



DHRHealth

DHR Health: Health Equity Needs Assessment 2025

Health Equity Department

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Key Definitions

Health Equity: The principle of ensuring that every individual has a fair and just opportunity to achieve optimal health outcomes, regardless of social, economic, or demographic background. It emphasizes the absence of disparities or unfair and avoidable differences in health status or access to healthcare between different populations or groups.

Health Disparities: Health disparities refer to differences in health outcomes or access to healthcare services that are closely linked to social, economic, and environmental disadvantages. These disparities are often observed among different population groups, such as racial and ethnic minorities, individuals from low-income backgrounds, or those residing in underserved communities. These can manifest in a multitude of ways including variations in disease prevalence, mortality rates, healthcare utilization, and quality of care.

Social Determinants of Health (SDOH): Social determinants of health are the conditions in which people are born, grow, live, work, and age that shape their overall health and well-being. These determinants are primarily rooted in social, economic, and environmental factors and have a significant influence on individual and population health outcomes. Some SDOHs include: housing, socioeconomic status, employment status, education level, social support, culture, and access to healthcare.

Health Related Social Needs (HRSN): An individual's unmet, adverse social conditions that contribute to poor health and are a result of underlying social determinants of health.

Overview

Introduction

DHR Health has consistently maintained its position as a leader in the healthcare space by providing the highest, evidence-based care tailored for the needs of each patient. As a result of an unwavering commitment to excellence, DHR Health has acknowledged the need for increased efforts towards health equity initiatives throughout DHR Health and the broader context of the Rio Grande Valley (RGV). Such initiatives are imperative to drive tangible and positive influence on the quality of patient care provided to the diverse population DHR Health serves.

Mission

DHR Health's mission for health equity is to be an example to other healthcare systems throughout the Rio Grande Valley by prioritizing health equity as a core component of our healthcare delivery system. DHR Health is committed to ensuring that everyone receives accessible and compassionate care of the highest quality regardless of their background or circumstances.

Vision

DHR Health's vision for health equity is to eliminate health disparities and address Health Related Social Needs for our patients and the communities we serve.

Objectives

To fulfill our mission of promoting health equity, DHR Health, under the guidance of the Health Equity Officer and in collaboration with leadership, is dedicated to pursuing several key objectives. First, we aim to broaden access to quality healthcare services, ensuring that all individuals have the opportunity to obtain their highest level of health. Second, we are committed to strengthening the social determinants of health, recognizing that external factors significantly impact overall-wellbeing. Additionally, we will prioritize enhancing culturally competent care provided to our diverse patient population. These objectives will be integrated into our strategic planning and initiatives, making health equity an intrinsic and fundamental aspect of our healthcare delivery system.

Summary

In summary, DHR Health is dedicated to prioritizing health equity to offer the highest quality of care to all patients, no matter their circumstances or background. We believe that health equity should benefit both individuals and their communities. Our goal is to set an example for other hospitals by making health equity a central part of our healthcare system. Through our unrelenting work, we aim to tackle health disparities and improve health outcomes across the Rio Grande Valley of South Texas.

The Rio Grande Valley Region

The Rio Grande Valley (RGV) community in South Texas lies along the US-Mexico border, encompassing four counties: Starr, Hidalgo, Willacy, and Cameron. The region's total population is approximately 1.39 individuals. Notably, the RGV is home to a significant Hispanic population (Hidalgo county: 92.6%, Willacy county: 88.1%, Starr county: 96.3%, and Cameron county: 90%).

Considering the unique demographics of the RGV, it is crucial to address the challenges it faces. The region grapples with high poverty rates, affecting around 25% of families, and a 6.81% unemployment rate for individuals. Educational attainment also varies, with approximately 20% having less than a 9th grade education and around 25% having earned a high school diploma.



Rio Grande Valley Demographics

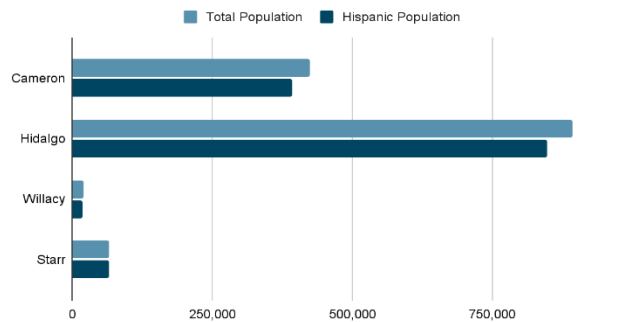


Figure 2 - RGV Demographics

DHR Health

DHR Health is a for-profit, physician-owned hospital dedicated to providing exceptional care. With 519 beds, over 16 sub-specialties, and a network of acute care facilities and ambulatory clinics, they ensure comprehensive healthcare for their patients. This allows greater access for patients in the RGV and surrounding areas to gain access to life-saving medical care without having to travel long distances.



Health Needs Assessment

DHR Health conducted a Health Needs Assessment (HNA) to assess the clinical and social areas relevant to the communities served. This assessment aimed to identify and address areas within DHR Health’s patient population and community that require the greatest attention. By conducting this assessment, the Health Equity Department will work with the organization’s leadership through inter-departmental collaboration to guide their decision making process in selecting priority health areas and allocating resources effectively to enhance the health and wellness of the community and patients.

The primary objective of DHR Health’s Health Equity Department is to foster greater health equity within its patient population and across the communities it serves. Through an analysis of community data and hospital data, the priorities for the years 2023 to 2025 have been identified and classified into two domains aligned with the overarching goal of achieving greater health equity for our patient population and the Rio Grande Valley community: Health Disparities and Health Related Social Needs

Data Collection

Primary data for the HNA was collected through secondary sources including but not limited to, Texas Department of State Health Services, Centers for Disease Control, and County Health Rankings and Roadmaps.

