



## COMMUNITY HEALTH NEEDS ASSESSMENT **2025**

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

Melissa Mendoza, Chief Financial Officer  
Knapp Medical Center  
1401 E. 8th Street  
Weslaco, Texas 78596  
[mmendoza23@primehealthcare.com](mailto:mmendoza23@primehealthcare.com)

**EXECUTIVE SUMMARY**

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

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

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

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

This document is a summary of all the available evidence collected during the CHNA conducted during 2025. 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.

Knapp Medical Center is an acute care hospital located in Weslaco, Texas. For the purposes of this CHNA, the Medical Center has defined its "community" as Hidalgo County located in south Texas, which accounts for the majority of the Medical Center's patients. While the Medical Center may serve patients across a broader region, defining its community will allow it to more effectively focus its resources to address identified significant health needs, targeting areas of greatest need and health disparities.

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

Based on the information gathered through this CHNA and the prioritization process described later in this report, the following priorities were identified. Opportunities for health improvement exist in each area. The Medical Center will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2025-2027 for the priority areas identified below.

**Prioritized Health Needs:**

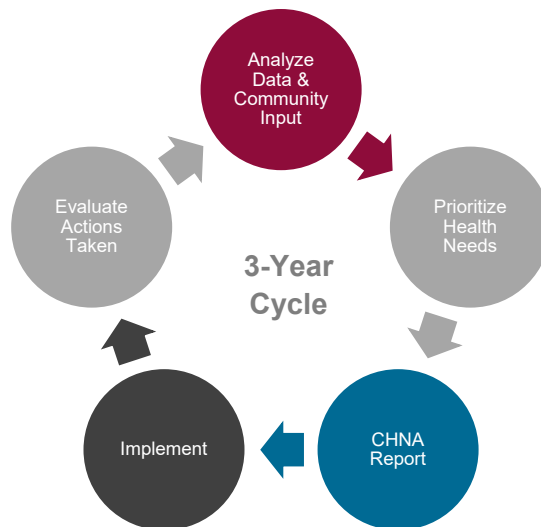
- Access to Primary Care Physicians: (Limited Number of Providers/Hours) / Use of Primary Care and Preventative Care Treatments
- Treatment and Management of Chronic Diseases & Conditions: Diabetes, Heart Disease, Hypertension/High Blood Pressure, Kidney Disease
- Shortage of Healthcare Workers: Nurses
- Obesity
- Access to Care: Uninsured / Under-Insured
- Poverty and Lack of Financial Resources
- Healthy Behaviors and Healthy Lifestyle Choices
- Access to Mental Health Services - Adults and Children (Limited Number of Providers/Hours)
- Access to Medical Specialists: Cardiology, Optometry/Ophthalmology, Orthopedics, Urology, Women's Health Care
- Access to Dialysis Services
- Access to Services for the Aging
- Access to Drug and Alcohol Treatment Services / Recovery Support

### COMMUNITY HEALTH NEEDS ASSESSMENT GOALS



## EVALUATION OF PROGRESS SINCE PRIOR CHNA

The CHNA process should be viewed as a 3-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the CHNA Community, it is possible to better target resources and efforts during the next round of the CHNA cycle.



### PRIORITY AREAS FROM PRECEDING CHNA

The implementation strategy for fiscal years ending 2023 through 2025, 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.

The 2022 implementation strategy focused on three priorities for action between 2023 and 2025:

1. Improve Access to Primary Care Services and Specialists
2. Improve Education and Services Around Chronic Diseases
3. Address Shortage of Healthcare Workers; Promote Health Education

#### PRIORITY 1: IMPROVE ACCESS TO PRIMARY CARE SERVICES AND SPECIALISTS

The Medical Center's 2023-2025 Implementation Plan established following goals to measure the progress in addressing the priority area.

- Goal 1: Increase the number of primary care physicians and specialists in the Mid-Valley area
- Goal 2: Operate clinics to provide primary and specialty care in the Mid-Valley area

**PRIORITY 2: IMPROVE EDUCATION AND SERVICES AROUND CHRONIC DISEASES**

The Medical Center's 2023-2025 Implementation Plan established following goals to measure the progress in addressing the priority area.

- Goal 1: Provide free healthcare educational opportunities
- Goal 2: Work with elected representatives to encourage extension of health insurance to uninsured residents

**PRIORITY 3: ADDRESS SHORTAGE OF HEALTHCARE WORKERS; PROMOTE HEALTH EDUCATION**

The Medical Center's 2023-2025 Implementation Plan established the following goals to measure the progress in addressing the priority area.

- Goal 1: Expand healthcare education in the Mid-Valley area
- Goal 2: Create greater awareness of the epidemic of Diabetes in our community, how it can be prevented and how it can be controlled
- Goal 3: Encourage residents to pursue fitness and healthy eating
- Goal 4: Help Build a Community Culture Which Values Exercise and Healthy Eating
- Goal 5: Offer healthy foods at all hospital-related events

**COMMUNITY FEEDBACK FROM PRECEDING CHNA & IMPLEMENTATION PLAN**

Knapp Medical Center's preceding CHNA is available to the public via the website <https://knappmed.org/about-us/community-health-assessment/>. No substantive comments were received related to the preceding CHNA.

**HOW THE ASSESSMENT WAS CONDUCTED**

Knapp Medical Center partnered with Forvis Mazars, LLP ("Forvis Mazars") to conduct this community health needs assessment. Ranked among the top 10 public accounting firms in the country. Forvis Mazars serves hospitals and health care systems across the country. The CHNA was conducted during 2025.

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

- Community benefit initiatives, which were implemented over the course of the last three years, were evaluated.

- The “community” served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin and is inclusive of medically underserved, low-income, minority populations and people with limited English proficiency. This process is further described in the section “Community Served by the Medical Center”.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests.
- Community input was also obtained through surveys of key stakeholders. See Appendix C for a listing of key stakeholders that provided input through surveys.
- Identified health needs were then prioritized considering the community’s perception of the significance of each identified need as well as the ability for the Medical Center to impact overall health based on alignment with its mission and the services it provides. The Medical Center’s leadership participated in identifying and prioritizing significant health needs.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared.

#### LIMITATIONS AND INFORMATION GAPS

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

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

As with all data collection efforts, there are limitations related to the CHNA’s research methods that should be acknowledged. Years of the most current data available differ by data source. In some instances, 2025 may be the most current year available for data, while 2024 or 2023 may be the most current year for other sources.

### GENERAL DESCRIPTION OF KNAPP MEDICAL CENTER

Knapp Medical Center is a not-for-profit, acute care hospital, and a member of the Prime Healthcare Foundation, a 501(c)(3) public charity. Located in South Texas, Knapp provides exceptional healthcare services to residents of the Rio Grande Valley. Located in Weslaco, Texas, Knapp works hard to provide state-of-the-art technology, progressive diagnostic and treatment options, and patient-focused care. Knapp employs more than 650 people and has more than 200 physicians serving on its Medical Staff.

### DESCRIPTION OF SERVICES PROVIDED BY KNAPP MEDICAL CENTER

Knapp Medical Center serves a broad spectrum of patients in the community and offers numerous services to meet the needs of these patients. Examples of the services provided by the Medical Center include:

- 24-hour Emergency Department – Advanced (Level IV) Trauma Center
- Adult Medicine
- Cardiology
- Critical Care/ICU
- Inpatient and Outpatient Surgery
- Pediatrics
- Women’s Health
- Obstetrics/Gynecology
- Neonatal Care Level II

The Medical Center’s Outpatient Center offers a wide variety of services, including:

- All Digital Imaging
- Cardiopulmonary
- Endoscopy Procedures
- Gastroenterology (GI)
- Laboratory
- Rehabilitation
- Hospice Care
- Nutrition Counseling
- Wellness Screenings

### COMMUNITY SERVED BY KNAPP 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 83. As a regional facility, the Medical Center serves residents in and around the Weslaco area.

### DEFINED COMMUNITY

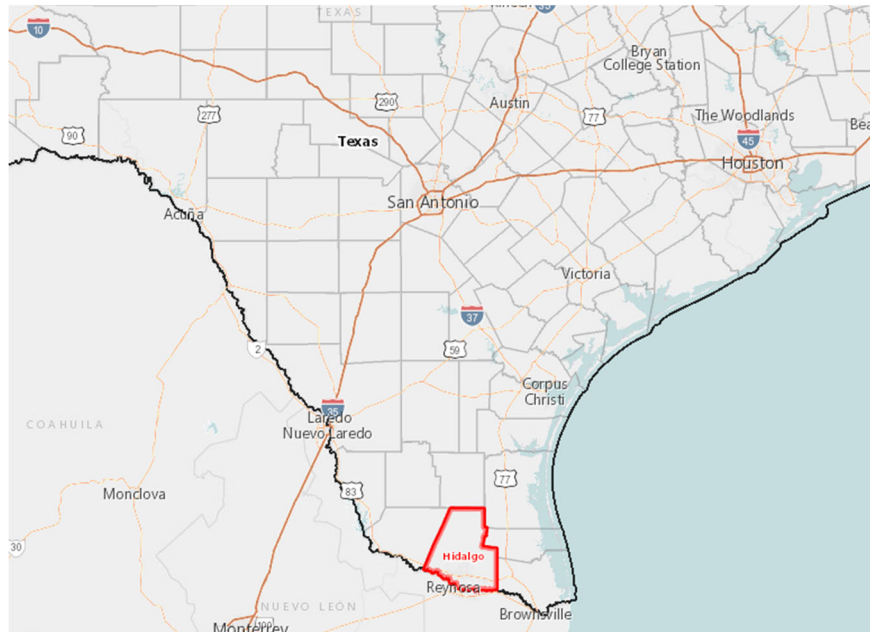
A community is defined as the geographic area from which a significant number of the patients utilizing the Medical Center’s services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. Based on the patient origin of inpatient and outpatient discharges, management has identified the CHNA community to include Hidalgo County, hereafter referred to as the “CHNA Community”. Based

on analysis of patient discharge zip codes, the CHNA community represents the majority of total discharges.

## COMMUNITY DETAILS

### IDENTIFICATION AND DESCRIPTION OF GEOGRAPHICAL COMMUNITY

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



## COMMUNITY POPULATION AND DEMOGRAPHICS

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

### Demographic Characteristics

Gender	Hidalgo County	TX	US
Total Population	880,921	29,640,343	332,387,540
Total Male Population	434,784	14,789,987	164,545,087
Total Female Population	446,137	14,850,356	167,842,453
Percent Male	49.36%	49.90%	49.50%
Percent Female	50.64%	50.10%	50.50%

### Population Age Distribution

Age Group	Percent of Hidalgo County	Percent of TX	Percent of US
0 - 4	7.97%	6.51%	5.70%
5 - 17	23.43%	18.74%	16.46%
18 - 24	11.09%	9.66%	9.12%
25 - 34	13.61%	14.44%	13.69%
35 - 44	12.34%	13.97%	13.08%
45 - 54	11.39%	12.30%	12.29%
55 - 64	8.64%	11.20%	12.82%
65+	11.53%	13.18%	16.84%
Total	100.00%	100.00%	100.00%

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

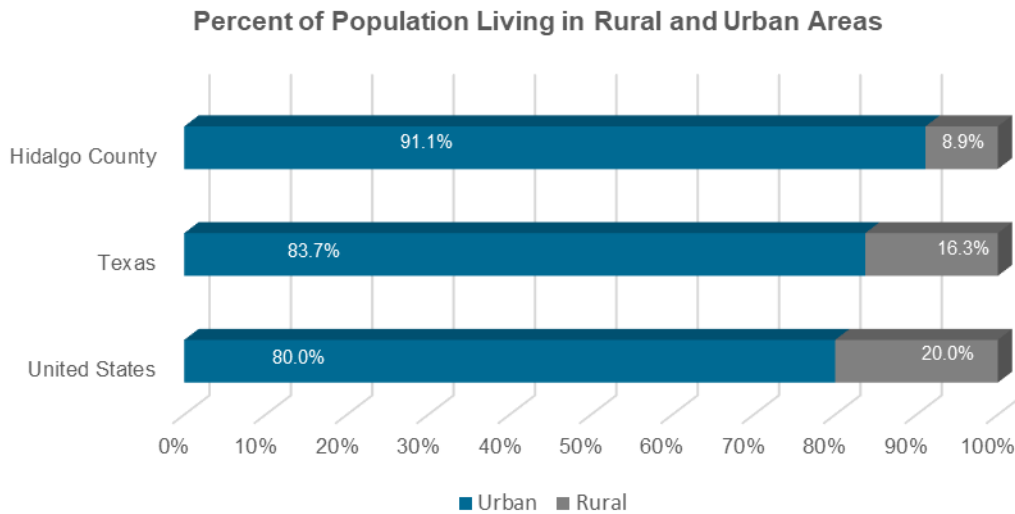
### Total Population by Race Alone

Race	Percent of Hidalgo County	Percent of TX	Percent of US
White	39.54%	53.93%	63.44%
Black	0.69%	12.23%	12.36%
Asian	1.02%	5.34%	5.82%
Native American / Alaska Native	0.36%	0.64%	0.88%
Native Hawaiian / Pacific Islander	0.02%	0.10%	0.19%
Some Other Race	10.79%	8.57%	6.60%
Multiple Race	47.58%	19.19%	10.71%
Total	100.00%	100.00%	100.00%

### Total Population by Ethnicity Alone

Ethnicity	Percent of Hidalgo County	Percent of TX	Percent of US
Hispanic or Latino	91.92%	39.46%	18.99%
Non-Hispanic or Latino	8.08%	60.54%	81.01%
Total	100.00%	100.00%	100.00%

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

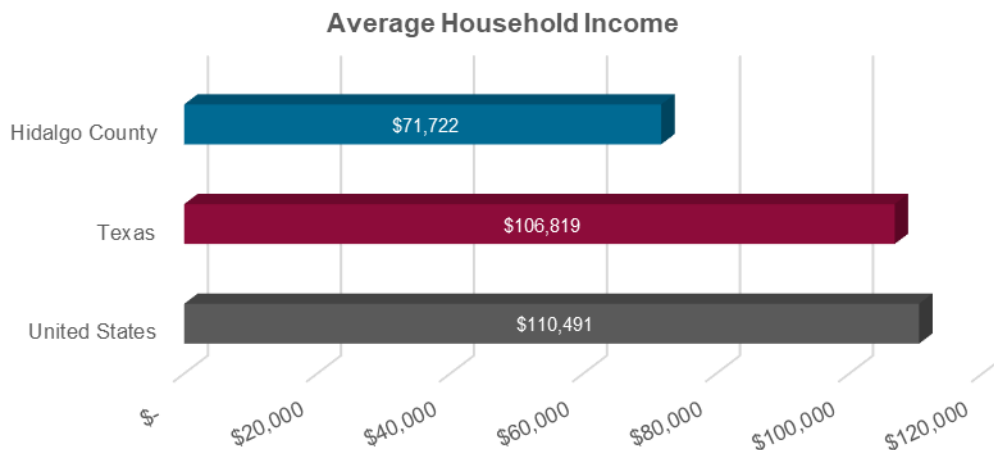
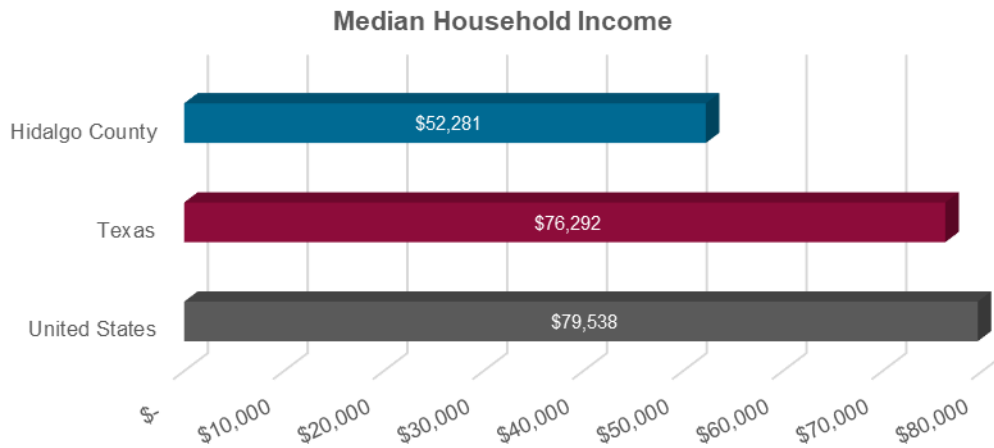


### SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

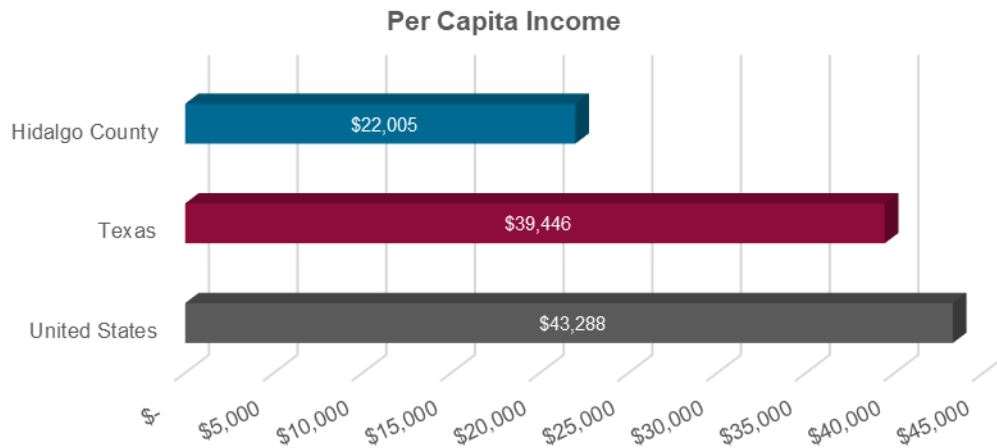
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits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

#### INCOME AND EMPLOYMENT

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

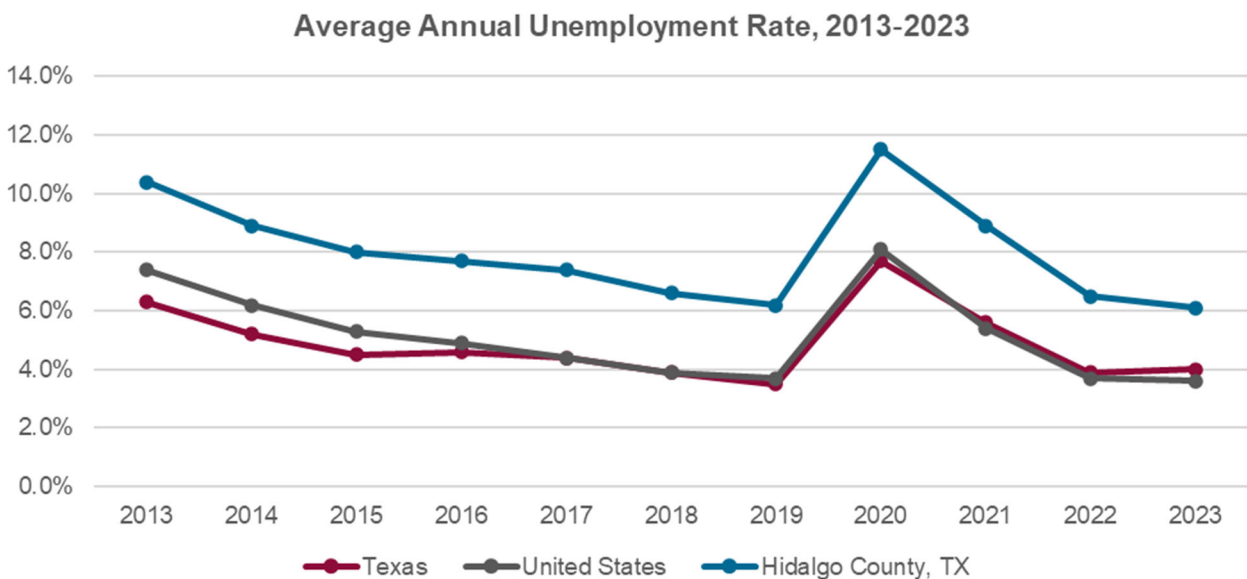


The per capita income for the CHNA Community is \$22,005. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area. The per capita income for the CHNA Community is below the per capita income for both Texas and the United States.



### UNEMPLOYMENT RATE

The following graph presents the average annual unemployment rate from 2013 through 2023 for the CHNA Community, as well as the trend for Texas and the United States. The unemployment rates for the CHNA Community are higher than the rates for Texas and the United States. In general, unemployment was decreasing until 2019, increasing through 2020, and then began decreasing starting in 2020.



### POVERTY

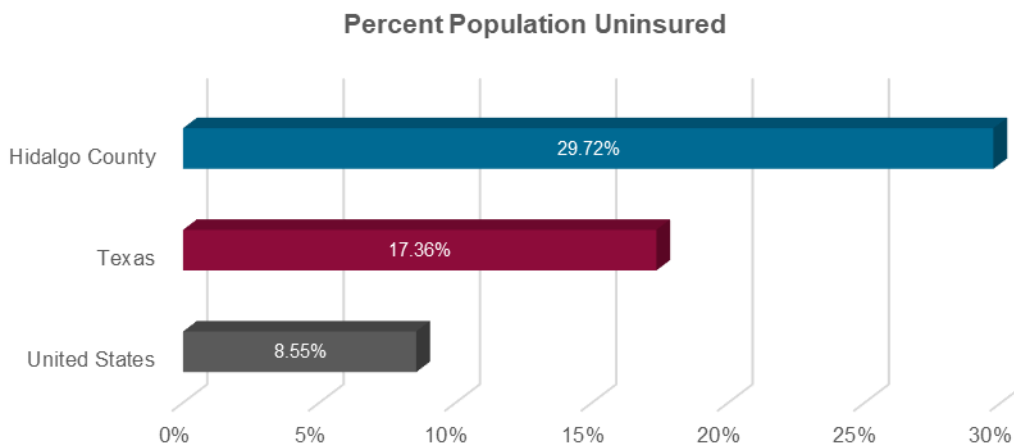
Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health.

The CHNA Community’s 27.2% rate of individuals living below 100% of the Federal Poverty Level (“FPL”) is greater than the 13.8% Texas rate and the 12.4% national rate.

In the CHNA Community, 37.1% children aged 0-17 are living in households with income below the FPL. Like the percentages for total poverty, the CHNA Community, compares unfavorably to both Texas and United States percentages of individuals under age 18 living in households below 100% of FPL.

### UNINSURED

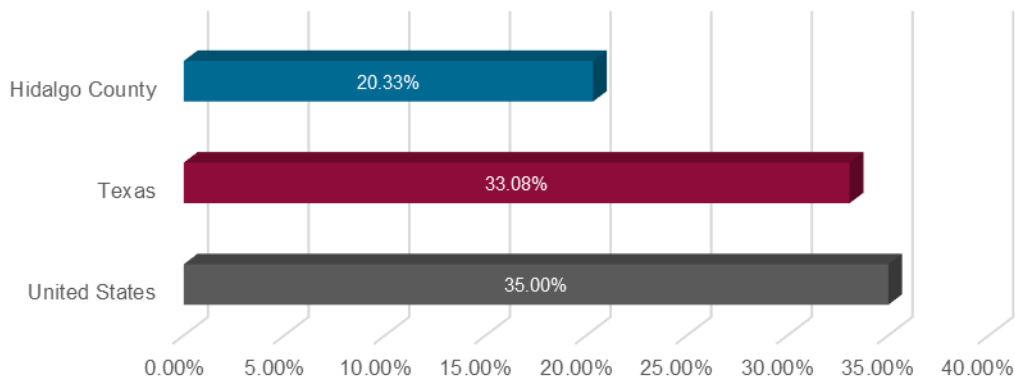
The percentage of the total civilian non-institutionalized population without health insurance coverage is represented in this graphic. The rate of uninsured persons in the CHNA Community is greater than the state average of 17.36%. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Approximately 259,593 persons are uninsured in the CHNA Community. The uninsured rate is estimated to be 29.72% for the CHNA Community compared to 17.36% for Texas and 8.55% for the United States.



### EDUCATION

Within the CHNA community, 20.33% of the population ages 25 and older have obtained a bachelor’s degree or higher, compared to 33.08% in Texas and 35.00% in the United States. This indicator is relevant because educational attainment has been linked to positive health outcomes.

**Percent Population Age 25+ with Bachelor's Degree or Higher**



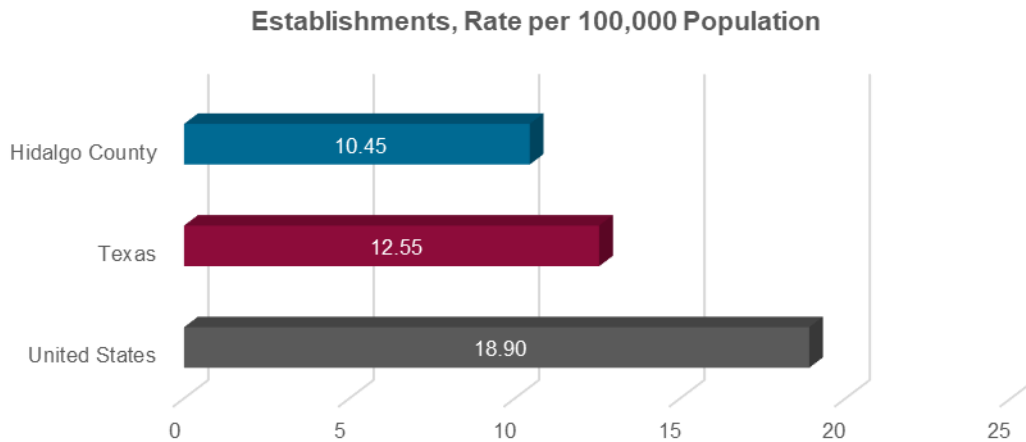
Education levels obtained by community residents may also impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors indirectly influence community health.

#### PHYSICAL ENVIROMENT OF THE COMMUNITY

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

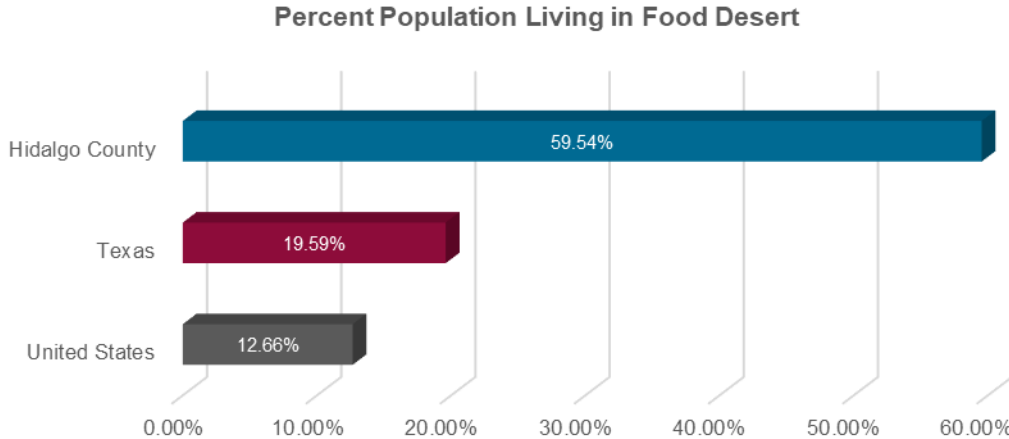
#### GROCERY STORE ACCESS

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



**FOOD ACCESS/FOOD DESERTS**

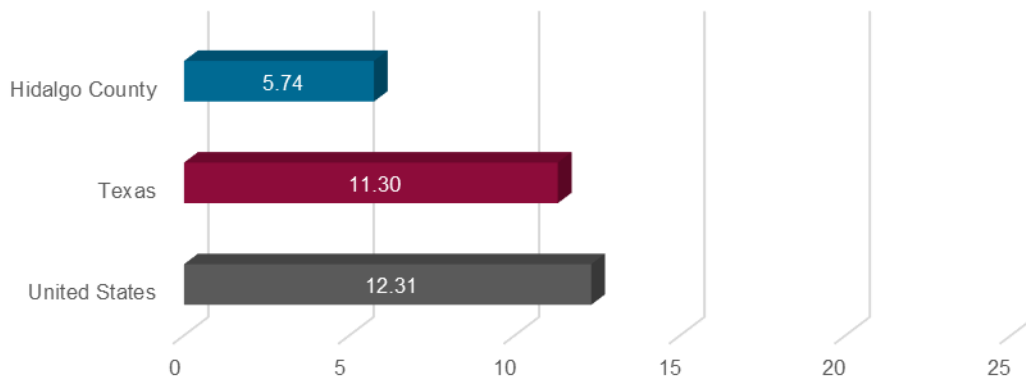
This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information is relevant because it highlights populations and geographies facing food insecurity. The CHNA Community has a population of 461,260 or 59.54% living in food deserts compared to 19.59% for Texas and 12.66% for the United States.



**RECREATION AND FITNESS FACILITY ACCESS**

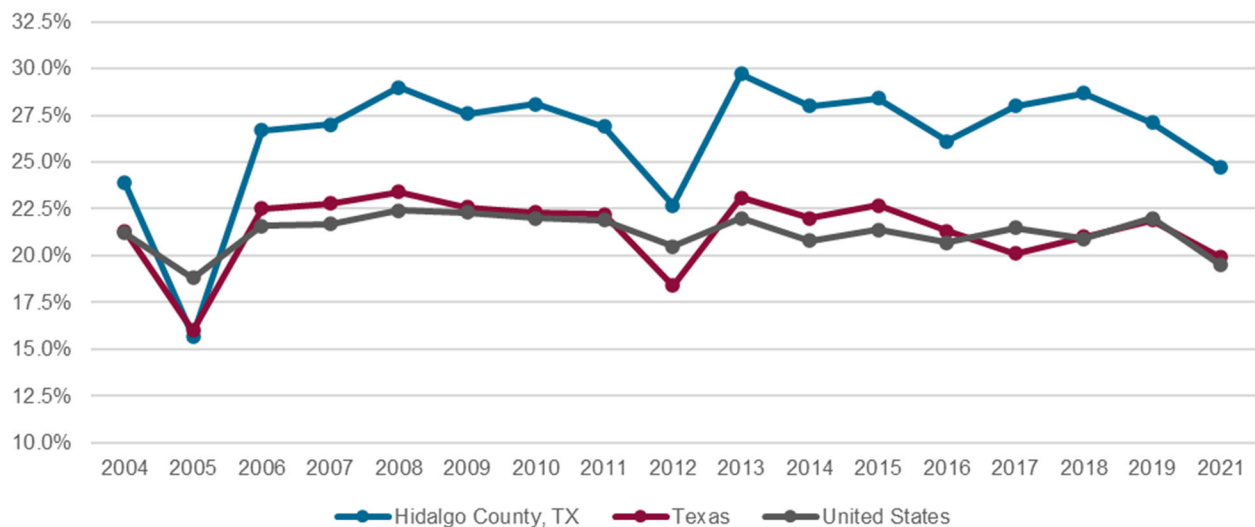
This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. The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

**Establishments, Rate per 100,000 Population**



The trend graph below shows the percentage of adults who are physically inactive by year (2004 through 2021) for the CHNA Community and compared to Texas and the United States. For 2021, the rate for the CHNA Community was 24.7% compared to 19.9% for Texas and 19.5% for the United States.

**Percentage of Adults Physically Inactive by Year, 2004 through 2021**



**CLINICAL CARE OF THE COMMUNITY**

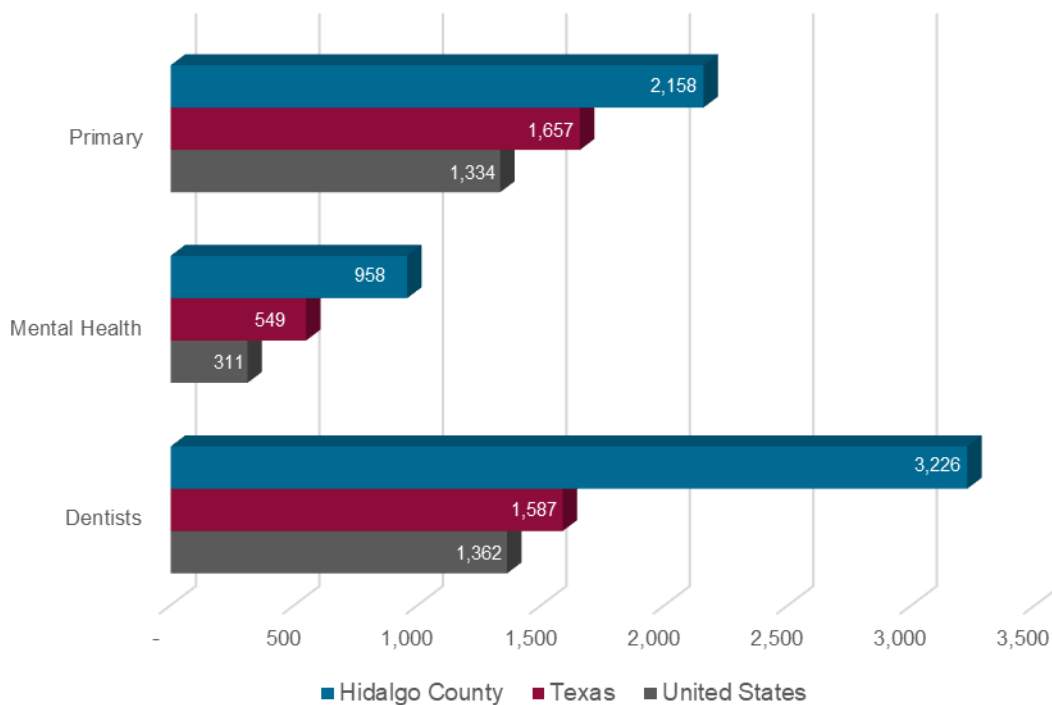
A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

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 CARE**

Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians aged 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. The primary care physician ratio for the CHNA Community compares unfavorably to the ratios for both Texas and the United States. In addition, the number of mental health providers and dentists practicing in the CHNA Community compares unfavorably to the ratios for both Texas and the United States.

