>County</b>	<b>Percent Urban</b>	<b>Percent Rural</b>
78596 - Weslaco	95.56%	4.44%
78570 - Mercedes	87.79%	12.21%
78537 - Donna	96.45%	3.55%
Hidalgo County, TX	94.86%	5.14%
<b>TEXAS</b>	84.70%	15.30%
<b>UNITED STATES</b>	80.89%	19.11%

*Source: Community Commons (2010)*

## Socioeconomic Characteristics of the Community

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

### ***Income and Employment***

*Exhibit 4* presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. Hidalgo County's per capita income is below the state of Texas and the United States. All three zip codes (78596, 78570, and 78537) within the CHNA community have a per capita income well below Texas and the United States.

**Exhibit 4**

County	Total Population	Total Income (\$)	Per Capita Income (\$)
78596-Weslaco	65,875	\$900,616,896	<b>\$13,671</b>
78570-Mercedes	33,437	\$352,070,496	<b>\$10,529</b>
78537-Donna	38,464	\$404,040,192	<b>\$10,504</b>
Hidalgo County, TX	806,447	\$11,713,708,032	<b>\$14,525</b>
<b>TEXAS</b>	26,092,032	\$ 691,771,801,600	<b>\$ 26,512</b>
<b>UNITED STATES</b>	314,107,072	\$ 8,969,237,037,056	<b>\$ 28,554</b>

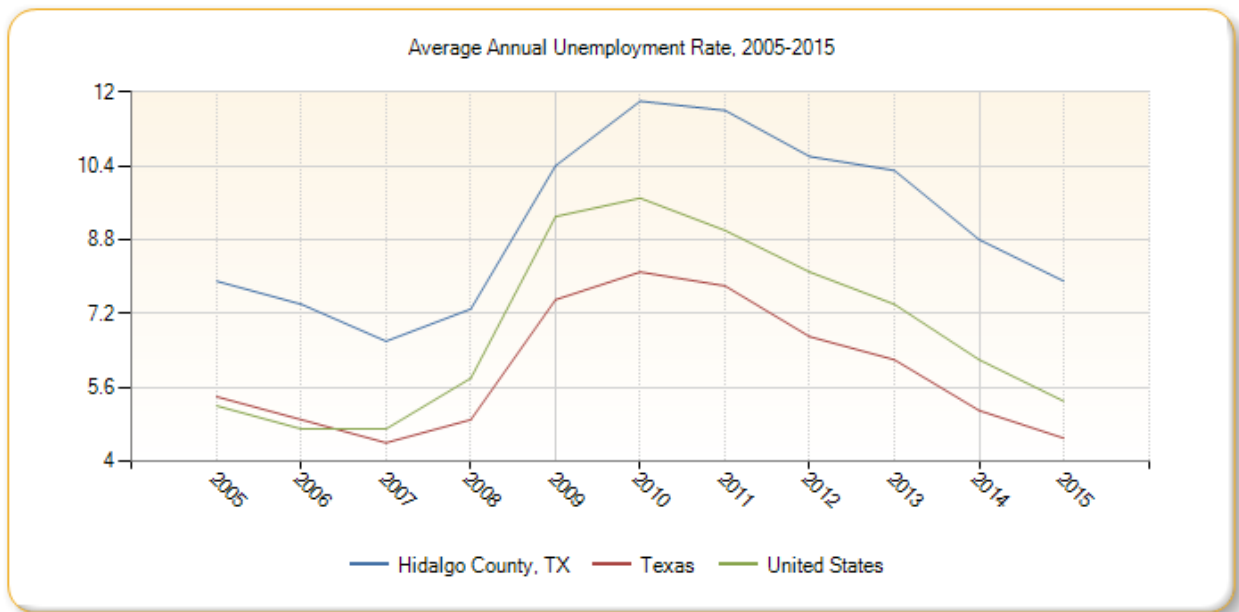
*Source: Community Commons (2010 – 2014)*



## Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2005 - 2015 for the community defined as the community, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are higher than both the United States and the state of Texas. A decrease in the unemployment rate has been the trend since 2010.

Exhibit 5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - July. Source geography: County

## 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. Hidalgo County's poverty rate is greater than the state poverty rate and the national rate. Zip code 78570 has the highest poverty rate of 45.47% when compared to Texas and the United States.

Exhibit 6

County	Total Population	Population in Poverty	Percent Population in Poverty
78596 - Weslaco	64,954	21,204	32.64%
78570 - Mercedes	33,291	15,136	45.47%
78537 - Donna	38,449	17,059	44.37%
Hidalgo County, TX	797,048	275,717	34.59%
<b>TEXAS</b>	25,478,976	4,500,034	17.66%
<b>UNITED STATES</b>	306,226,400	47,755,608	15.59%

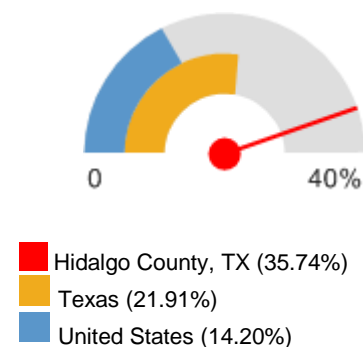
Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract  
Note: Total population for poverty status was determined at the household level.

## 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. *Exhibit 7* shows almost 286,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2015 uninsured rate is estimated to be 11% for Hidalgo County, per [www.enrollamerica.org](http://www.enrollamerica.org), which indicates the uninsured population has decreased by an additional 198,000 persons, since 2014, in the CHNA Community; primarily the result of the Affordable Care Act. The table below shows of the main zip codes, zip code 78570 has the highest percentage of uninsured.

**Exhibit 7**

County	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
78596 - Weslaco	65,263	22,496	<b>34.47%</b>
78570 - Mercedes	33,437	11,641	<b>34.81%</b>
78537 - Donna	38,462	12,954	<b>33.68%</b>
Hidalgo County, TX	799,557	285,782	<b>35.74%</b>
<b>TEXAS</b>	25,613,334	5,610,908	21.91%
<b>UNITED STATES</b>	309,082,272	43,878,140	14.20%

**Percent Uninsured Population**


*Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

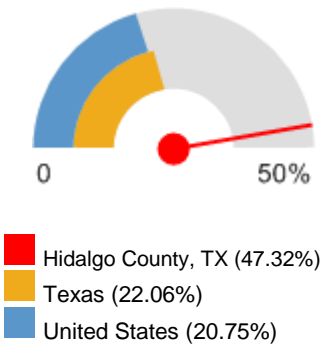


**Medicaid**

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows Hidalgo County as a whole and zip codes 78596, 78570, and 78537 rank unfavorably compared to the state of Texas and the United States.