Prioritizing Health Needs

The prioritizing of health needs was determined based on assessment of 7 domains: size, seriousness, equity, trends, interventions, influence, and root causes. Utilizing assessment through these 7 domains will allow DHR Health to further determine health issue prioritization.

Size	Is this affecting a large or small amount of patients and community members?
Seriousness	Is this leading to deaths, hospitalizations, and/or disabilities?
Equity	Is this effecting one or more groups more than other groups?
Trends	Is this improving or getting worse?
Intervention	Is there a proven strategy or evidence-based approach for addressing this issue?
Influence	How much can DHR Health affect change?
Root Causes	What are the community conditions?

Population of Focus

This HNA employs a data-driven approach to identify the main health needs in its patient populations. By analyzing patient and community demographic data, socioeconomic factors, health outcomes, and disease

prevalence, DHR Health can pinpoint vulnerable populations and allocate resources effectively to address populations' specific needs. This targeted approach aims to improve health outcomes, reduce disparities, and promote health equity within the communities served by DHR Health.

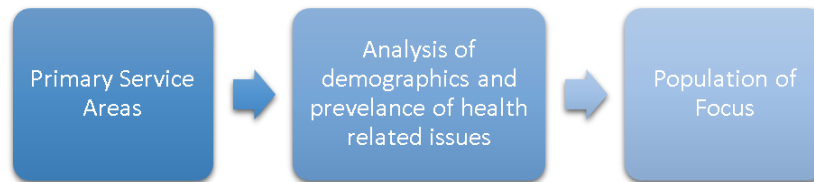


Figure 3 - Population of Focus Determination

Health Disparities in the Rio Grande Valley

Chronic diseases and illnesses such as heart disease, cancer, and diabetes are the leading cause of death and disability throughout the entire United States, leading to over \$3.8 trillion in annual health care costs (*Texas Department of State and Health Services, 2021*). Data suggests specific populations and geographic locations experience higher rates of chronic diseases, leading to higher mortality rates, higher hospital admissions, and lower overall health outcomes.

Heart Disease, Heart Failure, and Acute Myocardial Infarction have emerged as significant contributors to mortality in the Rio Grande Valley. According to the *CDC* and *Rio Grande Valley Health Connect*, the RGV exhibits elevated rates of Coronary Heart Disease compared to both Texas and the United States. Data indicates that males aged 35 and older in the RGV experience higher heart disease death rates than females, while Hispanic females have higher heart disease death rates than white females age 35 and older. Additionally, when compared to the national average, the RGV demonstrates a lower percentage of cholesterol test history than the United States, indicating a gap in preventative care services for the community.

Further analysis of the Medicare population reveals that the RGV faces higher rates of heart failure, high blood pressure prevalence, high cholesterol prevalence, hyperlipidemia, hypertension, and Ischemic Heart Disease compared to both Texas and the United States.

