COMMUNITY HEALTH NEEDS ASSESSMENT

2025

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EXECUTIVE SUMMARY

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

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

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

This CHNA, which describes both a process and a document, is intended to document Lubbock County Hospital District d/b/a University Medical Center's, UMC Children's Hospital's, and UMC Health & Wellness Hospital's (collectively referred to as "Medical Center" or "UMC") 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 2025. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

University Medical Center is an acute care hospital located in Lubbock, Texas. For the purposes of this CHNA, the Medical Center has defined its "community" as a nine-county region located in in northwest Texas accounting for 91.70% 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.

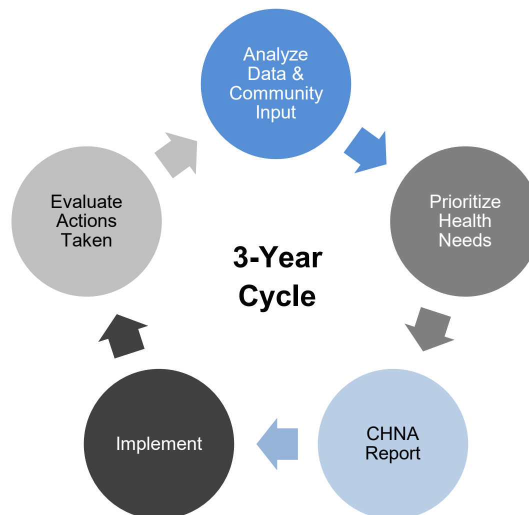
Based on the information gathered through this CHNA and the prioritization process described later in this report, the following priorities were identified. Opportunities for health improvement exist in each area. The Medical Center will work to identify areas where it can most effectively focus its resources to have significant impact and develop an Implementation Strategy for 2026-2028 for the priority areas identified below.

- Access to care
- Access to primary care physicians
- Access to care: uninsured / under-insured
- Shortage of healthcare workers
- Treatment and management of chronic diseases and conditions: (Stroke, Cancer, Diabetes, Heart Disease, Hypertension / High Blood Pressure, Lung Disease)
- Obesity
- Healthy behaviors and healthy lifestyle choices
- Poverty and lack of financial resources
- Access to care: emergency and trauma
- Access to care: urgent care services
- Access to medical specialists
- Access to mental health services
- Health education

COMMUNITY HEALTH NEEDS ASSESSMENT GOALS

EVALUATION OF PROGRESS SINCE PRIOR CHNA

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



PRIORITY AREAS FROM PRECEDING CHNA

The implementation strategy for years ending December 31, 2023 through December 31, 2025, focused on three priorities to address identified health needs. Based on the Medical Center's most recent evaluation, the Medical Center has made significant progress in meeting its goals and strategies outlined in the prior implementation strategy as reported below.

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

1. Access to care
2. Access to primary care physicians
3. Uninsured, limited insurance/access and poverty and lack of financial resources
4. Chronic health issues, obesity, and healthy behaviors and healthy lifestyle choices
5. Shortage of healthcare workers
6. Access to affordable prescription medications

HOW THE ASSESSMENT WAS CONDUCTED

University Medical Center partnered with Forvis Mazars, LLP to conduct this community health needs assessment. The CHNA was conducted during 2025.

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. This process is further described in Community Served by the Medical Center.
- Population demographics and socioeconomic characteristics of the community were gathered and assessed utilizing various third parties.
- The health status of the community was assessed by reviewing community health status indicators from multiple sources, including those with specialized knowledge of public health and members of the underserved, low-income and minority population or organizations serving their interests.
- Community input was also obtained through key informant surveys of thirty community leaders.

- Identified health needs were then prioritized considering the community's perception of the significance of each identified need as well as the ability for the Medical Center to impact overall health based on alignment with 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

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Medical Center; however, there may be a few of 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 surveys.

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

GENERAL DESCRIPTION OF UNIVERSITY MEDICAL CENTER

The Lubbock County Hospital District, d/b/a UMC Health System is located in Lubbock, Texas. UMC delivers full-spectrum healthcare services – from primary and preventive care to highly specialized programs. Key specialties include a verified Regional Burn Center (one of only four in Texas), advanced Cancer Care and Cardiac Care centers, a robust Emergency and Trauma service (Level I Adult Trauma and Level II Pediatric), Orthopaedics, Neurosurgery, Maternity and Newborn care, and more. This broad range of expertise ensures that patients receive comprehensive care close to home.

Guided by a patient-centric mission, UMC fosters a culture summed up by *"Service is our Passion"* – meaning every interaction focuses on patient well-being and high-quality service. As a public, not-for-profit hospital, UMC partners closely with Texas Tech University Health Sciences Center (TTUHSC). This long-standing affiliation as TTUHSC's primary teaching hospital enhances UMC's capabilities in medical education and research, with Texas Tech physicians, residents, and students integrated into care teams. UMC also collaborates with

UMC Physicians, a network of 30+ clinics offering primary and specialty care across the region, extending its healthcare reach in West Texas and Eastern New Mexico.

UMC has earned national and regional accolades that underscore its quality and excellence. The hospital is a Magnet designated facility – placing it among the top 7% of hospitals nationwide for nursing excellence. It has been recognized for outstanding patient experience, reflecting UMC's high patient satisfaction and care quality. U.S. News & World Report ranks UMC as the *Best Regional Hospital* in the Panhandle Plains and among the top hospitals in Texas (#14 statewide). UMC is also consistently named one of the "Best Companies to Work for in Texas," highlighting a strong workplace culture alongside its clinical excellence. These honors illustrate UMC's commitment to its mission, its patients, and its healthcare professionals, solidifying its reputation as a leading healthcare institution in the region.

DESCRIPTION OF SERVICES PROVIDED BY UNIVERSITY MEDICAL CENTER

University Medical Center (UMC) delivers an extensive array of specialized healthcare services, blending advanced treatments, wellness programs, and compassionate support for patients and families. From critical care in emergencies to innovative surgical procedures, chronic disease management, and preventive education, UMC ensures coordinated, evidence-based care for every stage of life.

Burn Care

UMC's Timothy J. Harnar Burn Center provides wound care, pain management, nutritional support, rehabilitation, and emotional healing for burn survivors. Early intervention is paired with ongoing support, including a burn-survivor group and injury-prevention outreach efforts like Safe Kids and AARP driving seminars.

Cancer Care

The Comprehensive Cancer Center offers navigation by nursing professionals, chemotherapy education, nutritional and behavioral support, and symptom management. It's equipped with cutting-edge radiation technology and accredited centers of excellence. Patients gain access to clinical trials and holistic support for their journey.

Cardiac Care

At the UMC Heart Center, a regional hub for heart health, patients receive specialized care including interventional cardiology, electrophysiology, cardiothoracic surgery, pediatric cardiology, structural heart interventions, and a multidisciplinary cardiac rehabilitation program.

Children's Care Clinics

UMC operates pediatric-friendly same-day urgent care clinics—including pediatric drive-thru and 24-hour access—and screen-based consultations to support families with flexible, child-focused options.

Children's Hospital
The UMC Children's Hospital, part of the Children's Miracle Network, serves newborns to adolescents with specialized technology and programs: developmental assessment, genetic counseling, ECMO support, a 15-bed PICU, and a 42-bed NICU.

Diabetes Prevention & Care Educational Programs
UMC promotes diabetes prevention through Prevent T2 lifestyle groups, encouraging healthier living. The Revive & Thrive program empowers those managing diabetes with education on self-care, nutrition, and behavior change.

Emergency Care & EMS
UMC provides 24/7 emergency care with real-time wait-time info, along with a pediatric emergency center. Their Level I Trauma Center supports EMS with dispatcher-led CPR, clinical performance tracking, community outreach, and fast response goals.

Gastroenterology
Fellowship-trained gastroenterologists treat conditions of the GI tract, liver, pancreas, and esophagus. Services include colonoscopy, nutritional guidance, and colon cancer screenings.

Kidney Transplant
In partnership with UT Southwestern, UMC offers comprehensive kidney transplant services including patient-focused evaluation, FAQs, support groups, and compassionate post-transplant care.

Laboratory
UMC's modern laboratory supports accurate and timely diagnostic testing across specialties, aiding informed decision-making in patient care.

Level I Trauma Center
The only Level I Trauma Center within 400 miles, UMC delivers comprehensive emergency care around the clock through a fully equipped and specialized multidisciplinary team.

Maternity & Newborn Care
The Family Birth Center offers labor & delivery suites with doula support, one-on-one nursing, childbirth and breastfeeding education, high-risk pregnancy services through Grand Expectations, and universal newborn hearing screenings.

Neurosurgery
UMC's neurosurgical program offers diagnosis, surgical intervention, and post-operative rehabilitation for neurological conditions, fully integrated with the Level I Trauma Center.

Orthopaedic Care & Sports Medicine
In partnership with Texas Tech, UMC's orthopaedics handles joint repair, trauma care, pediatric orthopaedics, geriatric fracture recovery, and sports medicine. The team focuses on injury prevention, rehabilitation, and performance enhancement.

Radiology
The radiology department offers diagnostic and interventional imaging, including CT, MRI, ultrasound, vascular procedures, pediatric imaging, and advanced breast imaging with 3D mammography and guided biopsies.

Respiratory Therapy
Therapists support acute and chronic lung conditions and collaborate in structured pulmonary rehabilitation to improve breathing and quality of life.

Senior Services
Programs aimed at older adults include fall prevention, specialized care for hip and femur fractures, and chronic disease management to support healthy aging.

Team Rehab
Multidisciplinary rehabilitation—including physical, occupational, and speech therapy—is provided for inpatient and outpatient patients with specialized services for trauma, burns, cardiac, pulmonary, and pelvic floor recovery.

UMC Aesthetic Services
Offers nonsurgical cosmetic and skin rejuvenation procedures to improve appearance and boost confidence.

UMC Health & Wellness Hospital
A combined acute care and wellness facility that offers preventive screenings, wellness programs, and holistic services focused on lifelong health.

UMC Rx Perks
A pharmacy rewards program providing medication discounts, refill reminders, and personalized support to enhance affordability and adherence.

UMC Virtual Care
Telehealth platform giving patients remote access to medical consultations, chronic disease management, and follow-up care.

Urgent Care Clinics
Offers convenient walk-in care via pediatric-friendly, drive-thru, and 24-hour urgent-care options for minor illnesses and injuries.

Weight Loss
Provides medical weight-loss services including nutritional counseling, lifestyle coaching, behavioral support, and bariatric surgery options.

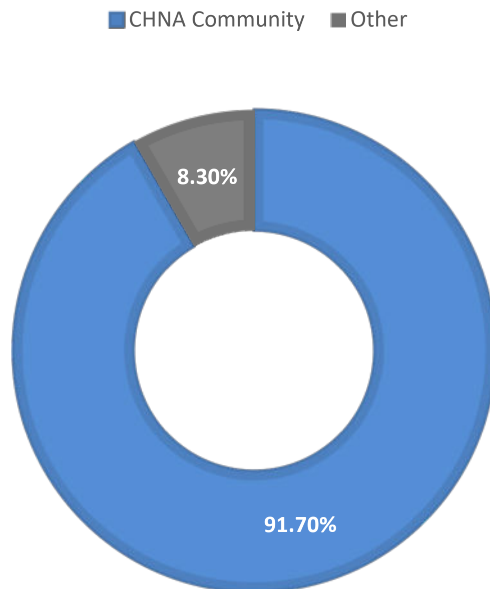
COMMUNITY SERVED BY UNIVERSITY MEDICAL CENTER

UMC Health System is located in Lubbock, TX. Lubbock, TX is approximately a 1.75 hour drive due south from Amarillo, TX.

DEFINED COMMUNITY

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community.

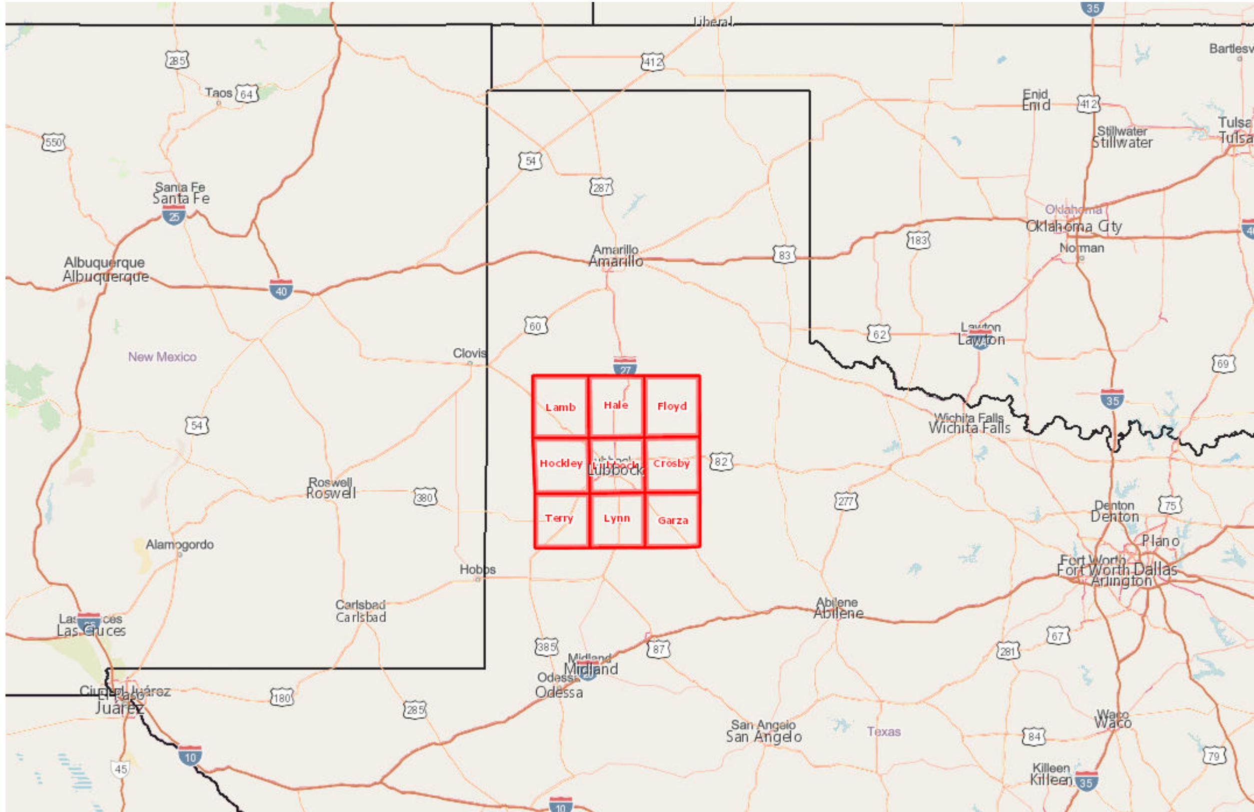
Based on the patient origin of acute care inpatient discharges and outpatient visits management has identified the CHNA community to include Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn and Terry counties for UMC Health System as these counties represent approximately 91.7% of total discharges and visits and are a contiguous area surrounding the UMC Health System.



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	CHNA Community	Crosby County	Floyd County	Garza County
Total Population	414,421	5,072	5,294	5,435
Total Male Population	207,061	2,568	2,666	3,406
Total Female Population	207,360	2,504	2,628	2,029
Percent Male	49.96%	50.63%	50.36%	62.67%
Percent Female	50.04%	49.37%	49.64%	37.33%

Gender	Hale County	Hockley County	Lamb County	Lubbock County
Total Population	32,247	21,455	12,919	314,633
Total Male Population	16,772	10,676	6,585	155,226
Total Female Population	15,475	10,779	6,334	159,407
Percent Male	52.01%	49.76%	50.97%	49.34%
Percent Female	47.99%	50.24%	49.03%	50.66%

Gender	Lynn County	Terry County	TX	US
Total Population	5,667	11,699	29,640,343	332,387,540
Total Male Population	2,946	6,216	14,789,987	164,545,087
Total Female Population	2,721	5,483	14,850,356	167,842,453
Percent Male	51.99%	53.13%	49.90%	49.50%
Percent Female	48.01%	46.87%	50.10%	50.50%

Population Age Distribution

Age Group	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
0 - 4	6.33%	5.97%	6.06%	5.02%
5 - 17	17.97%	19.66%	19.95%	13.91%
18 - 24	14.82%	9.37%	6.29%	12.11%
25 - 34	13.91%	10.25%	13.18%	15.64%
35 - 44	12.69%	14.22%	11.50%	13.67%
45 - 54	10.17%	9.05%	11.43%	13.76%
55 - 64	10.46%	12.38%	12.37%	11.08%
65+	13.65%	19.10%	19.22%	14.81%
Total	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
0 - 4	6.54%	6.93%	6.76%	6.25%
5 - 17	20.36%	19.61%	20.78%	17.34%
18 - 24	11.17%	9.62%	9.83%	16.40%
25 - 34	13.24%	12.93%	10.72%	14.33%
35 - 44	12.63%	13.10%	11.93%	12.56%
45 - 54	11.00%	10.74%	10.70%	9.95%
55 - 64	11.04%	11.85%	12.38%	10.08%
65+	14.02%	15.22%	16.90%	13.09%
Total	100.00%	100.00%	100.00%	100.00%

Age Group	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
0 - 4	6.46%	7.31%	6.51%	5.70%
5 - 17	21.16%	20.80%	18.74%	16.46%
18 - 24	6.95%	8.75%	9.66%	9.12%
25 - 34	12.74%	11.59%	14.44%	13.69%
35 - 44	14.72%	14.77%	13.97%	13.08%
45 - 54	10.04%	10.31%	12.30%	12.29%
55 - 64	12.12%	11.37%	11.21%	12.82%
65+	15.81%	15.10%	13.17%	16.84%
Total	100.00%	100.00%	100.00%	100.00%

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

Total Population by Race Alone

Race	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
White	66.09%	69.34%	69.63%	61.09%
Black	6.54%	2.60%	2.70%	10.45%
Asian	1.93%	0.99%	0.17%	0.26%
Native American / Alaska Native	0.67%	0.12%	0.13%	0.70%
Native Hawaiian / Pacific Islander	0.10%	0.18%	0.00%	0.00%
Some Other Race	7.75%	13.03%	15.22%	10.27%
Multiple Race	16.92%	13.74%	12.15%	17.23%
Total	100.00%	100.00%	100.00%	100.00%