**Average Poulation Served By A Single Provider**



**HEALTH STATUS OF THE COMMUNITY**

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

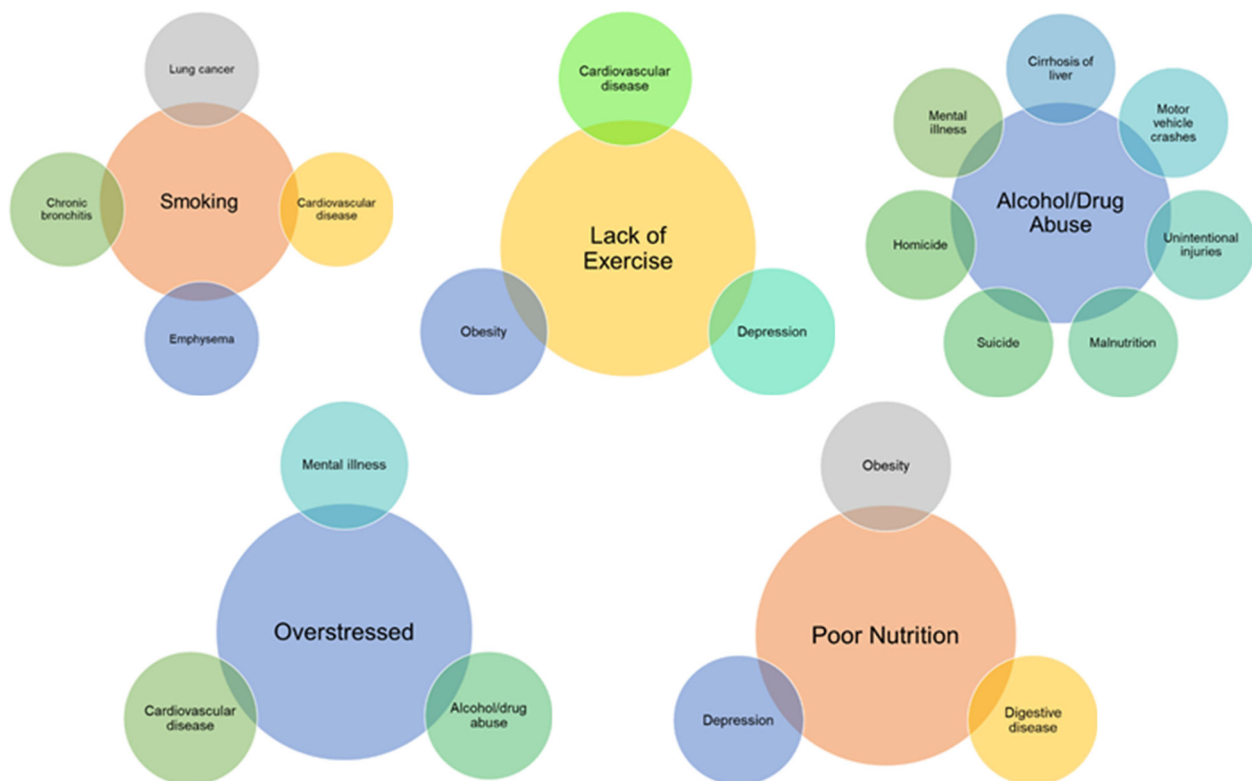
community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2030, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

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

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

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



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

### LEADING CAUSES OF DEATH

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

Area	Hidalgo County	Texas	United States
Cancer	103.50	144.10	182.70
Heart Disease	149.20	167.00	207.20
Lung Disease	15.50	34.40	44.90
Stroke	26.70	39.50	48.30
Unintentional Injury	23.80	46.80	63.30
Motor Vehicle	9.20	14.10	12.80
Poisoning (Including Drug Overdose)	6.00	16.90	30.60
Homicide	3.90	7.20	7.10
Suicide	6.80	14.00	14.50

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

The table above shows leading causes of death within the CHNA Community as compared to the state of Texas and the United States. The crude death rate is shown per 100,000 residents. The rates of the CHNA Community compare favorably to the national rates.

### HEALTH OUTCOMES AND FACTORS

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

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

and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

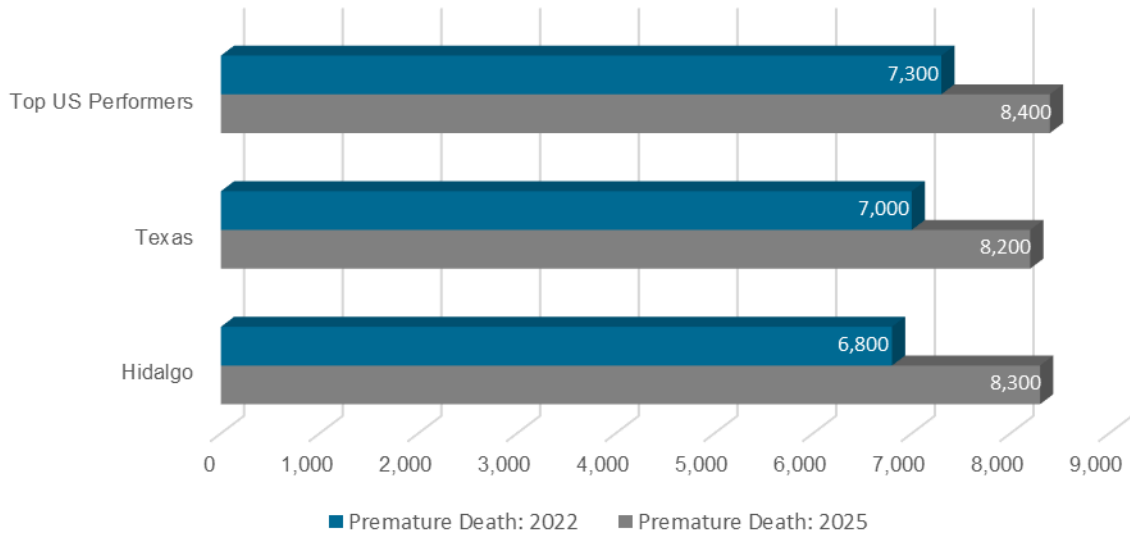
Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are the “healthiest”. Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status, and the physical environment.

A number of different health factors shape a community’s health outcomes. The County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)) model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following graphs include the 2022 and 2025 indicators reported by County Health Rankings for Hidalgo County. A complete table of all community health rankings is provided at Appendix B.

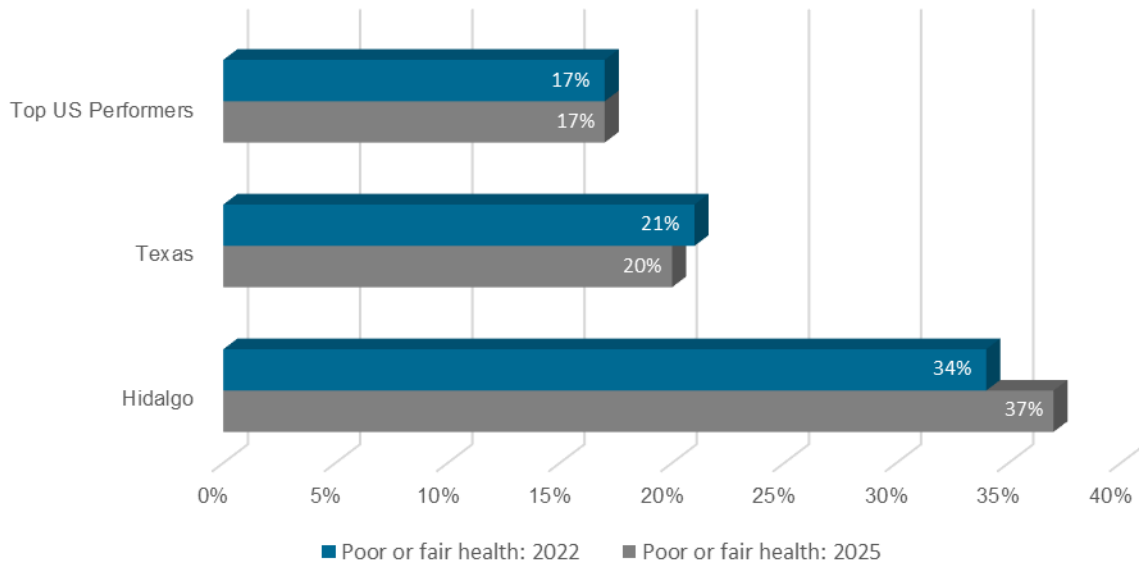
Hidalgo County is ranked 86th out of 241 Texas counties in overall health outcomes for 2025. (Out of Texas’s 254 counties, 241 had sufficient data to receive rankings.) This means Hidalgo County’s health outcomes are better than those in roughly 155 other Texas counties, placing it in about the top one-third of counties statewide. In other words, Hidalgo’s health outcomes are above the Texas median, though not among the very top tier. Hidalgo’s rank of 86 indicates that while the county performs moderately well, there is significant room for improvement to catch up with the healthiest Texas counties.

Overall, Hidalgo County’s rank #86 signifies that it is doing better than many rural and economically disadvantaged counties in Texas on key health outcome measures, but it still lags behind the state’s healthiest communities. Continued efforts to improve factors such as healthcare access, preventive care, and socioeconomic conditions could help Hidalgo climb higher in future health rankings.

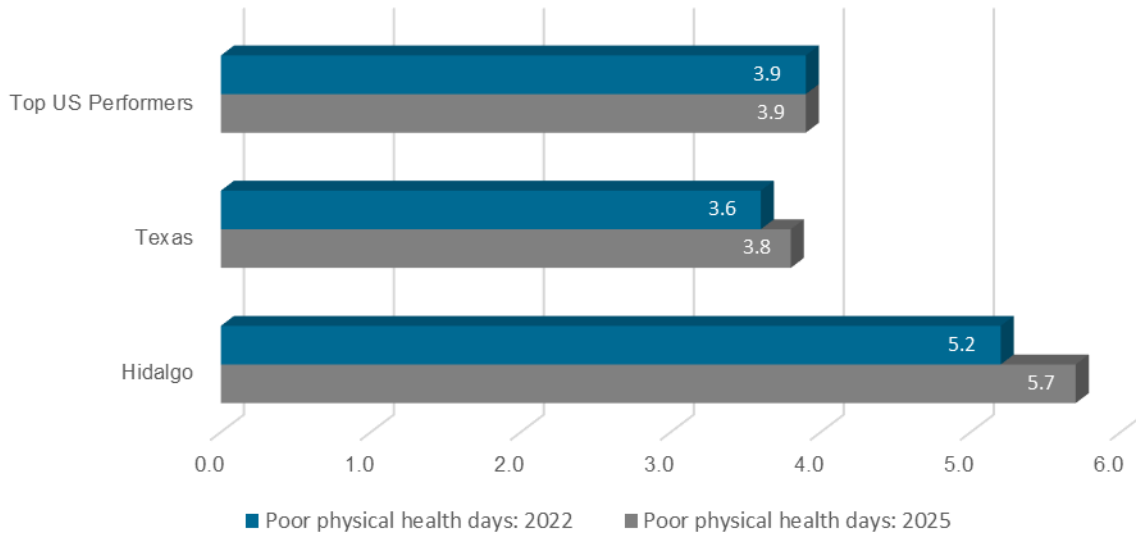
**Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted): 2022 vs 2025**



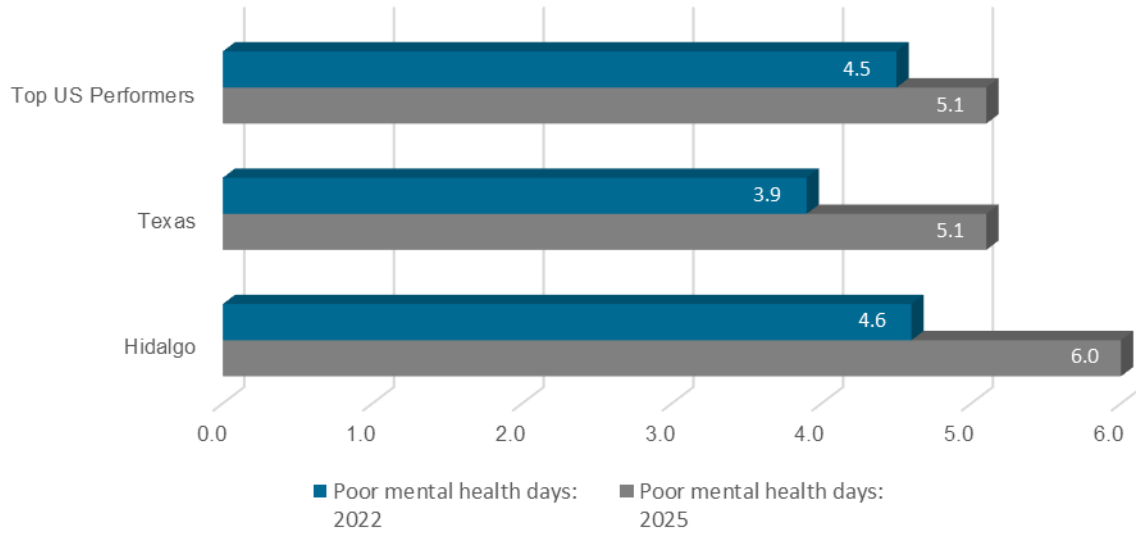
**Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)**



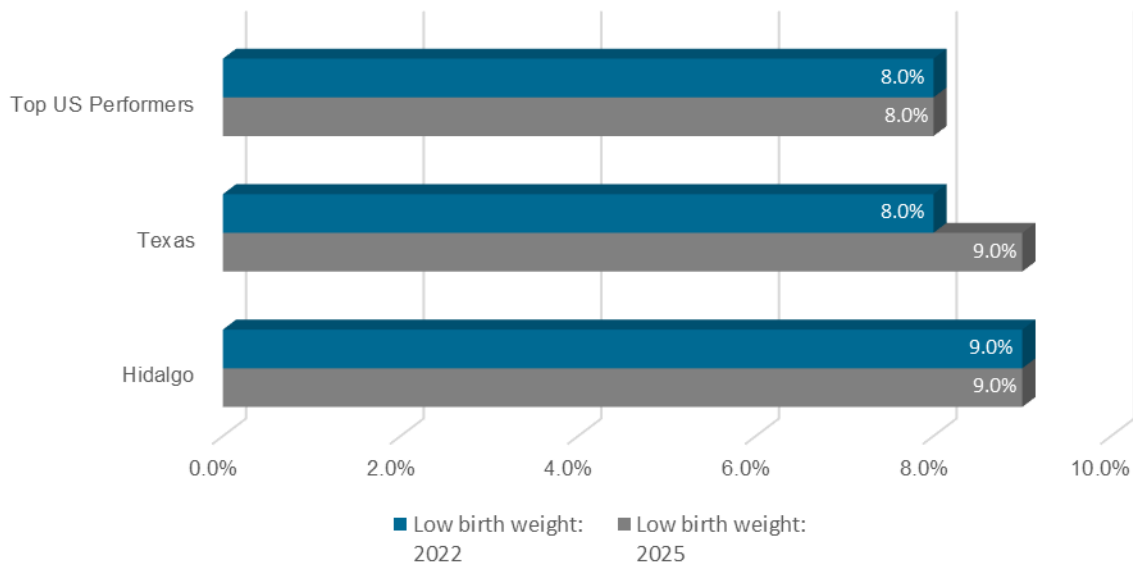
**Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)**



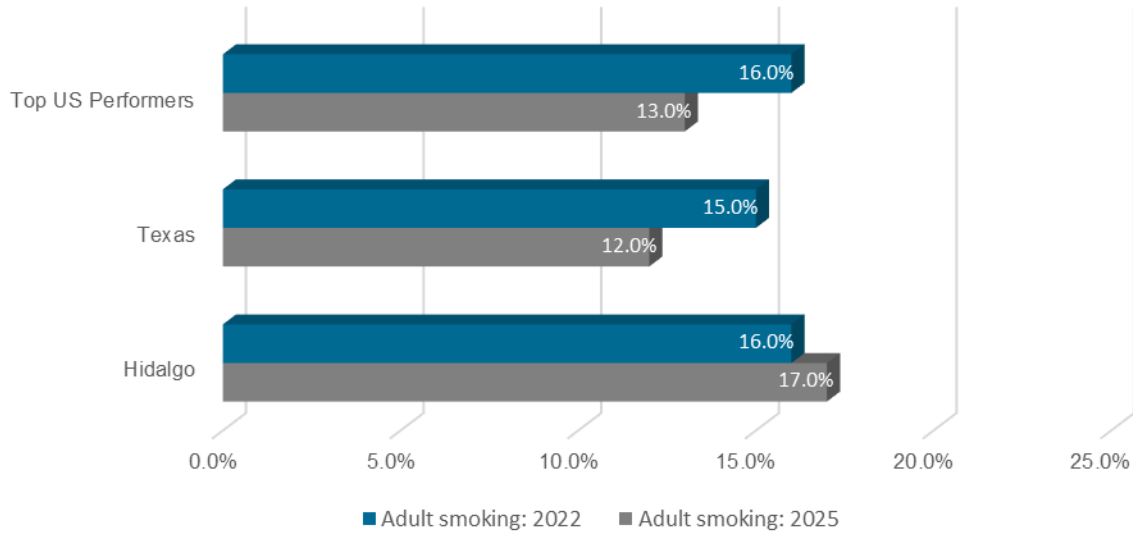
**Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)**



