Knapp Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT
2019

TABLE OF CONTENTS

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

    Michael Swartz
    Business Development & Marketing Manager
    Knapp Medical Center
    1401 E. 8th Street
    Weslaco, Texas 78596
    mswartz@primehealthcare.com
    (956) 973-5142

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

► Conduct a community health needs assessment (CHNA) every three years.

► Adopt an implementation strategy to meet the community health needs identified through the assessment.

► Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

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

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

This document is a summary of all the available evidence collected during the CHNA conducted in tax year 2019. 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 southeast Texas, which accounts for 85% of the Medical Center's patients. While the Medical Center serves 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 2020-2022 for the priority areas identified below.

Identified Priority	Correlated Community Health Need
Improve Education and Services Around Chronic Diseases	► Healthy Behaviors / Lifestyle Choices ► Obesity ► Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes) ► Poor Nutrition / Limited Access to Healthy Food Options ► Lack of Health Knowledge / Education
Improve Access to Health Care	► Lack of Primary Care Physicians / Access to Primary Care Physicians ► Uninsured / Limited Insurance / Access ► Affordability of Healthcare Services ► Lack of Mental Health / Addiction Providers and Services ► Lack of Specialists / Access to Specialists

Knapp Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS

Gain a better understanding of health care needs of the community served

Serve as a foundation for developing an implementation strategy to direct resources where they are needed most and impact is most beneficial

Identify collaboration opportunities with community partners

Lead to actions which will improve the health of the community
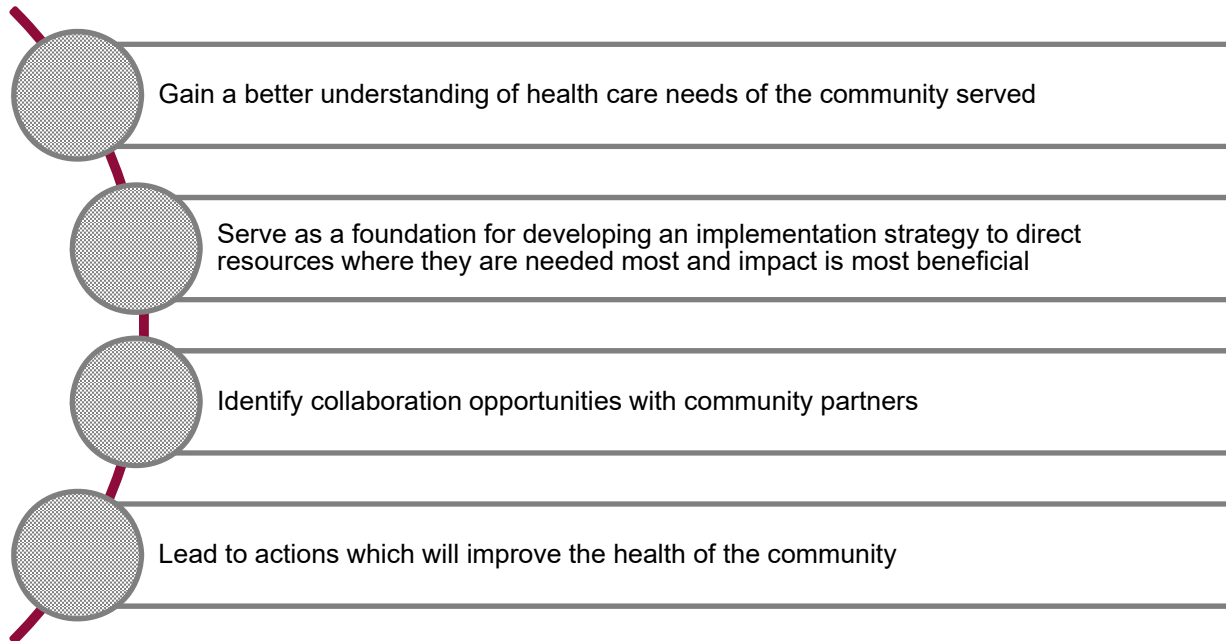
HOW THE ASSESSMENT WAS CONDUCTED

Knapp Medical Center partnered with BKD, LLP ("BKD") to conduct this community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 40 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from during 2019.

The CHNA was conducted to support its mission responding to the needs in the community it serves and to comply with Internal Revenue Code Section 501(r) and federal tax-exemption requirements. Identified health needs were prioritized in order 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.

► 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 provided through key stakeholder forums. Results and findings are described in the Community Input section of this report.

► Any written comments received from the public regarding the Medical Center's most recently conducted CHNA and most recently adopted implementation strategy were considered.

► Identified health needs were then prioritized considering community 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 the Medical Center's 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

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, 2018 may be the most current year available for data, while 2017 or 2016 may be the most current year for other sources.

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 medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publicly available information or limited community input.

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

GENERAL DESCRIPTION OF KNAPP MEDICAL CENTER

Knapp Medical Center is a 227-bed not-for-profit acute care hospital located in Weslaco, Texas. Knapp is part of Prime Healthcare Services, a California-based system of more than forty hospitals nationwide. The Medical Center's primary service area is referred to as the Mid-Valley.

The Medical Center employs more than 600 people and is one of the Mid-Valley's largest private employers. More than 200 physicians, most of them independent professional practitioners, serve on the Knapp Medical Staff.

DESCRIPTION OF SERVICES PROVIDED BY KNAPP MEDICAL CENTER

Knapp Medical Center serves a broad spectrum of patients in the community and 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 III) Trauma Center
- ► Adult Medicine
- ► Cardiology
- ► Critical Care/ICU

- ► Inpatient and Outpatient Surgery
- ► Pediatrics
- ► Women's Health
- ► Obstetrics/Gynecology
- ► Neonatal Care

The Medical Center's Outpatient Center provides over 400 services, including:

- ► All Digital Imaging
- ► Cardiopulmonary
- ► Diabetes Education
- ► Endoscopy Procedures

- ► Gastroenterology (GI)
- ► Laboratory
- ► Nutrition Counseling
- ► Rehabilitation

UPDATE ON ACTIVITIES RESPONDING TO IDENTIFIED NEEDS IN 2016 CHNA

The implementation strategy for fiscal years ending December 31, 2017 through December 31, 2019, focused on three priorities to address identified health needs. Based on the Medical Center's most recent evaluation, the Medical Center has made significant progress in meeting their goals and strategies outlined in their prior implementation strategy as reported below.

PRIORITY 1: INCREASE ACCESS TO PRIMARY CARE

The priority area was adopted to address the following identified health needs:

- ► Lack of primary care physicians
- ► Uninsured

► High cost of health care

► Lack of mental health providers.

The Medical Center's 2017-2019 Implementation Plan established following goals to measure the progress in addressing the priority area.