Heart Health Statistics

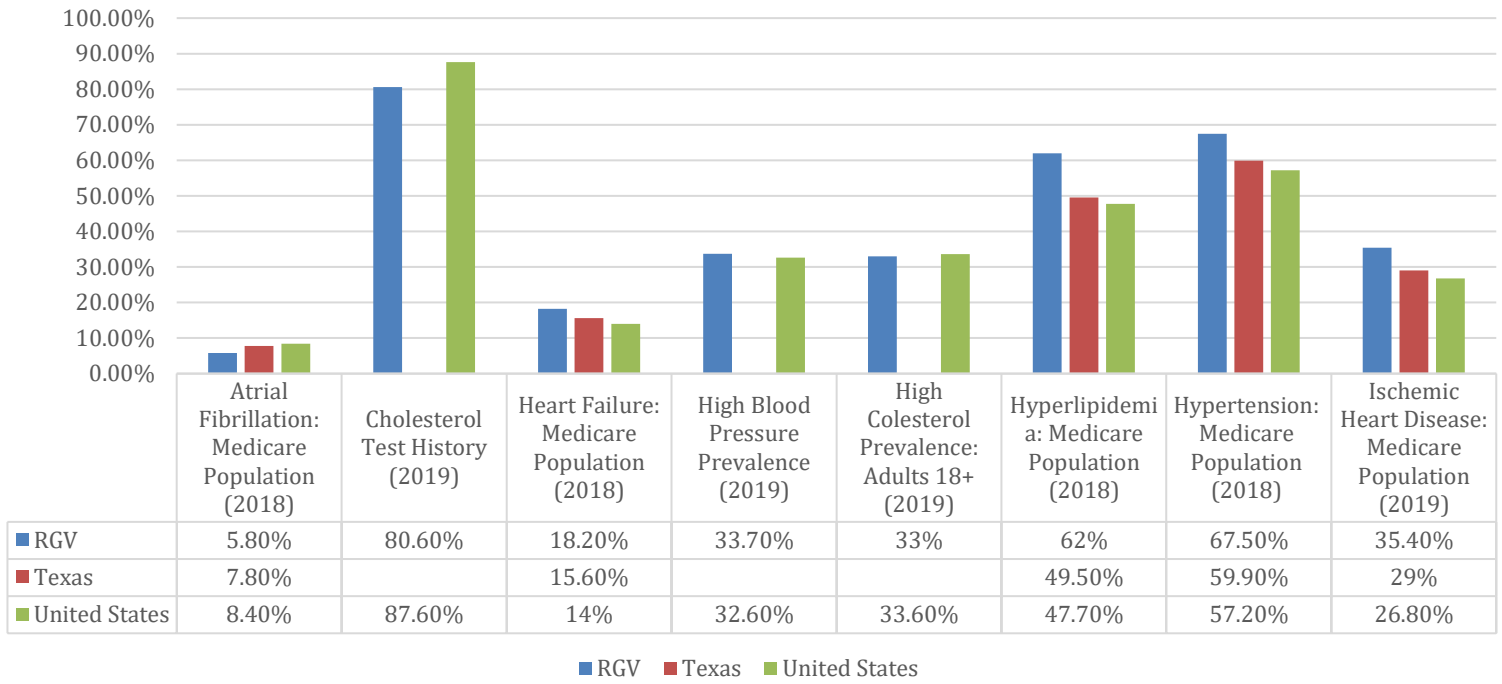


Figure 4 Source: (RGV Health Connect)

Deaths per 100,000 population in RGV: Coronary Heart Disease (2018-2020)

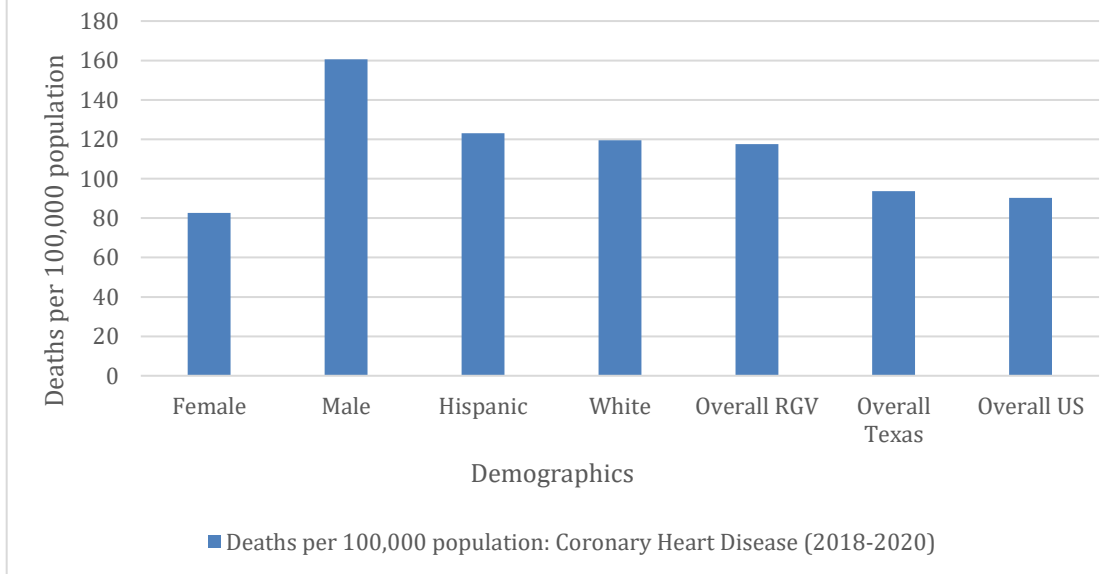


Figure 5 Source: (RGV Health Connect)

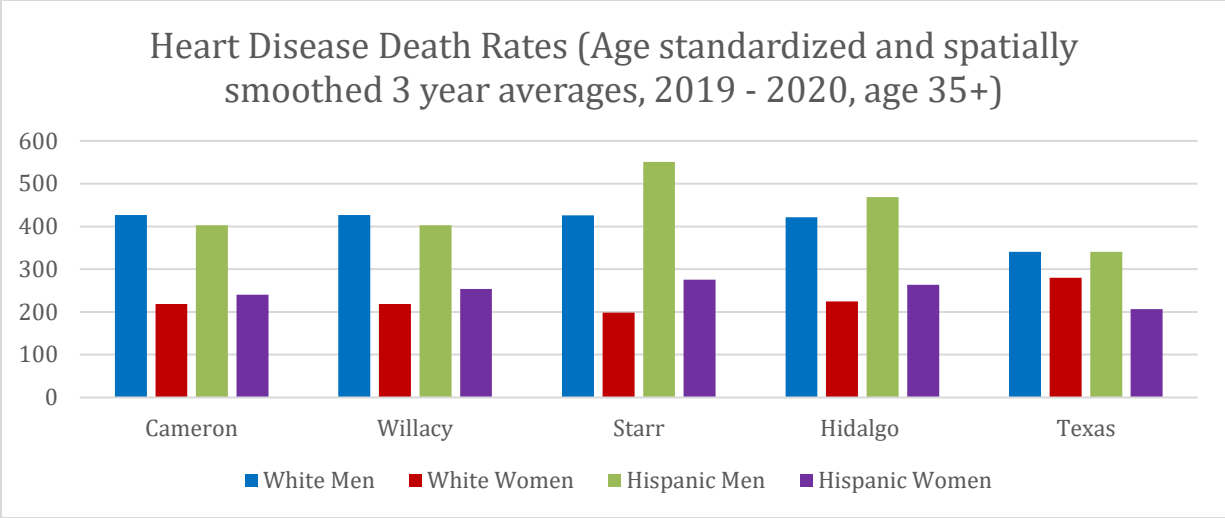


Figure 6 Source: (CDC heart disease and stroke map)