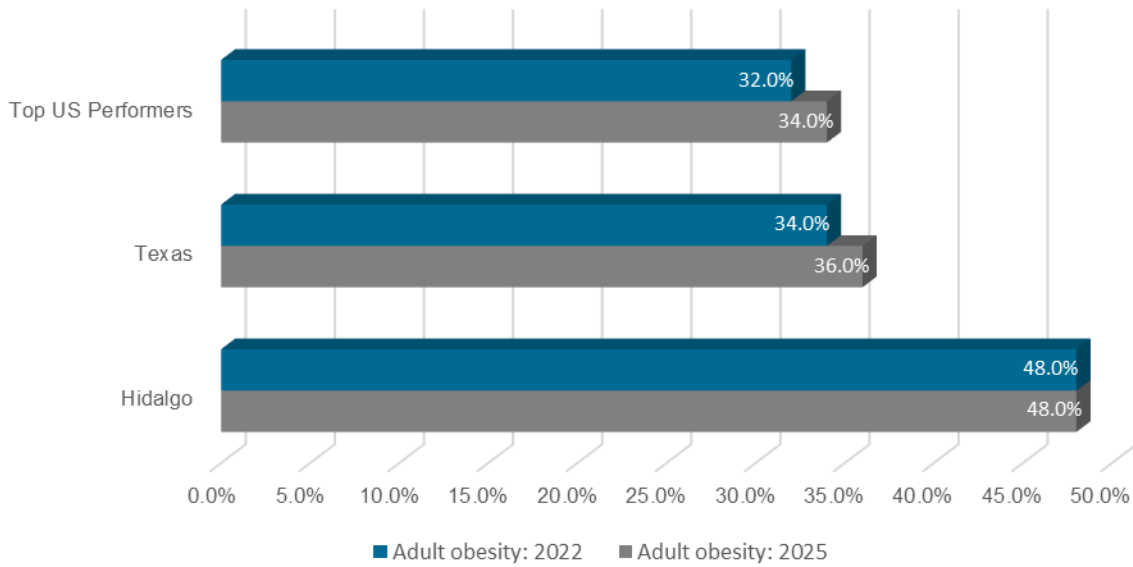
**Low birth weight – Percent of live births with low birth weight (<2500 grams)**



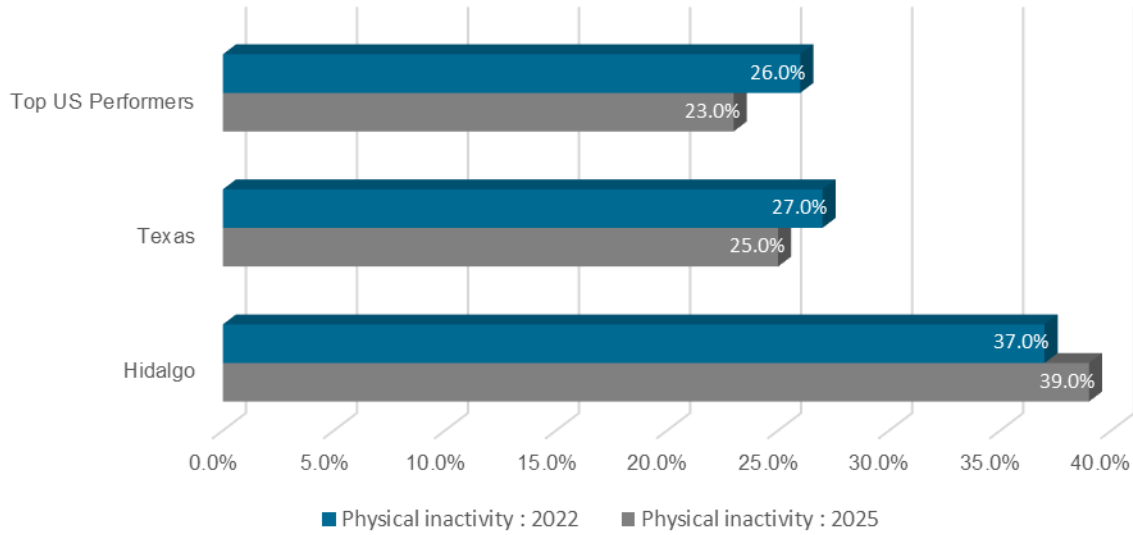
**Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke)**



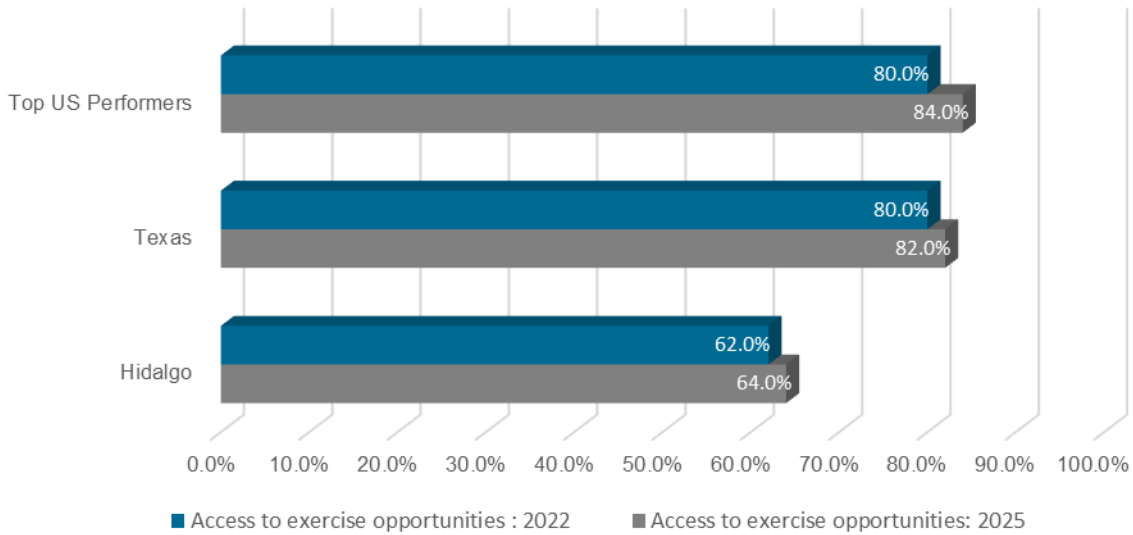
**Adult obesity – Percent of adults that report a BMI  $\geq$  30**



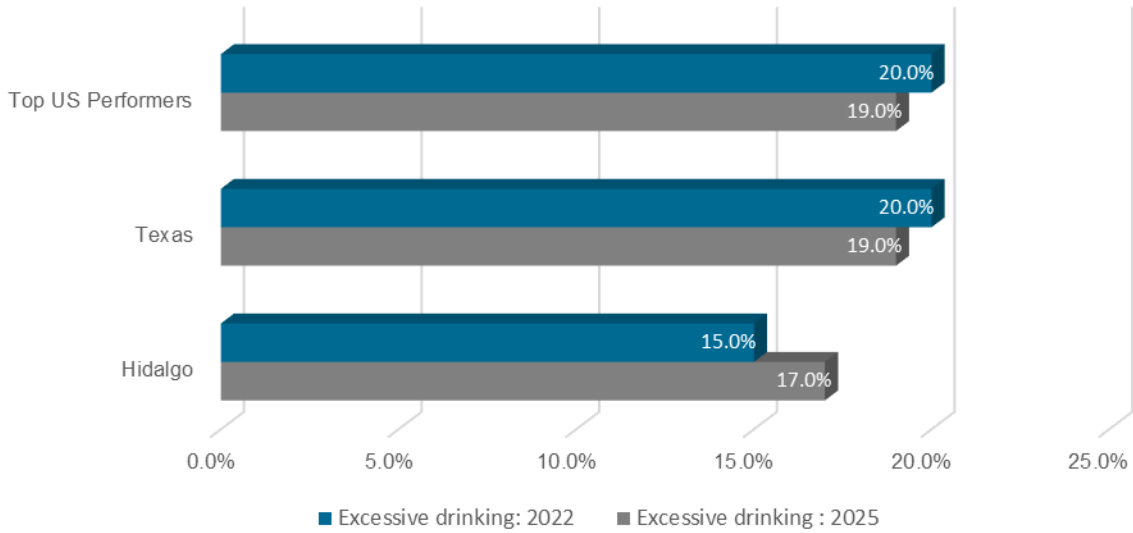
**Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity**



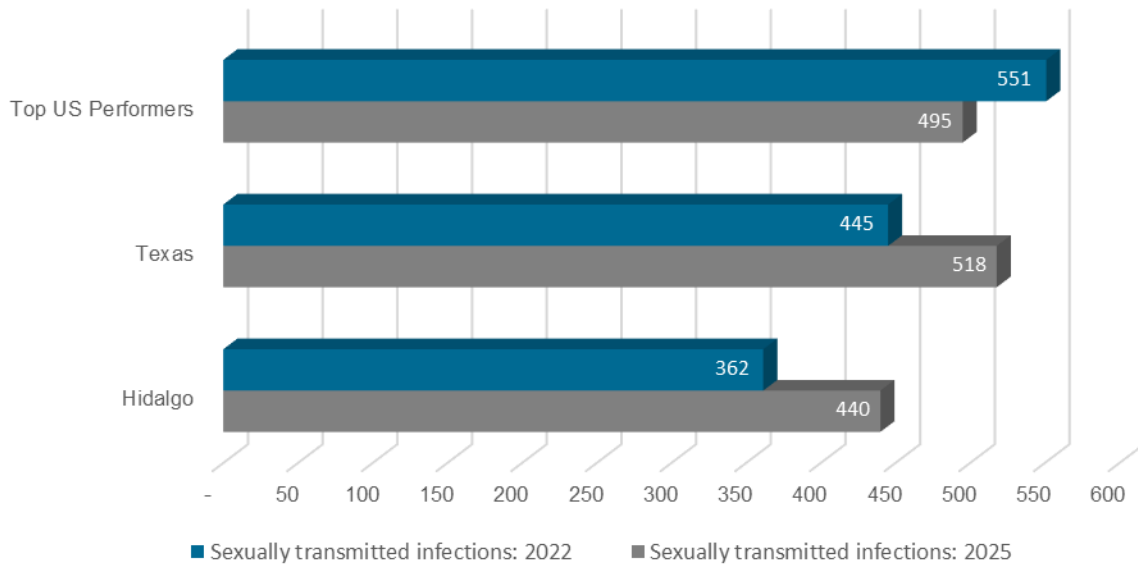
**Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity**



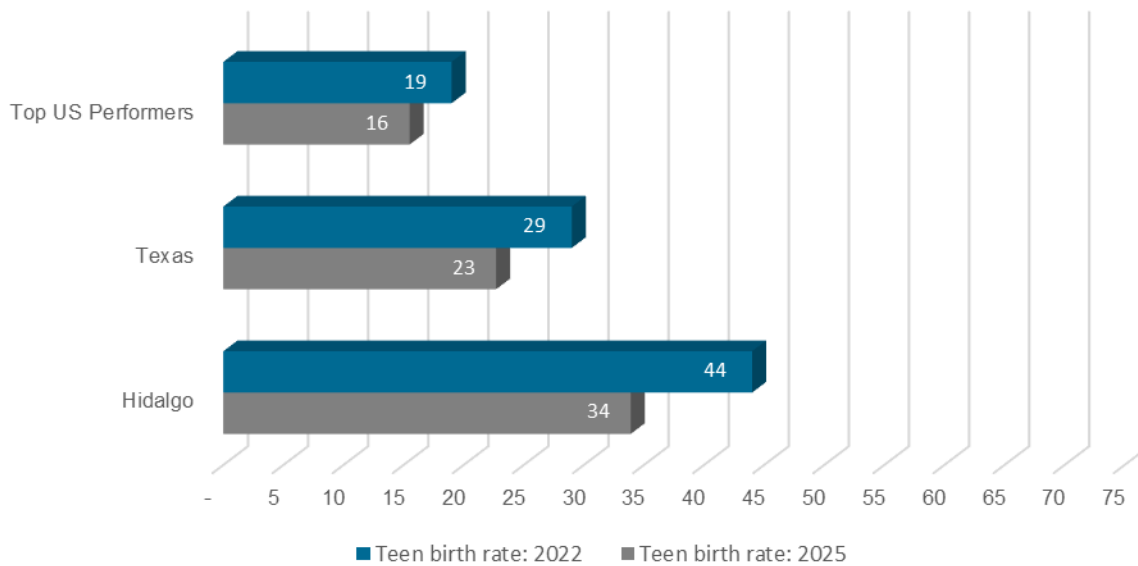
**Excessive drinking – Percent of adults that report excessive drinking in the past 30 days**



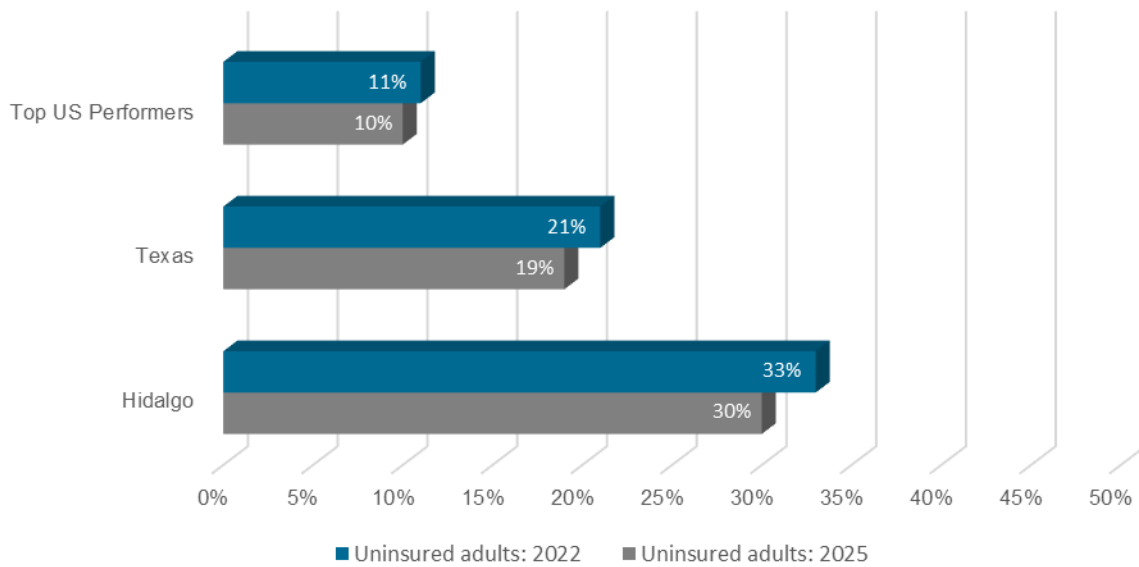
**Sexually transmitted infections – Chlamydia rate per 100K population**



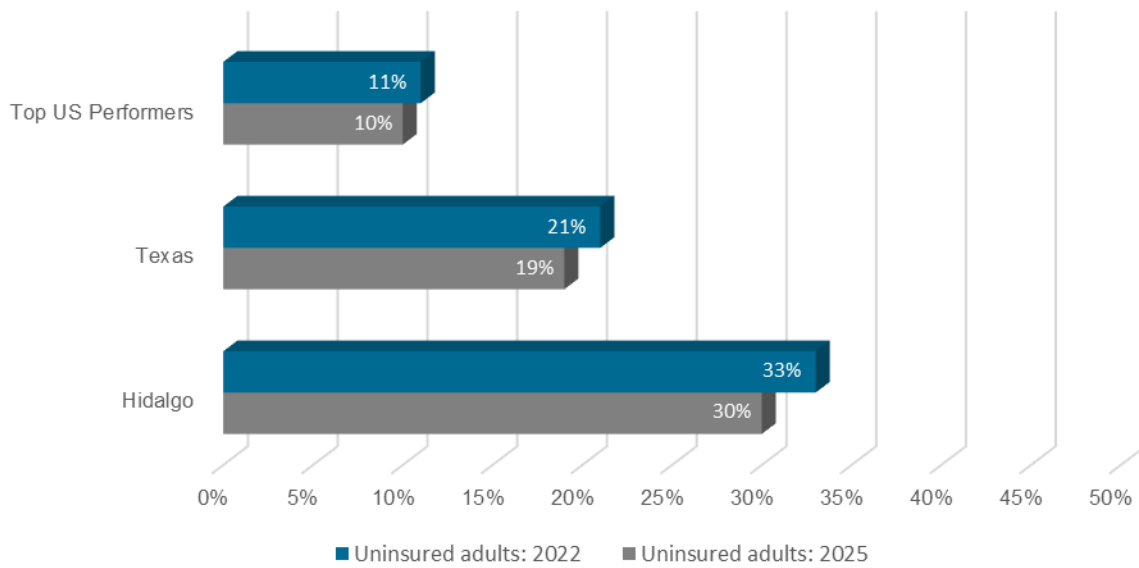
**Teen birth rate – Per 1,000 female population, ages 15-19**