GOAL 1: INCREASE THE NUMBER OF PRIMARY CARE PHYSICIANS IN THE MID-VALLEY AREA

Strategies:

➲ Open new Knapp / UTRGV Family Practice Residency Program in August 2017.

➲ Welcome six new Family Practice Residents through welcome reception for the community, tour of the hospital, introduction to staff in July 2017.

➲ Build relationships with other healthcare organizations and physician groups in the community who may wish to employ a family practice resident(s) once they complete the 3-year program.

GOAL 2: OPERATE CLINICS TO PROVIDE PRIMARY CARE IN THE MID-VALLEY

Strategies:

➲ Continue to operate "The Clinic" on North International (FM 1015) in northeast Weslaco, to increase access of care in that area.

➲ Recruit a family practice physician who is well-known in the Mid-Valley to staff The Clinic (Dr. Ben Salinas).

➲ Work with University of Texas Rio Grande Valley to help recruit associate director for new Knapp / UTRGV Family Practice Residency Clinic in Mercedes (Dr. Miguel Tello), to see patients there along with six new Family Practice residents.

SUMMARY OF PRIORITY 1 ACTIONS

► There are now 18 family practice residents in the Knapp / UTRGV Family Practice Residency Program as well as 6 faculty members who are board-certified family medicine physicians.

► The first class of residents will graduate in May 2020 and several are expected to remain in the area serving the community with primary medical care.

► In July 2020, another group of 6 family practice residents will enter the program, increasing the total number of new physician residents brought to the area to a total of 24 physician residents.

► The Medical Center has continued to operate "The Clinic" in the under-served area of north Weslaco. The Clinic was moved to the northwest area of Weslaco (on N. Westgate Drive) in December 2017 in order to serve a larger geographical area.

► The Knapp / UTRGV Family Practice Residency Clinic in northwest Mercedes has served northeast Weslaco since opening in December 2017.

► Dr. Ben Salinas continued to staff "The Clinic" through June 2019, when Dr. Heriberto Alanis was named the new Medical Director.

► The Knapp / UTRGV Family Practice Residency Clinic in Mercedes is now known as the UT Health RGV / Knapp Family Health Center.

► In addition to Dr. Miguel Tello as Director, the Knapp / UTRGV Family Practice Residency Clinic in Mercedes also includes these board-certified family medicine physicians: Julia Flores Mitchell, MD, Eron Manusov, MD, Gerardo Munoz Monaco, MD, Maria De Jesus Munoz, MD, and Hector Munoz, MD.

PRIORITY 2: ADDRESS HIGH COST OF HEALTH CARE / UNINSURED RESIDENTS

The priority area was adopted to address the following identified health needs:

► Uninsured

► High cost of health care.

The Medical Center's 2017-2019 Implementation Plan established following goals to measure the progress in addressing the priority area.

GOAL 1: OFFER AN AFFORDABLE WELLNESS PROGRAM FOR LAB TESTS

Strategies:

➲ Continue Knapp Wellness Program, which offers low-cost screenings to those without health insurance.

GOAL 2: PROVIDE FREE HEALTHCARE EDUCATIONAL OPPORTUNITIES

Strategies:

➲ Institute free Senior Health Talk series, to offer residents a chance to hear a physician speak on healthcare topics such as cancer, high blood pressure, stroke, arthritis, diabetes, emergency treatment, etc. and have questions answered. Lunch and door prizes to be provided to attendees by Knapp Medical Center.

GOAL 3: WORK WITH ELECTED REPRESENTATIVES TO ENCOURAGE EXTENSION OF HEALTH INSURANCE TO UNINSURED RESIDENTS

Strategies:

➲ Support creation of health care district to help address uninsured population in Hidalgo County.

➲ Provide information to patients on how to apply for insurance coverage.

⮑ Hospital provides millions of dollars in charity care each year.

SUMMARY OF PRIORITY 2 ACTIONS

► The Medical Center offers low-cost lab screenings through health fairs and at special events with the local school district and a local senior living facility. In addition, residents without health insurance can request lower cash prices for lab tests at the hospital.

► The Senior Health Talk series, now in its 4th year, has included free education for the community on topics such as breast cancer, prostate cancer, colon cancer, arthritis, sudden cardiac arrest, preventive medicine, peripheral artery disease, and other topics.

► Free health fairs with free screenings have been held related to seniors' health, women's health, diabetes, and kidney disease.

► The Medical Center continues to provide several millions of dollars in charity care each year and to assist residents in applying for health insurance.

► A health care district was not approved by voters in Hidalgo County in November 2016. The Healthcare District would have collected a property tax to fund medical care for the poor and partially supported the University of Texas at Rio Grande Valley Medical School. To help meet the need for the services that would have been provided by the Healthcare District, the Medical Center has formed strategic partnerships with local universities, including the University of Texas Rio Grande Valley and Texas A&M University-McAllen to expand access to care in the area. An example of a service provided by these strategic partnerships are free diabetes education classes offered at Knapp Medical Center by Texas A&M.

PRIORITY 3: REDUCE DIABETES

The priority area was adopted to address the following identified health needs:

► Diabetes.

The Medical Center's 2017-2019 Implementation Plan established following goal to measure the progress in addressing the priority area.

GOAL 1: CREATE GREATER AWARENESS OF THE EPIDEMIC OF DIABETES IN OUR COMMUNITY, HOW IT CAN BE PREVENTED AND HOW IT CAN BE CONTROLLED

Strategies:

⮑ Improve services for diabetes and other patients with chronic diseases through treatment at the new Knapp / UTRGV Family Practice Residency Clinic; along with providing patients with information on how to prevent diabetes and manage the condition.

- ⮩ Improve education regarding diabetes and other chronic diseases such as high blood pressure, obesity, etc. through community lectures, free health fairs, community events, etc.

- ⮩ Continue to distribute culturally-sensitive Diabetes Food Charts which were developed at Knapp Medical Center by hospital volunteers.

- ⮩ Collaborate with community organizations on health and wellness initiatives including senior health fairs, health fairs at schools, seniors' care program, low-cost screenings, etc.

SUMMARY OF PRIORITY 3 ACTIONS

- ► Free diabetes education classes are offered at Knapp Medical Center by Texas A&M University through a partnership between the Medical Center, Texas A&M Health Science Center & the School of Public Health, and the Knapp Community Care Foundation. The free classes include diabetes management, gestational diabetes, cooking with diabetes, and "Texercise" (exercise for diabetes patients).

- ► Management of diabetes is an emphasis at the UT Health RGV / Knapp Family Health Center and at "The Clinic", operated by the Knapp Medical Group.

- ► The Medical Center partnered with RGV / ACO and other community organizations to host a Diabetes Awareness Health Fair in November 2019. The Diabetes Awareness Health Fair included free diabetes screenings, glucose screenings, cooking demonstrations, and weight checks.