Race	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
White	62.88%	63.14%	71.27%	66.75%
Black	4.08%	3.58%	3.04%	7.37%
Asian	0.63%	0.23%	0.94%	2.38%
Native American / Alaska Native	1.72%	0.38%	0.37%	0.60%
Native Hawaiian / Pacific Islander	0.05%	0.00%	0.28%	0.11%
Some Other Race	12.71%	7.31%	4.67%	7.24%
Multiple Race	17.93%	25.36%	19.43%	15.55%
Total	100.00%	100.00%	100.00%	100.00%

Race	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
White	64.66%	56.93%	53.93%	63.44%
Black	1.59%	4.44%	12.23%	12.36%
Asian	0.48%	0.19%	5.34%	5.82%
Native American / Alaska Native	1.13%	0.57%	0.64%	0.88%
Native Hawaiian / Pacific Islander	0.14%	0.00%	0.10%	0.19%
Some Other Race	8.28%	4.92%	8.57%	6.60%
Multiple Race	23.73%	32.95%	19.19%	10.71%
Total	100.01%	100.00%	100.00%	100.00%

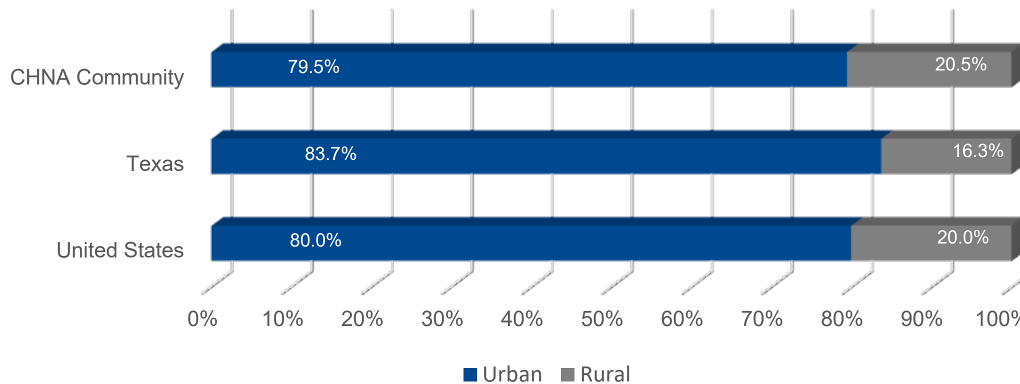
Total Population by Ethnicity Alone

Ethnicity	Percent of CHNA Community	Percent of Crosby County	Percent of Floyd County	Percent of Garza County
Hispanic or Latino	40.50%	55.82%	57.63%	49.99%
Non-Hispanic or Latino	59.50%	44.18%	42.37%	50.01%
Total	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Hale County	Percent of Hockley County	Percent of Lamb County	Percent of Lubbock County
Hispanic or Latino	60.77%	49.61%	57.63%	35.79%
Non-Hispanic or Latino	39.23%	50.39%	42.37%	64.21%
Total	100.00%	100.00%	100.00%	100.00%

Ethnicity	Percent of Lynn County	Percent of Terry County	Percent of TX	Percent of US
Hispanic or Latino	41.57%	56.19%	39.46%	18.99%
Non-Hispanic or Latino	58.43%	43.81%	60.54%	81.01%
Total	100.00%	100.00%	100.00%	100.00%

The graphic below shows the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This graphic could help to understand why transportation is considered a need within the community, especially within the rural and outlying populations. Per the graphic below, the population of the CHNA Community lives primarily in urban areas



SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

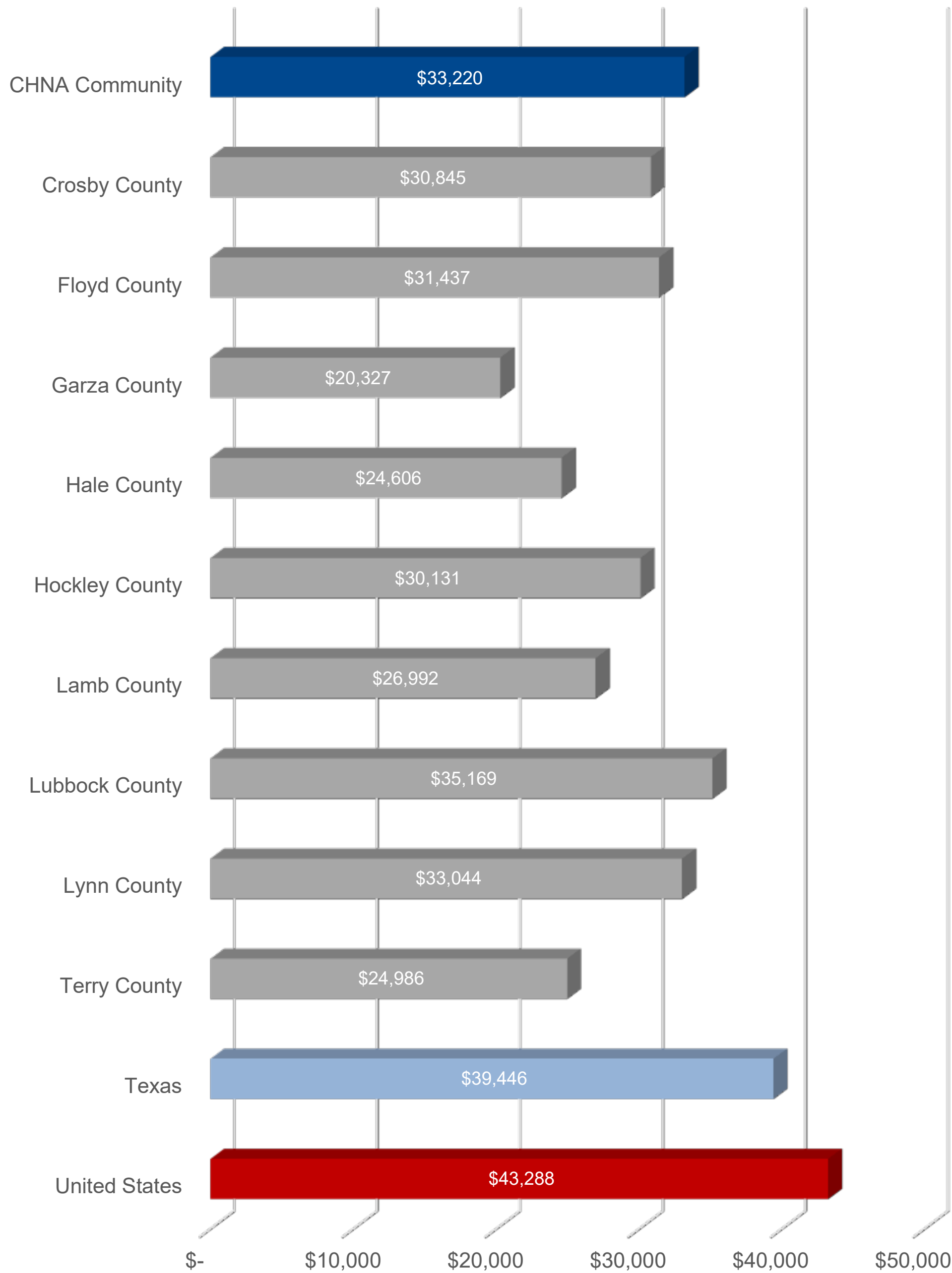
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits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

INCOME AND EMPLOYMENT

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

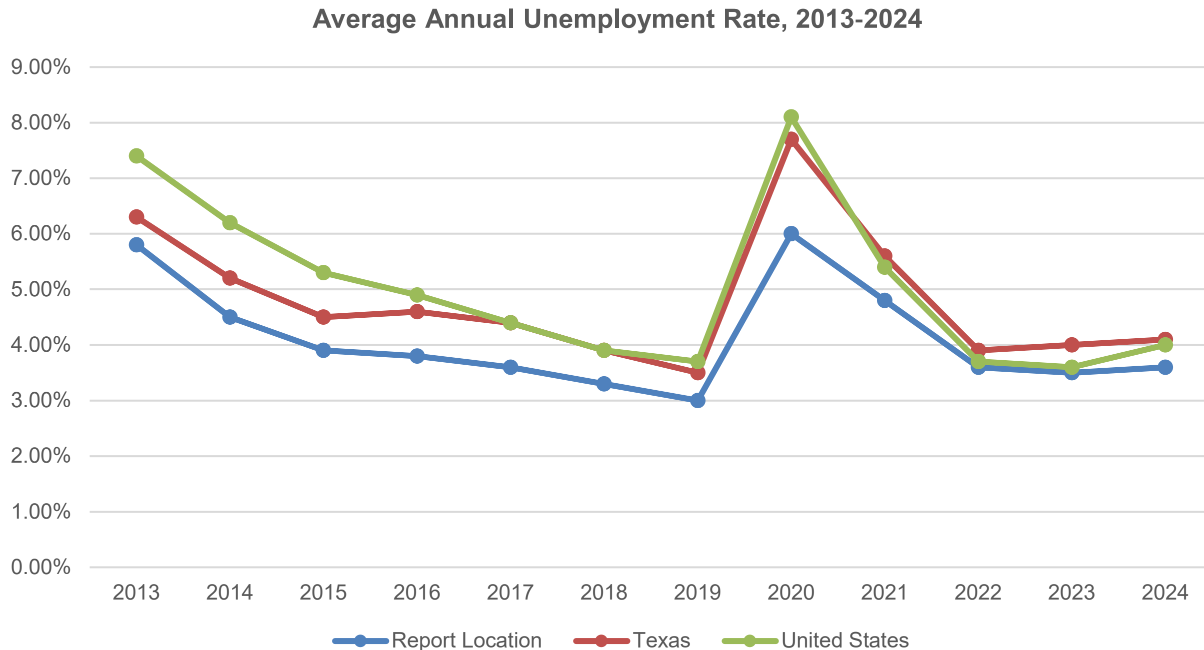
Median Household Income		
Crosby County	$	52,197
Floyd County	$	55,461
Garza County	$	50,545
Hale County	$	52,788
Hockley County	$	54,810
Lamb County	$	56,997
Lubbock County	$	63,367
Lynn County	$	57,411
Terry County	$	45,905
Texas	$	76,292
United States	$	78,538

The per capita income for the CHNA Community is $33,220. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area. The per capita income for the CHNA Community is below the per capita income for both Texas and the United States.



UNEMPLOYMENT RATE

The graph below presents the average annual unemployment rate from 2013 through 2024 for the CHNA Community, as well as the trend for Texas and the United States. On average, the unemployment rates for the community are lower than both Texas and the United States.

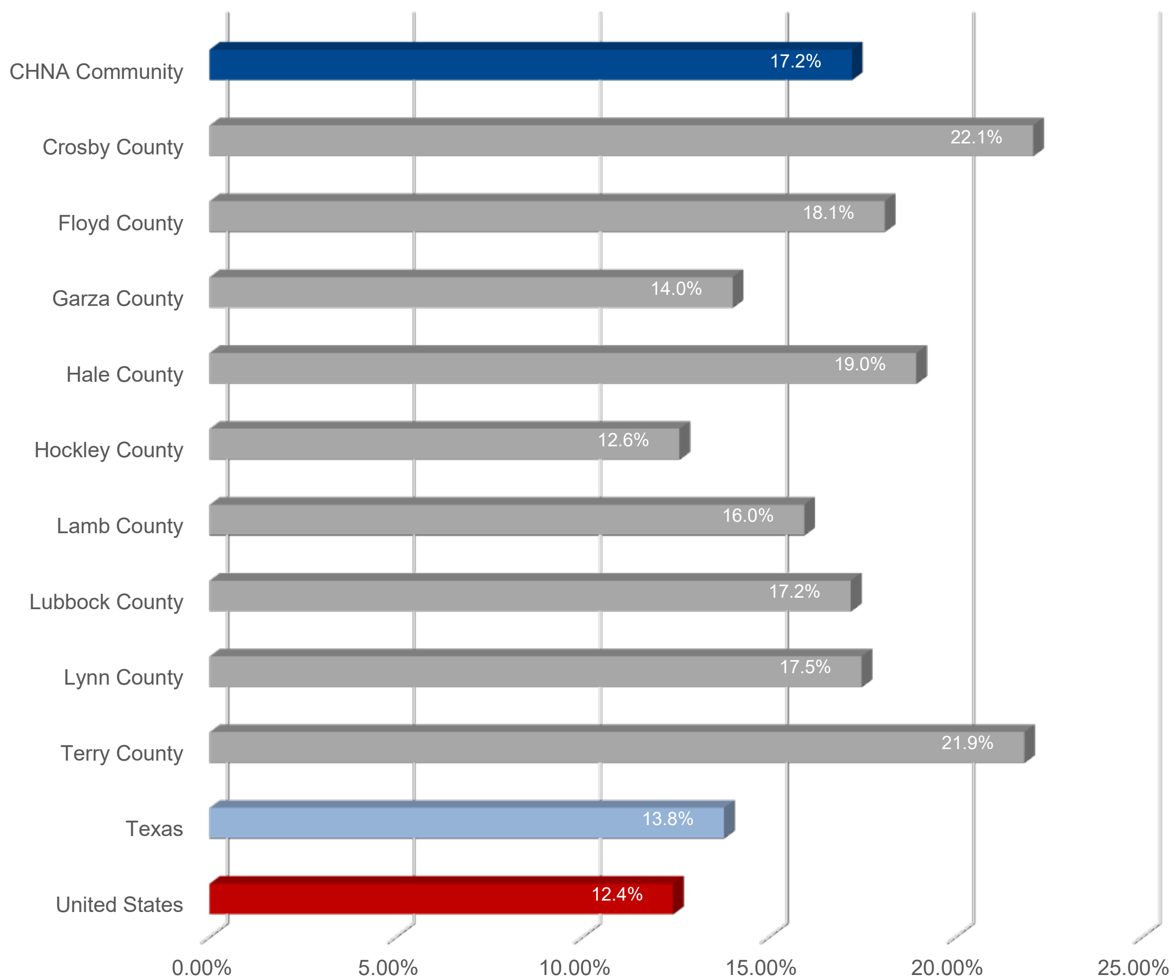


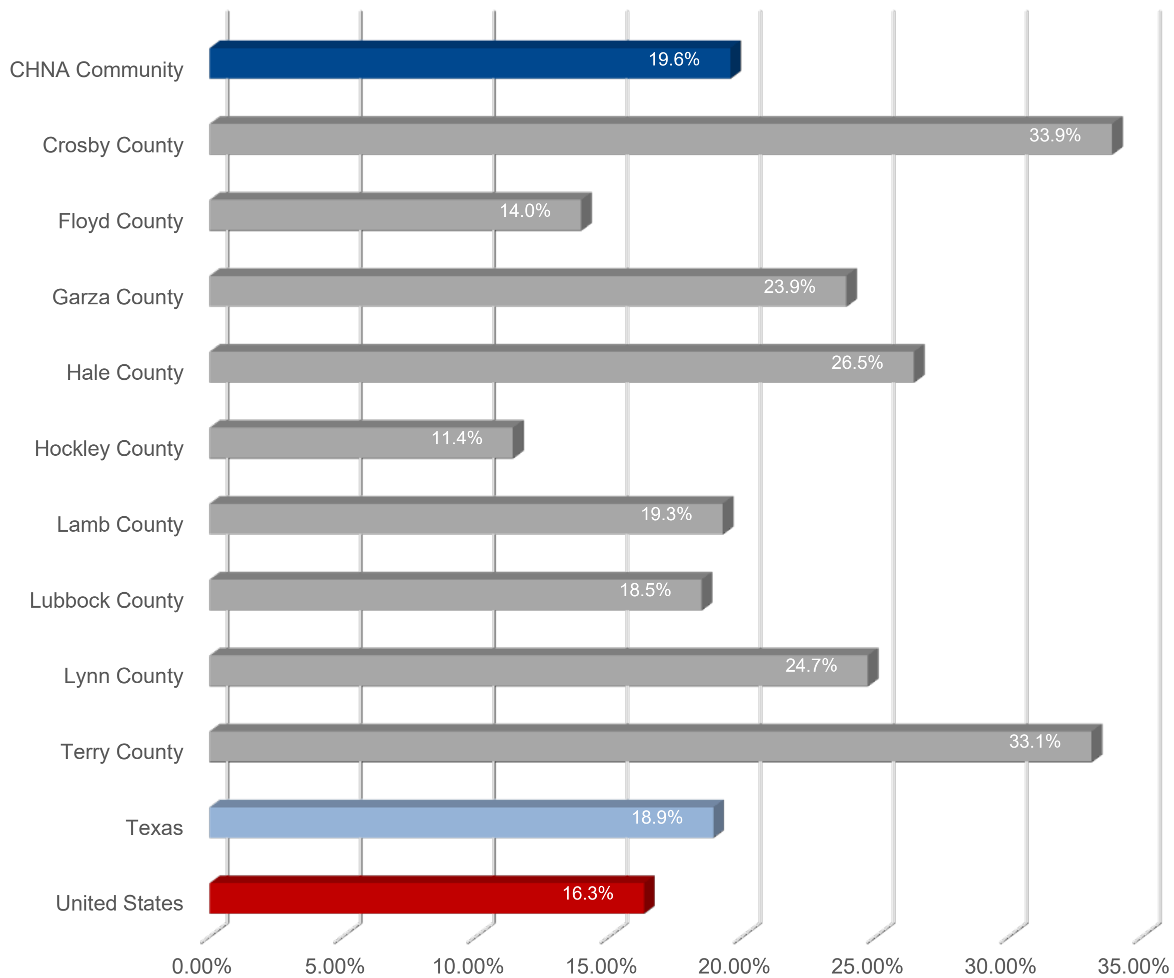
POVERTY

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 17.2% rate of individuals living below 100% of the Federal Poverty Level ("FPL") is greater than the 13.8% Texas rate and the 12.4% national rate. Counties within the CHNA Community with the highest rates of poverty are Crosby (22.1%), Terry (21.9%), and Hale (19.0%), Floyd (18.1%).