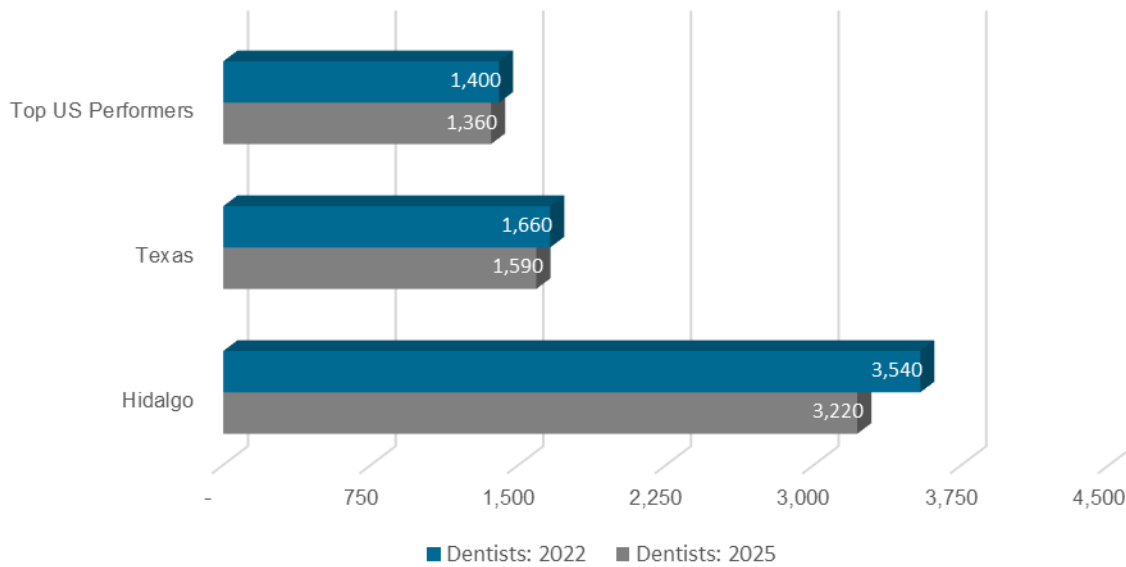
**Uninsured adults – Percent of population under age 65 without health insurance**



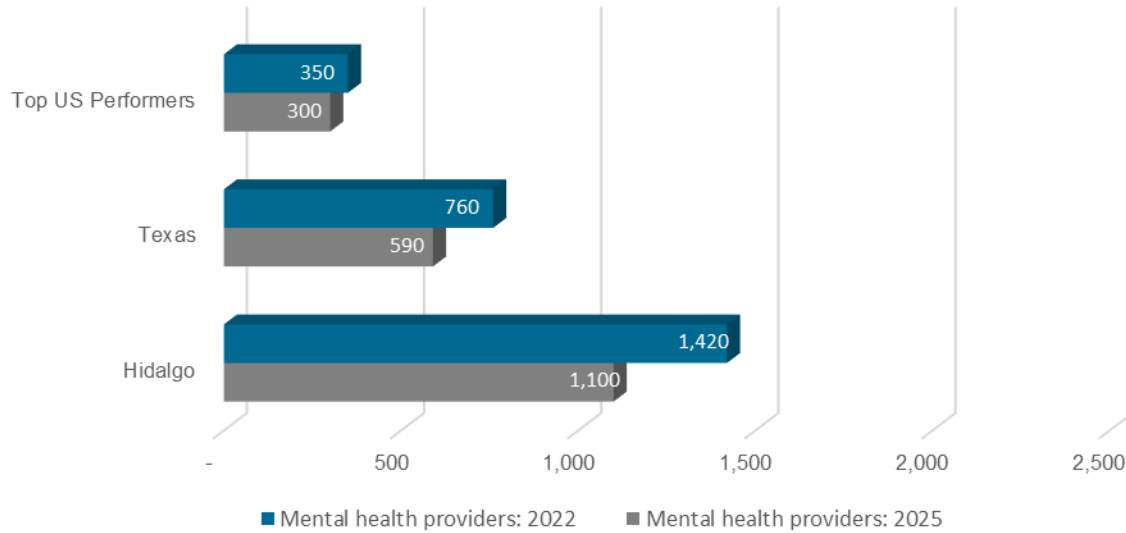
**Uninsured adults – Percent of population under age 65 without health insurance**



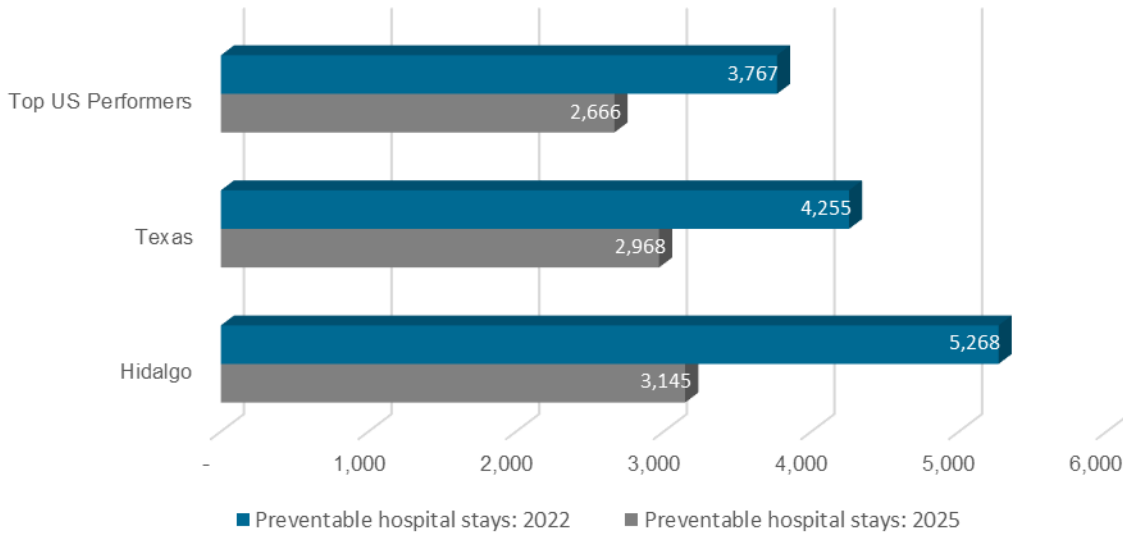
**Dentists – Ratio of population to dentists (# of dentists: 1)**



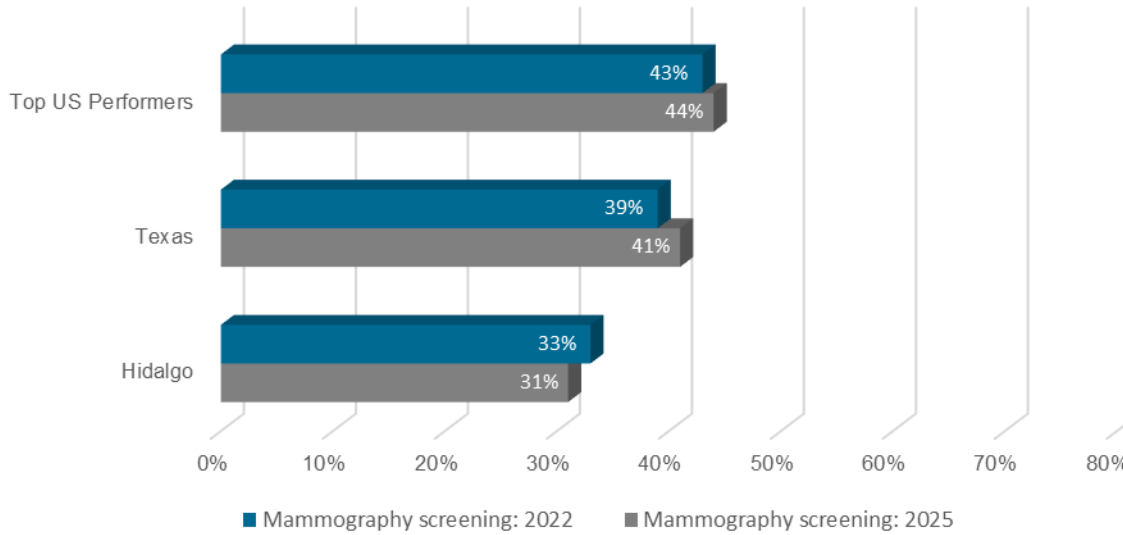
**Mental health providers – Ratio of population to mental health providers (# of mental health providers: 1)**



**Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees**



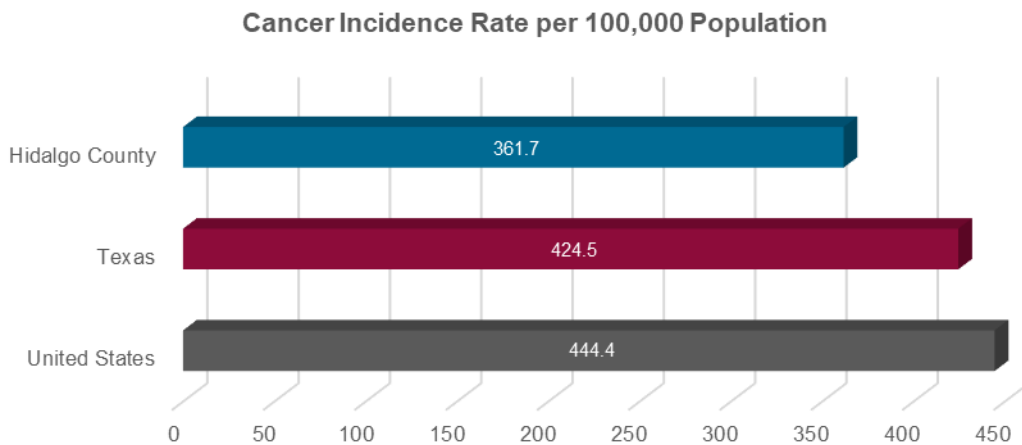
**Mammography screening – Percent of female Medicare enrollees that receive mammography screening**



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

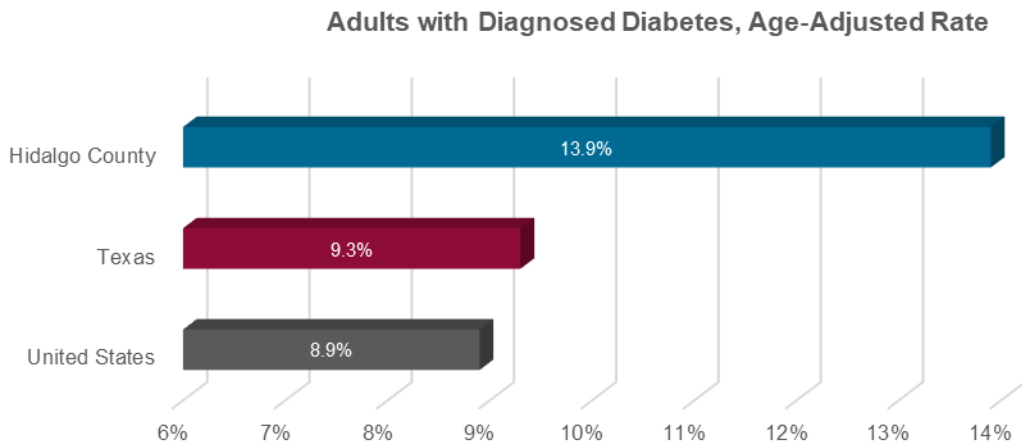
**CANCER INCIDENCE**

The CHNA Community’s cancer incidence rate is 361.7 for every 100,000 of total population. Within the CHNA Community, there were 2,756 new cases of cancer reported. This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).



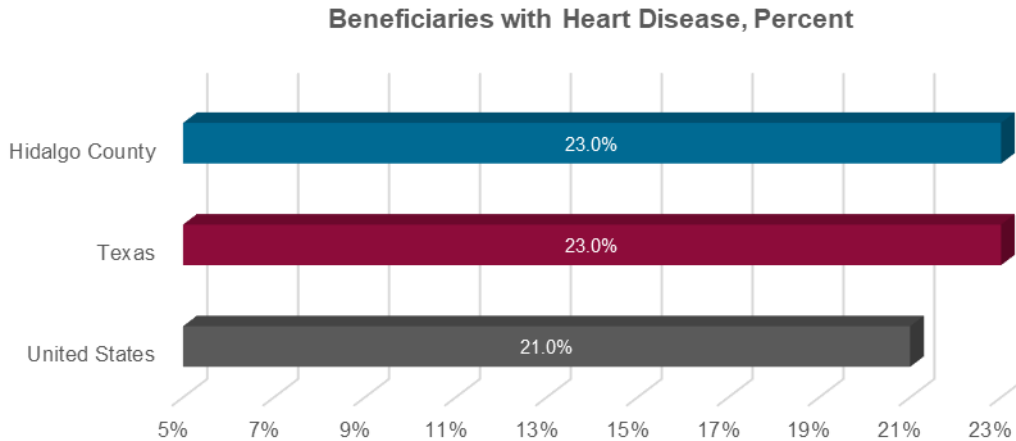
**DIABETES (ADULT)**

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



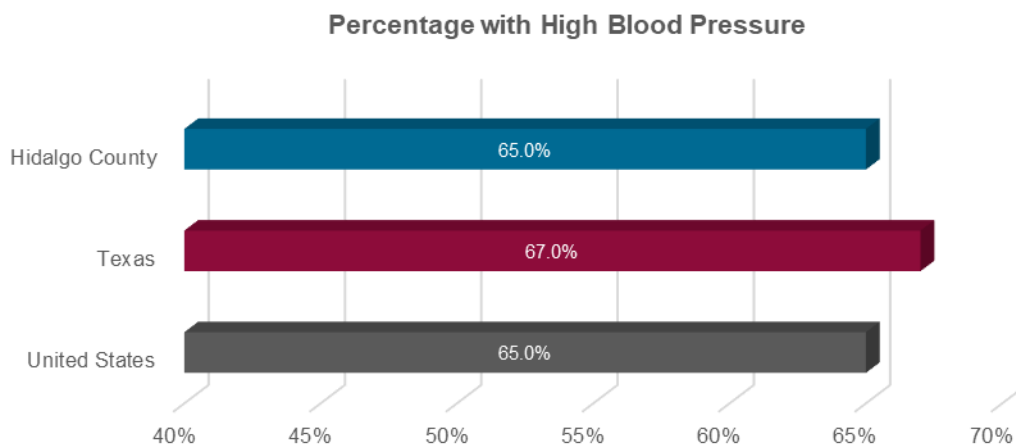
**HEART DISEASE (MEDICARE POPULATION)**

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



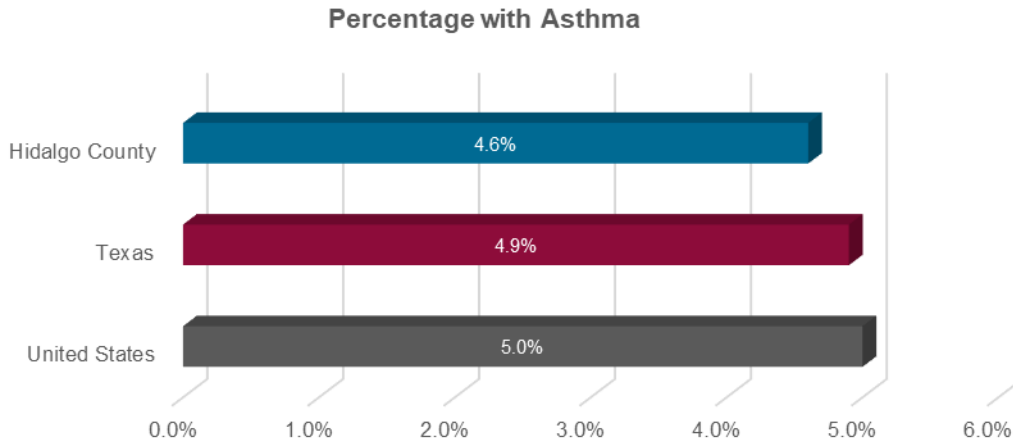
**HIGH BLOOD PRESSURE (MEDICARE POPULATION)**

The CHNA Community’s percentage Medicare population with hypertension (high blood pressure) is lower than the state rate and equal to the national rate. This indicator reports the number and percentage of the Medicare fee-for-service population with hypertension (high blood pressure).