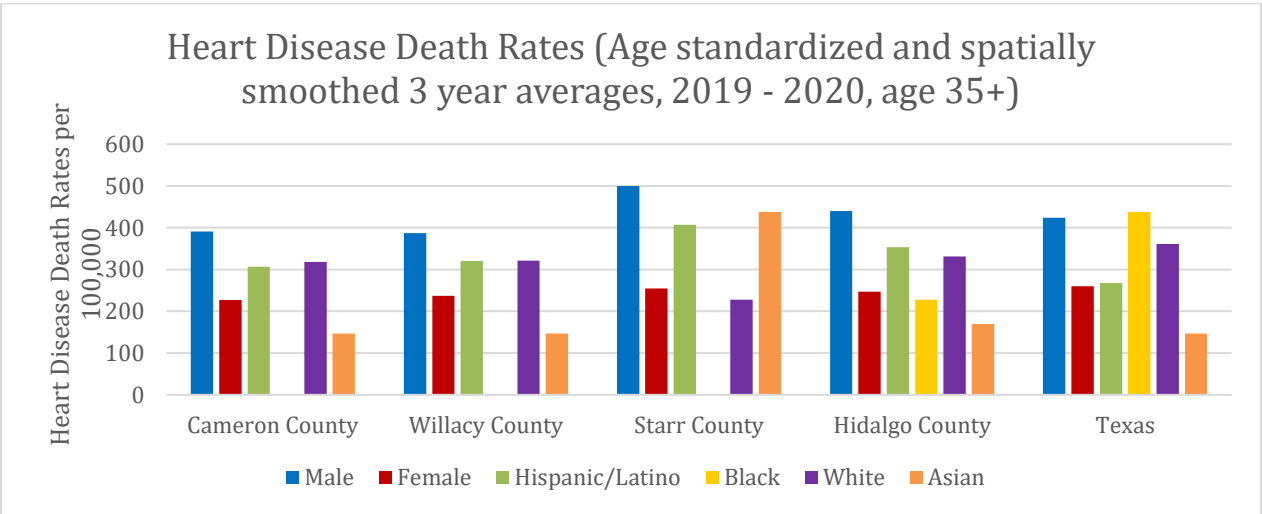


Figure 7 Source: (CDC heart disease and stroke map)

Diabetes

People living in the RGV experience higher rates of type 2 diabetes than in the United States and in Texas. In fact, all four counties in the region have had a higher percentage of adults aged 20 and above with diagnosed diabetes than the average Texas rate and are currently on an upward trend. From 2018-2020, the RGV community has seen higher rates of death due to diabetes compared to both the United States and Texas. Data has also indicated lower rates of high blood sugar or diabetes tests throughout the RGV than that of Texas, illustrating a gap in care.

The diabetes prevalence within the Medicare community is almost two times as high in the RGV as it is in the state of Texas and the United States, illustrating a health disparity within this particular group.

A multitude of factors have been found to contribute to a disparity in diabetes including lack of knowledge about prevention, inadequate access to medical care, barriers in accessing healthy foods, and low health literacy on the disease itself (Millard et al., 2017).

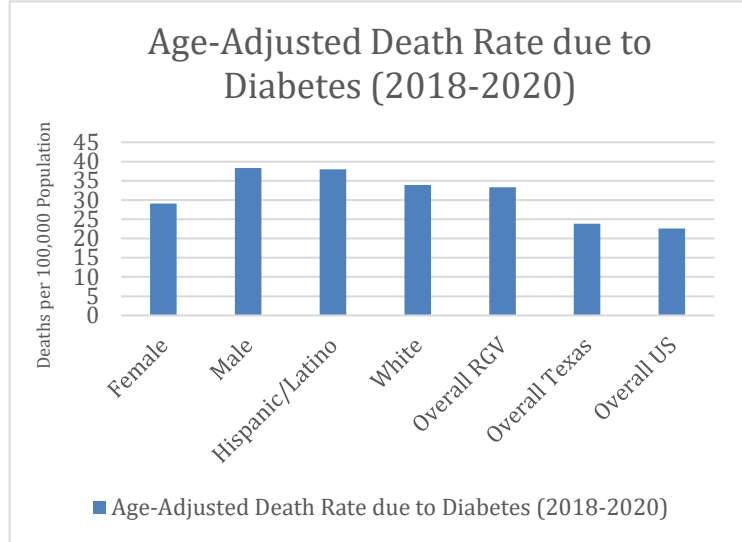


Figure 8 Source: (RGV Health Connect)

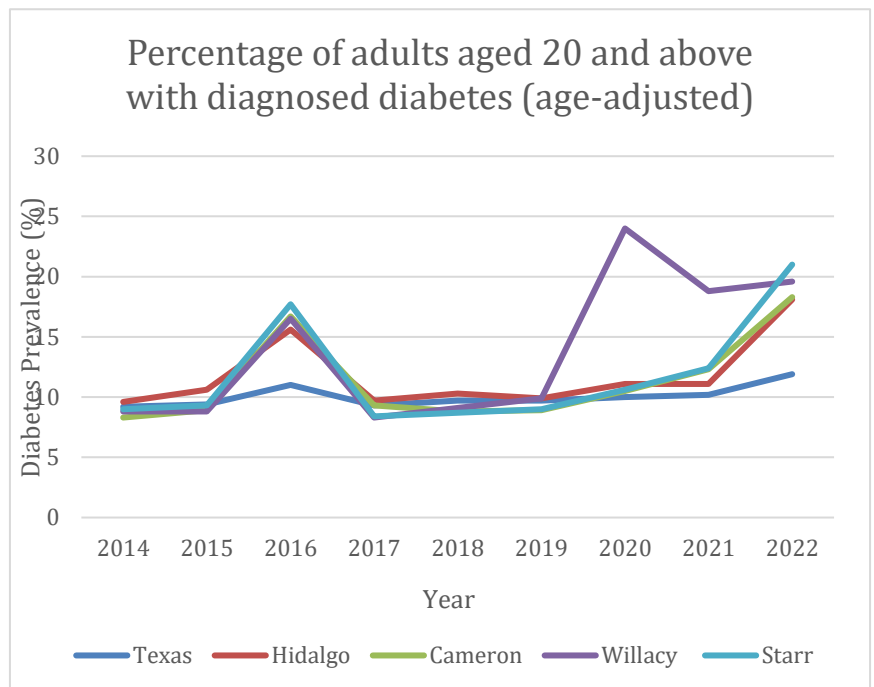


Figure 9 Source: (RGV Health Connect)