**Exhibit 8**

County	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
78596 - Weslaco	65,263	42,767	21,046	<b>49.21%</b>
78570 - Mercedes	33,437	21,796	13,880	<b>63.68%</b>
78537 - Donna	38,462	25,508	15,241	<b>59.75%</b>
Hidalgo County, TX	799,557	513,775	243,126	<b>47.32%</b>
<b>TEXAS</b>	25,613,334	20,002,428	4,412,903	22.06%
<b>UNITED STATES</b>	309,082,272	265,204,128	55,035,660	20.75%

**Percent of Insured Population Receiving Medicaid**


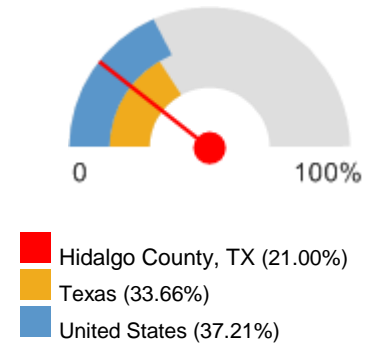
*Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract*

**Education**

*Exhibit 9* presents the population with an Associate’s degree or higher in Hidalgo County versus Texas and the United States.

**Exhibit 9**

County	Total Population Age 25	Population Age 25 with Associate’s Degree or Higher	Percent Population Age 25 with Associate’s Degree or Higher
78596 - Weslaco	37,821	6,980	<b>18.46%</b>
78570 - Mercedes	16,982	2,433	<b>14.33%</b>
78537 - Donna	20,292	2,393	<b>11.79%</b>
Hidalgo County, TX	443,037	93,046	<b>21.00%</b>
<b>TEXAS</b>	16,426,730	5,529,495	33.66%
<b>UNITED STATES</b>	209,056,128	77,786,232	37.21%

**Percent Population Age 25 With Associate’s Degree or Higher**


*Data Source: US Census Bureau, American Community Survey, 2010-14. Source geography: Tract*

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 9*, the percent of residents within the CHNA community of Hidalgo County, as well as all three zip codes, obtaining an associate’s degree or higher is below the state and national percentages.

## 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.

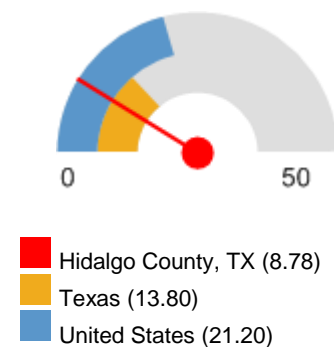
### Grocery Store Access

*Exhibit 10* 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, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

**Exhibit 10**

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
78596 - Weslaco	63,844	5	<b>7.83</b>
78570 - Mercedes	32,525	2	<b>6.15</b>
78537 - Donna	39,454	3	<b>7.60</b>
Hidalgo County, TX	774,769	68	<b>8.78</b>
<b>TEXAS</b>	25,145,561	3,462	13.80
<b>UNITED STATES</b>	312,732,537	66,975	21.10

**Grocery Stores, Rate (Per 100,000 Population)**



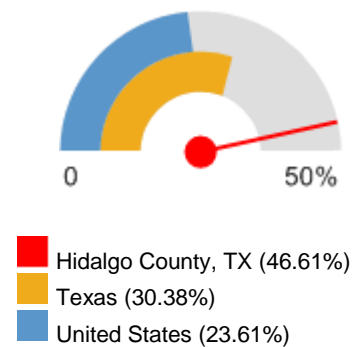
*Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County*

**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 11* below is relevant because it highlights populations and geographies facing food insecurity. Hidalgo County as a whole along with zip codes 78596 and 78537 have a population with low food access when compared to Texas and the United States. Only zip code 78570 has a population with higher food access than both the state and national rate.

**Exhibit 11**

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
78596 - Weslaco	63,844	33,567	<b>52.58%</b>
78570 - Mercedes	32,524	5,912	<b>18.18%</b>
78537 - Donna	39,453	20,699	<b>52.46%</b>
Hidalgo County, TX	774,769	361,142	<b>46.61%</b>
<b>TEXAS</b>	25,145,561	7,639,114	30.38%
<b>UNITED STATES</b>	308,745,538	72,905,540	23.61%

**Percent Population With Low Food Access**


*Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract*

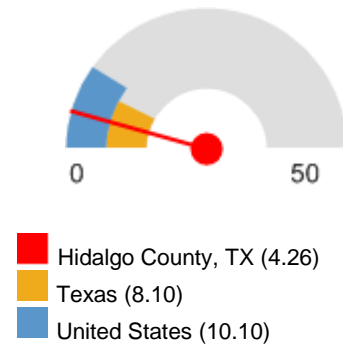
**Recreation and Fitness Facility Access**

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 12* shows that Hidalgo County has fewer fitness establishments available to the residents of the community than Texas as a whole.

**Exhibit 12**

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
78596 - Weslaco	63,844	2	<b>3.13</b>
78570 - Mercedes	32,525	1	<b>3.07</b>
78537 - Donna	39,454	1	<b>2.53</b>
Hidalgo County, TX	774,769	33	<b>4.26</b>
<b>TEXAS</b>	25,145,561	2,041	8.10
<b>UNITED STATES</b>	312,732,537	31,715	10.10

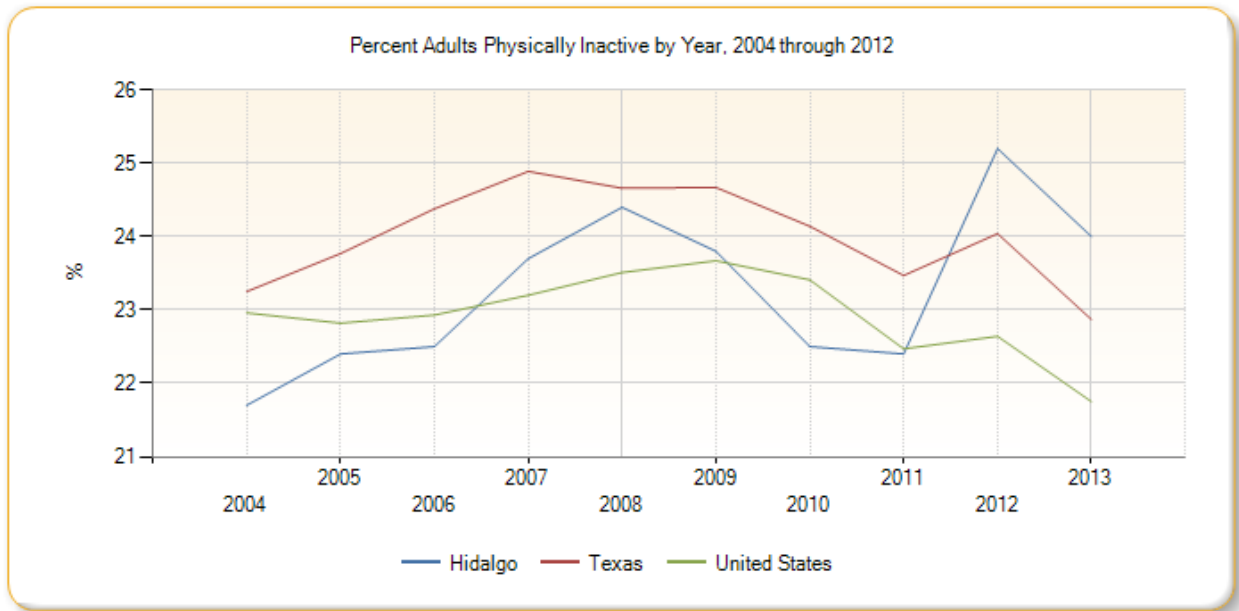
**Recreation and Fitness Facilities, Rate (Per 100,000 Population)**



*Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County*

The trend graph below (*Exhibit 13*) shows the percentage of adults who are physically inactive by year for the community and compared to Texas and the United States. From 2011-2012, the CHNA community percentage of adults who are physically inactive were on the rise and higher than both the state of Texas and the United States. The trend has been decreasing since 2012, when the community hit a peak of 25.2%. The latest data (2013) shows that the community still has a higher percentage of physically inactive adults than the state of Texas.

**Exhibit 13**



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

## Clinical Care of the Community

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

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

### Access to Primary Care

*Exhibit 14* 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 14**

County	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Pop.
78596 - Weslaco	67,241	30	<b>44.62</b>
78570 - Mercedes	34,255	15	<b>43.79</b>
78537 - Donna	41,553	18	<b>43.32</b>
Hidalgo County, TX	815,996	368	<b>45.10</b>
<b>TEXAS</b>	26,448,193	15,745	59.50
<b>UNITED STATES</b>	316,128,839	239,500	75.80

*Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2013. Source geography: County*

### Lack of a Consistent Source of Primary Care

*Exhibit 15* 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 15**

County	Survey Population (Adults Age 18 )	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Hidalgo County, TX	495,329	227,850	<b>46.00%</b>
Texas	18,375,873	5,946,509	32.36%
United States	236,884,668	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. Source geography: County. Note: Information reported above is unavailable at the zip code level.*

### **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 16* below shows, Hidalgo County is not considered a health professional shortage area.

**Exhibit 16**

County	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Hidalgo County, TX	774,769	0	<b>0.00%</b>
Texas	25,145,561	4,222,353	16.79%
United States	308,745,538	102,289,607	33.13%

*Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. April 2016. Source geography: HPSA Note: Information reported above is unavailable at the zip code level.*

### **Preventable Hospital Events**



*Exhibit 17* 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 17**

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Medical Center Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Hidalgo County, TX	52,410	3,617	<b>69.00</b>
Texas	2,030,887	127,787	62.90
United States	58,209,898	3,448,111	59.20

*Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

## Health Status of the Community

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

Lifestyle/Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

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 18* reflects the leading causes of death for the community and compares the age-adjusted rates to the state of Texas and the United States.

**Exhibit 18**

Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population		
	Hidalgo County	Texas	United States
Cancer	121.90	159.40	166.30
Heart Disease	150.10	172.90	171.80
Lung Disease	20.70	42.10	41.70
Stroke	28.20	41.90	37.30
Unintentional Injury	22.70	37.90	39.20

*Source: Community Commons 2010-2014*

The table above shows leading causes of death within Hidalgo County as compared to the state of Texas and the United States. The age-adjusted rate is shown per 100,000 residents. The rates in green represent Hidalgo County and corresponding leading causes of death that are less than the state rates. As the table indicates, all of the leading causes of death above are less than the Texas and national rates.

## 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 community health needs assessment 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 based on health outcomes and factors, clinical care, economic status and the physical environment.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. As can be seen from the chart below, all rankings within each area have decreases from 2012 with the exception of mortality and clinical care.

<b>Hidalgo County Indicators</b>	<b>2012</b>	<b>2015</b>
Health Outcomes	41	86
Mortality	18	16
Morbidity	144	214
Health Factors	228	234
Health Behaviors	74	172
Clinical Care	191	182
Social and Economic Factors	229	235
Physical Environment	189	217

*Source: countyhealthrankings.org*

The following *Exhibits 19.1* and *19.2* include the 2012 and 2015 indicators reported by County Health Rankings for Hidalgo County. The health indicators that are unfavorable when compared to the Texas rates are shaded in gray.

**Exhibit 19.1  
County Health Rankings – Health Outcomes**

	Hidalgo County 2012***	Hidalgo County 2015***	Texas 2015	Top U.S. Performers 2015
<b>Mortality</b>	*	18		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,745	5,500	6,600	5,200
<b>Morbidity</b>	*	144		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	27%	30%	20%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4	4.7	3.5	2.9
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	3.5	3.0	2.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	7.6%	8.0%	8.0%	6.0%

\* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

\*\* 90th percentile, *i.e.*, only 10% are better

\*\*\* Data for 2012 and 2015 was pulled in 2013 and 2016, respectfully

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Exhibit 19.2  
County Health Rankings – Health Factors**

	Hidalgo County 2012***	Hidalgo County 2015***	Texas 2015	Top Performers 2015**
<i>Health Behaviors</i>	*	74	172	
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	13.0%	15.0%	15.0%	14.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	30.0%	37.0%	28.0%	25.0%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10	N/A	5.3	6.4	8.3
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure time physical activity	24.0%	25.0%	24.0%	20.0%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical	N/A	61.0%	84.0%	91.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	15.0%	14.0%	17.0%	12.0%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	N/A	30.0%	32.0%	14.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	410.0	407.3	498.3	134.1
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	87.0	76.0	52.0	19.0
<i>Clinical Care</i>	*	191	182	
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	38.0%	38.0%	25.0%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	2,235:1	2,220:1	1,680:1	1,040:1
<b>Dentists</b> – Ratio of population to dentists	4,756:1	4,090:1	1,880:1	1,340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	N/A	1,980:1	990:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	82.0	61.0	58.0	38.0
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	82.0%	87.0%	84.0%	90.0%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	57.8%	58.0%	58.0%	71.0%

**Exhibit 19.2  
County Health Rankings – Health Factors (cont.)**

	Hidalgo County 2012***	Hidalgo County 2015***	Texas 2015	Top Performers 2015**
<i>Social and Economic Factors</i>	*	229		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	81.0%	85.0%	88.0%	93%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	41.6%	45.0%	59.0%	72.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	12.0%	8.7%	5.1%	3.5%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	48.0%	46.0%	25.0%	13.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.6	4.9	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	32.0%	33.0%	33.0%	21%
<b>Social associations</b> – Number of membership associations per 10,000 population	N/A	3.9	7.8	22.1
<b>Violent crime rate</b> – Violent crime rate per 100,000 population (age-adjusted)	360.0	310.0	422.0	59.0
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	N/A	30.0	54.0	51.0
<i>Physical Environment</i>	*	189		
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic meter	9.3	8.6	9.6	9.5
<b>Severe housing problems</b> – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	28.0%	18.0%	9.0%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	N/A	79.0%	80.0%	71.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute	N/A	23.0%	36.0%	15.0%