In the CHNA Community, 19.6% children aged 0-17 are living in households with income below the FPL. Like the percentages for total poverty, the CHNA Community, compares unfavorably to both Texas and United States percentages of individuals under age 18 living in households below 100% of FPL.


Percent Population Below 100% FPL
CHNA Community 17.2%
Crosby County 22.1%
Floyd County 18.1%
Garza County 14.0%
Hale County 19.0%
Hockley County 12.6%
Lamb County 16.0%
Lubbock County 17.2%
Lynn County 17.5%
Terry County 21.9%
Texas 13.8%
United States 12.4%
0.00%
5.00%
10.00%
15.00%
20.00%
25.00%



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. 63,310 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2019 - 2023 American Community Survey. The 2023 uninsured rate is estimated to be 15.6% for the CHNA Community compared to 17.4% for Texas and 8.6% for the United States. Counties within the CHNA Community with the highest percentage of uninsured are Floyd (24.2%), Lamb (25.5%), and Hale (23.5%).

EDUCATION

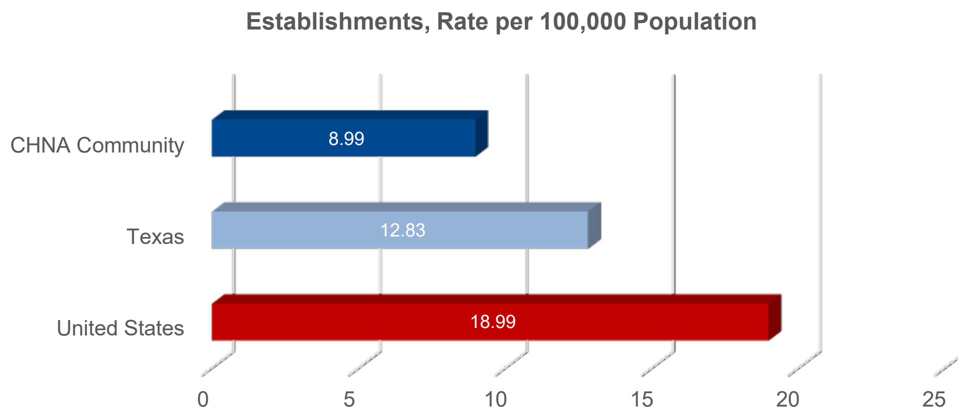
Nearly 29% of the population of the CHNA Community age twenty-five and older have obtained a bachelor's degree or higher compared to 33% in Texas and 35% in the United States. Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. The percent of residents within the CHNA Community is below the state and national percentages.

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 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.



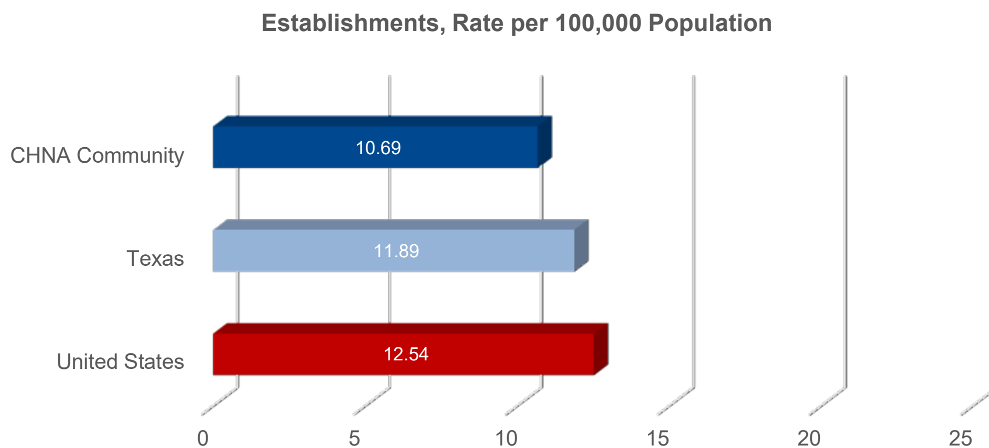
FOOD ACCESS

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than 1 mile (urban) or 10 miles (rural) from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations

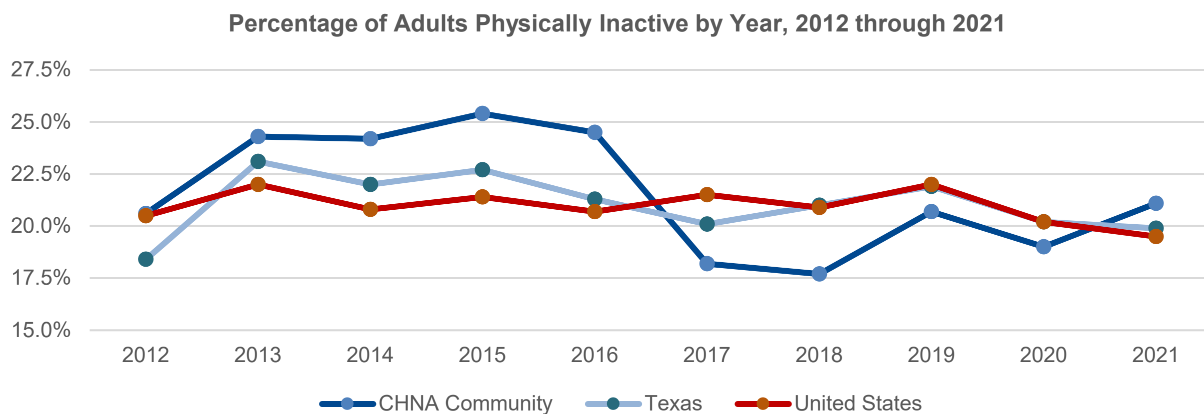
and geographies facing food insecurity. The CHNA Community has a population of 81,628 or 20.95% having low food access compared to 25.00% for Texas and 22.22% for the United States.

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 rates for Texas and the United States.



The trend graph below shows the percentage of adults who are physically inactive by year (2012 through 2021) for the CHNA Community and compared to Texas and the United States. For 2021, the rate for the CHNA Community was 21.1% compared to 19.9% for Texas and 19.5% for the United States. During the period 2012 through 2021, the CHNA Community's highest rate of inactivity was 25.4% in 2015.



TOBACCO USAGE - CURRENT SMOKERS

This indicator reports the percentage of adults age 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days.

Within the CHNA Community there are 13.3% adults age 18+ who have smoked and currently smoke of the total population age 18+ compared to 12.5% for Texas and 11.4% for the United States.

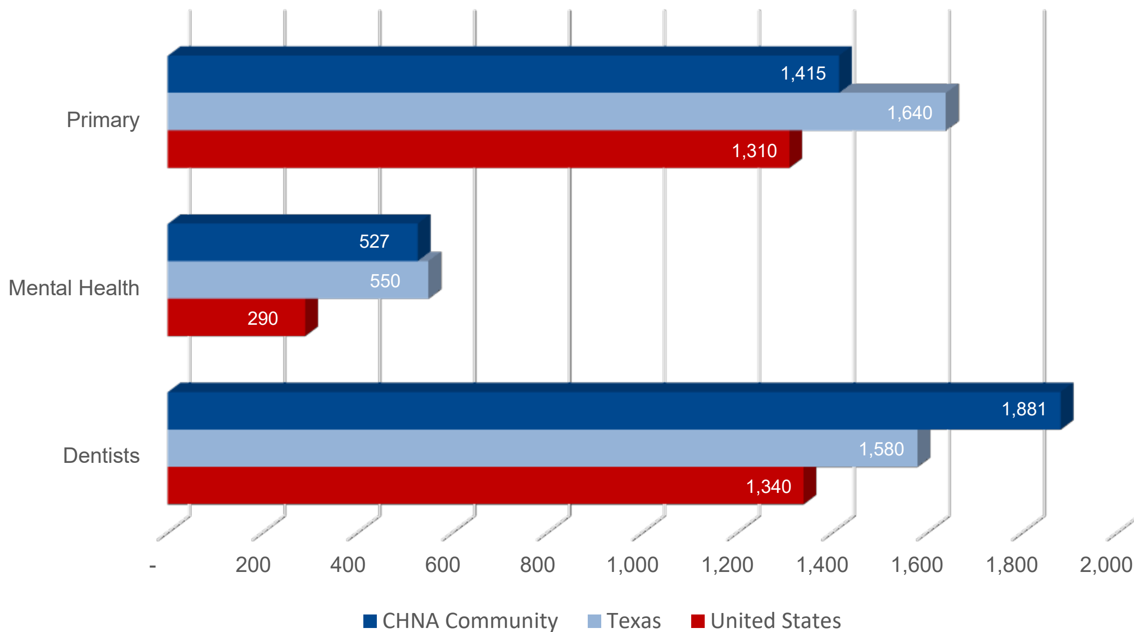
CLINICAL CARE OF THE COMMUNITY

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 primary care physician ratio for the CHNA Community compares favorably to the ratio for Texas and unfavorably to the ratio for the United States. The number of mental health providers practicing in the CHNA Community compares favorably to the ratio for Texas and unfavorably to the ratio for the United States. In addition, the number of dentists practicing in the CHNA Community compares unfavorably to the ratios for both Texas and the United States.



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.

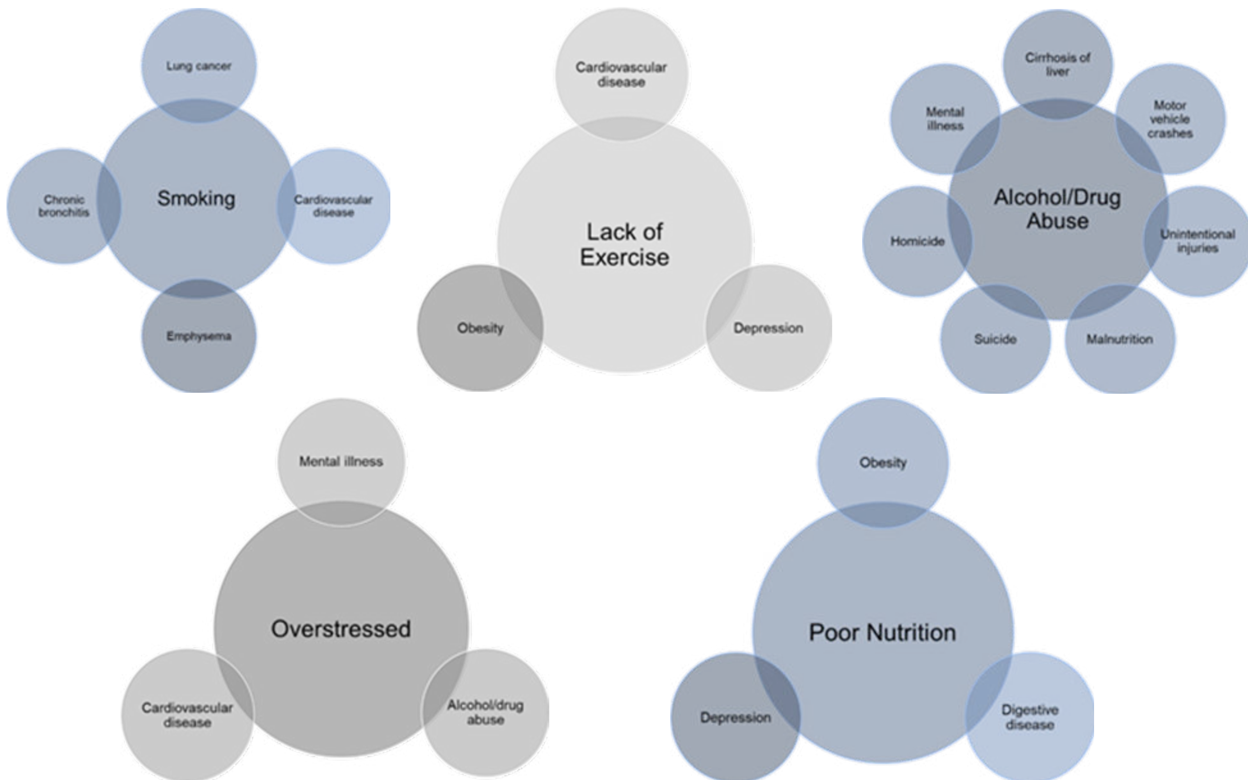
Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2020, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community 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. 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 the state of Texas and the United States.

Location	Cancer	Heart Disease	Lung Disease
CHNA Community	163.9	**220.2**	**55.4**
Crosby County	**208.9**	**322.9**	0.0
Floyd County	**236.5**	**306.7**	**77.6**
Garza County	158.1	**226.9**	**75.6**
Hale County	156.2	**261.2**	**62.4**
Hockley County	**197.4**	**244.7**	**80.0**
Lamb County	**208.0**	**239.3**	**72.0**
Lubbock County	156.9	206.1	**52.2**
Lynn County	**199.0**	**243.6**	0.0
Terry County	**192.0**	**316.6**	33.7
Texas	144.1	167.0	34.4
United States	182.7	207.2	44.9

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

Location	Stroke	Unintentional Injury	Motor Vehicle
CHNA Community	46.5	56.8	**20.2**
Crosby County	**76.0**	**110.2**	0.0
Floyd County	0.0	0.0	0.0
Garza County	0.0	0.0	0.0
Hale County	**53.1**	53.1	**20.4**
Hockley County	47.3	**70.0**	**26.4**
Lamb County	**42.0**	**65.7**	**0.0**
Lubbock County	43.8	54.7	**18.6**
Lynn County	0.0	**96.1**	0.0
Terry County	47.1	47.1	0.0
Texas	39.5	46.8	**14.1**
United States	48.3	63.3	12.8

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

Location	Poisoning (Including Drug Overdose)	Homicide	Suicide
CHNA Community	15.6	**8.7**	**18.2**
Crosby County	0.0	0.0	0.0
Floyd County	0.0	0.0	0.0
Garza County	0.0	0.0	0.0
Hale County	12.3	0.0	0.0
Hockley County	0.0	0.0	0.0
Lamb County	0.0	0.0	0.0
Lubbock County	16.0	**8.7**	**18.7**
Lynn County	0.0	0.0	0.0
Terry County	0.0	0.0	**35.4**
Texas	16.9	7.2	14.0
United States	30.6	7.1	14.5

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

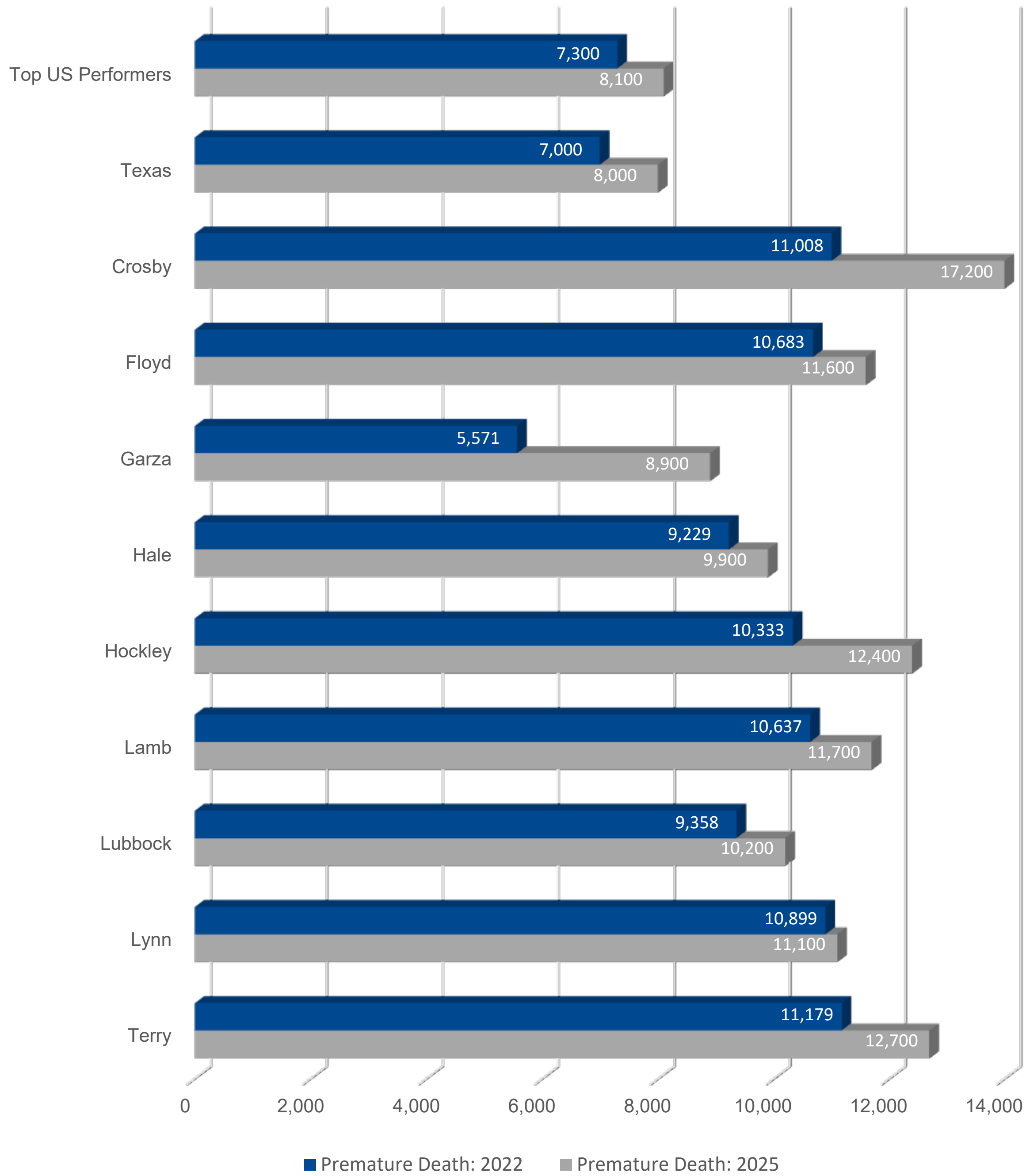
The tables above show leading causes of death within the CHNA Community as compared to the state of Texas and the United States. The crude death rate is shown per 100,000 residents. The rates in red represent the CHNA Community and corresponding leading causes of death that are higher than the national rates.