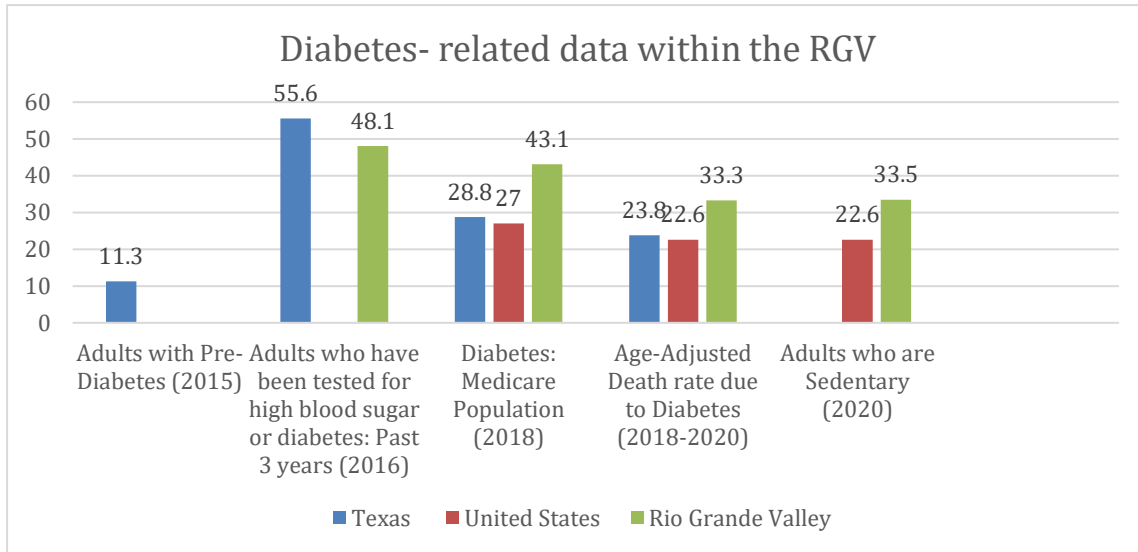


Figure 10 Source: (Data USA)

Obesity

There is a high prevalence of obesity throughout the RGV region. In 2022 all four counties had obesity rates near or above 45% within the adult population according to *County Health Rankings & Roadmaps*, while the overall Texas obesity rate lies at approximately 32 percent. Additionally, all four counties are exhibiting an upward trend in obesity rates since 2021.

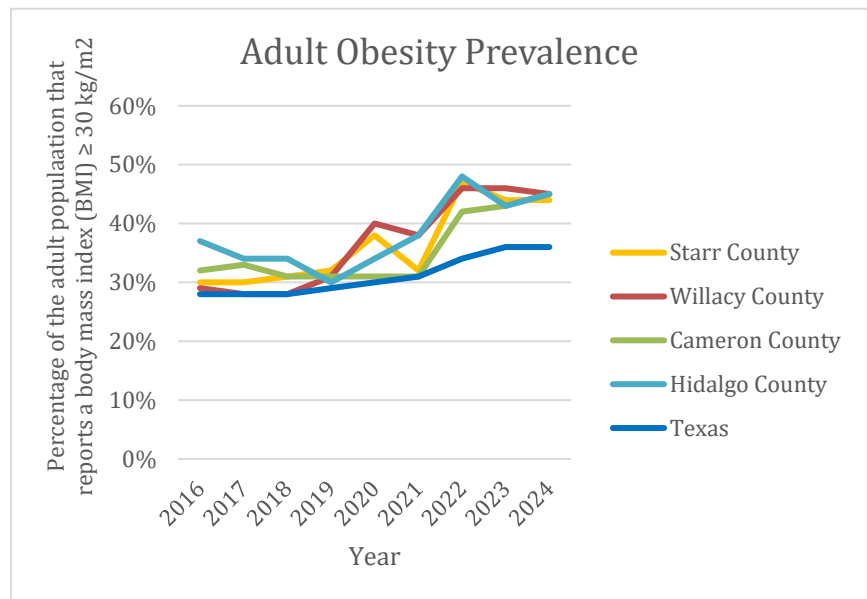


Figure 11 Source: (Data USA)

According to the CDC, obesity prevalence in the United States between 2017 and 2020 was 41.0%, illustrating a health disparity between the RGV community and the rest of the United States and state of Texas.

Behavioral Health

Behavioral and mental health is often an overlooked health indicator. However, research has indicated that poor mental and behavioral health has greater potential to lead to worse health outcomes and higher rates of readmission (Ghani et al., 2021). In fact, individuals discharged from inpatient psychiatry units have the highest rates of readmissions often due to unmet need for mental health care compounded by limited human resources (Eboreime, et al., 2022).