\* Rank out of 232 Texas counties in 2012 and 241 counties in 2015

\*\* 90th percentile, i.e., only 10% are better

\*\*\* Data for 2012 and 2015 was pulled in 2013 and 2016, respectfully

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Community Health Status Indicators**

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in “peer counties” across the United States. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

Hidalgo County has multiple designated “peer” counties throughout the US, including Cameron, Lubbock and El Paso Counties in Texas, Tulare County in California and Leon County in Florida. *Exhibit 20* provides a summary comparison of how Hidalgo County compares with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

<b>Exhibit 20 Hidalgo County, Texas</b>			
	<b>Most Favorable Quartile</b>	<b>Middle Two Quartiles</b>	<b>Least Favorable Quartile</b>
<b>Mortality</b>	<ul style="list-style-type: none"> <li>Alzheimer's disease deaths</li> <li>Chronic lower respiratory disease (CLDR) deaths</li> <li>Cancer Deaths</li> <li>Female life expectancy</li> <li>Male life expectancy</li> <li>Motor vehicle deaths</li> <li>Stroke Deaths</li> <li>Unintentional injury (including motor vehicle)</li> </ul>	<ul style="list-style-type: none"> <li>Chronic kidney disease deaths</li> <li>Diabetes deaths</li> </ul>	<ul style="list-style-type: none"> <li>Coronary heart disease</li> </ul>
<b>Morbidity</b>	<ul style="list-style-type: none"> <li>Cancer</li> <li>Gonorrhea</li> <li>HIV</li> <li>Syphilis</li> </ul>	<ul style="list-style-type: none"> <li>Older adult asthma</li> <li>Preterm births</li> </ul>	<ul style="list-style-type: none"> <li>Adult Diabetes</li> <li>Adult Obesity</li> <li>Adult overall health status</li> <li>Alzheimer's disease/dementia</li> <li>Older adult depression</li> </ul>
<b>Health Care Access and Quality</b>			<ul style="list-style-type: none"> <li>Cost barrier to care</li> <li>Older adult preventable hospitalization</li> <li>Primary Care Provider Access</li> <li>Uninsured</li> </ul>
<b>Health Behaviors</b>	<ul style="list-style-type: none"> <li>Adult smoking</li> </ul>	<ul style="list-style-type: none"> <li>Adult binge drinking</li> </ul>	<ul style="list-style-type: none"> <li>Adult female routine pap tests</li> <li>Adult physical inactivity</li> <li>Teen births</li> </ul>
<b>Social Factors</b>	<ul style="list-style-type: none"> <li>Children in single-parent households</li> <li>On time high school graduation</li> <li>Violent Crime</li> </ul>	<ul style="list-style-type: none"> <li>High Housing Costs</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate social support</li> <li>Poverty</li> <li>Unemployment</li> </ul>
<b>Physical Environment</b>	<ul style="list-style-type: none"> <li>Annual average PM2.5 concentration</li> <li>Living near highways</li> </ul>		<ul style="list-style-type: none"> <li>Access to parks</li> <li>Housing stress</li> <li>Limited access to healthy food</li> </ul>



The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for Hidalgo County are compared to the state of Texas and the United States.

### Diabetes (Adult)

*Exhibit 21* 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.

**Exhibit 21**

County	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
Hidalgo County, TX	514,763	49,932	9.70	<b>10.00%</b>
Texas	18,709,042	1,734,167	9.27	9.18%
United States	236,919,508	23,685,417	10.00	9.19%

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County  
Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With Diagnosed Diabetes (Age-Adjusted)**



■ Hidalgo County, TX (10.00%)  
■ Texas (9.18%)  
■ United States (9.19%)

### High Blood Pressure (Adult)

Per *Exhibit 22* below, 137,421, or 27.80%, of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is less than the percentage of Texas and the United States.

**Exhibit 22**

County	Total Population (Age 18 )	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
Hidalgo County, TX	494,320	137,421	<b>27.80%</b>
Texas	17,999,726	5,399,918	30.00%
United States	232,556,016	65,476,522	28.16%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County  
Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With High Blood Pressure**



■ Hidalgo County, TX (27.80%)  
■ Texas (30.00%)  
■ United States (28.16%)

## Obesity

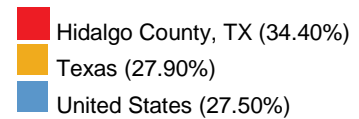
Of adults aged 20 and older, 34.4% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 23*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community has a BMI percentage higher than the state and national rates.

**Exhibit 23**

County	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
Hidalgo County, TX	514,631	177,033	<b>34.40%</b>
Texas	18,707,673	5,244,904	27.90%
United States	234,188,203	64,884,915	27.50%

*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With BMI > 30.0 (Obese)**



## Poor Dental Health

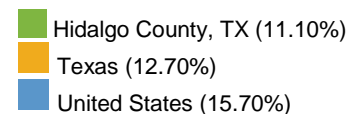
This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services. *Exhibit 24* shows the total CHNA community has a smaller percentage of adults with poor health than that of Texas and the United States.

**Exhibit 24**

County	Total Population (Age 18 )	Total Adults With Poor Dental Health	Percent Adults With Poor Dental Health
Hidalgo County, TX	479,778	53,313	<b>11.10%</b>
Texas	17,999,726	2,279,845	12.70%
United States	235,375,690	36,842,620	15.70%

*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES 2006-10. Source geography: County*  
*Note: Information reported above is unavailable at the zip code level.*

**Percent Adults With Poor Dental Health**



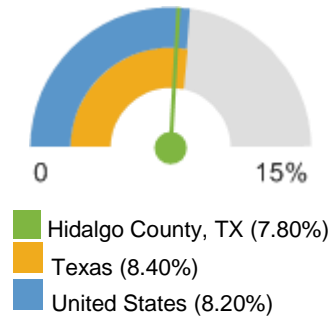
### Low Birth Weight

*Exhibit 25* 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.

**Exhibit 25**

County	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Hidalgo County, TX	118,167	9,217	<b>7.80%</b>
Texas	2,759,442	231,793	8.40%
United States	29,300,495	2,402,641	8.20%
<a href="#">HP 2020 Target</a>			<= 7.80%

**Percent Low Birth Weight Births**



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

*Note: Information reported above is unavailable at the zip code level.*

## **Community Input**

### ***Key Stakeholder Input***

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

### ***Methodology***

Electronic surveys were distributed to stakeholders representing Hidalgo County. Stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry. Additionally, telephone interviews were conducted with four key stakeholders.

A total of 16 stakeholders 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

The survey consisted of a series of 12 questions and the telephone interviews consisted of 14 questions.