HEALTH OUTCOMES AND FACTORS

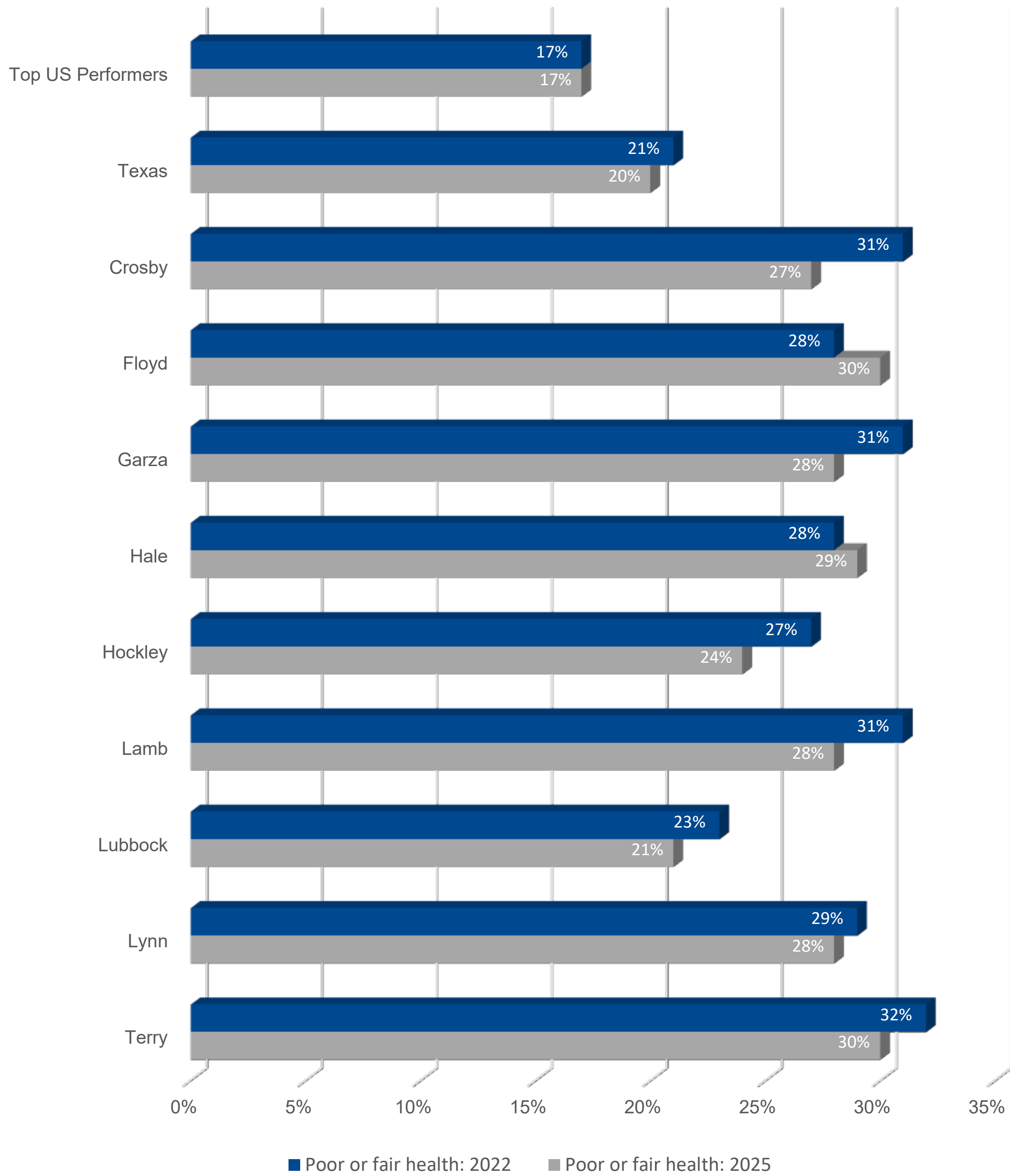
An analysis of various health outcomes and factors for a community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and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

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

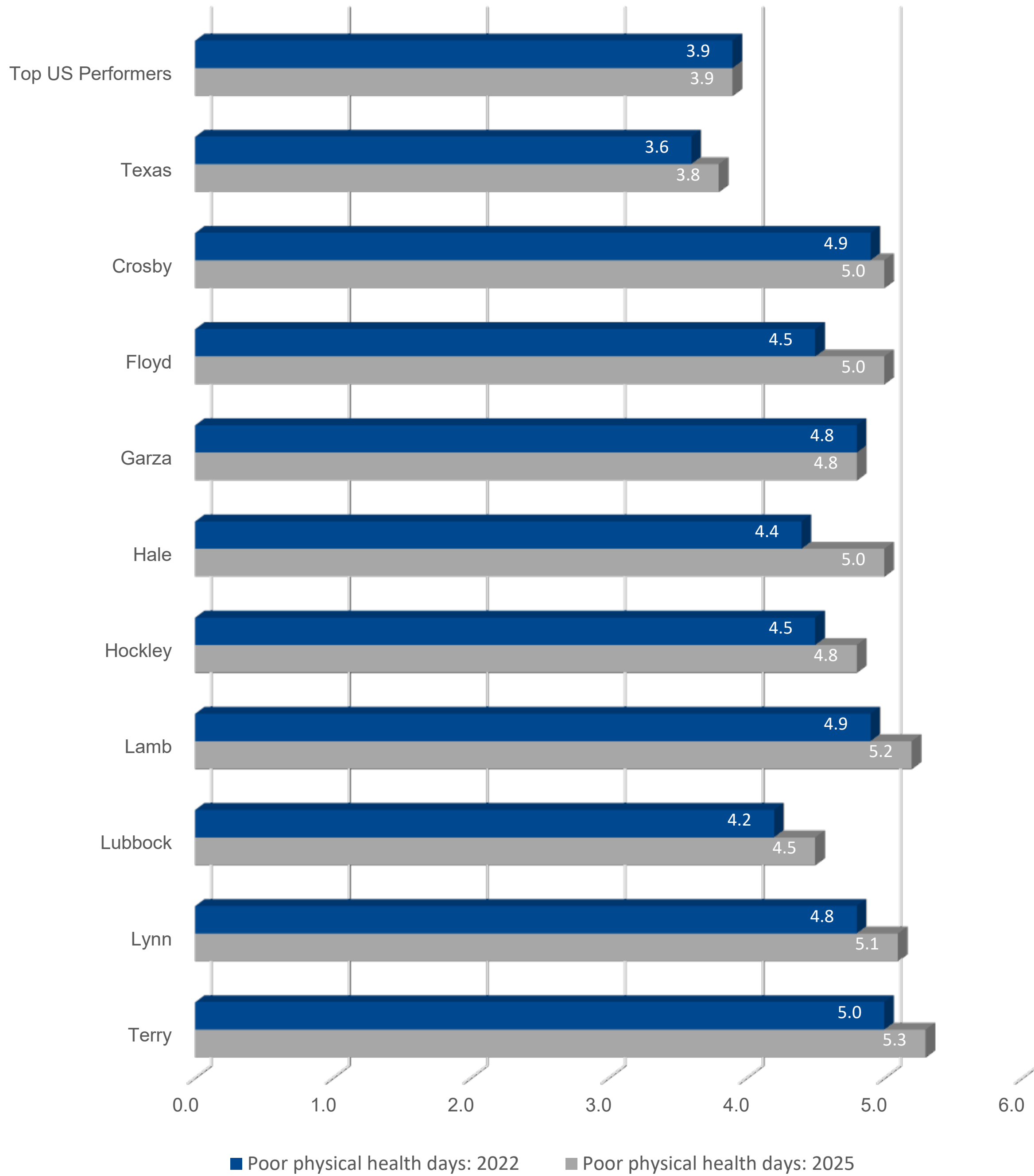
A number of different health factors shape a community's health outcomes. The County Health Rankings (www.countyhealthrankings.org) model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. The following graphs include the 2022 and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


Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Top US Performers
7,300
8,100
Texas
7,000
8,000
Crosby
11,008
17,200
Floyd
10,683
11,600
Garza
5,571
8,900
Hale
9,229
9,900
Hockley
10,333
12,400
Lamb
10,637
11,700
Lubbock
9,358
10,200
Lynn
10,899
11,100
Terry
11,179
12,700
0
2,000
4,000
6,000
8,000
10,000
12,000
14,000
Premature Death: 2022
Premature Death: 2025

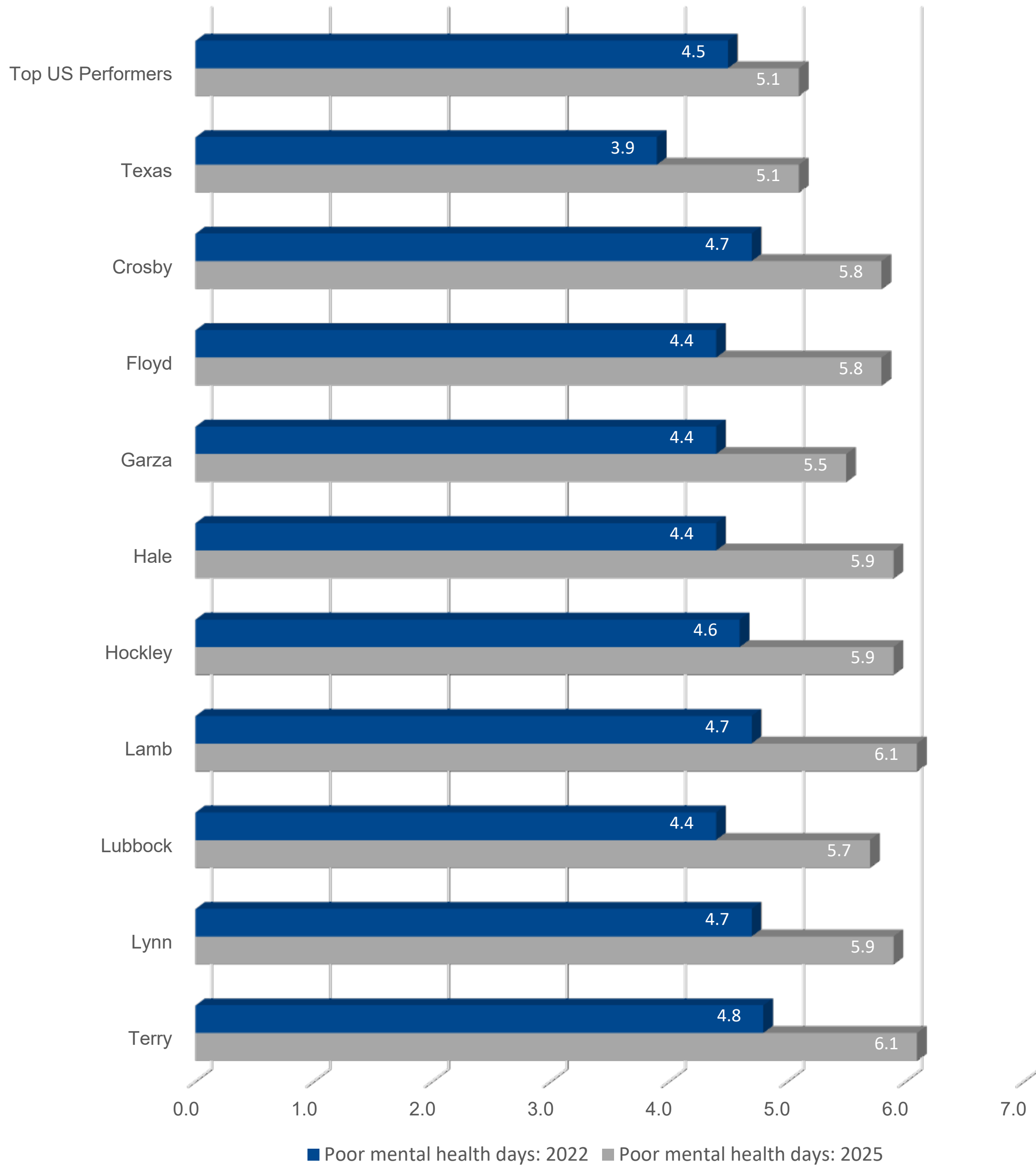
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)



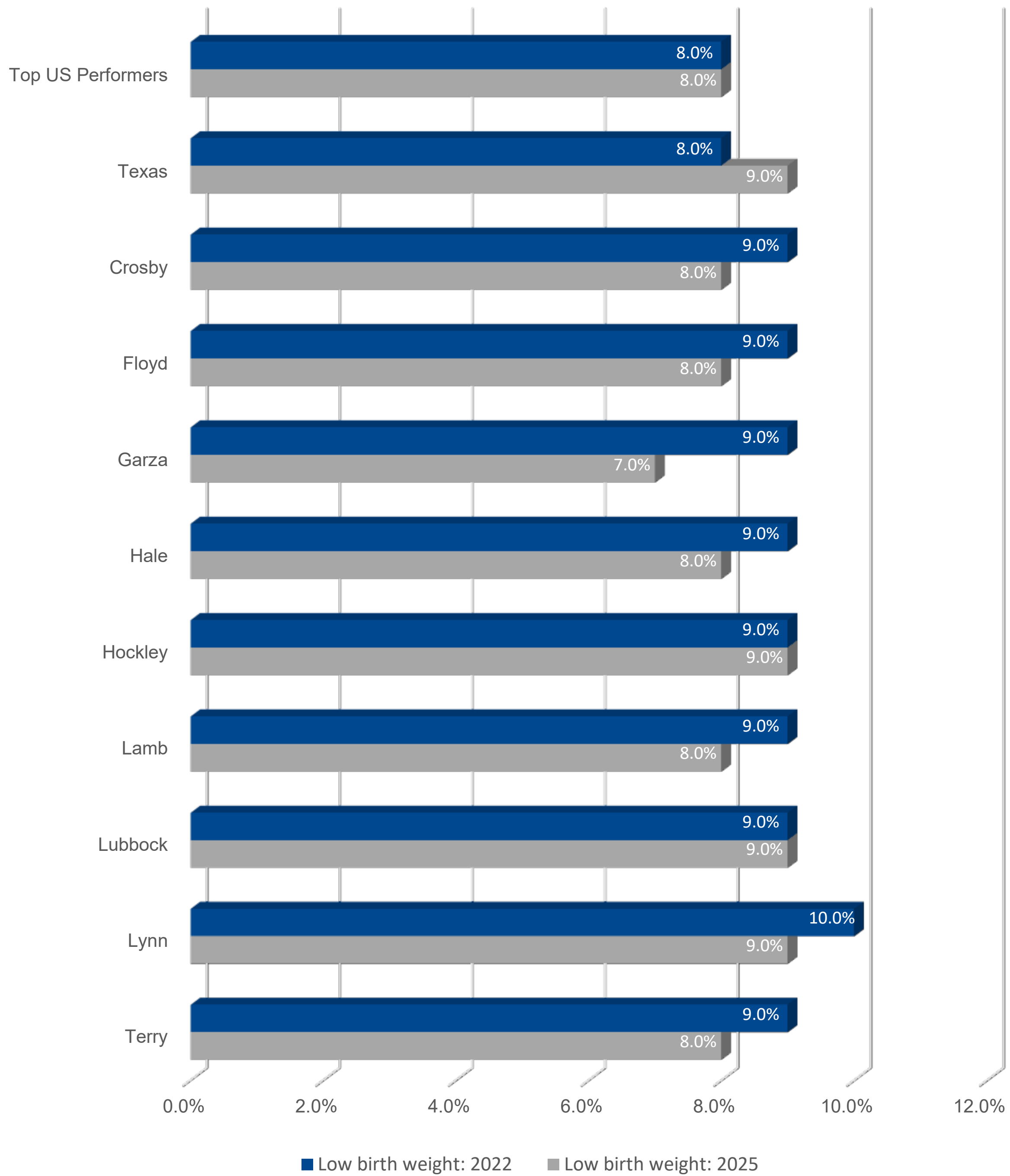
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)



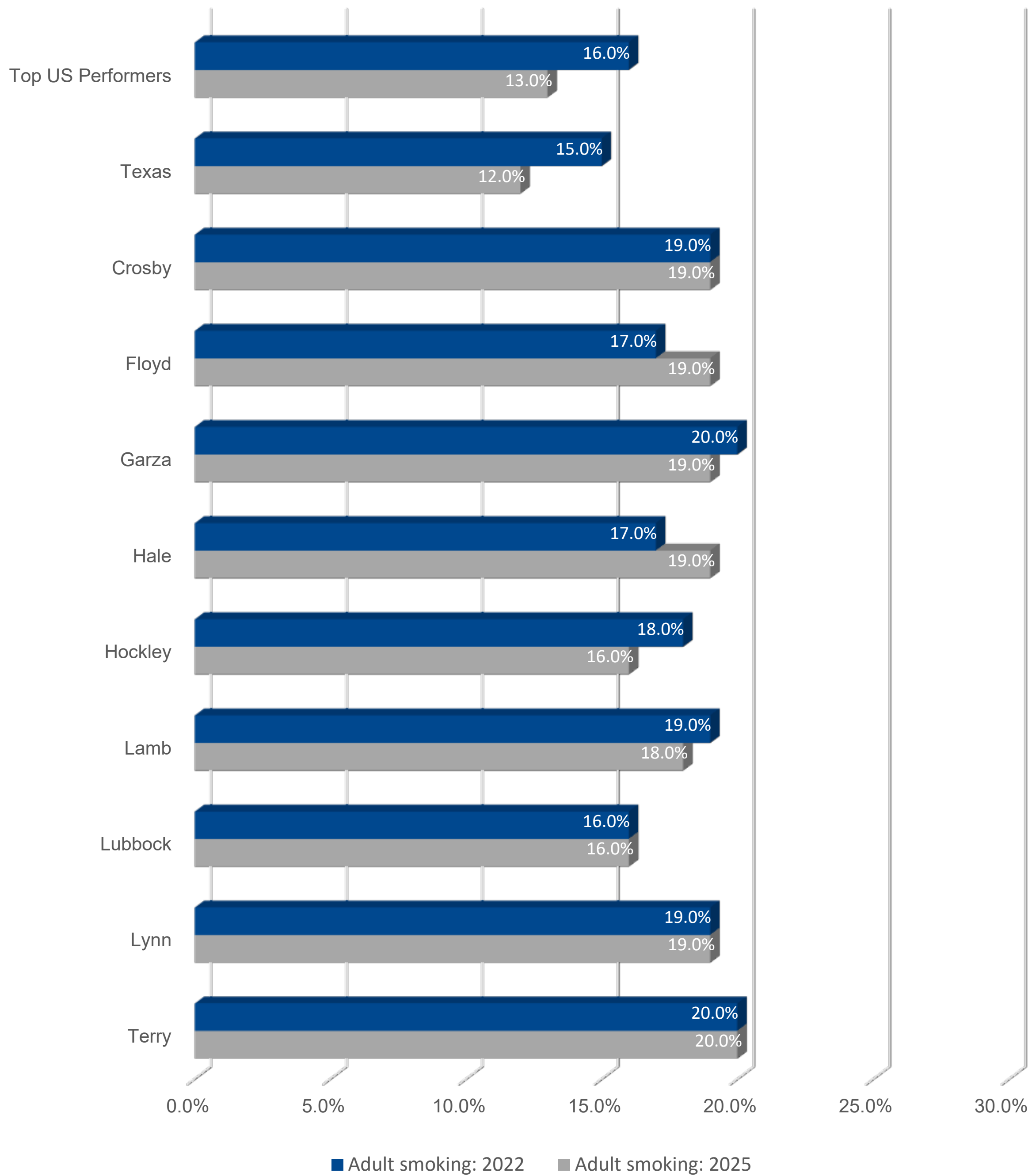
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