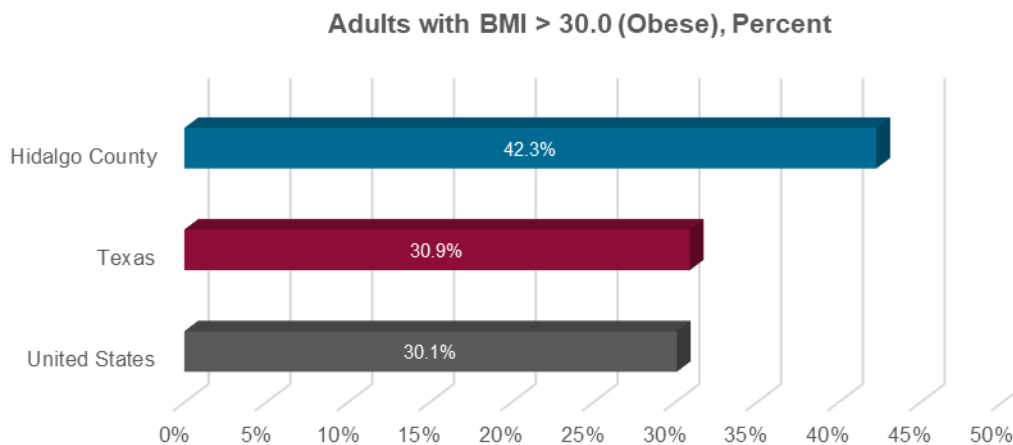
**ASTHMA (MEDICARE POPULATION)**

The CHNA Community’s percentage Medicare population with asthma is lower than the state rate and national rates. This indicator reports the number and percentage of the Medicare fee-for-service population with asthma.



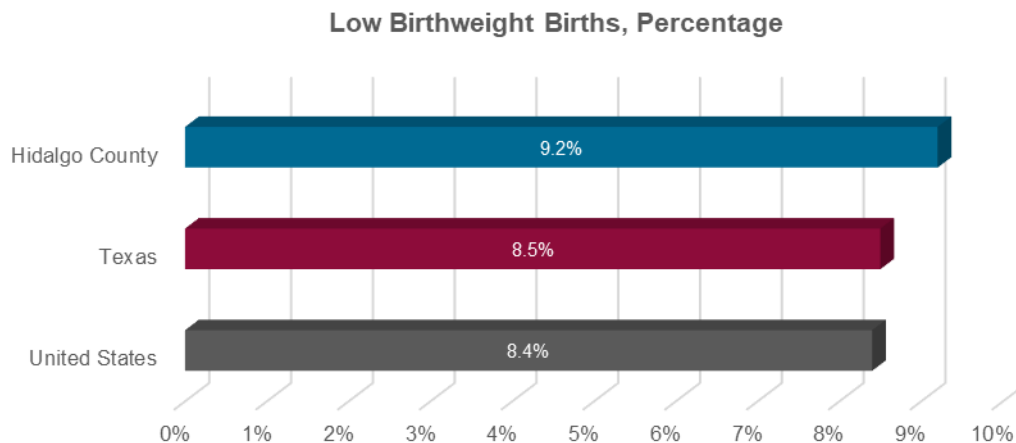
**OBESITY**

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



## LOW BIRTH WEIGHT

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



### PRIMARY DATA ASSESSMENT

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

### METHODOLOGY

Focus groups with key informants were conducted in June 2025. The focus group participants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools, or c) their involvement with underserved and minority populations and represent a broad aspect of the community.

A representative from Knapp Medical Center assisted in contacting and scheduling all individuals selected to participate in focus groups. Their knowledge of the community, and the personal relationships they held with the potential participants added validity to the data collection process.

The focus groups utilized a standard format. Participants' opinions were collected without judging the truthfulness or accuracy of their remarks. Participants provided comments on the following issues:

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

Focus group data was collected and analyzed. Themes in the data were identified. Participants were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. This technique does not provide a quantitative analysis of the individual's opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

### **KEY INFORMANT PROFILES**

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

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

Input from these health care and non-health care professionals was obtained utilizing a standard 10 question interview format.

### **KEY INFORMANT FOCUS GROUP QUESTIONS**

Input from these health care and non-health care professionals was obtained utilizing a standard 10-question interview format. The questions included were as follows:

1. Name, organization/title, and county of residence?
2. In general, how would you rate the health and quality of life in the community served by Knapp Medical Center?
3. In your opinion, in the past three years has the health and quality of life in the community served by Knapp Medical Center improved, declined, or stayed the same?
4. Please provide what factors influenced your answer in the previous question and describe why you feel the health and quality of life has improved, declined or stayed the same?
5. What barriers, if any, exist to improving health and quality of life of patients served by Knapp Medical Center?
6. In your opinion, what needs to be done to address the barriers identified in the previous question?
7. How could the services provided by Knapp Medical Center be improved to better meet the needs of its patients and patient's families?

8. In your opinion, what groups of people in the community served by Knapp Medical Center have the most serious unmet health care needs? Describe the causes? What should be done to address the needs of these groups of people?
9. In your opinion, what are the three most critical health needs in the community served by Knapp Medical Center?
10. What needs to be done to address the critical health needs issues identified in the previous question?

## RESULTS FROM COMMUNITY INPUT

Key stakeholder responses were grouped into four major categories. 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 responses.

### 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 indicating 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 were asked to rate the health and quality of life in CHNA Community. The focus group participants generally agreed the health and quality of life in CHNA Community as "below average". When asked whether the health and quality of life had improved, declined or stayed the same, key stakeholders indicated the health and quality of life had "declined" over the last three years.

### UNDERSERVED POPULATIONS AND COMMUNITIES OF NEED

Through the key stakeholder focus groups, specific populations and groups of people whose health or quality of life may not be as good as others were identified. Participants identified persons living with low-incomes or unemployed are most likely to be underserved due to lack of access to services. Other identified groups are the uninsured and under-insured, elderly, and undocumented population.

### BARRIERS

The key stakeholders were asked what barriers or problems keep community residents from obtaining necessary health services and improving health in their community. Key stakeholders noted the following barriers in the CHNA Community:

- Immigration laws
- Community members that are uninsured or under-insured
- Community members that lack the financial resources to access care
- Community members that do not have transportation

- Community members that face language barriers when accessing or receiving medical care
- Cultural practices that lead to unhealthy lifestyles
- Shortage of healthcare workers in the community

#### 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 and the most critical issues the Medical Center should address over the next three to five years. Responses included:

- Access to Affordable Healthy Foods
- Access to Affordable Prescription Medications
- Access to Dental Services
- Access to Dialysis Services
- Access to Drug and Alcohol Treatment Services
- Access to Exercise Opportunities
- Access to Medical Specialists: Cardiology
- Access to Medical Specialists: Optometry/Ophthalmology
- Access to Medical Specialists: Orthopedics
- Access to Medical Specialists: Urology
- Access to Medical Specialists: Women's Health Care
- Access to Mental Health Services - Adults and Children (Limited Number of Providers/Hours)
- Access to Primary Care Physicians: (Limited Number of Providers/Hours)
- Access to Recovery Support
- Access to Safe and Affordable Housing
- Access to Services for the Aging (e.g. Adult Day Care, In-Home Care, Dementia/Alzheimer's)
- Drug and Alcohol Abuse
- Environmental: Drinking Water Safety
- Food Insecurity
- Health Education: Community Resources
- Health Education: General Health Education
- Health Education: School-Based Health Education (K-12)
- Healthy Behaviors and Healthy Lifestyle Choices
- Obesity
- Physical Inactivity

- Technology: Use of Technology by Seniors for Scheduling Services and Accessing Records
- Treatment and Management of Chronic Diseases & Conditions: Diabetes
- Treatment and Management of Chronic Diseases & Conditions: Heart Disease
- Treatment and Management of Chronic Diseases & Conditions: Hypertension/High Blood Pressure
- Treatment and Management of Chronic Diseases & Conditions: Kidney Disease
- Use of Primary Care and Preventative Care Treatments

#### HEALTH ISSUES OF VULNERABLE POPULATIONS

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

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

## PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

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

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

### LEADING CAUSES OF DEATH

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

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

### HEALTH OUTCOMES AND FACTORS

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

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

### PRIMARY DATA

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

### HEALTH NEEDS OF VULNERABLE POPULATIONS

Health needs of vulnerable populations were included for ranking purposes.

### PRIORITIZATION METHODOLOGY

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

1. **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified



need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.

2. **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
3. **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
4. **How important the problem is to the community?** Needs identified through community interviews and/or focus groups were rated for this factor.
5. **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.
6. **Alignment with the hospital's mission.**
7. **Alignment with the hospital's programs and strategic priorities.**

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

Identified Health Needs	How Many People Are Affected by the Issue? (1 Low - 5 High)	What Are the Consequences of Not Addressing This Problem? (1 Low - 5 High)	What is the Impact on Vulnerable Populations? (1 Low - 5 High)	How Important is it to the Community? (1 Low - 5 High)	Prevalence of Common Themes (1 Low - 2 High)	Alignment with Mission (1 Low - 5 High)	Alignment with Programs & Strategic Priorities (1 Low - 5 High)	Total Score
Access to Primary Care Physicians: (Limited Number of Providers/Hours)	5	4	4	4	2	5	5	29
Use of Primary Care and Preventative Care Treatments	5	4	4	4	2	5	5	29
Treatment and Management of Chronic Diseases & Conditions: Diabetes	4	5	4	4	2	5	5	29
Treatment and Management of Chronic Diseases & Conditions: Heart Disease	4	5	4	4	2	5	5	29
Treatment and Management of Chronic Diseases & Conditions: Hypertension/High Blood Pressure	4	5	4	4	2	5	5	29
Treatment and Management of Chronic Diseases & Conditions: Kidney Disease	4	5	4	4	2	5	5	29
Shortage of Healthcare Workers: Nurses	5	4	4	4	1	5	5	28
Obesity	5	5	3	5	2	4	3	27
Access to Care: Uninsured / Under-Insured	5	3	5	4	2	3	3	25
Poverty and Lack of Financial Resources	5	4	5	3	2	3	3	25
Healthy Behaviors and Healthy Lifestyle Choices	4	4	4	5	2	3	3	25
Access to Mental Health Services - Adults and Children (Limited Number of Providers/Hours)	5	4	5	4	1	3	2	24
Access to Medical Specialists: Cardiology	3	3	3	3	2	4	4	22
Access to Medical Specialists: Optometry/Ophthalmology	3	3	3	3	2	4	4	22
Access to Medical Specialists: Orthopedics	3	3	3	3	2	4	4	22
Access to Medical Specialists: Urology	3	3	3	3	2	4	4	22
Access to Medical Specialists: Women's Health Care	3	3	3	3	2	4	4	22
Access to Dialysis Services	4	3	4	3	2	3	3	22
Access to Services for the Aging (e.g. Adult Day Care, In-Home Care, Dementia/Alzheimer's)	3	3	4	2	1	5	4	22
Access to Drug and Alcohol Treatment Services / Recovery Support	4	3	3	3	3	3	3	22
Access to Affordable Healthy Foods / Food insecurity	5	3	4	2	1	3	3	21
Health Education: Community Resources	5	2	3	3	2	3	3	21
Health Education: General Health Education	5	2	3	3	2	3	3	21
Health Education: School-Based Health Education (K-12)	5	2	3	3	2	3	3	21
Language and Cultural Barriers	2	2	3	3	1	5	5	21
Transportation	3	3	5	2	2	3	2	20
Access to Affordable Prescription Medications	3	3	3	3	2	3	2	19
Access to Exercise Opportunities / Physical Inactivity	5	3	3	2	1	3	2	19
Children in Poverty	2	3	5	3	1	3	2	19
Adult Smoking	3	3	3	3	1	2	2	17
Teen Birth Rate	1	2	2	1	1	4	4	15
Access to Dental Services	3	2	2	1	1	3	2	14
Access to Safe and Affordable Housing	3	2	2	1	1	3	2	14
Drug and Alcohol Abuse	3	2	2	1	1	3	2	14
Environmental: Drinking Water Safety	3	2	2	1	1	3	2	14
Technology: Use of Technology by Seniors for Scheduling Services and Accessing Records	3	2	2	1	1	3	2	14
Alcohol-Impaired Driving Deaths	2	1	2	1	1	3	3	13

### MANAGEMENT'S PRIORITIZATION PROCESS

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

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

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community. As a result of the analysis described above, a listing of prioritized health needs has been identified. The prioritized health needs are the following:

- Access to Primary Care Physicians: (Limited Number of Providers/Hours) / Use of Primary Care and Preventative Care Treatments
- Treatment and Management of Chronic Diseases & Conditions: Diabetes, Heart Disease, Hypertension/High Blood Pressure, Kidney Disease
- Shortage of Healthcare Workers: Nurses
- Obesity
- Access to Care: Uninsured / Under-Insured
- Poverty and Lack of Financial Resources
- Healthy Behaviors and Healthy Lifestyle Choices
- Access to Mental Health Services - Adults and Children (Limited Number of Providers/Hours)
- Access to Medical Specialists: Cardiology, Optometry/Ophthalmology, Orthopedics, Urology, Women's Health Care
- Access to Dialysis Services
- Access to Services for the Aging
- Access to Drug and Alcohol Treatment Services / Recovery Support

The Hospital's next steps include developing an implementation strategy to address these prioritized health needs.

### COMMUNITY RESOURCES

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

The following table summarizes hospitals, licensed and regulated by the Texas Department of Health, available to the residents of the CHNA Community. The facilities listed are located within the CHNA Community served by the Medical Center.

Facility Name	County	City and State
Mission Regional Medical Center	Hidalgo	Mission, Texas
South Texas Health System McAllen	Hidalgo	McAllen, Texas
Solara Specialty Hospitals McAllen	Hidalgo	McAllen, Texas
Rio Grande Regional Hospital	Hidalgo	McAllen, Texas
Doctors Hospital at Renaissance Health	Hidalgo	McAllen, Texas
Cornerstone Regional Hospital	Hidalgo	Edinburg, Texas
South Texas Health System Edinburg	Hidalgo	Edinburg, Texas
Weslaco Regional Rehabilitation Hospital	Hidalgo	Weslaco, Texas
Knapp Medical Center	Hidalgo	Weslaco, Texas
South Texas Health System Heart	Hidalgo	McAllen, Texas
Valley Baptist Micro Hospital	Hidalgo	Weslaco, Texas

## OTHER HEALTH CARE FACILITIES

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

Facility Name	County	City and State
Nuestra Clinica del Valle - Mission	Hidalgo	Mission, Texas
Nuestra Clinica del Valle - Donna	Hidalgo	Donna, Texas
Nuestra Clinica del Valle - Memorial School Based Clinic	Hidalgo	Alton, Texas
Nuestra Clinica del Valle - Edcouch	Hidalgo	Edcouch, Texas
Valley AIDS Council - Westbrook Clinic McAllen	Hidalgo	McAllen, Texas
Nuestra Clinica del Valle - Mercedes	Hidalgo	Mercedes, Texas
Nuestra Clinica del Valle - Women's Health Clinic	Hidalgo	San Juan, Texas
Nuestra Clinica del Valle – San Juan	Hidalgo	San Juan, Texas
Hope Family Health Center	Hidalgo	Weslaco, Texas
Nuestra Clinica del Valle - PSJA School Based Clinic	Hidalgo	San Juan, Texas
Palm Valley Medical Clinic	Hidalgo	McAllen, Texas
Nuestra Clinica del Valle – San Carlos	Hidalgo	Edinburg, Texas
Hope Family Health Center	Hidalgo	McAllen, Texas

In addition to the facilities listed above, the CHNA Community includes numerous other healthcare facilities (e.g. physician offices, pharmacies, etc.).