### ***Key Stakeholder Profiles***

Key stakeholders who were asked to provide input worked for the following types of organizations and agencies:

- ✓ Knapp Medical Center
- ✓ Social service agencies and nonprofit organizations
- ✓ Local school systems and universities
- ✓ Other medical providers
- ✓ Local elected officials and governmental agencies
- ✓ Local businesses
- ✓ Public health agencies

## **Key Stakeholder Survey Results**

The questions on the survey were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

### **1. 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 Hidalgo County. They were also asked to provide their opinion on 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.

Fifty percent (8 out of 16) rated the health and quality of life as "Average". Thirty-eight percent (6 out of 16) of the key stakeholders rated the health and quality of life in Hidalgo County as "below average".

When asked whether the health and quality of life had improved, declined or stayed the same, 79% of those that responded to this question felt the health and quality of life had improved over the last few years and 21% expressed they thought the health and quality of life had declined over the last three years. When asked why they thought the health and quality of life had improved, key stakeholders noted growth in jobs, increased recreational amenities, improvements to colonias, and advanced technologies. The addition of the medical school to the community is seen as a positive as well in that it is providing more access to services and training providers for the community. Another positive factor noted, regarding the general increase in awareness and education, related to the importance of wellness that is occurring within the community.

Respondents that felt health and quality of life was declining over the past few years, mainly noted the high concentration of poverty and an increasing number of working poor in the community.

*"We have become more informed of how health choices directly impact our well-being. We still have a lot to learn as our culture has always been about starchy, floury, unhealthy foods (tamales, tortillas, pan dulce, etc.)"*

*"People are taking the opportunity to make a good changes regarding their health. Awareness is key. We are doing a better job with schools to educate students and families."*

*"The addition of The University of Texas Rio Grande Valley School of Medicine will provide additional medical providers to the community."*

*"Residents are not able to pull themselves out of poverty in order to have better health as well as quality of life."*

### **2. 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. They were also asked to provide their opinions as to why they thought these populations were underserved or in need. Each key stakeholder was asked to consider the specific populations they serve or those with which they usually work.

The majority of the key stakeholders identified persons living with low-incomes or in poverty, including homeless persons, as most likely to be underserved due to lack of access to services. Many stakeholders identified persons living in colonias, including recent immigrants, as having high unmet health needs due to poor living conditions and lack of resources. Lack of financial resources prevents persons with low-income from seeking medical care and receiving the resources they need. It also leads to people being uninsured and underinsured. Many of the working poor are unable to afford insurance and are unable to access insurance due to the fact that Texas has not expanded Medicaid. As a result, people skip routine screenings that could identify problems early. Often, persons living with low-income also have less access to reliable transportation.

The elderly were also identified as a population that is faced with challenges accessing care due to limited transportation and fixed incomes. Elderly people isolate emotionally as their support systems move or die. Elderly living in outlying rural areas become even more isolated and may not address health needs due to isolation and barriers with getting to medical appointments.

Persons with mental health needs were another group identified as a population whose health needs are not being met in the community. Stakeholders expressed a lack of mental health providers resulting in long waits for appointments. Additionally, the stigma surrounding mental illness prevents people from getting help. The stigma also causes people to stop taking medicines for behavioral health conditions. Mental health patients are complicated to serve and often chronic health conditions accompany mental health issues. For these patients, there is a need for more coordinated care.

Key stakeholders were then asked to provide opinions regarding actions that should be taken to respond to the identified needs above. Stakeholders noted that addressing poverty and providing resources to immigrants is the first step to improving overall community health. Some stakeholders noted that access to computers and education on how to use them would be helpful for persons living in areas outside the city.

Stakeholders also noted the need for more services in communities where people live so persons with limited transportation can access basic healthcare. Additionally, outreach efforts such as health education and preventive screenings should be conducted out in the community, particularly in areas of high poverty, in order to reach the most vulnerable members of the community.

*“People who live in colonias or do not have jobs or health insurance have little or no access to health care.”*

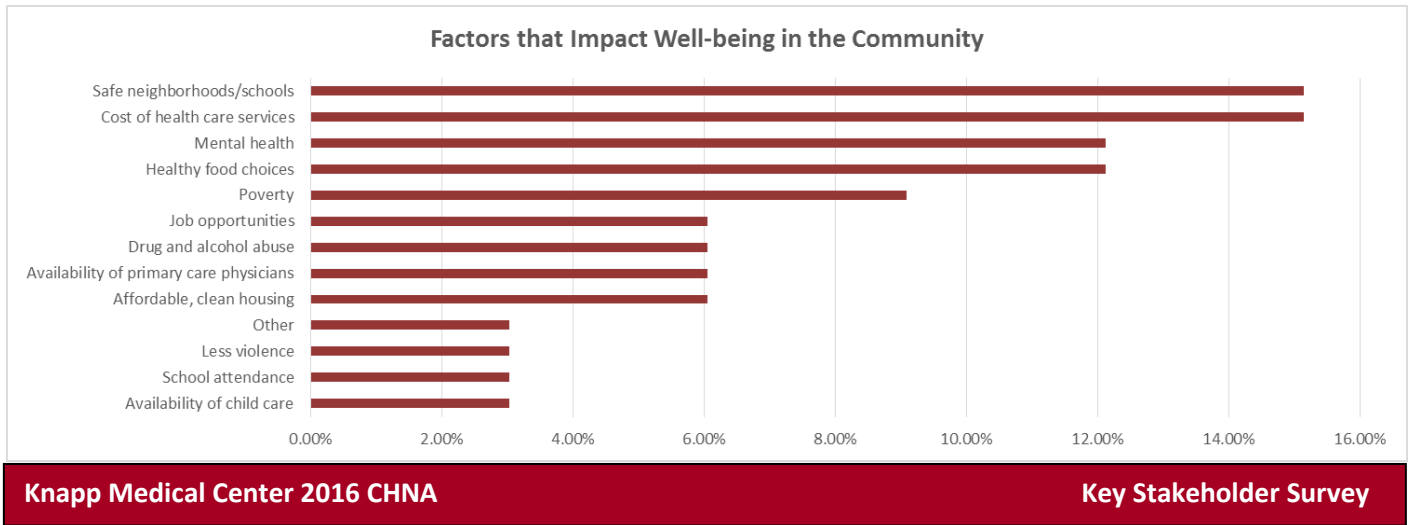
*“If someone lives in an area with high crime, no electricity, no safety, in a food desert and in constant stress or fear, they will have a definite lower quality of life than others.”*

*“We need more advocacy for those living in poverty as well as more advocacy by our legislature.”*

*“Utilizing mobile clinics in the areas of high poverty would be beneficial.”*

### **3. Factors that impact well-being in the community**

The survey included an assessment of community perceptions of factors that impact well-being in the community. Respondents noted that cost of health services, safe neighborhoods and schools, healthy food choices and mental health were the primary factors that impact the community's health