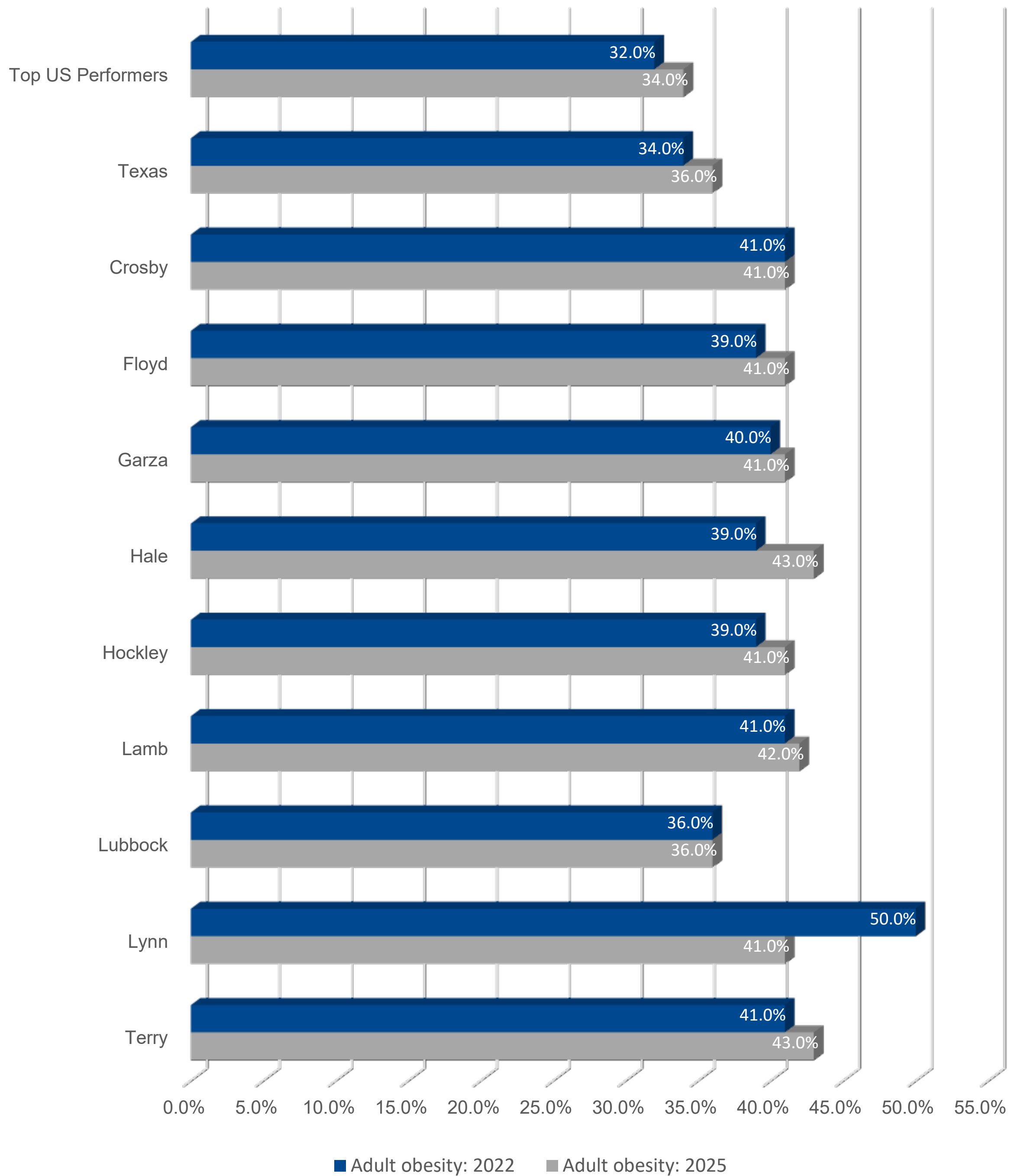


Low birth weight – Percent of live births with low birth weight (<2500 grams)

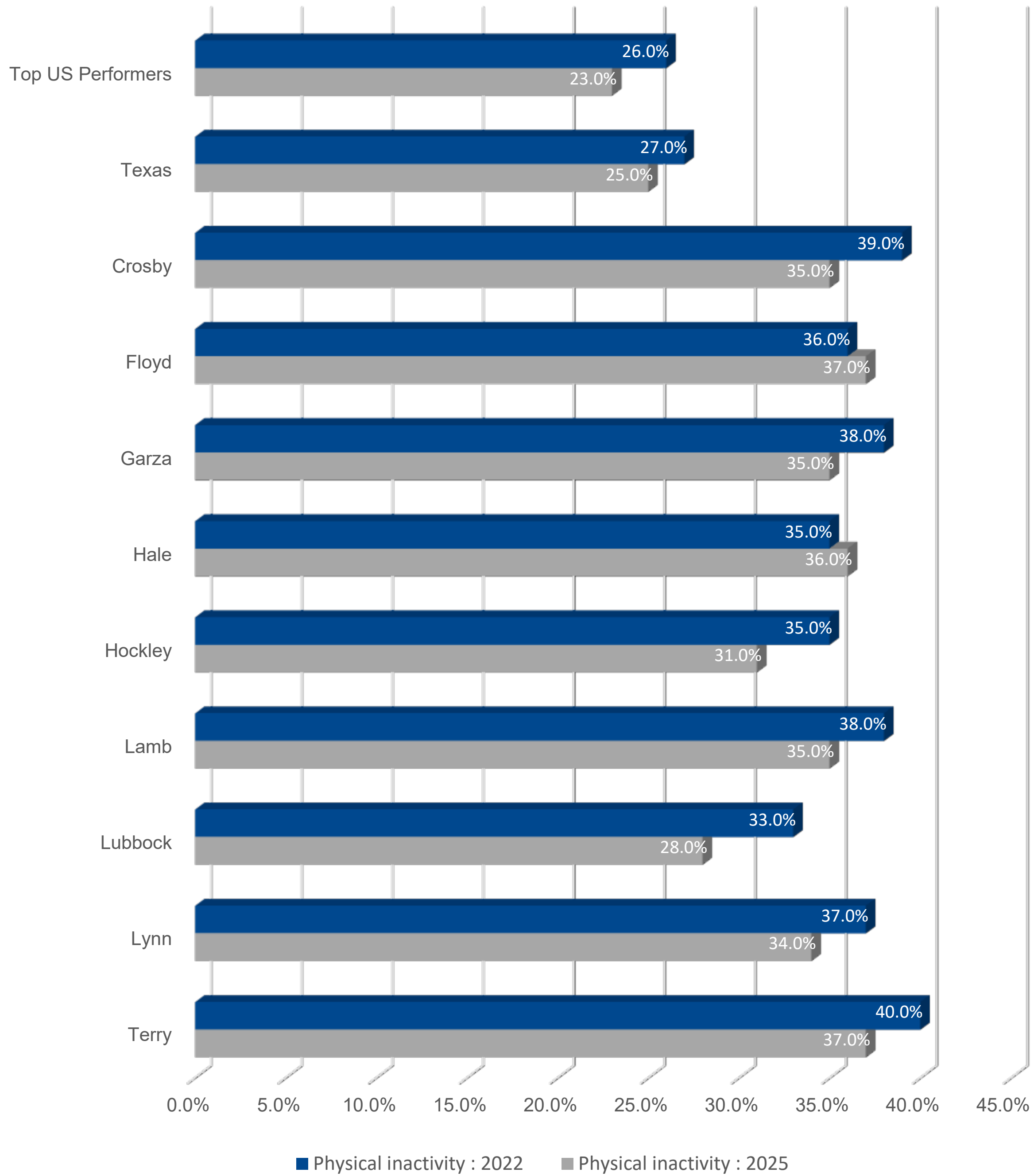


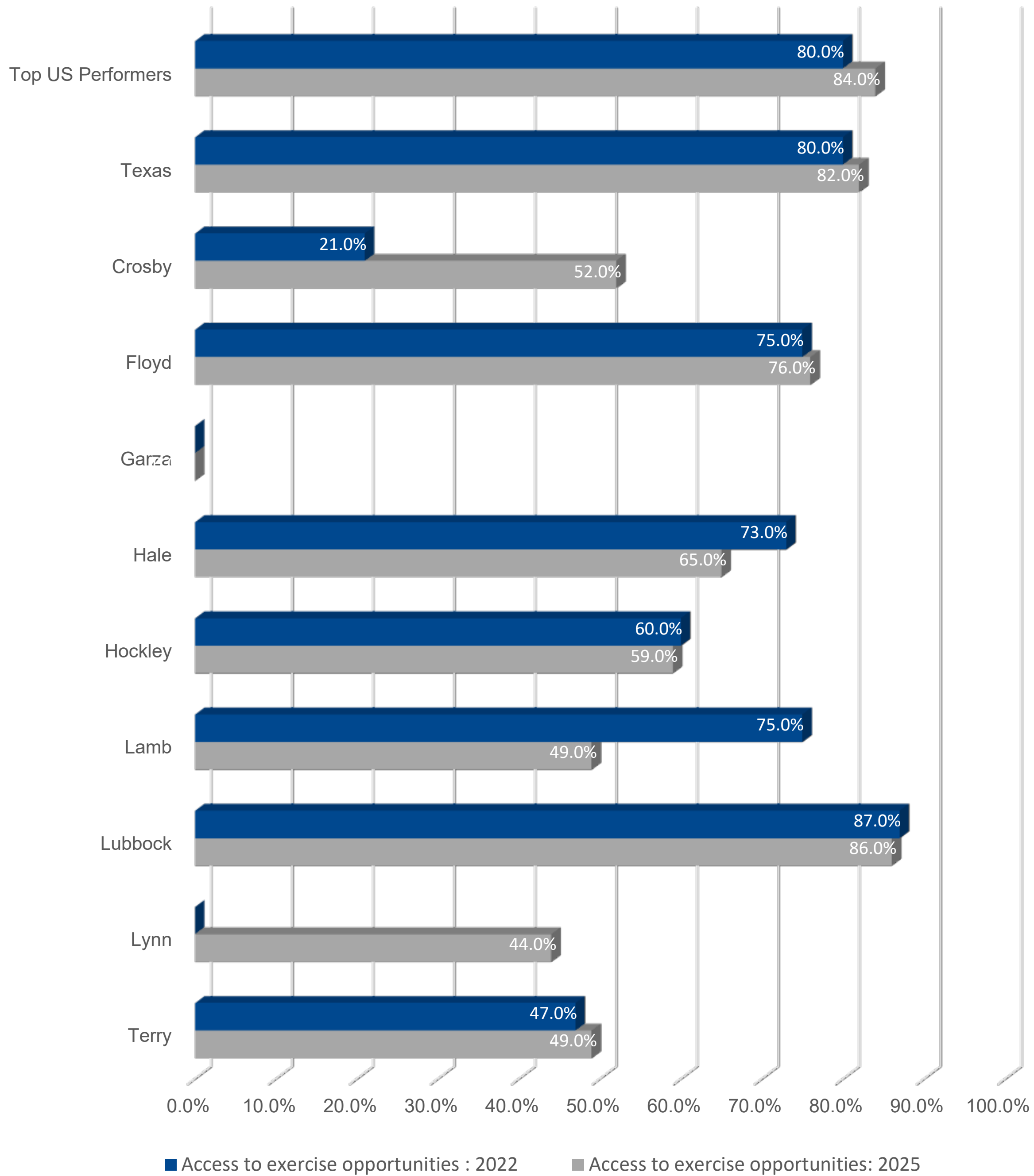
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke)

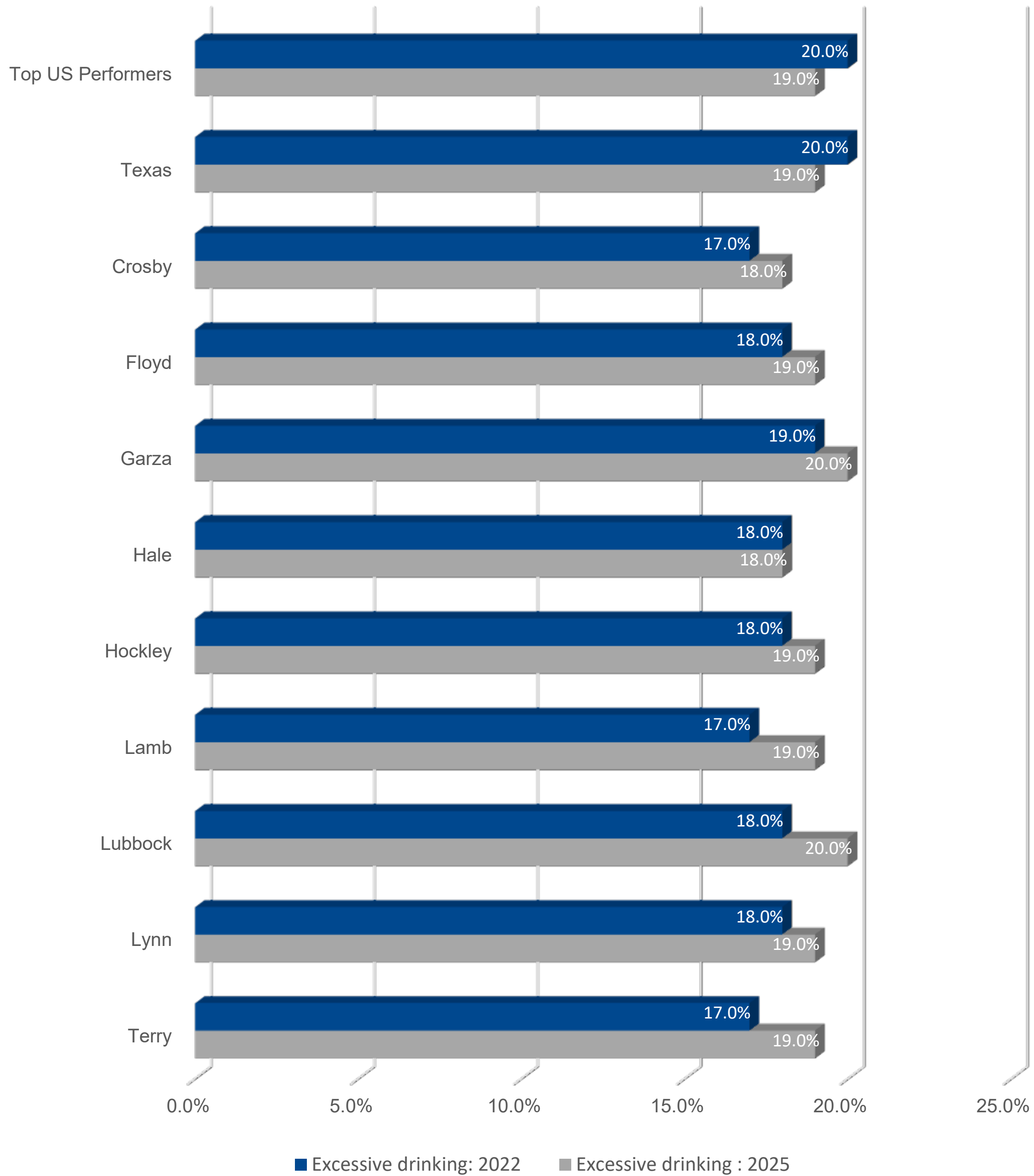



Adult obesity – Percent of adults that report a BMI >= 30
Top US Performers
32.0%
34.0%
Texas
34.0%
36.0%
Crosby
41.0%
41.0%
Floyd
39.0%
41.0%
Garza
40.0%
41.0%
Hale
39.0%
43.0%
Hockley
39.0%
41.0%
Lamb
41.0%
42.0%
Lubbock
36.0%
36.0%
Lynn
50.0%
41.0%
Terry
41.0%
43.0%
0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0% 40.0% 45.0% 50.0% 55.0%
Adult obesity: 2022
Adult obesity: 2025