**APPENDIX A – ANALYSIS OF DATA**
**ANALYSIS OF HEALTH STATUS-LEADING CAUSES OF DEATH**

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	182.70	18.27	103.50	-79.20	
Heart Disease	207.20	20.72	149.20	-58.00	
Lung Disease	44.90	4.49	15.50	-29.40	
Stroke	48.30	4.83	26.70	-21.60	
Unintentional Injury	63.30	6.33	23.80	-39.50	
Motor Vehicle	12.80	1.28	9.20	-3.60	
Poisoning (Including Drug Overdose)	30.60	3.06	6.00	-24.60	
Homicide	7.10	0.71	3.90	-3.20	
Suicide	14.50	1.45	6.80	-7.70	

**ANALYSIS OF HEALTH OUTCOMES**

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Hidalgo County: 2025	(B) County Rate Less National Benchmark 2022	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	17.0%	4.0%	Health Need
Adult obesity	34.0%	10.2%	48.0%	14.0%	Health Need
Food environment index	7.4	2.2	4.4	(3.0)	
Physical inactivity	23.0%	6.9%	39.0%	16.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	64.0%	-20.0%	
Excessive drinking	19.0%	5.7%	17.0%	-2.0%	
Alcohol-impaired driving deaths	26.0%	7.8%	34.0%	8.0%	Health Need
Sexually transmitted infections	495.0	148.5	439.9	(55.1)	
Teen birth rate	16.0%	4.8%	34.0%	18.0%	Health Need
Uninsured adults	11.0%	3.3%	40.0%	29.0%	Health Need
Primary care physicians	1,330	399	2,160	830	Health Need
Dentists	1,360	408	3,220	1,860	Health Need
Mental health providers	300	90	1,100	800	Health Need
Preventable hospital stays	2,666.0	799.8	3,145.0	479.0	
Mammography screening	44.0%	13.2%	31.0%	-13.0%	
Children in poverty	16.0%	4.8%	37.0%	21.0%	Health Need
Children in single-parent households	25.0%	7.5%	30.0%	5.0%	

**ANALYSIS OF PRIMARY DATA – KEY INFORMANT FOCUS GROUPS**

Identified Needs
Access to Affordable Healthy Foods
Access to Affordable Prescription Medications
Access to Care: Uninsured / Under-Insured
Access to Dental Services
Access to Dialysis Services
Access to Drug and Alcohol Treatment Services
Access to Exercise Opportunities
Access to Medical Specialists: Cardiology
Access to Medical Specialists: Optometry/Ophthalmology
Access to Medical Specialists: Orthopedics
Access to Medical Specialists: Urology
Access to Medical Specialists: Women's Health Care
Access to Mental Health Services - Adults and Children (Limited Number of Providers/Hours)
Access to Primary Care Physicians: (Limited Number of Providers/Hours)
Access to Recovery Support
Access to Safe and Affordable Housing
Access to Services for the Aging (e.g. Adult Day Care, In-Home Care, Dementia/Alzheimer's)
Drug and Alcohol Abuse
Environmental: Drinking Water Safety
Food Insecurity
Health Education: Community Resources
Health Education: General Health Education
Health Education: School-Based Health Education (K-12)
Healthy Behaviors and Healthy Lifestyle Choices
Language and Cultural Barriers
Obesity
Physical Inactivity
Poverty and Lack of Financial Resources
Shortage of Healthcare Workers: Nurses
Technology: Use of Technology by Seniors for Scheduling Services and Accessing Records
Transportation
Treatment and Management of Chronic Diseases & Conditions: Diabetes
Treatment and Management of Chronic Diseases & Conditions: Heart Disease
Treatment and Management of Chronic Diseases & Conditions: Hypertension/High Blood Pressure
Treatment and Management of Chronic Diseases & Conditions: Kidney Disease
Use of Primary Care and Preventative Care Treatments

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

Population	Issues
Uninsured and under-insured population	<ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Access to specialty services</li> <li>○ Health education</li> <li>○ Cost of health care prevents needs from being met</li> <li>○ Healthy lifestyle and health nutrition education</li> </ul>
Elderly	<ul style="list-style-type: none"> <li>○ Transportation</li> <li>○ Cost of prescriptions and medical care</li> <li>○ Lack of health knowledge regarding how to access services</li> <li>○ Shortage of physicians (limit on patients who are on Medicare)</li> </ul>
Low Income	<ul style="list-style-type: none"> <li>○ Cost of health care prevents needs from being met</li> <li>○ Healthy lifestyle and health nutrition education</li> <li>○ Access to services</li> </ul>
Undocumented Population	<ul style="list-style-type: none"> <li>○ Language barriers</li> <li>○ Transportation</li> <li>○ Lack of health knowledge regarding how to access services</li> <li>○ Cost of health care prevents needs from being met</li> <li>○ Healthy lifestyle and health nutrition education</li> </ul>

**APPENDIX B – COUNTY HEALTH RANKINGS DATA – HIDALGO COUNTY**

Health Outcomes	Hidalgo County: 2022	Hidalgo County: 2025	Change	Texas: 2025	Top US Performers: 2025
<b>Mortality:</b>					
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,800	8,300	-	8,200	8,400
<b>Morbidity:</b>					
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	34%	37%	-	20%	17%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.2	5.7	-	3.8	3.9
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.6	6.0	-	5.1	5.1
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	9.0%	8.0%

Health Outcomes	Hidalgo County: 2022	Hidalgo County: 2025	Change	Texas: 2025	Top US Performers: 2025
<b>Health Behaviors:</b>					
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	17.0%	-	12.0%	13.0%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	48.0%	48.0%	NC	36.0%	34.0%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.3	4.4	-	5.7	7.4
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure time physical activity	37.0%	39.0%	-	25.0%	23.0%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical activity	62.0%	64.0%	+	82.0%	84.0%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	15.0%	17.0%	-	19.0%	19.0%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	33.0%	34.0%	-	25.0%	26.0%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	361.5	439.9	-	517.8	495.0
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	44.0	34.0	+	23.0	16.0

Health Outcomes	Hidalgo County: 2022	Hidalgo County: 2025	Change	Texas: 2025	Top US Performers: 2025
<b>Clinical Care:</b>					
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	33.0%	40.0%	-	22.0%	11.0%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	2,160:1	2160:1	NC	1660:1	1330:1
<b>Dentists</b> – Ratio of population to dentists	3,540:1	3220:1	+	1590:1	1360:1
<b>Mental health providers</b> – Ratio of population to mental health providers	1,420:1	1100:1	+	590:1	300:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	5,268.0	3,145.0	+	2,968.0	2,666.0
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	33.0%	31.0%	-	41.0%	44.0%

Health Outcomes	Hidalgo County: 2022	Hidalgo County: 2025	Change	Texas: 2025	Top US Performers: 2025
<b>Social and Economic Factors:</b>					
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	67.0%	69.0%	+	86.0%	89.0%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	51.0%	52.0%	+	65.0%	68.0%
<b>Unemployment</b> – Percent of population age 16+ unemployed but seeking work	11.6%	6.1%	+	3.9%	3.6%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	33.0%	37.0%	-	18.0%	16.0%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	5.6	5.5	-	4.8	4.9
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	31.0%	30.0%	+	25.0%	25.0%
<b>Social associations</b> – Number of membership associations per 10,000 population	3.5	3.5	NC	7.4	9.1
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	32.0	33.0	-	66.0	84.0

Health Outcomes	Hidalgo County: 2022	Hidalgo County: 2025	Change	Texas: 2025	Top US Performers: 2025
<b>Physical Environment:</b>					
<b>Air pollution-particulate matter days</b> – Average daily measure of fine particulate matter in micrograms per cubic meter	11.5	10.8	+	8.1	7.3
<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	25.0%	25.0%	NC	18.0%	17.0%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	79.0%	76.0%	+	73.0%	70.0%
<b>Long commute, driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	26.0%	-	39.0%	37.0%

**APPENDIX C – ACKNOWLEDGEMENT OF KEY INFORMANTS**

Thank you to the following individuals who participated in our key informant focus groups:

Name	Organization
Natasha Gonzalez	Knapp Medical Center
Marisela Gonzalez	Aurora House Foundation
Rene Lopez	Knapp Medical Center
Ray Marroquin	City of Weslaco Fire Department
Melissa Mendoza	Knapp Medical Center
Ramon Montalvo III	Weslaco Rotary Club/ Knapp Community Care Foundation Board
Daniel Montez	South Texas College
Melanie Pineda	Prime Healthcare
Salvador Puente	Prime Healthcare
Lucy Ramirez Torres	Nuestra Clinica del Valle
Lester Surrock	Knapp Medical Center
Michael Swartz	Prime Healthcare
Cristina Trejo Vasquez	Knapp Community Care Foundation
Steve Valdez	Economic Development Corporation of Weslaco

**APPENDIX E – SOURCES**

Data Indicator	Data Source
Total Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Age Groups, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Age Groups, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Race Alone or in Combination with One or More Other Races, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population by Combined Race and Ethnicity	Data Source: US Census Bureau, American Community Survey. 2019-23.
Total Population (Census 2020)	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population by Gender	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population by Age Groups, Total	Data Source: US Census Bureau, Decennial Census. 2020.

Data Indicator	Data Source
Total Population by Age Groups, Percent	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population by Race Alone, Total	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population by Race Alone, Percent	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population by Ethnicity Alone	Data Source: US Census Bureau, Decennial Census. 2020.
Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, Decennial Census. 2020.
Hispanic Population by Race Alone, Percent of Hispanic Population	Data Source: US Census Bureau, Decennial Census. 2020.
Non-Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, Decennial Census. 2020.
Non-Hispanic Population by Race Alone, Percent of Non-Hispanic Population	Data Source: US Census Bureau, Decennial Census. 2020.
Population by Combined Race and Ethnicity	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population Change, 2010 - 2020	Data Source: US Census Bureau, Decennial Census. 2020.
Population Change (2010-2020) by Hispanic Origin	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population Change (2010-2020) by Race	Data Source: US Census Bureau, Decennial Census. 2020.
Percent Population Change (2010-2020) by Race	Data Source: US Census Bureau, Decennial Census. 2020.
Total Population Change, 2000 - 2010	Data Source: US Census Bureau, Decennial Census. 2000 - 2010.
Population Change (2000-2010) by Gender	Data Source: US Census Bureau, Decennial Census. 2000 - 2010.
Population Change (2000-2010) by Hispanic Origin	Data Source: US Census Bureau, Decennial Census. 2000 - 2010.
Total Population Change (2000-2010) by Race	Data Source: US Census Bureau, Decennial Census. 2000 - 2010.

Data Indicator	Data Source
Percent Population Change (2000-2010) by Race	Data Source: US Census Bureau, Decennial Census. 2000 - 2010.
Urban and Rural Population (2020) - Rural	Data Source: US Census Bureau, Decennial Census. 2020.
Median Age	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Median Age by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Median Age by Race Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Median Age by Ethnicity	Data Source: US Census Bureau, American Community Survey. 2019-23.
Female Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Female Population by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Female Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Female Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Male Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Male Population by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Male Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Male Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Under Age 18	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Under Age 18 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Under Age 18 by Ethnicity Alone, Percent by Ethnicity	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Population Under Age 18 by Ethnicity Alone, Percent of Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Under Age 18 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Under Age 18 by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 0-4	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 0-4 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 0-4 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 0-4 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 0-4 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 5-17	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 5-17 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 5-17 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 5-17 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 5-17 by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-64	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-64 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-64 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-64 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Population Age 18-64 by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-24	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-24 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-24 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-24 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 18-24 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 25-34	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 25-34 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 25-34 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 25-34 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 25-34 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 35-44	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 35-44 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 35-44 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 35-44 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 35-44 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 45-54	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Population Age 45-54 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 45-54 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 45-54 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 45-54 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 55-64	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 55-64 by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 55-64 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 55-64 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 55-64 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 65+	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 65+ by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 65+ by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 65+ by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Age 65+ by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population in Limited English Households	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Limited English Proficiency	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Limited English Proficiency by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Population with Limited English Proficiency by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Limited English Proficiency by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Limited English Proficiency by Language Spoken at Home	Data Source: US Census Bureau, American Community Survey. 2019-23.
Language Spoken at Home	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Age Group	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Native American / Alaska Native Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Tribes and Villages, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Tribes and Villages, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color (Not Non-Hispanic White)	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Citizenship Status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic or Latino Nativity status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic or Latino Citizenship Status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Average Monthly Unemployment Rate, March 2024 - March 2025	Data Source: US Census Bureau, American Community Survey. 2025 - March.
Average Annual Unemployment Rate, 2013-2023	Data Source: US Census Bureau, American Community Survey. 2025 - March.
Income - Earned Income Tax Credit	Data Source: IRS - Statistics of Income. 2022.
Income - Families Earning Over \$75,000	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Families with Income Over \$75,000 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Families with Income Over \$75,000 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Families with Income Over \$75,000 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Income and AMI	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Median Family Income	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Family Income by Family Composition	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Family Income by Race / Ethnicity of Householder	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Median Household Income	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Household Income by Household Size	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Household Income by Race / Ethnicity of Householder	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households by Household Income Levels, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Per Capita Income	Data Source: US Census Bureau, American Community Survey. 2019-23.
Children in Poverty by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Children in Poverty by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Children in Poverty by Race, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Children in Poverty by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Children Below 200% FPL	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Poverty - Households in Poverty by Family Type	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Population Below 100% FPL	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population in Poverty by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population in Poverty by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population in Poverty by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population in Poverty by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Population Below 100% FPL (Annual)	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2023.
Population in Poverty, Percentage by Year, 2013 through 2023	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2023.
Poverty - Population Below 185% FPL	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Population Below 200% FPL	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Population Below 50% FPL	Data Source: US Census Bureau, American Community Survey. 2019-23.
Poverty - Poverty Profile	Data Source: US Census Bureau, American Community Survey. 2019-23.
Access - Enrollment (Age 5-17)	Data Source: US Census Bureau, American Community Survey. 2019-23.
School Enrollment by Age Groups, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
School Enrollment by Age Groups, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
School Enrollment by School Type, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
School Enrollment by School Type, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Access - Post-Secondary Enrollment	Data Source: US Census Bureau, American Community Survey. 2019-23.
Post-Secondary Enrollment by Race Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Post-Secondary Enrollment by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Overview	Data Source: US Census Bureau, American Community Survey. 2019-23.
Educational Attainment by Gender - Male	Data Source: US Census Bureau, American Community Survey. 2019-23.
Educational Attainment by Gender - Female	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Associate's Level Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Bachelor's Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - No High School Diploma	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Attainment - Some Post-secondary Education	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - High School Graduation Rate	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.
High School Graduation Rate by Student Race and Ethnicity	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.
High School Graduation Rate by Year, 2012-13 through 2022-23	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.
Food Insecurity Rate	Data Source: Feeding America. 2022.
Food Insecurity - Food Insecure Children	Data Source: Feeding America. 2022.
Food Insecurity - Food Insecure Population Ineligible for SNAP Assistance	Data Source: Feeding America. 2022.
Food Insecurity - Trends in Food Insecurity Rates Over Time	Data Source: Feeding America. 2022.
Homeless Children & Youth (ED)	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.
Students Experiencing Homelessness by Primary Nighttime Residence	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.
Homeless Children and Youth by School Year, 2018-19 through 2021-22	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2021-2022.
Households with No Motor Vehicle	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households with No Motor Vehicle by Tenure	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Insured Population and Provider Type	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Insurance by Provider Type, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Insurance by Provider Type, Percentage	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Medicare Enrollment Demographics	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

Data Indicator	Data Source
Medicare Fee-for-Service Population by Gender	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Medicare Fee-for-Service Population by Race/Ethnicity	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Insurance - Population Receiving Medicaid	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Receiving Medicaid by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population Receiving Medicaid by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Uninsured Adults	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Age 18 - 64 by Race / Ethnicity, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Age 18 - 64, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Insurance - Uninsured Children	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 19, by Race / Ethnicity, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 19, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Insurance - Uninsured Population (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Race, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Uninsured Population by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Uninsured Population (SAHIE)	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 65 by Race and Hispanic Origin, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 65, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
SNAP Benefits - Households Receiving SNAP (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households Receiving SNAP Benefits by Race/Ethnicity, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households Receiving SNAP Benefits by Race/Ethnicity, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
SNAP Benefits - Population Receiving SNAP (SAIPE)	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.
Population Receiving SNAP Benefits by Year, 2012 through 2022	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.
Social Capital - Social Capital Index	Data Source: Pennsylvania State University, College of Agricultural Sciences, Northeast Regional Center for Rural Development. 2014.
Social Capital - 501c3 organizations	Data Source: IRS - Exempt Organizations Business Master File. Additional data analysis by CARES. 2023.
Social Capital - ACS Self-response Rate	Data Source: US Census Bureau, American Community Survey. 2019-23.
Social Capital - Voter Participation Rate	Data Source: Fox News, Politico, New York Times. 2024.
Teen Births (CDC)	Data Source: CDiC and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2017-2023.
Teen Birth Rate per 1,000 Female Population Age 15-19 by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2017-2023.
Teen Births (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Housing + Transportation Affordability Index (H+T Index)	Data Source: Center for Neighborhood Technology. 2022.

Data Indicator	Data Source
Transportation Costs % Income	Data Source: Center for Neighborhood Technology. 2022.
Young People Not in School and Not Working	Data Source: US Census Bureau, American Community Survey. 2019-23.
Gender Pay Gap	Data Source: US Census Bureau, American Community Survey. 2019-2023.
Opportunity Index	Data Source: Opportunity Nation. 2018.
Opportunity Index - Dimension Scores	Data Source: Opportunity Nation. 2018.
Vulnerable Populations - Electricity-Dependent Medicare Beneficiaries	Data Source: HHS emPOWER. 2024.
Vulnerable Medicare Beneficiaries and Select Health Care Services	Data Source: HHS emPOWER. 2024.
Feeling Socially Isolated	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Received Food Stamps	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Food Insecurity	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Lack of Reliable Transportation	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Lack of Social and Emotional Support	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Land and Agriculture - Public Water Usage	Data Source: 2020.
Air & Water Quality - Drinking Water Safety	Data Source: US Environmental Protection Agency. 2023.
Land and Agriculture - Irrigation Water Withdrawal	Data Source: 2020.
Air & Water Quality - Ozone	Data Source: CDC - National Environmental Public Health Tracking Network. 2019.
Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Ozone (O3), 2010 through 2019	Data Source: CDC - National Environmental Public Health Tracking Network. 2019.

Data Indicator	Data Source
Children in Neighborhood without Vandalism	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Reporter's Affordability	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Reporter's Education Level	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Race	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Reporter's Education Level	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Reporter's Affordability	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Race	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Air & Water Quality - Air Toxics Cancer Risk	Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.
Air & Water Quality - Air Toxics Respiratory Hazard Index	Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.
Air & Water Quality - Diesel Particulate Matter	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Air & Water Quality - Particulate Matter 2.5	Data Source: CDC - National Environmental Public Health Tracking Network. 2020.
Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2010 through 2020	Data Source: CDC - National Environmental Public Health Tracking Network. 2020.
Air & Water Quality - Respiratory Hazard Index	Data Source: EPA - AirToxScreen. 2019.
Air & Water Quality - RSEI Score	Data Source: US Environmental Protection Agency. 2019.
Air & Water Quality - Wastewater Discharge	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Built Environment - Banking Institutions	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.