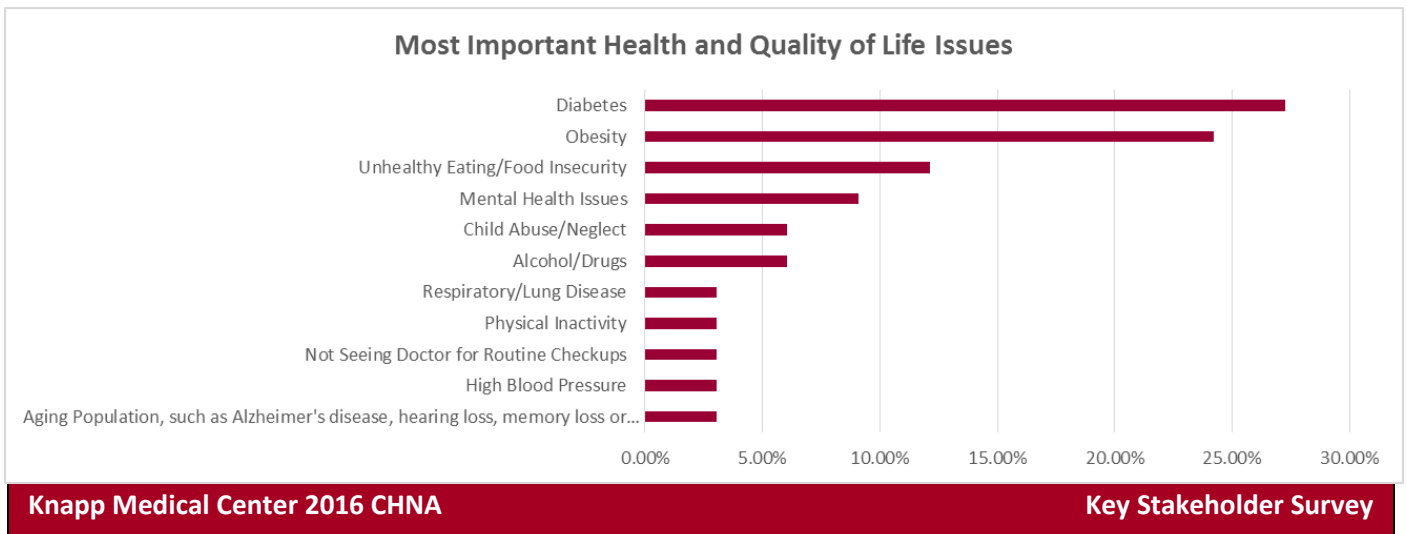


Key stakeholders identified the following as the main reasons why people are not able to access health services:

1. Lack of health insurance
2. Inability to afford co-pays and/or deductibles
3. Too long to wait for medical appointments

#### 4. Most important health and quality of life issues

The survey solicited input from participants regarding health problems of the community. Diabetes, obesity, unhealthy eating/food insecurity, and mental health issues were identified as the biggest health and quality of life issues in the in the community.



*“The culture is very accepting of poor food choices.”*

*“It is critical to teach children healthy eating. Our eating habits are not the best.”*

*“Mental health issues are huge. We must address drug addiction and drug abuse. This has not been addressed adequately.”*

Additional survey results:

- When asked what needs to be done to address the critical issues, participants indicated the following:
  - More availability of healthy food and education on healthy eating
  - Better coordination between all governmental entities responsible for providing services.
  - Improve access at the time of need and preventive care with screenings, outreach, and education.
  - We need adequate medical providers.
  - Expand mental health services
  - Make healthy foods available at a lower cost.
- When asked to provide input regarding what the hospital should focus on over the next 3-5 years, participants provided the following input:
  - Partner with community agencies and churches in order to provide education and classes to the people.
  - Access to care, specialty services to patients, and health education.
  - Obesity education starting at a young age.
  - Children’s health needs should be addressed. Schools are growing and there should be more focus on pediatric care.
  - Diabetes prevention and management.
  - Concentrate on the finding its niche as a community based hospital.



## Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendices*), the Medical Center's community has a moderate 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 median CNI score for Hidalgo County is 4.6. The zip codes with the highest CNI scores within the community are: 78501 – Mcallen (5), 78503 – Mcallen (5), 78541 – Edinburg (5) and 78577 – Pharr (5).

Certain key stakeholders were selected due to their positions working with low-income and uninsured populations. Several key stakeholders were selected due to their work with minority populations. Based on information obtained through key stakeholder interviews and the community health survey, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured /Working Poor Population/Homeless
  - Access to primary care physicians
  - High cost of health care prevents needs from being met
  - Lack of healthy lifestyle and health nutrition education
  - Lack of mental health services
  - Transportation
  - Preventative Care
- Person with Mental Health Needs
  - Lack of mental health providers
  - Substance abuse
- Immigrants
  - Access to primary care physicians
  - High cost of health care prevents needs from being met
  - Lack of healthy lifestyle and health nutrition education
  - Lack of mental health services
  - Transportation
  - Preventative Care
- Elderly
  - Transportation
  - Lack of health resources

## 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 interviews.

## **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's CHNA community.

### ***Health Outcomes and Factors***

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

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) resulted in an identified health need.

### ***Primary Data***

Health needs identified through key informant interviews 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.

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, 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 26  
Prioritization of 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 *
Lack of Primary Care Physicians	5	5	5	4	4	23
Poverty/Children in Poverty	5	4	5	4	4	22
Lack of Mental Health Providers	5	4	5	4	4	22
Healthy Behaviors/Lifestyle Changes	5	4	5	5	2	21
Adult Obesity	5	5	3	5	3	21
Uninsured	5	3	5	4	4	21
Limited Access to Healthy Foods	5	4	5	4	3	21
High Cost of Health Care	5	3	5	4	2	19
Diabetes	3	5	3	5	2	18
Safe/Affordable Housing	4	4	5	3	2	18
Physical Inactivity	5	4	2	2	2	15
High Blood Pressure	5	5	2	0	1	13
Transportation	3	3	5	1	1	13
Dentists	5	3	3	0	1	12
Older Adult Depression	3	4	2	2	1	12
Children in Single-Parent Households	5	3	2	0	1	11
Coronary Heart Disease	3	4	2	0	1	10
Alcohol Impaired Driving Deaths	3	3	2	0	1	9
Violent Crime Rate	1	2	2	2	1	8
Alzheimer's disease/dementia	1	3	2	0	1	7
Sexually Transmitted Infections	1	2	2	0	1	6
Teen Birth Rate	1	2	2	0	1	6
Routine Pap Tests	1	2	2	0	1	6

***Management's Prioritization Process***

For the health needs prioritization process, the Medical Center engaged the leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 26*, using the following criteria:

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

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

- Lack of Primary Care Physicians
- Poverty/Children in Poverty
- Lack of Mental Health Providers
- Healthy Behaviors/Lifestyle Changes
- Adult Obesity
- Uninsured
- Limited Access to Health Foods
- High Cost of Health Care
- Diabetes
- Safe/Affordable Housing
- Physical Inactivity

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

## Resources Available to Address Significant Health Needs

### *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 has 183 acute beds. Residents of the community can also take advantage of services provided by other hospitals in Hidalgo County, as well as services offered by other facilities and providers. *Exhibit 27* summarizes hospitals available to the residents of CHNA Community.