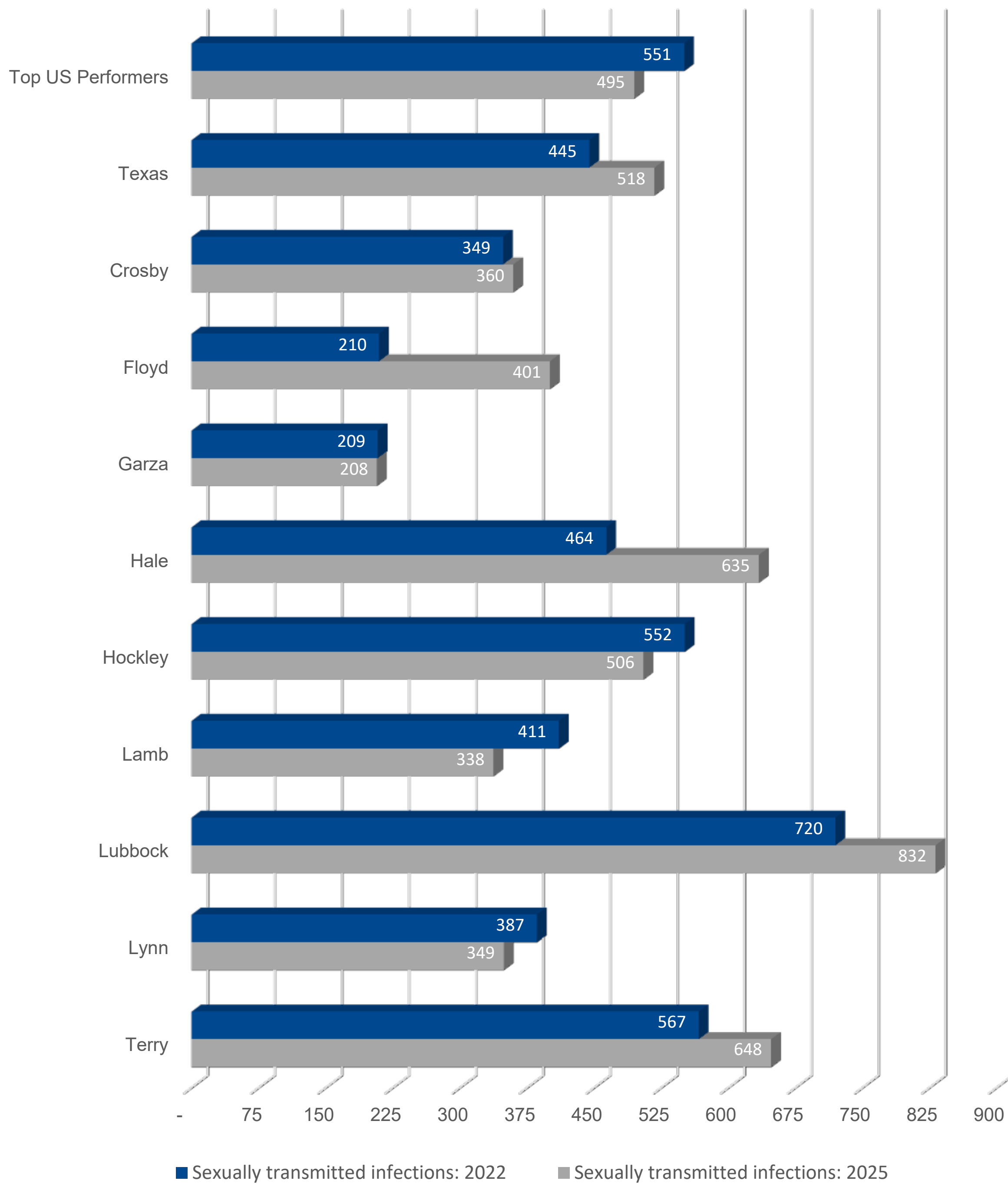
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity

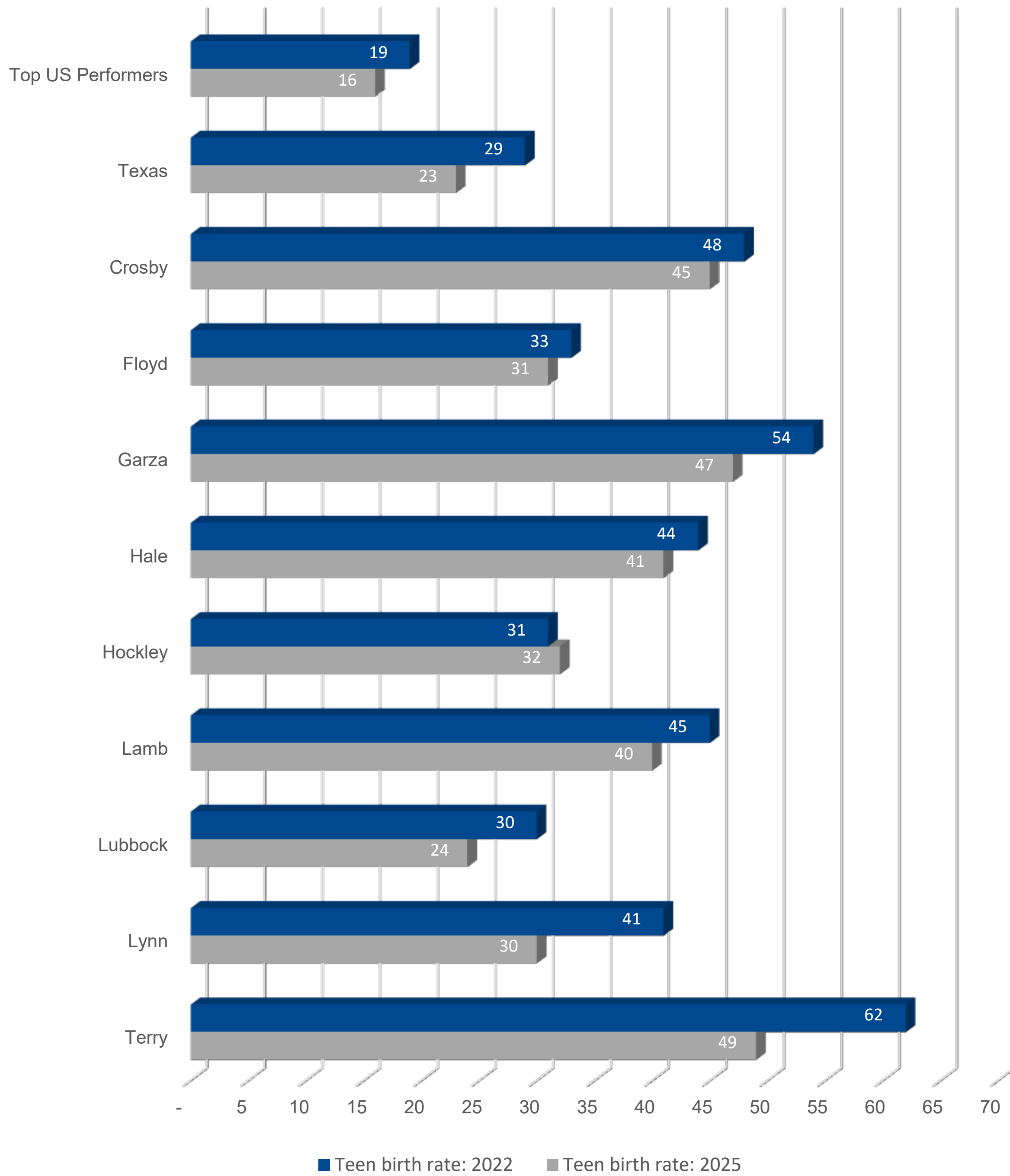



Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity
Top US Performers
80.0%
84.0%
Texas
80.0%
82.0%
Crosby
21.0%
52.0%
Floyd
75.0%
76.0%
Garza
Hale
73.0%
65.0%
Hockley
60.0%
59.0%
Lamb
75.0%
49.0%
Lubbock
87.0%
86.0%
Lynn
44.0%
Terry
47.0%
49.0%
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
Access to exercise opportunities : 2022
Access to exercise opportunities: 2025

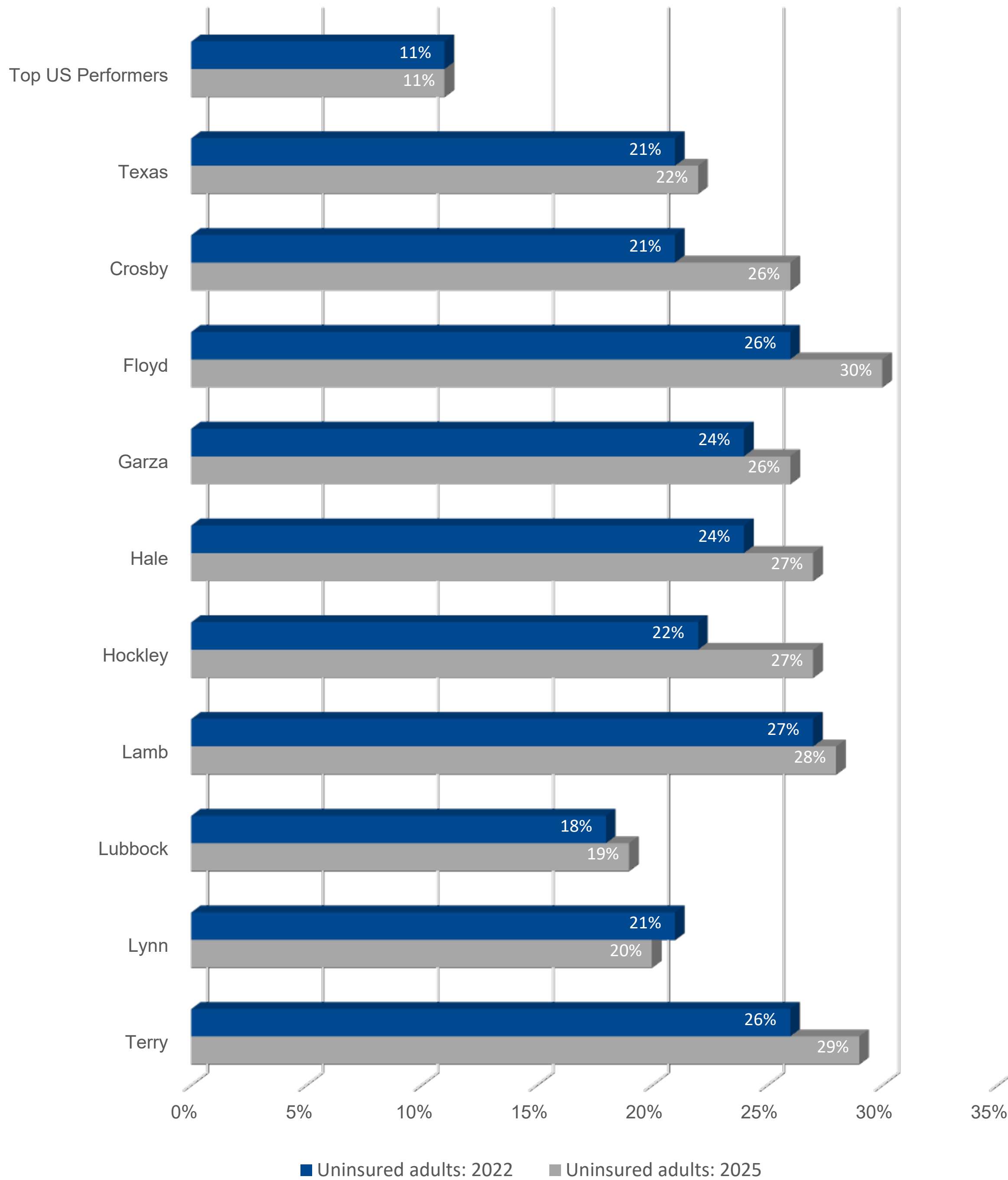

Excessive drinking – Percent of adults that report excessive drinking in the past 30 days
Top US Performers
20.0%
19.0%
Texas
20.0%
19.0%
Crosby
17.0%
18.0%
Floyd
18.0%
19.0%
Garza
19.0%
20.0%
Hale
18.0%
18.0%
Hockley
18.0%
19.0%
Lamb
17.0%
19.0%
Lubbock
18.0%
20.0%
Lynn
18.0%
19.0%
Terry
17.0%
19.0%
0.0%
5.0%
10.0%
15.0%
20.0%
25.0%
Excessive drinking: 2022
Excessive drinking : 2025

Sexually transmitted infections – Chlamydia rate per 100K population

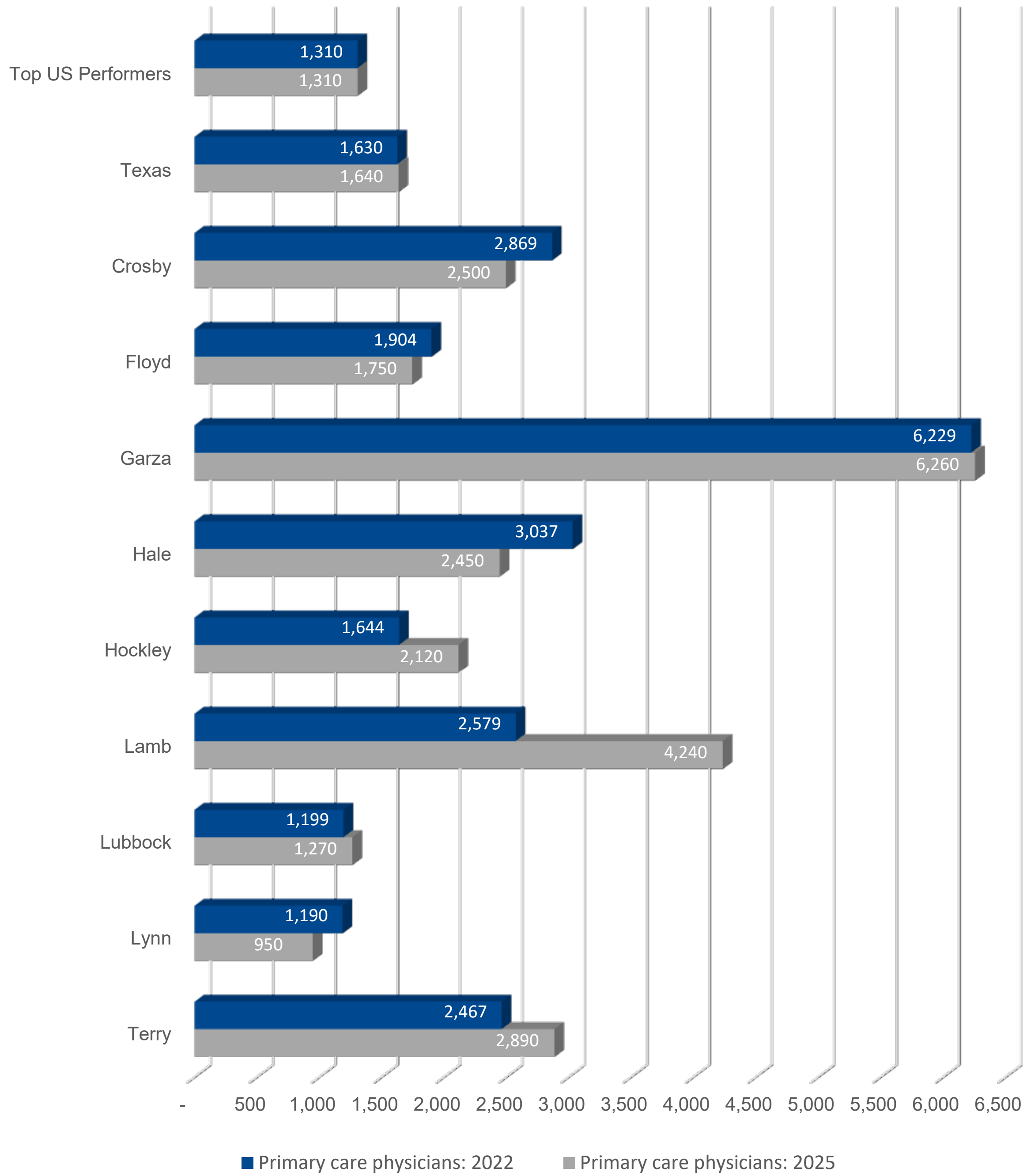


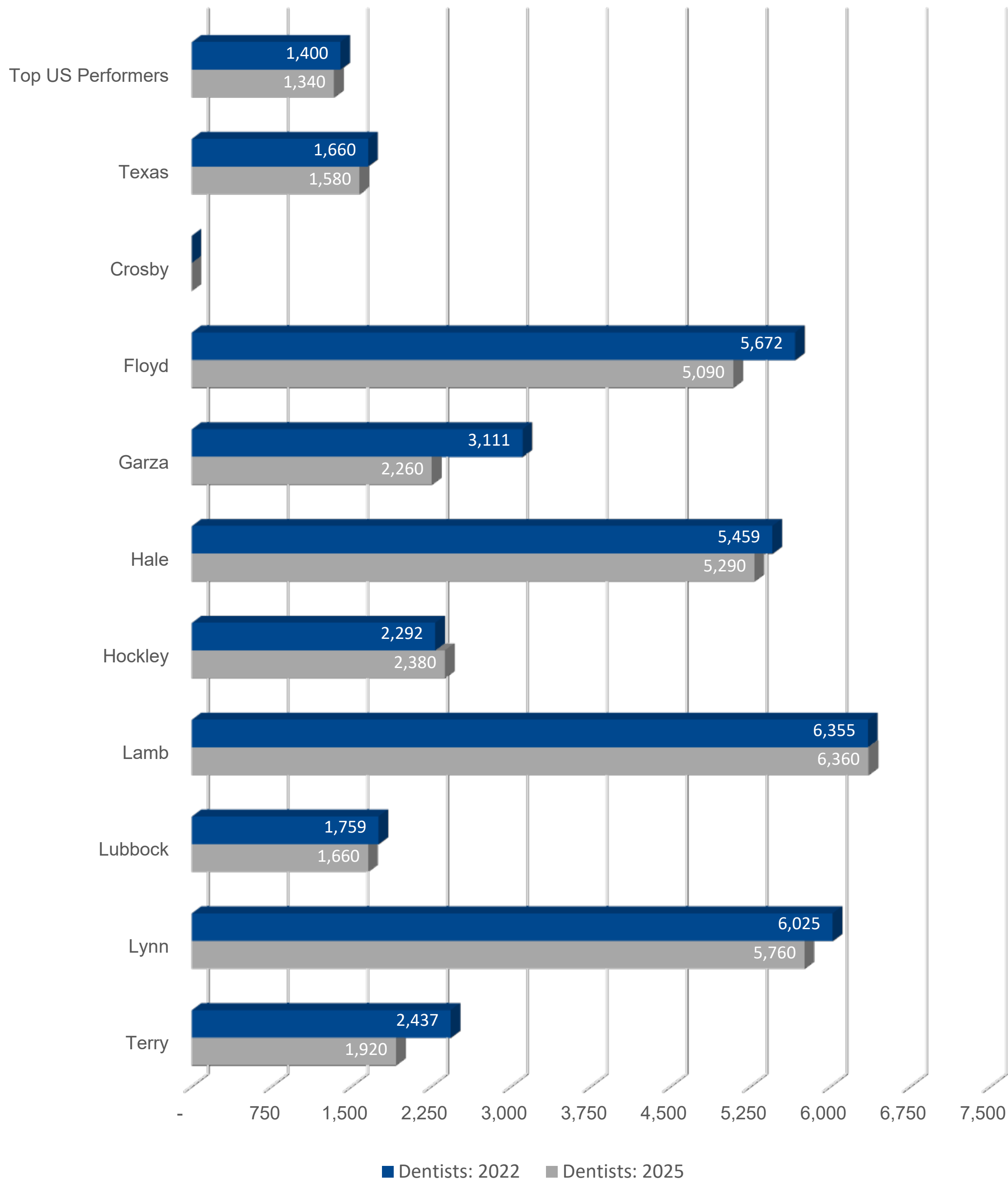

Teen birth rate – Per 1,000 female population, ages 15-19
Top US Performers
Texas
Crosby
Floyd
Garza
Hale
Hockley
Lamb
Lubbock
Lynn
Terry
19
16
29
23
48
45
33
31
54
47
44
41
31
32
45
40
30
24
41
30
62
49
-
5
10
15
20
25
30
35
40
45
50
55
60
65
70
Teen birth rate: 2022
Teen birth rate: 2025