- ► Knapp's volunteers distribute colorful Diabetes Food Charts to help educate diabetes patients on optimal foods in their diet.

PRIORITY 4: ENCOURAGE CHANGE TO HEALTH BEHAVIORS / LIFESTYLES

The priority area was adopted to address the following identified health need:

- ► Adult obesity.

The Medical Center's 2017-2019 Implementation Plan established following goals to measure the progress in addressing the priority area.

GOAL 1: ENCOURAGE RESIDENTS TO PURSUE FITNESS AND HEALTHY EATING

Strategies:

- ⮩ Help sponsor fitness events, such as a 5K Walk/Run for Stroke Awareness which was held in front of the hospital in May 2017.

- ⮩ Promote healthy eating through media interviews with dietitians, community talks by physicians, etc.

- ⮩ Offer healthy food choices at events at the hospital and in our conference center.

GOAL 2: HELP BUILD A COMMUNITY CULTURE WHICH VALUES EXERCISE, HEALTHY EATING

Strategies:

○ Encourage various forms of exercise - encouraging staff and the community to participate in "Bike Rodeos" which include a community bike ride, walking in the park, participate in 5K events, etc.

○ Attend health fairs and distribute educational information on healthy food choices, etc.

GOAL 3: OFFER HEALTHY FOODS AT ALL HOSPITAL-RELATED EVENTS

Strategies:

○ Offer healthy food choices at events at the hospital and in our conference center.

○ Offer healthy foods, including an attractive salad bar, in the hospital cafeteria, at reasonable prices.

○ Offer recipes for healthy foods at health fairs, etc.

○ Encourage schools and other community organizations to offer healthy foods, and provide advice and guidance as requested.

SUMMARY OF PRIORITY 4 ACTIONS

► The Medical Center partners with local health care providers, including Weslaco Regional Rehabilitation Hospital, four local nursing homes, and the Weslaco EMS / Fire Department, to host an annual community-wide 5K walk / run. The 5K run /walk promotes fitness and educates the community about the danger of stroke and the importance of fast action when someone suffers symptoms of stroke. The event attracts hundreds of people each May. Knapp fields teams of employees who participate in other 5K walk / runs that heighten awareness of diabetes, pulmonary hypertension, and public safety.

► Knapp's trauma department participates in "bike rodeos" to encourage fitness at an early age while emphasizing the need to wear helmets to prevent injuries while riding. Knapp even has a mascot, a kangaroo named "Trauma-Roo", who attends local football games and other events to promote bicycle safety.

► Knapp physicians emphasize fitness and wellness during interviews with local TV and radio stations.

► The Medical Center offers healthy food choices in its cafeteria and at numerous community events held in the Knapp Conference Center. Knapp dietitians and other staff members attend health fairs at local schools to promote healthy eating and the benefits of exercise.

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 Medical Center services reside. While the CHNA considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of Medical Center services provides the clearest definition of the community.

Based on the patient origin of acute care inpatient discharges from January 1, 2018, through December 31, 2018, management has identified Hidalgo County as the defined CHNA community. Hidalgo County represents approximately 95% of the inpatient discharges and approximately 83% of the outpatient visits, as reflected below. The CHNA will utilize data and input from this county.

PERCENTAGE DISCHARGES / VISITS

■ CHNA Community ■ Other
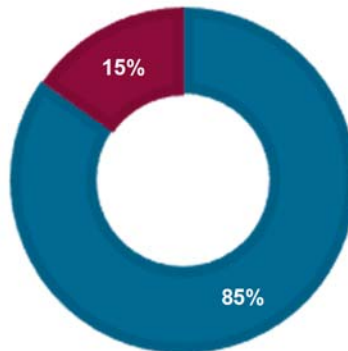
COMMUNITY DETAILS

IDENTIFICATION AND DESCRIPTION OF GEOGRAPHICAL COMMUNITY

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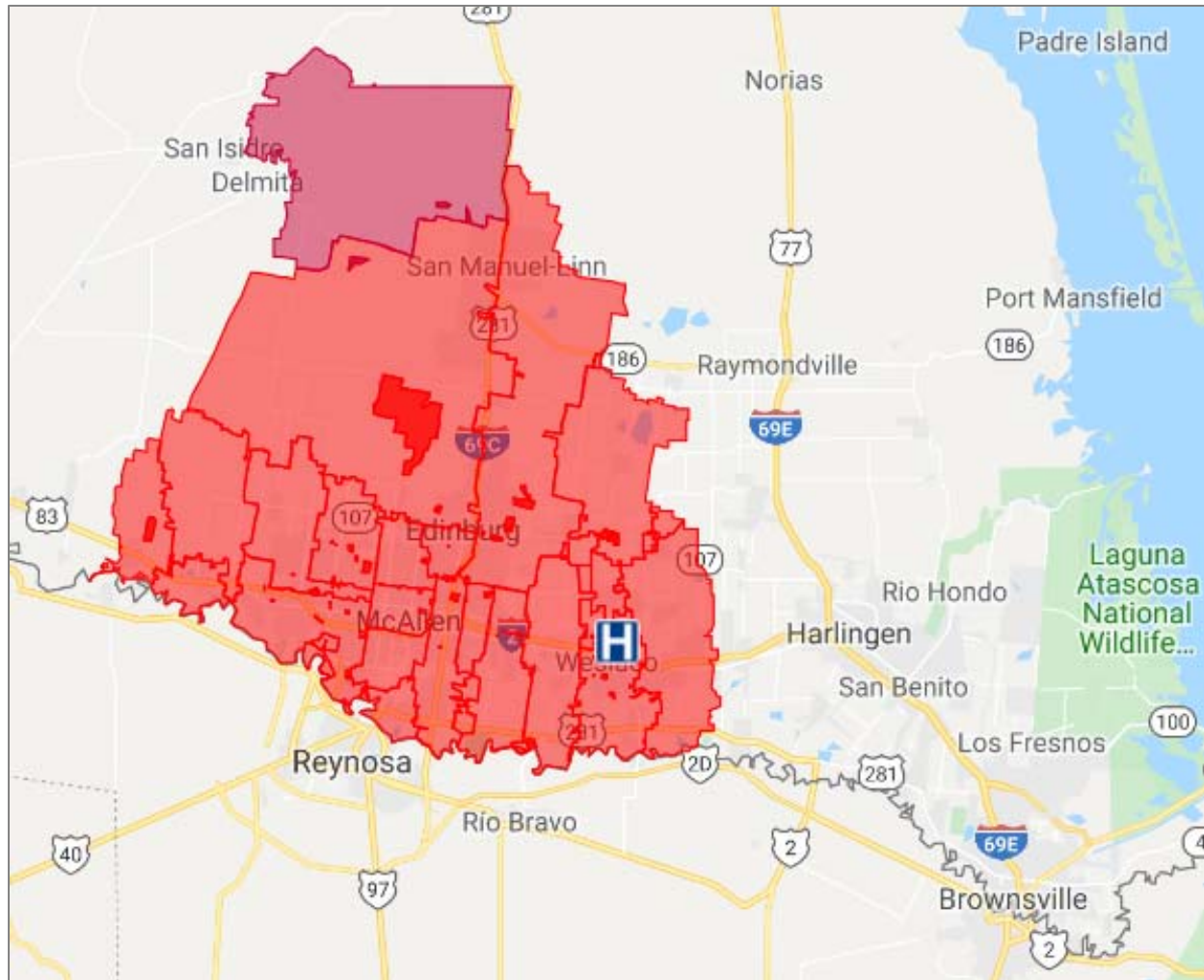
COMMUNITY POPULATION AND DEMOGRAPHICS