**Exhibit 27**

Hospital	Address	County
Weslaco Rehabilitation Center	906 South James Street, Weslaco, TX 78596	Hidalgo
Edinburg Regional Medical Center	1102 West Trenton Road, Edinburg, TX 78539	Hidalgo
Lifecare Hospitals of South Texas	333 West Freddy Gonzalez Drive, Edinburg, TX 78539	Hidalgo
Rio Grande Regional Hospital	101 East Ridge Road, McAllen, TX 78503	Hidalgo
McAllen Medical Center	301 West Expressway 83, McAllen, TX 78503	Hidalgo
Solara Hospital McAllen	301 West Expressway 83, McAllen, TX 78503	Hidalgo
Conerstone Regional Hospital	2302 Cornerstone Boulevard, Edinburg, TX 78539	Hidalgo
Doctor’s Hospital at Renaissance	5501 South Mccoll Road, Edinburg, TX 78539	Hidalgo
Lifecare Hospitals of South Texas	2001 South 'M' Street, McAllen, TX 78503	Hidalgo
Mission Regional Medical Center	900 South Bryan Road, Mission, TX 78572	Hidalgo

*Source: US Hospital Finder*

### **Other Health Care Facilities**

Short-term acute care Medical Center services are not the only health services available to members of the Medical Center’s community. *Exhibit 28* provides a listing of community health centers the Medical Center’s community.

**Exhibit 28**

<b>Health Care Facility</b>	<b>Facility Type</b>	<b>Address</b>	<b>County</b>
Nuestra Clinica Del Valle - Mercedes	Federally Qualified Health Center	1500 W 1st Street, Mercedes, TX 78570	Hidalgo
Nuestra Clinica Del Valle - Donna	Federally Qualified Health Center	301 S 17th Street, Donna, TX 78537	Hidalgo
Nuestra Clinica Del Valle - Edcouch	Federally Qualified Health Center	1200 E Santa Rosa Avenue, Edcouch, TX 78538	Hidalgo
Nuestra Clinica Del Valle - San Carlos	Federally Qualified Health Center	300 N 86th Street, Edinburg, TX 78542	Hidalgo
Nuestra Clinica Del Valle - PSJA School Based Center	Federally Qualified Health Center	2900 N Raul Longoria Road, San Juan, TX 78589	Hidalgo
Nuestra Clinica Del Valle - Women's Health Center	Federally Qualified Health Center	806 W 3rd Street, San Juan, TX 78589	Hidalgo
Nuestra Clinica Del Valle - San Juan	Federally Qualified Health Center	801 W 1st Street, San Juan, TX 78589	Hidalgo
Hope Family Health Center	Federally Qualified Health Center	2332 Jordan Road W, McAllen, TX 78503	Hidalgo
Lower Rio Grande Valley Community Health Management Corporation	Federally Qualified Health Center	901 E Vermont Avenue, McAllen, TX 78503	Hidalgo

*Source: CMS.gov, Health Resources & Services Administration (HRSA)*

### **Health Departments**

The Medical Center’s CHNA community has one county health department located within it: Hidalgo County Health and Human Services Department (HCHHS).

The HCHHS strives to prevent disease, improve health status, prolong life, and promote conditions conducive to healthy lifestyle to all Hidalgo County residents, regardless of age, gender, race, creed, color, condition, or economic status. The HCHHS divisions include Health Services, Environmental Health Division, Emergency Preparedness and Response, Human Services, and HidalgO FIT Wellness Program.



## **APPENDICES**

**APPENDIX A**  
**ANALYSIS OF DATA**



## Knapp Medical Center Analysis of CHNA Data

### Analysis of Health Status-Leading Causes of Death

	(A) 10% of U.S. Age- Adjusted Rate	(A) U.S. Age- Adjusted Rate	County Rate	(B) County Rate Less U.S. Age- Adjusted Rate	If (B)>(A), then "Health Need"
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#### Hidalgo County:

Cancer	166.3	16.6	121.9	-44.4	
Heart Disease	171.8	17.2	150.1	-21.7	
Lung Disease	41.7	4.2	20.7	-21.0	
Stroke	37.3	3.7	28.2	-9.1	
Unintentional Injury	39.2	3.9	22.7	-16.5	

\*\*\*The age-adjusted rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.

### Analysis of Health Outcomes and Factors - County Health Rankings

	(A) National Benchmark	(A) 30% of National Benchmark	County Rate	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
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#### Hidalgo County, TX:

Adult Smoking	14.0%	4.2%	15.0%	1.0%	
Adult Obesity	25.0%	7.5%	37.0%	12.0%	Health Need
Food Environment Index	8.3	2	5.3	3	Health Need
Physical Inactivity	20.0%	6.0%	25.0%	5.0%	
Access to Exercise Opportunities	91.0%	27.3%	61.0%	30.0%	Health Need
Excessive Drinking	12.0%	3.6%	14.0%	-2.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	30.0%	16%	Health Need
Sexually Transmitted Infections	134	40	407	273	Health Need
Teen Birth Rate	19	6	76	57	Health Need
Uninsured	11.0%	3.3%	38.0%	27.0%	Health Need
Primary Care Physicians	1,040	312	2,220	1180	Health Need
Dentists	1,340	402	4,090	2750	Health Need
Mental Health Providers	370	111	1980	1610	Health Need
Preventable Hospital Stays	38	11	61	23	Health Need
Diabetic Screen Rate	90.0%	27.0%	87.0%	3.0%	
Mammography Screening	71.0%	21.3%	58.0%	13.0%	
Violent Crime Rate	59	18	310	251	Health Need
Children in Poverty	13.0%	3.9%	46.0%	33.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	33.0%	12.0%	Health Need
Severe Housing Problems	9.0%	2.7%	28.0%	19.0%	Health Need

\* From County Health Rankings



## *Analysis of Health Outcomes and Factors - Community Health Status Indicators*

### **Least Favorable**

- |                        |                                |
|------------------------|--------------------------------|
| Coronary heart disease | Adult female routine pap tests |
| Adult diabetes         | Teen births                    |
| Adult obesity          | Poverty                        |
| Older adult depression | Housing stress                 |
| Lack of Primary Care   | Limited access to healthy food |
| Uninsured              | Adult physical inactivity      |
| Cost barrier to care   |                                |

\* From Community Health Status Indicators

## *Analysis of Primary Data – Key Stakeholder Input*

- Diabetes
- Obesity
- Unhealthy Eating/Food Insecurity
- Lack of Mental Health Services/Mental Health Conditions
- Child Abuse/Neglect
- Alcohol and Drugs
- Uninsured
- Lack of access to Medical Providers
- Cost of Health Care
- Poverty
- Transportation