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

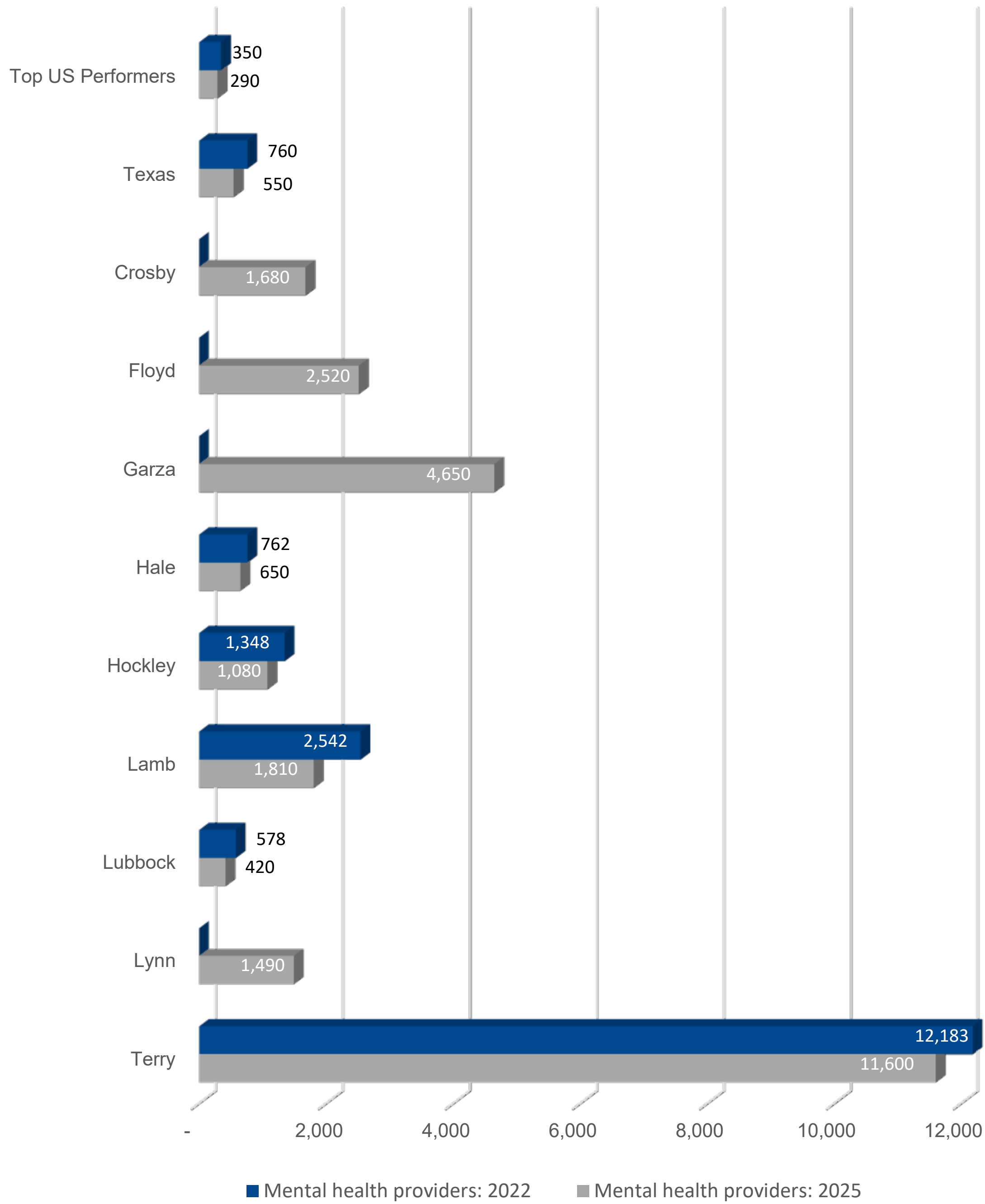


Primary care physicians – Ratio of population to primary care physicians (# of physicians: 1)

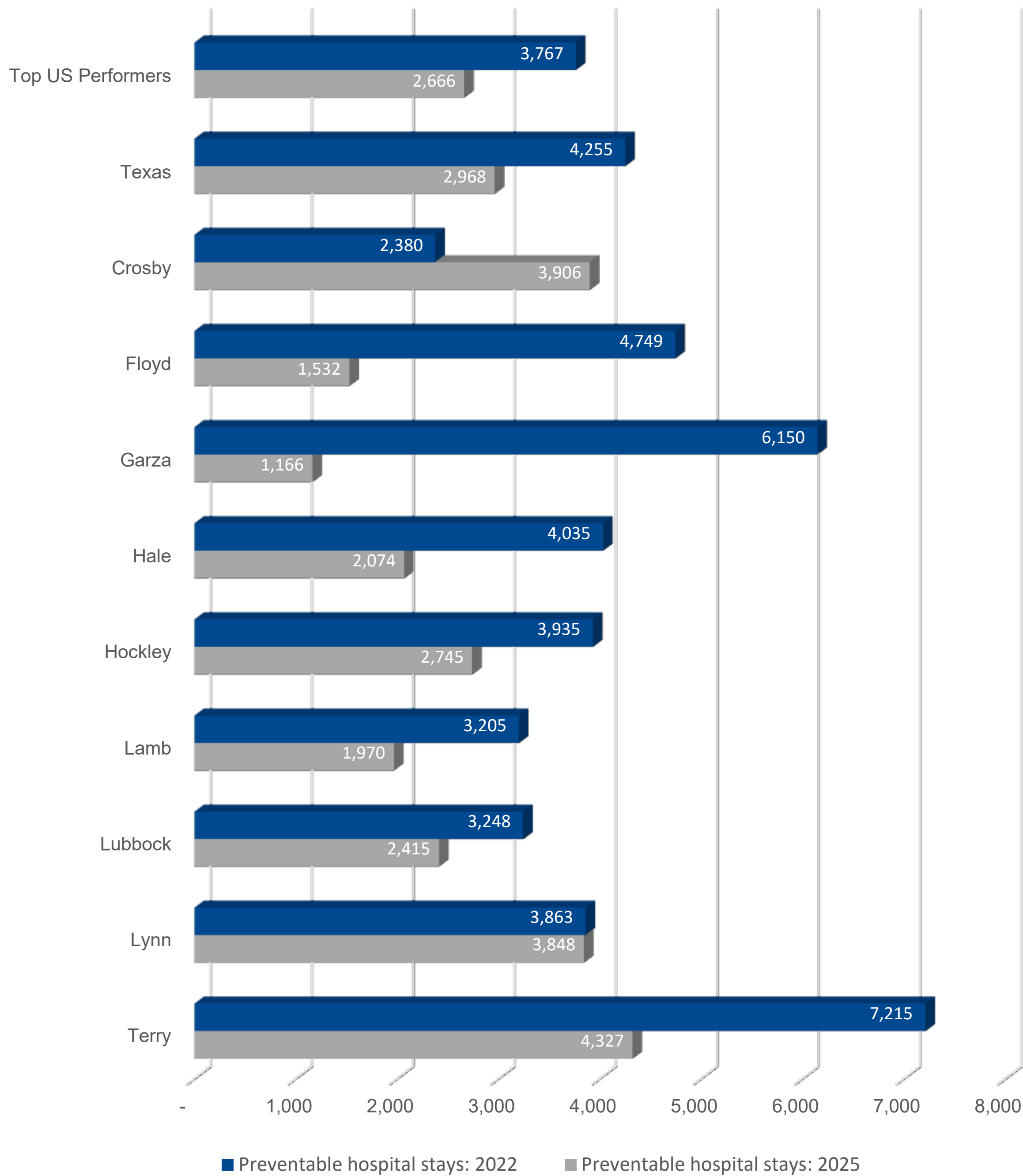



Dentists – Ratio of population to dentists (# of dentists: 1)
Top US Performers
1,400
1,340
Texas
1,660
1,580
Crosby
Floyd
5,672
5,090
Garza
3,111
2,260
Hale
5,459
5,290
Hockley
2,292
2,380
Lamb
6,355
6,360
Lubbock
1,759
1,660
Lynn
6,025
5,760
Terry
2,437
1,920
-
750
1,500
2,250
3,000
3,750
4,500
5,250
6,000
6,750
7,500
Dentists: 2022
Dentists: 2025

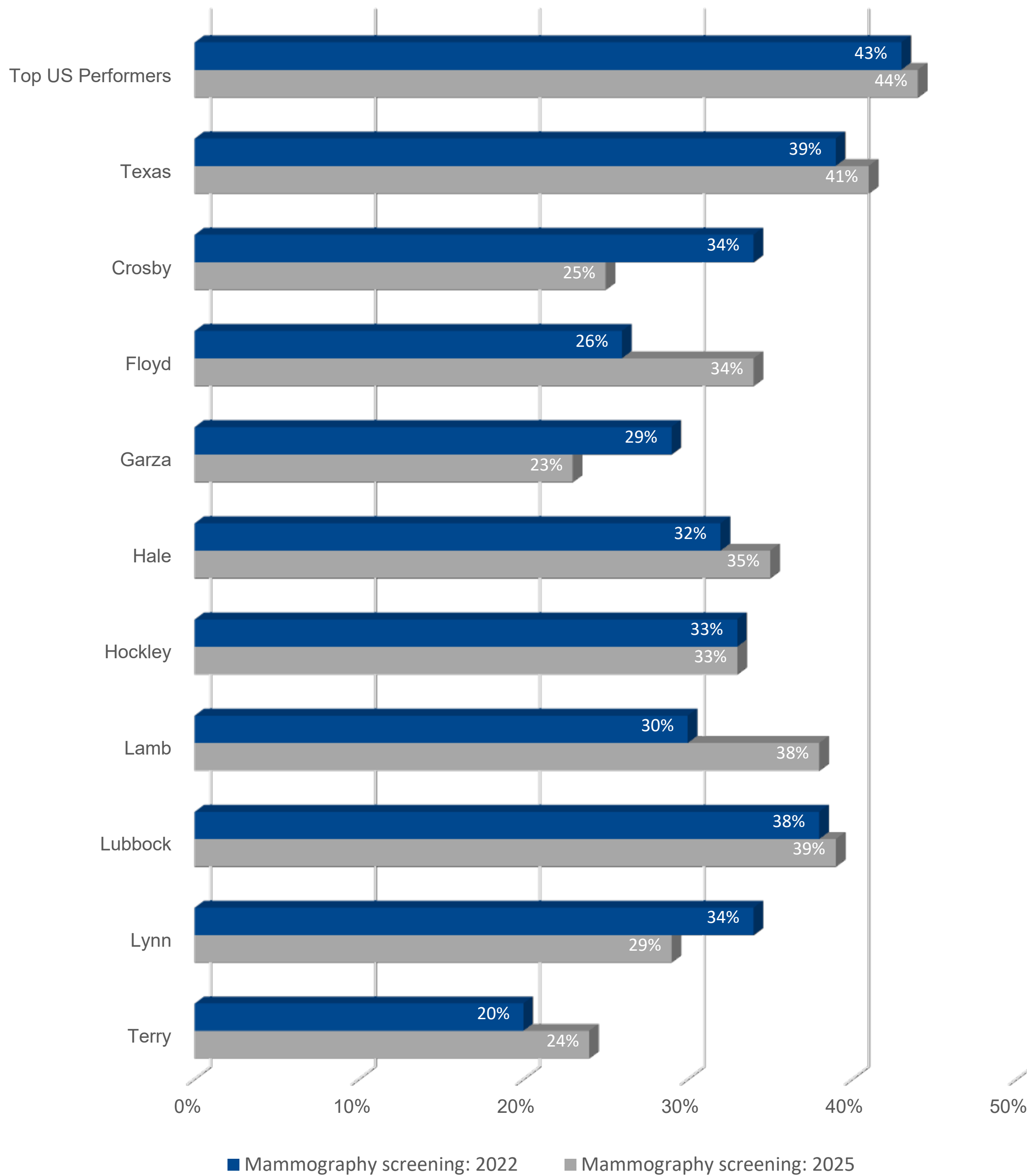
Mental health providers – Ratio of population to mental health providers (# of mental health providers: 1)



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



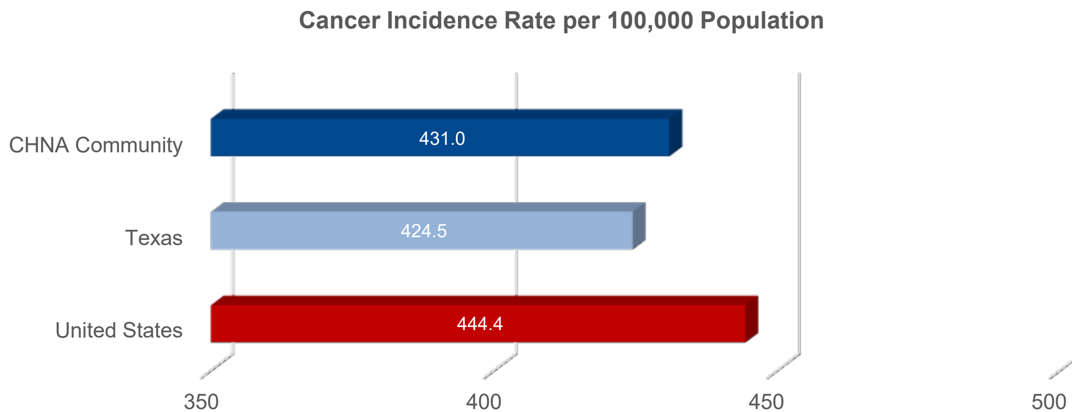
Mammography screening – Percent of female Medicare enrollees that receive mammography screening



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

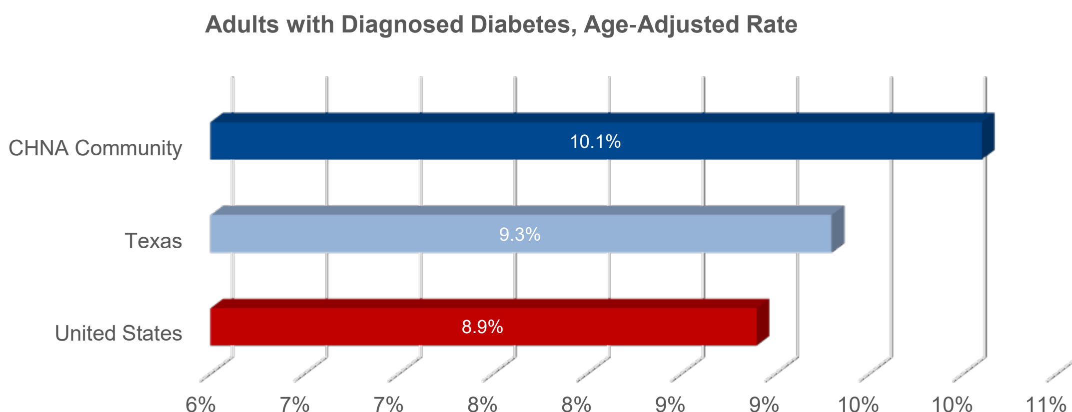
CANCER INCIDENCE

The CHNA Community's cancer incidence rate is 431.0 for every 100,000 of total population. Within the CHNA Community, there were 1,785 new cases of cancer reported. This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older).