The U.S. Bureau of Census has compiled population and demographic data. 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	Texas	United States
Total Population	839,539	27,419,612	321,004,407
Total Male Population	410,383	13,616,977	158,018,753
Total Female Population	429,156	13,802,635	162,985,654
Percent Male	48.88%	49.66%	49.23%
Percent Female	51.12%	50.34%	50.77%

Population Age Distribution

Age Group	Percent of Hidalgo County	Percent of Texas	Percent of United States
0 - 4	9.58%	7.23%	6.18%
5 - 17	23.96%	19.08%	16.74%
18 - 24	11.07%	10.04%	9.70%
25 - 34	13.24%	14.60%	13.72%
35 - 44	12.98%	13.50%	12.68%
45 - 54	10.63%	12.75%	13.42%
55 - 64	8.11%	11.07%	12.69%
65+	10.43%	11.73%	14.87%
Total	100.00%	100.00%	100.00%

Total Population by Race Alone

Race	Percent of Hidalgo County	Percent of Texas	Percent of United States
White	88.88%	74.62%	73.01%
Black	0.57%	11.99%	12.65%
Asian and Pacific Island	0.99%	4.51%	5.35%
All Others	9.56%	8.88%	8.99%
Total	100.00%	100.00%	100.00%

Total Population by Ethnicity Alone

Ethnicity	Percent of Hidalgo County	Percent of Texas	Percent of United States
Hispanic or Latino	91.81%	38.93%	17.60%
Non-Hispanic or Latino	8.19%	61.07%	82.40%
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 and illustrates different categories of race such as, white, black, Asian, other and multiple races. Hispanics make up almost 92% of the community.

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

Urban			**Rural**	
94.9%	CHNA Community		5.1%	CHNA Community
84.7%	Texas		15.3%	Kentucky
80.9%	United States		19.1%	United States

SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

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

INCOME AND EMPLOYMENT

The median family income reports median family income based on the latest 5-year American Community Survey estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members age 15 and older. The CHNA Community has a median family income below Texas and the United States.

Median Family Income		
CHNA Community	$	40,925
Texas	$	67,344
United States	$	70,850

UNEMPLOYMENT RATE

The graph below presents the average annual unemployment rate from 2007 - 2018 for the defined community, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are higher than both the United States and the state of Texas. A decrease in the unemployment rate has been the trend since 2010.

Average Annual Unemployment Rate, 2007–2018

— Hidalgo County, TX   — Texas   — United States
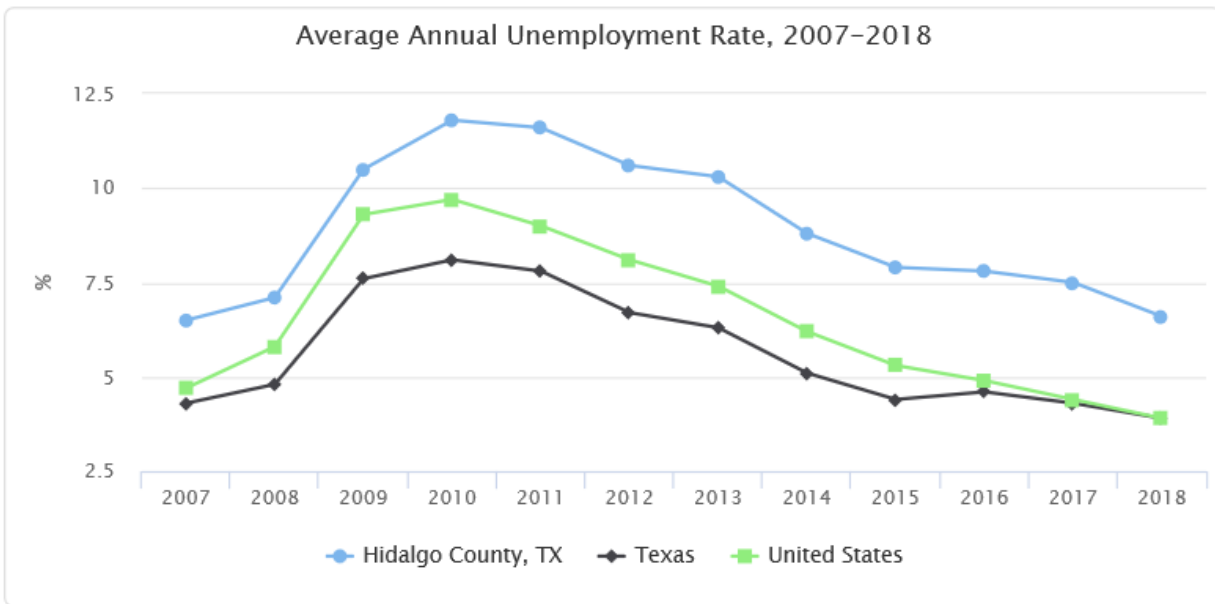
POVERTY

Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. The CHNA Community's 31.85% rate of individuals living below 100% of the Federal Poverty Level ("FPL") is greater than the 16.02% Texas rate and the 14.58% national rate.

32% People living in the CHNA Community living below 100% FPL
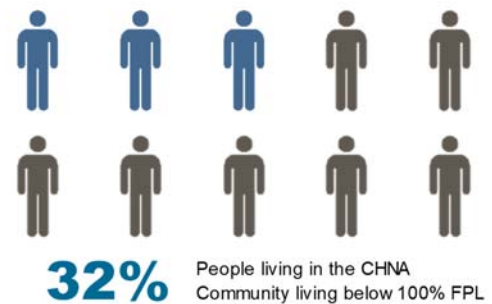
UNINSURED

The percentage of the total civilian non-institutionalized population without health insurance coverage is represented in this graphic. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Nearly 263,000 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2013-2017 American Community Survey.