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

Population	Issues
<b>Uninsured/Working Poor Population</b>	<ul style="list-style-type: none"> <li>Access to primary care physicians</li> <li>High cost of health care prevents needs from being met</li> <li>Lack of healthy lifestyle and health nutrition education</li> <li>Transportation</li> <li>Preventative Care</li> </ul>
<b>Persons with Mental Health Needs</b>	<ul style="list-style-type: none"> <li>Lack of mental health providers</li> <li>Substance Abuse</li> </ul>
<b>Immigrants/Persons Living in Colonias</b>	<ul style="list-style-type: none"> <li>Access to primary care physicians</li> <li>High cost of health care prevents needs from being met</li> <li>Lack of healthy lifestyle and health nutrition education</li> <li>Transportation</li> <li>Preventative Care</li> </ul>
<b>Elderly</b>	<ul style="list-style-type: none"> <li>Transportation</li> <li>Lack of health resources</li> </ul>

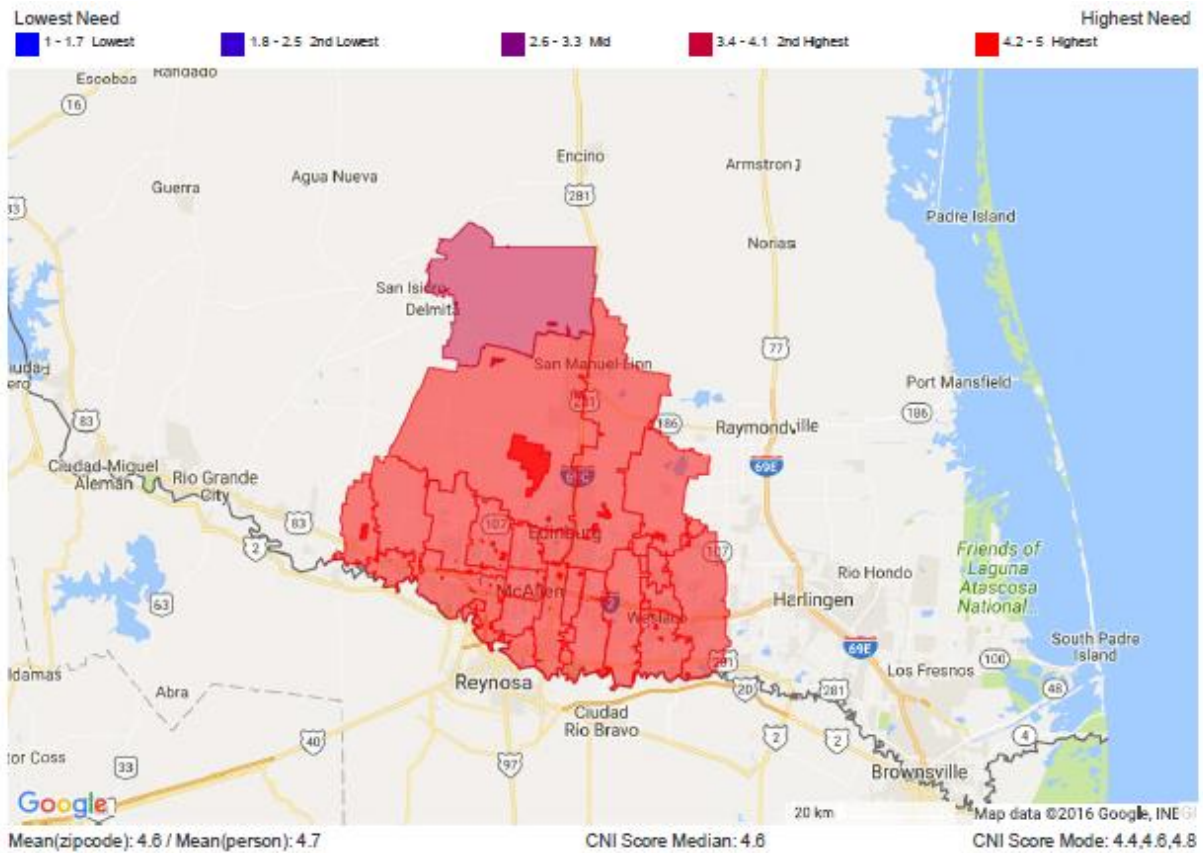
**APPENDIX B**

**SOURCES**



DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code	Hospital	2015
Population Estimates	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Demographics - Income	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Unemployment	Community Commons via US Department of Labor <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch <a href="http://www.census.gov">http://www.census.gov</a>	2010 - 2014
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Medicaid	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Education	Community Commons via American Community Survey <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2014
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease Control and Prevention <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2013
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2012
Leading Causes of Death	Community Commons via CDC national Behavioral Risk Factor Surveillance System <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a>	2010 - 2014
Health Outcomes and Factors	County Health Rankings <a href="http://www.countyhealthrankings.org/">http://www.countyhealthrankings.org/</a> Community Commons <a href="http://www.communitycommons.org/">http://www.communitycommons.org/</a> & Community Health Status Indicators <a href="http://www.cdc.gov/communityhealth">http://www.cdc.gov/communityhealth</a>	2015 & 2009-2013
Health Care Resources	Community Commons, CMS.gov, HRSA, <a href="https://tx-hidalgocounty.civicplus.com/index.aspx?nid=1032">https://tx-hidalgocounty.civicplus.com/index.aspx?nid=1032</a>	

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



Zip Code	CNI Score	Population	City	County	State
78501	5	63492	McAllen	Hidalgo	Texas
78503	5	24749	McAllen	Hidalgo	Texas
78504	4.4	54249	McAllen	Hidalgo	Texas
78516	4.6	34751	Alamo	Hidalgo	Texas
78537	4.6	46263	Donna	Hidalgo	Texas
78538	4.6	24468	Edcouch	Hidalgo	Texas
78539	4.4	35104	Edinburg	Hidalgo	Texas
78541	5	49757	Edinburg	Hidalgo	Texas
78542	4.6	71356	Edinburg	Hidalgo	Texas
78549	4.2	1170	Hargill	Hidalgo	Texas
78557	4.2	13361	Hidalgo	Hidalgo	Texas
78560	4.8	5831	La Joya	Hidalgo	Texas
78563	3.8	472	Linn	Hidalgo	Texas
78570	4.8	34097	Mercedes	Hidalgo	Texas
78572	4.8	84040	Mission	Hidalgo	Texas
78573	4.8	38700	Mission	Hidalgo	Texas
78574	4.4	62392	Mission	Hidalgo	Texas
78576	4.2	10311	Penitas	Hidalgo	Texas
78577	5	80212	Pharr	Hidalgo	Texas
78589	4.4	40606	San Juan	Hidalgo	Texas
78595	4.4	6636	Sullivan City	Hidalgo	Texas
78596	4.8	41700	Weslaco	Hidalgo	Texas
78599	4.6	30930	Weslaco	Hidalgo	Texas