Residents within the RGV display an overall lower rate of suicide than the national and state averages. However, it is important to note that males have almost five times higher rates of death from suicide than females within the RGV region, illustrating a disparity within the community.

Overall, the four counties within the RGV have higher rates of individuals reporting 14 or more days of poor mental health per month than that of the state of Texas, indicating the RGV community experiencing greater mental health.

Negative health behaviors such as smoking leads to the increased risk of developing chronic issues such as cancers and heart disease (Wang et al., 2019). All four counties in the RGV have a higher rate of smokers than that of Texas. However, only Hidalgo and Starr counties are showing an upward trend. It should be noted that this data does not take into account vaping and may be showing lower prevalence rates.

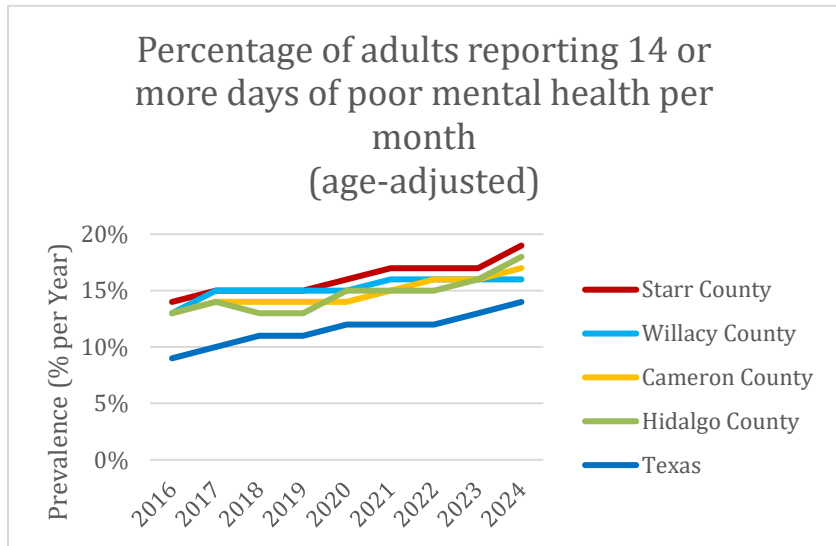
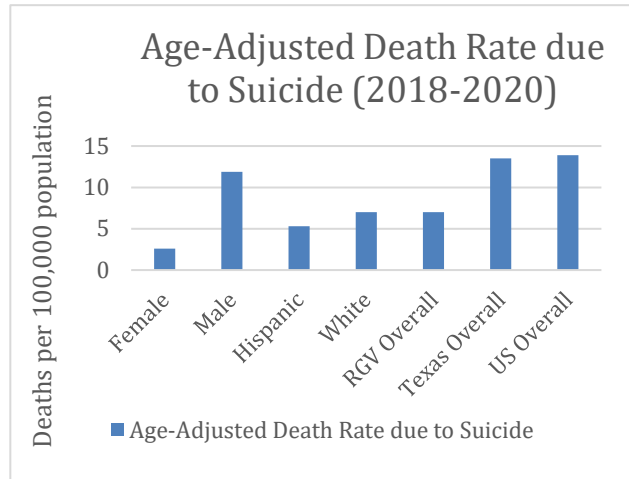


Figure 13 Source: (Data USA)

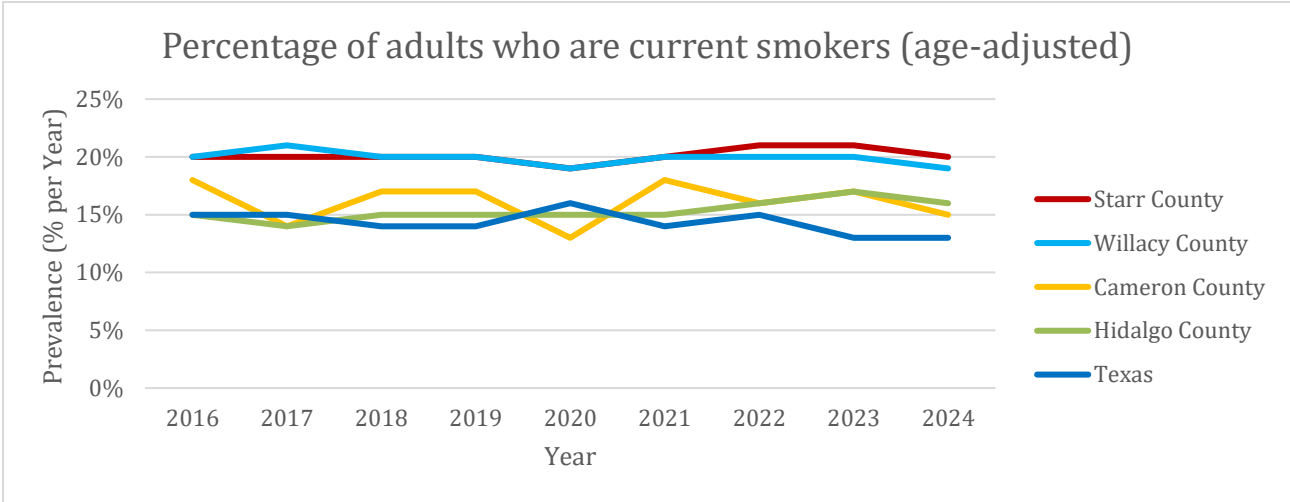


Figure 14 Source: (Data USA)

Health-Related Social Needs and Social Factors in the RGV

Food Insecurity

Food insecurity was associated with significantly more emergency department visits, hospitalizations, days hospitalized, and increased healthcare expenditures (Berkowitz, 2018). According to the US Department of Agriculture, 10.2% of households within the United States experienced food insecurity. Additionally, Texas had a rate of household level food insecurity of 13.7% between 2019-2021 (*Key Statistics & Graphics*).