31.6% Percent uninsured in CHNA Community

18.3% Percent uninsured in Texas

10.5% Percent uninsured in United States
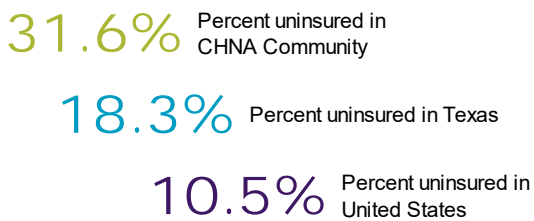
MEDICAID

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses

44.0% Percent of insured population in CHNA Community receiving Medicaid

21.1% Percent of insured population in Texas receiving Medicaid

21.9% Percent of insured population in the United States receiving
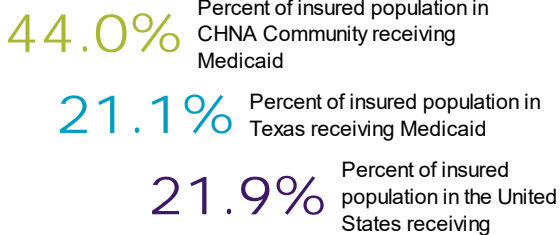
vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. Hidalgo County ranks unfavorably compared to the state of Texas and the United States.

EDUCATION

Slightly more than 22% of the population of the CHNA Community age twenty-five and older have obtained an Associate's degree or higher compared to 36% in Texas and 39% in the United States.

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

PHYSICAL ENVIROMENT OF THE COMMUNITY

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

GROCERY STORE ACCESS

Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, such as fish and

CHNA Community	8.7
Texas	13.8
United States	21.2

Establishments per 100,000 Population

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 compared to Texas and the United States.

FOOD ACCESS

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity. Nearly 39% of the population CHNA Community has low food access compared to 27% for Texas and 22% 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.

CHNA Community	3.9
Texas	9.3
United States	11.0

Establishments per 100,000 Population

The trend graph below shows the percentage of adults who are physically inactive by year (2004 through 2016) for the CHNA Community and compared to Texas and the United States. For 2016, the rate for the CHNA Community was 21.7% compared to 24.2% for Texas and 22.8% for the United States. From 2015 to 2016, the CHNA Community's percentage of adults who were physically inactive was on the rise. Prior to 2015, the CHNA Community's highest rate of inactivity was 25.4% in 2014.

Percent Adults Physically Inactive by Year, 2004 through 2016
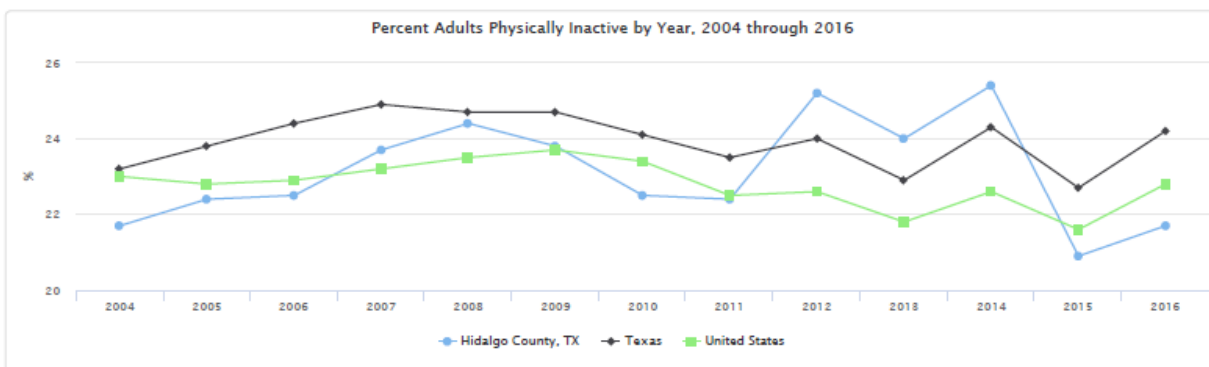
CLINICAL CARE OF THE COMMUNITY

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

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

ACCESS TO PRIMARY CARE

Doctors classified as "primary care physicians" by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. The number of primary care physicians per 100,000-population for the CHNA Community is 33.9 which compares unfavorably to the number for Texas and the United States, 65.8 and 75.6 respectively.

Primary Care Physicians

45.3	CHNA Community
60.3	Texas
75.6	United States

Rate per 100,000 population

LACK OF A CONSISTENT SOURCE OF PRIMARY CARE

For the CHNA Community, the percentage of adults aged 18 and older who self-report that they do not have at least one person who they think of as their personal doctor or health care provider is 46.0%. This percentage compares unfavorably to the percentages for Texas and the United States which are 32.4% and 22.1% respectively. This indicator is relevant because access to regular primary care is important to preventing major health issues and emergency department visits.

POPULATION LIVING IN A HEALTH PROFESSIONAL SHORTAGE AREA

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area ("HPSA"), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a

shortage of health professionals contributes to access and health status issues. The percentage of the CHNA Community's population living in an area affected by a HPSA is 0% compared to 19.2% for Texas and 23.3% for the United States.

PREVENTABLE HOSPITAL EVENTS

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

Ambulatory Care Sensitive Condition Discharge Rate	
CHNA Community	56.3
Texas	53.2
United States	49.4
Discharge Rate per 1,000 Medicare Enrollees	

The CHNA Community compares unfavorably to the Texas and the United States rates.

HEALTH STATUS OF THE COMMUNITY

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

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

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

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

exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

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

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

LEADING CAUSES OF DEATH

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

Area	CHNA Community	Texas	United States
Cancer	114.90	150.64	158.10
Heart Disease	144.20	169.80	167.10
Lung Disease	19.80	40.83	41.10
Stroke	27.00	41.58	37.10
Unintentional Injury	22.50	37.86	44.00
Motor Vehicle	11.10	13.38	11.50
Drug Poisoning	3.50	9.60	15.60
Homicide	3.50	5.56	5.70
Suicide	6.70	12.48	13.30

Note: Age-Adjusted Death Rate (Per 100,000 Pop.)

The table above shows leading causes of death within the CHNA Community as compared to Texas and the United States. The age-adjusted rate is shown per 100,000 residents. As the table indicates, all the leading causes of death for the CHNA Community are lower than the Texas and national rates.

HEALTH OUTCOMES AND FACTORS

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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

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

Different health factors shape a community's health outcomes. The County Health Rankings (www.countyhealthrankings.org) model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. As can be seen from the data below, rankings within mortality, morbidity, health behaviors, clinical care and social and economic factors improved from 2015; rankings within physical environment worsened from 2015.

The following tables include the 2015 and 2018 indicators reported by County Health Rankings for Hidalgo County. The health indicators that are unfavorable when compared to the Texas rates are listed in red.