Data Indicator	Data Source
Built Environment - Broadband Access	Data Source: FCC FABRIC Data. Additional data analysis by CARES. December, 2024.
Built Environment - Households with Cellular Internet Only	Data Source: US Census Bureau, American Community Survey. 2019-23.
Built Environment - Households with No Computer	Data Source: US Census Bureau, American Community Survey. 2019-23.
Internet Usage of Population with a Computer, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Computer and Internet Usage of Population, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Built Environment - Households with No or Slow Internet	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population without a Computer or an Internet Subscription by Employment Status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Built Environment - Liquor Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Beer, Wine and Liquor Stores,   Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Built Environment - Recreation and Fitness Facility Access	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Recreation and Fitness Facilities,   Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Built Environment - Social Associations	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Built Environment - Tobacco Product Compliance Check Violations	Data Source: US DHHS, US FDA Compliance Check Inspections of Tobacco Product Retailers. 2024.
Environmental Justice - Hazardous Waste Proximity	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Environmental Justice - Risk Management Plan (RMP) Facility Proximity	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Environmental Justice - Superfund Proximity	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Environmental Justice - Traffic Proximity and Volume	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.

Data Indicator	Data Source
Environmental Justice - Underground Storage Tanks (UST) and Leaking UST (LUST)	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Population Directly Affected by Wildfire	Data Source: University of Missouri, Center for Applied Research and Engagement Systems. 2010-2020.
Climate & Health - Climate-Related Mortality Impacts	Data Source: Climate Impact Lab.
Land and Agriculture - Dominant Land Cover	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2023.
Dominant Land Cover	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2023.
Climate & Health - Drought Severity	Data Source: US Drought Monitor. 2021-2023.
Annual Weeks in Drought, Percent	Data Source: US Drought Monitor. 2021-2023.
Climate & Health - Flood Vulnerability	Data Source: Federal Emergency Management Agency, National Flood Hazard Layer. Accessed via the CDC National Environmental Public Health Tracking Network. 2011.
Climate & Health - High Heat Index Days (Absolute)	Data Source: CDC - National Environmental Public Health Tracking. 2020-22.
Climate & Health - High Heat Index Days (Relative)	Data Source: CDC - National Environmental Public Health Tracking. 2020-22.
Climate & Health - National Risk Index	Data Source: Federal Emergency Management Agency, National Risk Index. 2023.
National Risk Index Score by Hazard Type	Data Source: Federal Emergency Management Agency, National Risk Index. 2023.
Climate & Health - Tree Canopy	Data Source: Multi-Resolution Land Characteristics Consortium, National Land Cover Database. 2021.
Community Design - Distance to Public Transit	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Population Living Close to Public Transit: by Distance	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Community Design - Park Access (CDC)	Data Source: CDC - National Environmental Public Health Tracking Network. 2020.
Community Design - Park Access (ESRI)	Data Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2013.

Data Indicator	Data Source
Community Design - Road Network Density	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Road Network Density: by Road Type	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Community Design - Walkability Index Score	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Population Percentages by Tiered National Walkability Index	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Community Design - Community Diversity (Emp. + Housing)	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Population Percentages by Tiered Community Diversity Score	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Food Environment - Fast Food Restaurants	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Fast Food Restaurants,   Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Grocery Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Grocery Stores and Supermarkets,   Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Land and Agriculture - Leading Agricultural Products (1)	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.
Food Environment - Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Low Food Access Population by Distance	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Low Income & Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Modified Retail Food Environment Index	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Population with Low or No Healthy Food Access, Racial Disparity Index	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.

Data Indicator	Data Source
Population with Low or No Healthy Food Access by Race/Ethnicity, Percent	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Population with Low or No Healthy Food Access by Race/Ethnicity, Total	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
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. 2025.
Land and Agriculture - Orchards	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.
Threatened and Endangered Species	Data Source: US Fish and Wildlife Service, Environmental Conservation Online System. 2024.
Access to Exercise Opportunities	Data Source: YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2024, 2022&2020.
Cancer Screening - Mammogram (Medicare)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Screening Mammography by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Screening Mammography by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Cancer Screening - Mammogram (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Percentage of Adults with Mammography, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Cancer Screening - Cervical Cancer Screening	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Percentage of Adults with Cervical Cancer Screening Test, 2018-2020 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Cancer Screening - Sigmoidoscopy or Colonoscopy	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Colorectal Cancer Screening, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Dental Care Utilization	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Dental Visit, 2021-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

Data Indicator	Data Source
Diabetes Management - Hemoglobin A1c Test	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Hospitalizations - Preventable Conditions	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Prevention Quality Overall Composite (PQI #90) by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Prevention Quality Overall Composite (PQI #90) by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Hospitalizations - Emergency Room Visits	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Emergency Room Visit Rates by Year	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Hospitalizations - Inpatient Stays	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Hospitalizations - Heart Disease	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Heart Disease Hospitalization Rate by Year	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Hospitalizations - Stroke	Data Source: CDC - Atlas of Heart Disease and Stroke . 2018-2020.
Ischemic Stroke Hospitalization Rate by Year	Data Source: CDC - Atlas of Heart Disease and Stroke. 2018-2020.
Late or No Prenatal Care (CDC)	Data Source: Wide-Ranging Online Data for Epidemiologic Research. 2017-19.
Late or No Prenatal Care Trend over Time, 2008 through 2019	Data Source: CDC - Wide-Ranging Online Data for Epidemiologic Research. 2017-19.
Opioid Drug Claims	Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.
Medicare Part D Opioid Drug Claims of Total Prescription Drug Claims, Percent by Year, 2013 through 2022	Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.
Prevention - Annual Wellness Exam (Medicare)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.

Data Indicator	Data Source
Preventive Services - Annual Wellness Visit by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Annual Wellness Visit by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Annual Wellness Visit by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Prevention - Seasonal Influenza Vaccine	Data Source: CDC - FluVaxView. 2022.
Prevention - Cholesterol Screening	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Percentage of Adults with Cholesterol Screening, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Health Care - FQHC Maternal and Child Health	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Medical Conditions	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Patient Profile	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Race and Hispanic Ethnicity	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Payer and Insurance Status	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Patient Services Profile	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Preventative Services	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Additional Services	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Prevention - High Blood Pressure Management (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Percentage of Adults with Taking Blood Pressure Medication, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Prevention - High Blood Pressure Management (Medicare)	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.

Data Indicator	Data Source
Blood Pressure Medication Nonadherence by Race/Ethnicity	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Prevention - Recent Primary Care Visit (Medicare)	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Annual Primary Care Checkup by Year, 2008 through 2019	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Annual Primary Care Checkup by Race Alone, Percent	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Prevention - Core Preventative Services for Men	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Prevention - Recent Primary Care Visit (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Annual Checkup, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Prevention - Core Preventative Services for Women	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Readmissions - All Cause (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
30-Day Hospital Readmission Rates by Year	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Readmissions - Chronic Obstructive Pulmonary Disease	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Heart Attack	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Heart Failure	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Pneumonia	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Median Minutes Spent in Emergency Department	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022-23.
Patients Who Left Emergency Department Without Being Seen	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Timely and Effective Care - Stroke	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018-20.

Data Indicator	Data Source
Prenatal Care in the 1st Trimester (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Alcohol - Heavy Alcohol Consumption	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Alcohol - Binge Drinking	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Binge Drinking, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Binge Drinking - Disparity Report	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Alcohol - Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Breastfeeding - Ever	Data Source: National Survey of Children's Health. Additional data analysis by CARES. 2023.
Children Ever Breastfed, Percent by Income Level	Data Source: National Survey of Children's Health. Additional data analysis by CARES. 2023.
Breastfeeding (Any)	No county data available. Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Children Ever Breastfed, Percent by Race / Ethnicity	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Breastfeeding (Exclusive)	No county data available. Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Children by Race / Ethnicity, Percent Exclusively Breastfed	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Fruit/Vegetable Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Physical Inactivity	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Adults with No Leisure-Time Physical Activity by Gender, 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Percentage of Adults Physically Inactive by Year, 2004 through 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Soda Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.

Data Indicator	Data Source
STI - Chlamydia Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Chlamydia Incidence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Chlamydia Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - Gonorrhea Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Gonorrhea Incidence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Gonorrhea Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - HIV Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
HIV Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - HIV Prevalence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.
HIV Prevalence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.
HIV Prevalence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.
Tobacco Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Insufficient Sleep	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Insufficient Sleep, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Tobacco Usage - Current Smokers	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Current Smoking, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Walking or Biking to Work	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
Breastfeeding Initiation (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Obesity - Pre-pregnancy (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Smoking During Pregnancy (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Birth Outcomes - Infant Mortality (CDC)	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.
Infant Mortality Rate per 1,000 Live Birth by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.
Birth Outcomes - Infant Mortality (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Birth Outcomes - Low Birth Weight (CDC)	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.
Low Birth Weight, Percent by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence - Breast	Data Source: State Cancer Profiles. 2017-21.
Breast Cancer Incidence, Rate Per 100,000 Females by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Breast Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence - Cervical	Data Source: State Cancer Profiles. 2017-21.
Cervical Cancer Incidence, Rate Per 100,000 Females by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cervical Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.

Data Indicator	Data Source
Cancer Incidence - Colon and Rectum	Data Source: State Cancer Profiles. 2017-21.
Colon and Rectum Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Colon and Rectum Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence - Lung	Data Source: State Cancer Profiles. 2017-21.
Lung Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Lung Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence - Prostate	Data Source: State Cancer Profiles. 2017-21.
Prostate Cancer Incidence, Rate Per 100,000 Males by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Prostate Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Prevalence - All Sites (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Cancer, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Cancer Prevalence - All Sites (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Cancer - Colorectal, Breast, Prostate, Lung Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Alcohol Use Disorder (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Alcohol Use Disorder Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.

Data Indicator	Data Source
Alcohol Use Disorder Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Alcohol Use Disorder Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Alzheimer's Disease (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Alzheimer's Disease by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Alzheimer's Disease, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Chronic Conditions - Asthma (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Current Asthma, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Chronic Conditions - Asthma (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Asthma by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Asthma, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Chronic Obstructive Pulmonary Disease, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Chronic Conditions - Chronic Obstructive Pulmonary Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Obstructive Pulmonary Disease Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Obstructive Pulmonary Disease Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Obstructive Pulmonary Disease Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Depression (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

Data Indicator	Data Source
Percentage of Adults with Depression, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Chronic Conditions - Depression (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Depressive Disorders Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Depressive Disorders Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Depressive Disorders Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Diabetes Prevalence (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Diabetes, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Chronic Conditions - Diabetes Incidence (Adult - Trends)	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2019.
Adults Newly Diagnosed with Diabetes by Year, 2004 through 2019	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2019.
Chronic Conditions - Diabetes Prevalence (Adult - Trends)	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Adults with Diagnosed Diabetes by Gender, 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Adults with Diagnosed Diabetes by Year, 2004 through 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Chronic Conditions - Diabetes Prevalence (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Diabetes Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Diabetes Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Diabetes Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Heart Disease (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

Data Indicator	Data Source
Percentage of Adults with Coronary Heart Disease, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Chronic Conditions - Heart Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Ischemic Heart Disease Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Ischemic Heart Disease Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Ischemic Heart Disease Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - High Blood Pressure (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Percentage of Adults with High Blood Pressure, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Chronic Conditions - High Blood Pressure (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Hypertension Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Hypertension Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Hypertension Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - High Cholesterol (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021 .
Percentage of Adults with High Cholesterol, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021 .
Chronic Conditions - High Cholesterol (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with High Cholesterol by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with High Cholesterol, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Chronic Conditions - Kidney Disease (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.

Data Indicator	Data Source
Chronic Conditions - Kidney Disease (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Kidney Disease Prevalence by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Kidney Disease Prevalence by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Kidney Disease Prevalence by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Opioid Use Disorder Hospitalization (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Overarching Opioid Use Disorder Indicator Hospitalization by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Overarching Opioid Use Disorder Indicator Hospitalization by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Overarching Opioid Use Disorder Indicator Hospitalization by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Substance Use Disorder (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Drug/Substance Abuse Disorder by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Drug/Substance Abuse Disorder, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population with Multiple Chronic Conditions by Year, 2011 through 2018	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population with Multiple Chronic Conditions, Percentage by Age	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population by Number of Chronic Conditions, Total	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population by Number of Chronic Conditions, Percentage	Data Source: Centers for Medicare and Medicaid Services. 2018.
Mortality - All Cause Mortality	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
All Cause Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Cancer	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Coronary Heart Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Drug Overdose - All Substances	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances), Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
Mortality - Drug Overdose - Opioid	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Drug Overdose (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Drug Overdose Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Firearm Fatalities	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Firearms Fatalities (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Firearm Mortality Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Heart Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Heart Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Homicide	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Homicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Homicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
Homicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Homicide (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Homicide Mortality Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Influenza & Pneumonia	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Influenza & Pneumonia Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Life Expectancy (CDC NVSS)	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2020-2022.
Life Expectancy by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2020-2022.
Mortality - Life Expectancy (IHME)	Data Source: Institute for Health Metrics and Evaluation. 2019.
Life Expectancy by Time Period, 2000 through 2019	Data Source: Institute for Health Metrics and Evaluation. 2019.
Life Expectancy by Sex	Data Source: Institute for Health Metrics and Evaluation. 2019.
Mortality - Life Expectancy (Census Tract)	Data Source: CDC and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
Life Expectancy (2010-2015) - Geographic Disparity	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
Period Life Table (2010-2015)	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
Mortality - Liver Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
Mortality - Lung Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Motor Vehicle Crash	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Motor Vehicle Crash, Overall	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Motor Vehicle Crash, Alcohol-Involved	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Motor Vehicle Crash, Pedestrian	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Poisoning	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Premature Death	Data Source: CDC and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.
Premature Death - Years of Potential Life Lost by Time Period, 1998-2000 through 2020-2022	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.
Years of Potential Life Lost (YPLL) per 100,000 Population by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.

Data Indicator	Data Source
Mortality - Stroke	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Suicide	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Suicide (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Suicide Mortality Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Unintentional Injury (Accident)	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Child Mortality	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2022.
Child Mortality Rate per 100,000 Population Age 0-19 by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2022.
Obesity (Adult - Trends)	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.

Data Indicator	Data Source
Adults Obese (BMI > 30.0) by Gender, 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Obesity (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Obesity, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Dental Health - Teeth Loss	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Percentage of Adults with Teeth Loss, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Poor Mental Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Mental Health - Days	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Poor or Fair Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Poor or Fair Health, 2019-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Physical Health - Days	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Poor Physical Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Poor Physical Health Days, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Stroke (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Stroke, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Stroke (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

Data Indicator	Data Source
Medicare Population with Stroke by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Stroke, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Arthritis (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Arthritis, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Cesarean Delivery (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Access to Care - Addiction/Substance Abuse Providers	Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2025.
Access to Care - Buprenorphine Providers	Data Source: Substance Abuse and Mental Health Services Administration , SAMHSA - Buprenorphine Practitioner Locator. Oct. 2024.
Access to Care - Dental Health	Data Source: HRSA - Area Health Resource File. Accessed via County Health Rankings. 2022.
Access to Care - Dental Health Providers	Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2024.
Access to Care - Mental Health	Data Source: CMS - National Plan and Provider Enumeration System (NPPES). Accessed via County Health Rankings. 2024.
Access to Care - Mental Health Providers	Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2025.
Access to Care - Nurse Practitioners	Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2025.
Access to Care - Primary Care	Data Source: HRSA - Area Health Resource File. Accessed via County Health Rankings. 2021.
Access to Primary Care, Rate (Per 100,000 Pop.) by Year, 2010 through 2021	Data Source: HRSA - Area Health Resource File. Accessed via County Health Rankings. 2021.
Access to Care - Primary Care Providers	Data Source: Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). May 2025.
Federally Qualified Health Centers	Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. 2024.
Hospitals with Cardiac Rehabilitation Units	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019.

Data Indicator	Data Source
Health Professional Shortage Areas - All	Data Source: HRSA - Health Professional Shortage Areas Database. 2024.
Health Professional Shortage Areas - Dental Care	Data Source: HRSA - Health Professional Shortage Areas Database. 2024.
Population Living in a Health Professional Shortage Area	Data Source: US DHHS, HRSA - Health Professional Shortage Areas Database. 2024.
COVID-19 - Confirmed Cases	Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.
COVID-19 - Mortality	Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2022.
COVID-19 Fully Vaccinated Adults	Data Source: CDC and the National Center for Health Statistics, CDC - GRASP. 2019-23.
Social Distancing - Mobility Reports (Google)	Data Source: Google Mobility Reports. Accessed via GitHub. Feb 01, 2022.
Discharges by Zip Code	Knapp Medical Center
County Health Rankings	County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute. <a href="https://www.countyhealthrankings.org/explore-health-rankings">https://www.countyhealthrankings.org/explore-health-rankings</a>
Sparkmap Data Analysis	<a href="https://sparkmap.org/report/">https://sparkmap.org/report/</a>