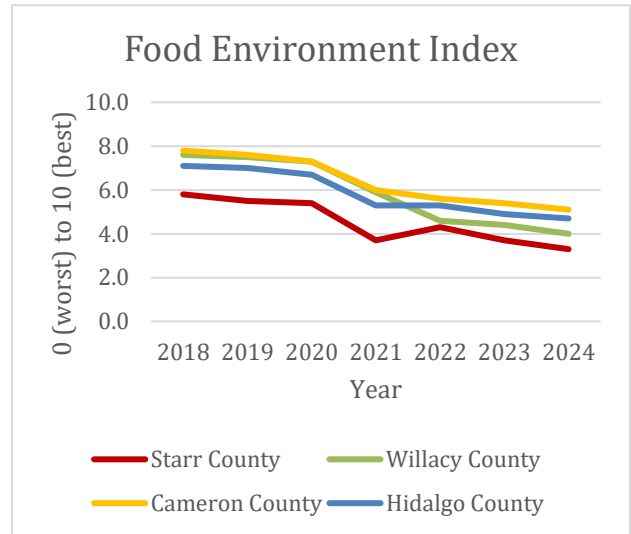


Figure 15 Source: (Compare counties 2020)

The food insecurity within the RGV sits at almost 20% with an upward trend for all four counties, indicating higher levels than the United States and Texas. The RGV also has had a decline in the Food Environment Index score from 2018 to 2023. The Food Environment Index score is a score from 0 (worst) to 10 (best) and measures the food environment based on: access to health foods, distance an individual lives from a grocery store or supermarket, locations for health food purchases, and inability to access health food because of cost barriers (*Food environment index*). Evidence suggests that food deserts contribute to higher prevalence of overweight, obesity, and premature death in communities (*Food environment index*).

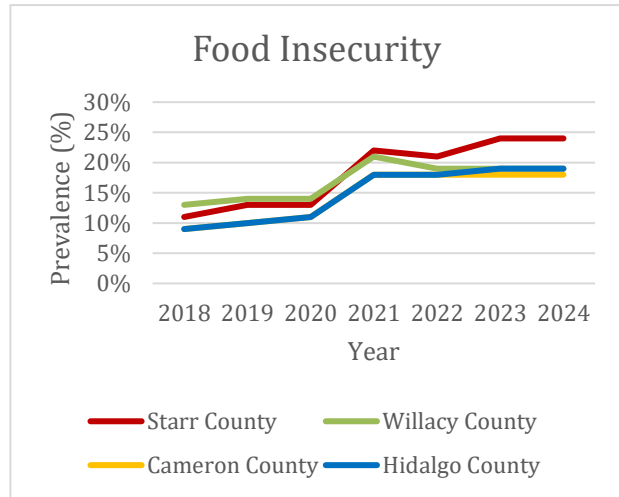


Figure 16 Source: (Compare counties 2020)

Uninsured Rate

Uninsured adults have less access to recommended care, receive poorer quality of care, and experience worse health outcomes than insured adults do (McWilliams, 2009). In early 2022, the United States uninsured rate declined to 8% for US residents of all ages with 11.8% uninsured rate for adults between 18 and 64 years old (Assistant Secretary for Public Affairs, 2022).

The rate of uninsured adults throughout the RGV is significantly higher with the lowest rates in Willacy county with 24% of adults being uninsured. The high uninsured rates indicate that greater disparities in readmissions, hospitalizations, and quality of care are occurring throughout the region.

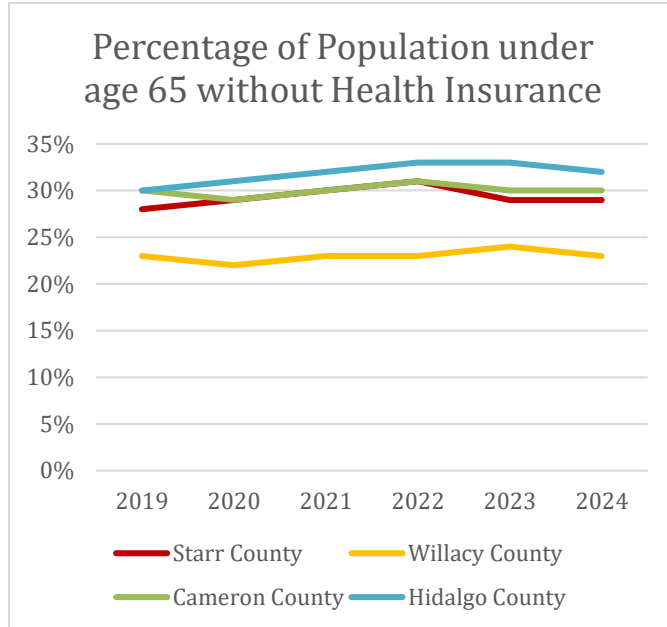


Figure 17 Source: (Compare counties 2020)

Educational Attainment

Compared to less educated peers, adults with higher levels of education live healthier and longer lives on average.

Higher education leads to better, more stable jobs that pay higher incomes that allow families to accumulate wealth that can be used to improve health (Zajacova & Lawrence, 2018). Additionally, adults with less education are more likely to smoke, have an unhealthy diet, and lack of exercise. (Zajacova & Lawrence, 2018).