Health Outcomes	Hidalgo County: 2015	Hildago County: 2018	Change	Texas: 2018	Top US Performers: 2018
Mortality: State of TX County Ranking*	16	15	+		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,500	5,700	-	6,700	5,300
Morbidity: State of TX County Ranking*	214	212	+		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	30%	29%	+	18%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.7	4.4	+	3.5	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.5	3.9	-	3.4	3.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	8.0%	8.0%	NC	8.0%	6.0%

* Rank out of 242 Counties

Knapp Medical Center

Health Outcomes	Hidalgo County: 2015	Hildago County: 2018	Change	Texas: 2018	Top US Performers: 2018
Health Behaviors: State of TX County Ranking*	**172**	**131**	**+**		
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	15%	15%	NC	14%	14%
Adult obesity - Percent of adults that report a BMI >= 30	37%	34%	+	28%	26%
Food environment index - Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.3	7.1	+	6.0	8.6
Physical inactivity - Percentage of adults age 20 and over reporting no leisure-time physical activity	25%	25%	NC	24%	20%
Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity	61%	62%	+	81%	91%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	14%	14%	NC	19%	13%
Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement	30%	28%	+	28%	13%
Sexually transmitted infections - Chlamydia rate per 100K population	407.3	407.3	+	523.6	145.1
Teen birth rate - Per 1,000 female population, ages 15-19	76	62	+	41	15
Clinical Care: State of TX County Ranking*	**182**	**176**	**+**		
Uninsured adults - Percent of population under age 65 without health insurance	38%	32%	+	19%	6%
Primary care physicians - Ratio of population to primary care physicians	2,220:1	2,230:1	-	1,670:1	1,030:1
Dentists - Ratio of population to dentists	4,090:1	3,920:1	+	1,790:1	1,280:1
Mental health providers - Ratio of population to mental health providers	1,980:1	1,970:1	+	1,010:1	330:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	61	56	+	53	35
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	87%	88%	+	84%	91%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	58%	58%	NC	58%	71%

* Rank out of 242 Counties

Health Outcomes	Hidalgo County: 2015	Hildago County: 2018	Change	Texas: 2018	Top US Performers: 2018
Social & Economic Factors: State of TX County Ranking*	**235**	**232**	**+**		
High school graduation - Percent of ninth grade cohort that graduates in four years	85%	87%	+	89%	95%
Some college - Percent of adults aged 25-44 years with some post-secondary education	45%	47%	+	60%	72%
Unemployment - Percentage of population ages 16 and older unemployed but seeking work	9%	8%	+	5%	3%
Children in poverty - Percent of children under age 18 in poverty	46%	43%	+	22%	12%
Income inequality - Ratio of household income at the 80th percentile to income at the 20th percentile	5.6	5.6	NC	4.9	3.7
Children in single-parent households - Percent of children that live in household headed by single parent	33%	35%	-	33%	20%
Social associations - Number of membership associations per 10,000 population	3.9	3.7	-	7.6	22.1
Violent crime rate - Violent crime rate per 100,000 population	310.0	312.0	-	408.0	62.0
Injury deaths - Number of deaths due to injury per 100,000 population	30.0	30.0	NC	55.0	55.0
Physical Environment: State of TX County Ranking*	**217**	**231**	**-**		
Air pollution-particulate matter days - Annual number of unhealthy air quality days due to fine particulate matter	8.6	8.9	-	8.0	6.7
Severe housing problems - Percentage of household with at least 1 of 4 housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	28%	28%	NC	18%	9%
Driving alone to work - Percentage of the workforce that drive alone to work	79%	80%	-	80%	72%
Long commute driving alone - Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23%	22%	+	37%	15%

* Rank out of 242 Counties

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

DIABETES (ADULT)

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 and national rates. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues

Diabetes (Adult)	
CHNA Community	11.1%
Texas	10.0%
United States	10.3%

HIGH BLOOD PRESSURE (ADULT)

The CHNA Community's percentage adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension is lower than both the state and national rates.

High Blood Pressure (Adult)	
CHNA Community	27.8%
Texas	30.0%
United States	28.2%

OBESITY

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

Obesity	
CHNA Community	34.4%
Texas	30.0%
United States	28.8%

POOR DENTAL HEALTH

The CHNA Community's percentage of adults age 18 and older who self-report that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection is lower than both the state and national rates. This indicator is relevant because it indicates lack of access to dental care and/or social barriers to utilization of dental services.

Poor Dental Health	
CHNA Community	11.1%
Texas	12.7%
United States	15.7%

LOW BIRTH WEIGHT

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

Low Birth Weight	
CHNA Community	7.8%
Texas	8.4%
United States	8.2%

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. A key stakeholder forum is one method utilized to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

METHODOLOGY

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

- ► Medical providers
- ► Local healthcare leaders
- ► Social service agencies
- ► Local school systems and universities
- ► Public health agencies
- ► Government officials
- ► Local businesses

All forums were conducted by BKD personnel. Two key stakeholder forums were conducted to gather key informant input. The forums were conducted jointly by Mission Regional Medical Center and Knapp Medical Center.

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

- ► Health and quality of life for residents of the primary community
- ► Underserved populations and communities of need
- ► Barriers to improving health and quality of life for residents of the community
- ► Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

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

RESULTS FROM COMMUNITY INPUT

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

GENERAL OPINIONS REGARDING HEALTH AND QUALITY OF LIFE IN THE COMMUNITY

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

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

UNDERSERVED POPULATIONS AND COMMUNITIES OF NEED

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

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

BARRIERS

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

MOST IMPORTANT HEALTH AND QUALITY OF LIFE ISSUES

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

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

- ► Access to primary care and specialists
- ► Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- ► Lack of health knowledge and education
- ► Mental health and addiction
- ► Poor nutrition / limited access to healthy food options

- ► Obesity
- ► Preventative care
- ► Services for the aging
- ► Transportation
- ► Language and cultural barriers
- ► Healthy behaviors / lifestyle choices.

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

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

- ► Improve access for uninsured and under-insured residents
- ► Expand services in the community
- ► Improve chronic disease (Heart Disease, Stroke, Cancer, Diabetes) management services
- ► Establishing clinics or providing extended service hours
- ► Increase health education in the education.

KEY FINDINGS

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

- ► The community's health and quality of life are generally seen to be very good, but there are certain groups of persons who have limited access to health such as those persons living in poverty and the elderly.
- ► Access to affordable healthcare for persons who are unemployed, uninsured, or who have low-income is seen as a major issue in the community.
- ► Healthcare providers should continue outreach and education efforts on health and wellness.
- ► Heart disease, diabetes, cancer and obesity were noted health conditions negatively impacting the community.
- ► The community does not have adequate resources to treat patients suffering from Chronic Kidney Disease.

► Transportation was cited as a barrier to health. Transportation is an issue for people and prevents them from seeking care, making their appointments or receiving follow-up care.

► Over the last three years access to health services has improved due to additional services. However, expansion of services remains a need in the community.

► Access and services for mental health, especially services to children are limited.

HEALTH ISSUES OF VULNERABLE POPULATIONS

According to Dignity Health's Community Need Index (see Appendices), the Medical Center's CHNA Community has the highest level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The zip codes that have the highest need in the community are 78501 (McAllen), 78577 (Pharr), 78541 (Edinburg), and 78503 (McAllen).

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

► Uninsured/Working Poor Population

   o Transportation

   o Access to specialty services

   o Health education

   o High cost of health care prevents needs from being met

   o Healthy lifestyle and health nutrition education

► Elderly

   o Transportation

   o Cost of prescriptions and medical care

   o Shortage of physicians (limit on patients who are on Medicare)

► Hispanic Population

   o Language barriers

   o Transportation

   o Healthy living 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 Medical Center completed an analysis of these inputs (see Appendices) to identify community health needs. The following data was analyzed to identify health needs for the community:

LEADING CAUSES OF DEATH

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

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

HEALTH OUTCOMES AND FACTORS

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

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

PRIMARY DATA

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

HEALTH NEEDS OF VULNERABLE POPULATIONS

Health needs of vulnerable populations were included for ranking purposes.

PRIORITIZATION METHODOLOGY

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

1. **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.

2. **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.

3. **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.

4. **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.

5. **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

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

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 - 3 High)	Total Score
Lack of Primary Care Physicians / Access to Primary Care Physicians	5	5	5	4	3	22
Healthy Behaviors / Lifestyle Choices	5	4	5	5	2	21
Obesity	5	5	3	5	2	20
Uninsured / Limited Insurance / Access	5	3	5	4	3	20
Affordability of Healthcare Services	5	3	5	4	3	20
Lack of Mental Health / Addiction Providers and Services	5	4	5	4	2	20
Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)	3	4	3	3	3	16
Poor Nutrition / Limited Access to Healthy Food Options	5	3	4	2	2	16
Lack of Specialists / Access to Specialists	3	3	3	3	3	15
Lack of Health Knowledge / Education	5	2	3	3	2	15
Preventative Care	4	3	2	3	2	14
Services for the Aging	3	3	4	2	2	14
Transportation	3	3	5	1	2	14
Language and Cultural Barriers	2	2	3	3	2	12
Services for Children	3	3	3	2	1	12
Need for Prenatal Care	2	3	4	2	1	12
Excessive Drinking / Alcohol-Impaired Drinking Deaths	2	3	1	1	1	8
Teen Birth Rate	1	2	2	1	1	7
Medical Services to Winter Texans	1	2	2	1	1	7
Lack of Dentists	2	2	1	1	1	7
Sexually Transmitted Infections	1	2	2	1	1	7

MANAGEMENT'S PRIORITIZATION PROCESS

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

- ► Current area of Medical Center focus

- ► Established relationships with community partners to address the health need

- ► Organizational capacity and existing infrastructure to address the health need.

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

- ► Lack of Primary Care Physicians / Access to Primary Care Physicians

- ► Healthy Behaviors / Lifestyle Choices

- ► Obesity

- ► Uninsured / Limited Insurance / Access

- ► Affordability of Healthcare Services

- ► Lack of Mental Health / Addiction Providers and Services

- ► Chronic Diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)

- ► Poor Nutrition / Limited Access to Healthy Food Options

- ► Lack of Specialists / Access to Specialists

- ► Lack of Health Knowledge / Education

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

COMMUNITY RESOURCES

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

HOSPITALS

The Medical Center is a 227 bed and is an acute-care community hospital facility located within the CHNA Community. Residents of the community can take advantage of services provided by other hospitals within the CHNA Community, as well as services offered by other facilities and providers.

The table below summarizes hospitals available to the residents of the CHNA Community.

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

Limited to Within 25 Miles of Medical Center

OTHER HEALTH CARE FACILITIES

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

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

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

PHYSICIANS

The Medical Center regularly monitors physician supply and demand. Key informant data indicates the need for additional primary care physicians and specialists.

HEALTH DEPARTMENT

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

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

The following clinical services are provided:

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

APPENDICES

APPENDIX A – ANALYSIS OF DATA

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

Area	United States	(A) 10% of United States Age-Adjusted Rate	Hidalgo County	(B) County Rate Less U.S. Age-Adjusted Rate	If (B)>(A), then "Health Need"
Cancer	158.10	15.81	114.90	-43.20	
Heart Disease	167.10	16.71	144.20	-22.90	
Lung Disease	41.10	4.11	19.80	-21.30	
Stroke	37.10	3.71	27.00	-10.10	
Unintentional Injury	44.00	4.40	22.50	-21.50	
Motor Vehicle	11.50	1.15	11.10	-0.40	
Drug Poisoning	15.60	1.56	3.50	-12.10	
Homicide	5.70	0.57	3.50	-2.20	
Suicide	13.30	1.33	6.70	-6.60	

Note: Age-Adjusted Rate (Per 100,000 Pop.)

ANALYSIS OF HEALTH OUTCOMES: HIDALGO COUNTY

Health Outcomes	Top US Performers: 2018	(A) 30% of National Benchmark	Hidalgo County: 2018	(B) County Rate Less National Benchmark 2018	If (B)>(A), then "Health Need"
Adult smoking	14.0%	4.2%	15.0%	1.0%	
Adult obesity	26.0%	7.8%	34.0%	8.0%	Health Need
Food environment index	8.6	2.6	7.1	(1.5)	
Physical inactivity	20.0%	6.0%	25.0%	5.0%	
Access to exercise opportunities	91.0%	27.3%	62.0%	-29.0%	
Excessive drinking	13.0%	3.9%	14.0%	1.0%	
Alcohol-impaired driving deaths	13.0%	3.9%	28.0%	15.0%	Health Need
Sexually transmitted infections	145.1	43.5	407.3	262.2	Health Need
Teen birth rate	15.0	4.5	62.0	47.0	Health Need
Uninsured adults	6.0%	1.8%	32.0%	26.0%	Health Need
Primary care physicians	1,030	309	2,330	1,300	Health Need
Dentists	1,280	384	3,920	2,640	Health Need
Mental health providers	330	99	1,970	1,640	Health Need
Preventable hospital stays	35.0	10.5	56.0	21.0	Health Need
Diabetic screening	91.0%	27.3%	88.0%	-3.0%	
Mammography screening	71.0%	21.3%	58.0%	-13.0%	
Children in poverty	12.0%	3.6%	43.0%	31.0%	Health Need
Children in single-parent households	20.0%	6.0%	35.0%	15.0%	Health Need