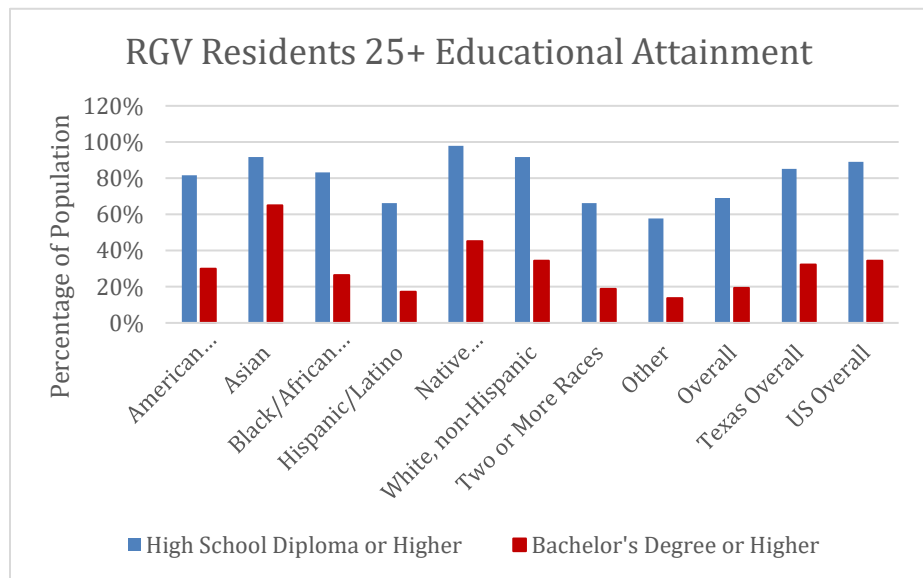


Figure 18 - Source: (Connect, RGV Health Connect)

Literacy rates impact ability to understand health-related information and receive less preventative care, have poorer control of their chronic illnesses, and are hospitalized more frequently than other patients

(Dewalt & Pignone, 2005). When looking at educational attainment in the RGV by race and ethnicity, the Hispanic/Latino population and those identifying as Two or More Races and ‘Other’ have lower attainment of high school diplomas or higher than the average rate of the RGV, Texas, and the United States. This indicates a potential health disparity regarding health literacy within the Hispanic/Latino community of the RGV region.

Primary Care to Patient Ratio

Health Professional Shortage Areas (HPSA) are used to identify areas and population groups throughout the United States that experience a shortage of health professionals. In order to have a HPSA, an area must have a provider to patient ratio of 1 to 3,500 or 1 to 3,000 if there are unusually high needs within the community (Primary Care Health Professional Shortage Areas (HPSA) 2022). The HPSA score is based on three scoring criteria to determine HPSA Shortage Area designations: Population-to-provider, Percent of population below 100% of the Federal Poverty Level, and travel time to the nearest source of care outside the HPSA designation area (Scoring shortage designations, 2022).

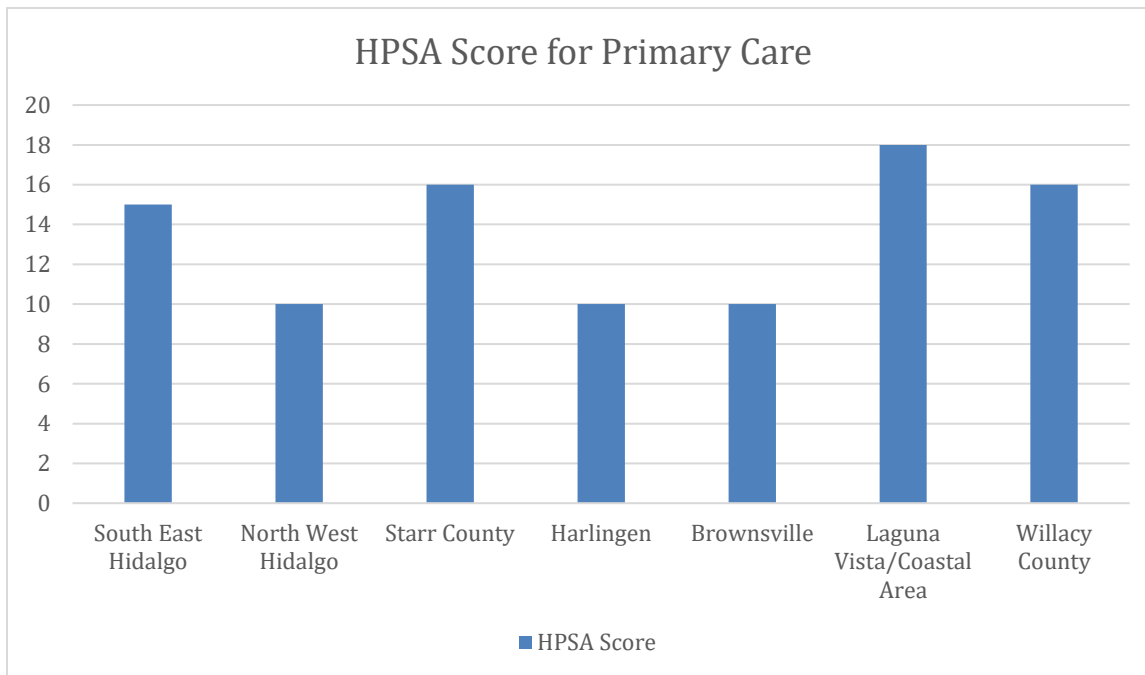


Figure 19 Source: (Health Professional Shortage Area (HPSA))

Appendix

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