ANALYSIS OF PRIMARY DATA – KEY INFORMANT FOCUS GROUPS

Need
Access and affordability of healthcare services
Access to primary care and specialists
Uninsured / Underinsured
Chronic diseases (Heart Disease, Kidney, Stroke, Cancer, Diabetes)
Lack of health knowledge and education
Mental health and addiction
Poor nutrition / Limited access to healthy food options
Obesity
Preventative care
Services for the aging
Transportation
Language and cultural barriers
Healthy behaviors / Lifestyle choices

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

Population	Issues
Uninsured / Working Poor Population	Transportation
	Access to specialty services
	High cost of health care prevents needs from being met
	Healthy lifestyle and health nutrition education
	Prenatal care
	Services for children
Elderly	Transportation
	Cost of prescriptions and medical care
	Medical services to Winter Texans
Hispanic Population	Language and cultural barriers
	Transportation
	Immigration status
	Healthy living education

APPENDIX B – SOURCES

Data Type	Source
Discharges by Zip Code	Knapp Medical Center
Population Estimates	The Nielson Company
Demographics -Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov
Uninsured Status	Community Commons via US Census Bureau, Small area Helath Insurance Estimates http://www.communitycommons.org/
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/
Education	Community Commons via American Community Survey http://www.communitycommons.org/
Physical Environment - Grocery Store Access	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Cenus Bureau, County Business Patterns http://www.communitycommons.org/
Physical Environment - Phsyically Inactive	Community Commons via US Centers for Disease control and Prevention http://www.communitycommons.org/
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/
Leading Causes of Death	Community Commons via CDC national Bital Statistics System http://www.communitycommons.org/
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ & Community Commons http://www.communitycommons.org/ & Community Health Status Indicators http://wwwn.cdc.gov/communityhealth
Health Care Resources	Community Commons, CMS.gov, HRSA

Knapp
Medical Center

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

Knapp Medical Center

Dignity Health.

Lowest Need				Highest Need
1 - 1.7 Lowest	1.8 - 2.5 2nd Lowest	2.6 - 3.3 Mid	3.4 - 4.1 2nd Highest	4.2 - 5 Highest
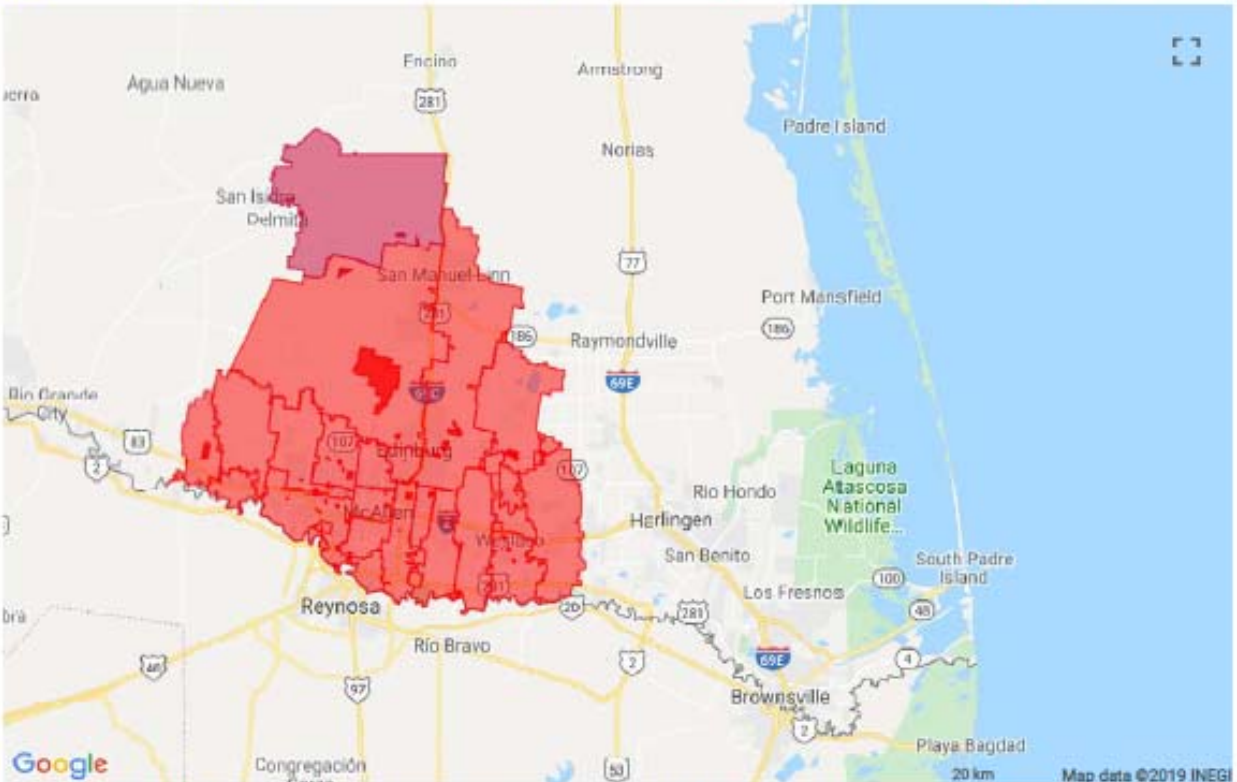
Mean(zipcode): 4.6 / Mean(person): 4.7   CNI Score Median: 4.6   CNI Score Mode: 4.6

Zip Code	CNI Score	Population	City	County	State
78501	5	64039	Mcallen	Hidalgo	Texas
78503	5	25056	Mcallen	Hidalgo	Texas
78504	4.2	56731	Mcallen	Hidalgo	Texas
78516	4.6	36704	Alamo	Hidalgo	Texas
78537	4.6	48403	Donna	Hidalgo	Texas
78538	4.6	17115	Edcouch	Hidalgo	Texas
78539	4.4	35649	Edinburg	Hidalgo	Texas
78541	5	48600	Edinburg	Hidalgo	Texas
78542	4.6	77530	Edinburg	Hidalgo	Texas
78543	4.8	5585	Elsa	Hidalgo	Texas
78549	4.2	960	Hargill	Hidalgo	Texas
78557	4.6	13730	Hidalgo	Hidalgo	Texas
78560	4.8	5652	La Joya	Hidalgo	Texas
78563	4	466	Linn	Hidalgo	Texas
78570	4.8	35770	Mercedes	Hidalgo	Texas
78572	4.8	85496	Mission	Hidalgo	Texas
78573	4.8	40572	Mission	Hidalgo	Texas
78574	4.6	63982	Mission	Hidalgo	Texas
78576	4.2	11510	Penitas	Hidalgo	Texas
78577	5	81790	Pharr	Hidalgo	Texas
78589	4.6	41347	San Juan	Hidalgo	Texas
78595	4.4	6846	Sullivan City	Hidalgo	Texas
78596	4.6	41513	Weslaco	Hidalgo	Texas
78599	4.6	33908	Weslaco	Hidalgo	Texas