DIABETES (ADULT)

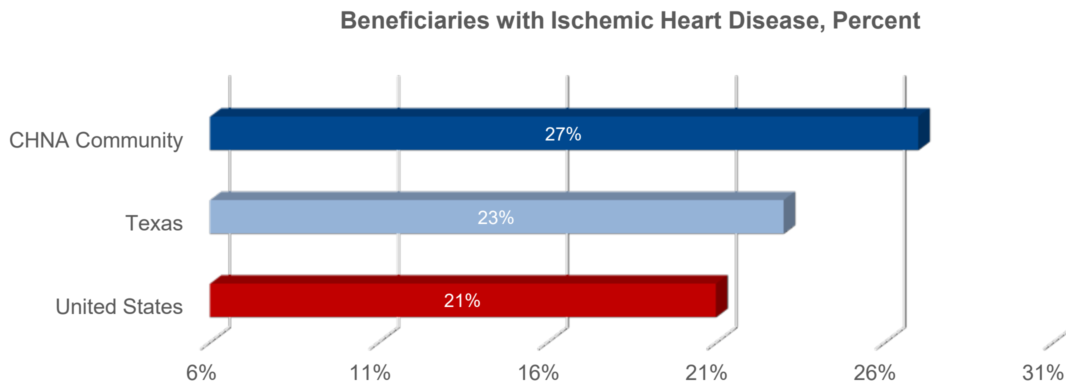
The CHNA Community's percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes is higher than the state rate and national rate. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals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



HEART DISEASE (MEDICARE POPULATION)

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

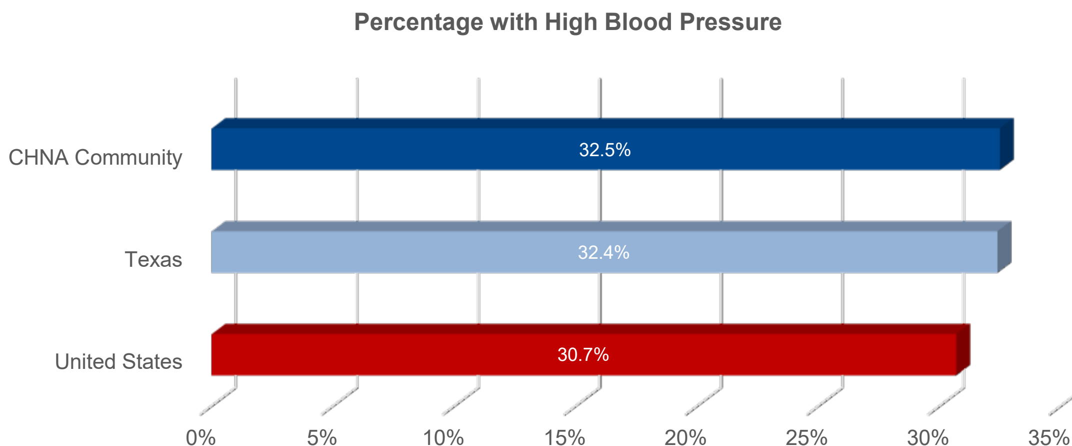
Beneficiaries with Ischemic Heart Disease, Percent



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 approximately the same as the state rate but higher than the national rate.

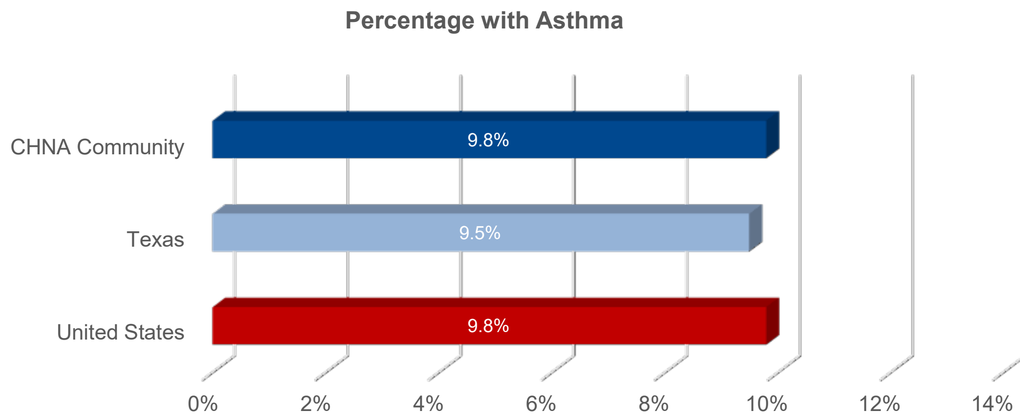
Percentage with High Blood Pressure



ASTHMA (ADULT)

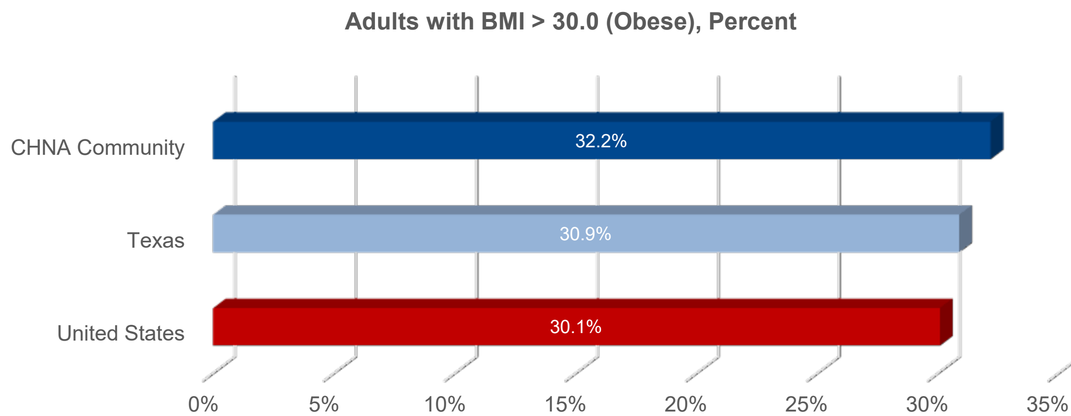
This indicator reports the percentage of adults age 18 and older who answer "yes" to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Within the report area, there were 9.8% of adults age 18+ who reported having asthma of the total population age 18+. The CHNA Community's percentage population with asthma is higher than the state rate and the same as the national rate.



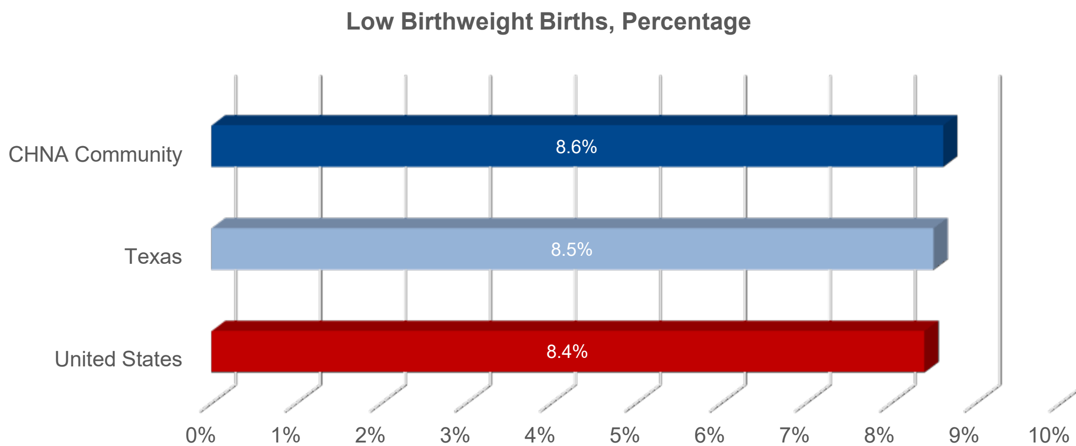
OBESITY

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



LOW BIRTH WEIGHT

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



PRIMARY DATA ASSESSMENT

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

METHODOLOGY

During 2025, sixty-seven key informants completed a survey. The survey participants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools, or c) their involvement with underserved and minority populations and represent a broad aspect of the community.

All surveys utilized a standard format. Survey participant's opinions were collected without judging the truthfulness or accuracy of their remarks. Survey participants provided comments on the following issues:

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

Survey data was collected and analyzed. Themes in the data were identified, and representative quotes have been drawn from the data to illustrate the themes. Survey participants were assured that personal identifiers such as name or organizational affiliations would not be connected in any

way to the information presented in this report. Therefore, quotes included in the report may have been altered slightly to preserve confidentiality. This technique does not provide a quantitative analysis of the leaders' opinions but reveals some of the factors affecting the views and sentiments about overall health and quality of life within the community.

KEY INFORMANT PROFILES

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

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

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

KEY INFORMANT SURVEY QUESTIONS

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

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

RESULTS FROM COMMUNITY INPUT

Key stakeholder interview responses were grouped into four major categories. A summary of the stakeholders' responses by each of the categories follows. This section of the report summarizes what the key stakeholders provided without assessing the credibility of their responses.

GENERAL OPINIONS REGARDING HEALTH AND QUALITY OF LIFE IN THE COMMUNITY

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

Key stakeholders were asked to rate the health and quality of life in CHNA Community. The survey respondents vary greatly in their responses: 48% rated the health and quality of life in CHNA Community as "very good"; 33% rated the health and quality of life in CHNA Community as "average"; and 19% rated the health and quality of life in CHNA Community as "below average". When asked whether the health and quality of life had improved, declined or stayed the same, 49% of survey respondents indicated the health and quality of life had "improved" over the last three years. Whereas 36% indicated the health and quality of life had "stayed the same" over the last three years and 15% indicated it had "declined".

UNDERSERVED POPULATIONS AND COMMUNITIES OF NEED

Through the key stakeholder surveys, specific populations and groups of people whose health or quality of life may not be as good as others were identified. Survey respondents identified groups most affected are economically disadvantaged (poor, low-income families, homeless, uninsured/underinsured) burdened by direct and indirect costs; those facing adverse social determinants of health (transportation, food/housing insecurity, domestic violence, isolation); people coping with chronic and mental health conditions; vulnerable age groups (elderly, children/adolescents); plus others like minorities, women, the working middle class, and those in remote geography.

BARRIERS

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

- Community members face difficulties getting access to primary care, specialists, and mental health providers
- Community members that are uninsured or under-insured
- Community members that lack the financial resources to access care
- Community members that do not have access to transportation or affordable transportation
- Cultural practices that lead to unhealthy lifestyles

- Lack of education regarding the available healthcare resources in the community
- Shortage of healthcare workers in the community

MOST IMPORTANT HEALTH AND QUALITY OF LIFE ISSUES

Key stakeholders were asked to provide their opinion as to the most critical health and quality of life issues facing the county and the most critical issues the Medical Center should address over the next three to five years. Responses included:

- Access to health care
- Lack of insurance (and under-insured)
- Chronic diseases (Heart Disease, Stroke, Kidney, Cancer, Diabetes)
- Obesity
- Lack of health knowledge and education
- Poverty and lack of financial resources
- Access to mental health services - adults and children
- Access to urgent care and emergency services
- Poor nutrition / limited access to healthy food options
- Access to primary care providers
- Access to specialists (obstetrics, endocrinology, oncology/hematology, cardiology)
- Access to preventative care
- Services for the aging
- Transportation
- Healthy behaviors / lifestyle choices

HEALTH ISSUES OF VULNERABLE POPULATIONS

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

- Elderly
- Uninsured / underinsured / low income
- Residents of rural communities
- Individuals with mental health conditions
- Children

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 Medical Center's CHNA Community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks.

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

Primary Data

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

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

Prioritization Methodology

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

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

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

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

Identified Health Needs	How Many People Are Affected by the Issue? (1 Low - 5 High)	What Are the Consequences of Not Addressing This Problem? (1 Low - 5 High)	What is the Impact on Vulnerable Populations? (1 Low - 5 High)	How Important is it to the Community? (1 Low - 5 High)
Access to care	5	4	5	4
Access to primary care physicians	5	4	4	4
Access to care: uninsured / under-insured	5	3	5	4
Shortage of healthcare workers	5	4	4	4
Treatment and management of chronic diseases and conditions: Stroke	4	5	4	4
Treatment and management of chronic diseases and conditions: Cancer	4	5	4	4
Treatment and management of chronic diseases and conditions: Diabetes	4	5	4	4
Treatment and management of chronic diseases and conditions: Heart Disease	4	5	4	4
Treatment and management of chronic diseases and conditions: Hypertension / High Blood Pressure	4	5	4	4
Treatment and management of chronic diseases and conditions: Lung Disease	4	5	4	4
Obesity	5	5	3	5
Healthy behaviors and healthy lifestyle choices	4	4	4	5
Poverty and lack of financial resources	4	4	5	3
Access to care: emergency and trauma	4	5	3	3
Access to care: urgent care services	4	3	3	3
Access to medical specialists	3	3	3	4
Access to mental health services	5	4	4	4
Health education	5	2	3	3
Children in poverty	2	3	5	3
Access to and use of preventative care treatments	4	3	2	3
Access to services for the aging	3	3	4	2
Transportation	3	3	5	2
Access to exercise opportunities	5	3	3	2
Access to safe and affordable housing	5	2	3	3
Smoking	2	3	3	2
Access to affordable healthy foods / food insecurity	3	3	3	2
Preventable hospital stays	2	2	2	3
Suicide deaths	2	4	2	4
Physical inactivity	3	3	3	2
Motor vehicle deaths	2	2	1	1
Sexually transmitted infections	2	2	2	2
Access to dental health services	3	2	2	1
Teen birth rate	1	2	2	1

Identified Health Needs	Prevalence of Common Themes (1 Low - 2 High)	Alignment with Mission (1 Low - 5 High)	Alignment with Programs & Strategic Priorities (1 Low - 5 High)	Total Score
Access to care	2	5	5	30
Access to primary care physicians	2	5	5	29
Access to care: uninsured / under-insured	2	4	4	27
Shortage of healthcare workers	1	4	5	27
Treatment and management of chronic diseases and conditions: Stroke	2	4	4	27
Treatment and management of chronic diseases and conditions: Cancer	2	4	4	27
Treatment and management of chronic diseases and conditions: Diabetes	2	4	4	27
Treatment and management of chronic diseases and conditions: Heart Disease	2	4	4	27
Treatment and management of chronic diseases and conditions: Hypertension / High Blood Pressure	2	4	4	27
Treatment and management of chronic diseases and conditions: Lung Disease	2	4	4	27
Obesity	2	3	3	26
Healthy behaviors and healthy lifestyle choices	2	3	3	25
Poverty and lack of financial resources	2	4	3	25
Access to care: emergency and trauma	1	4	4	24
Access to care: urgent care services	2	4	4	23
Access to medical specialists	2	4	4	23
Access to mental health services	1	2	2	22
Health education	2	3	3	21
Children in poverty	1	3	3	20
Access to and use of preventative care treatments	1	3	3	19
Access to services for the aging	1	3	3	19
Transportation	2	2	2	19
Access to exercise opportunities	1	2	2	18
Access to safe and affordable housing	1	2	2	18
Smoking	2	3	3	18
Access to affordable healthy foods / food insecurity	1	2	3	17
Preventable hospital stays	1	4	3	17
Suicide deaths	1	2	2	17
Physical inactivity	1	2	2	16
Motor vehicle deaths	1	4	4	15
Sexually transmitted infections	1	3	3	15
Access to dental health services	1	2	2	13
Teen birth rate	1	3	3	13

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 result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Access to care
- Access to primary care physicians
- Access to care: uninsured / under-insured
- Shortage of healthcare workers
- Treatment and management of chronic diseases and conditions: (Stroke, Cancer, Diabetes, Heart Disease, Hypertension / High Blood Pressure, Lung Disease)
- Obesity
- Healthy behaviors and healthy lifestyle choices
- Poverty and lack of financial resources
- Access to care: emergency and trauma
- Access to care: urgent care services
- Access to medical specialists
- Access to mental health services
- Health 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 has 500 acute beds and is one of the few hospital facilities located within the CHNA community. Residents of the community also take advantage of services provided by hospitals in neighboring counties, as well as services offered by other facilities and providers.

The table below summarizes hospitals available to the residents of the CHNA Community. The facilities listed in the table below are located in the CHNA community; they represent hospital facilities that are within 30 miles of the Medical Center.

CROSBY COUNTY

Facility Name	County	City, State, Zip
Crosbyton Clinic Hospital	Crosby	Crosbyton, TX 79322

HALE COUNTY

Facility Name	County	City, State, Zip
Covenant Hospital Plainview	Hale	Plainview, TX 79072

HOCKLEY COUNTY

Facility Name	County	City, State, Zip
Covenant Hospital Levelland	Hockley	Levelland, TX 79336

LAMB COUNTY

Facility Name	County	City, State, Zip
Lamb Healthcare Center	Lamb	Littlefield, TX 79339

LUBBOCK COUNTY

Facility Name	County	City, State, Zip
Covenant Childrens Hospital	Lubbock	Lubbock, TX 79410
Covenant Medical Center	Lubbock	Lubbock, TX 79410
Covenant Specialty Hospital	Lubbock	Lubbock, TX 79410
Grace Surgical Hospital	Lubbock	Lubbock, TX 79407
Lubbock Heart & Surgical Hospital	Lubbock	Lubbock, TX 79416
South Plains Rehabilitation Hospital	Lubbock	Lubbock, TX 79416
UMC Health & Wellness Hospital	Lubbock	Lubbock, TX 79424
Trustpoint Rehabilitation Hospital of Lubbock	Lubbock	Lubbock, TX 79415
University Medical Center	Lubbock	Lubbock, TX 79415
Exceptional Community Hospital Lubbock	Lubbock	Lubbock, TX 79424
South Plains Rehab Hospital	Lubbock	Lubbock, TX 79416

LYNN COUNTY

Facility Name	County	City, State, Zip
Lynn County Hospital District	Lynn	Tahoka, TX 79373

TERRY COUNTY

Facility Name	County	City, State, Zip
Brownfield Regional Medical Center	Terry	Brownfield, TX 79316

OTHER HEALTH CARE FACILITIES

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

CROSBY COUNTY

Facility Name	County	City, State Zip
Ralls WIC Clinic	Crosby	Ralls, TX 79357

FLOYD COUNTY

Facility Name	County	City, State Zip
Floydada WIC Clinic	Floyd	Floydada, TX 79235

HALE COUNTY

Facility Name	County	City, State Zip
Regence Health Network	Hale	Plainview, TX 79072

HOCKLEY COUNTY

Facility Name	County	City, State Zip
South Plains Rural Health Services	Hockley	Levelland, TX 79336

LAMB COUNTY

Facility Name	County	City, State Zip
Littlefield WIC Clinic	Lamb	Littlefield, TX 79339

LUBBOCK COUNTY

Facility Name	County	City, State Zip
Community Health Center of Lubbock	Lubbock	Lubbock, TX 79401
CHCL West Medical & Dental Clinic	Lubbock	Lubbock, TX 79407

LYNN COUNTY

Facility Name	County	City, State Zip
Lynn County Hospital District Clinics	Lynn	Tahoka, TX 79373
Brownfield Dental	Lynn	Brownfield, TX 79316

TERRY COUNTY

Facility Name	County	City, State Zip
Terry County Dental	Terry	Brownfield, TX 79316
Brownfield Clinic	Terry	Brownfield, TX 79316

APPENDICES

APPENDIX A – ANALYSIS OF DATA

ANALYSIS OF HEALTH STATUS - LEADING CAUSES OF DEATH

CHNA COMMUNITY

Area	United States	(A) 10% of United States Crude Rate	CHNA Community	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	163.90	-18.80	
Heart Disease	207.20	20.72	220.20	13.00	
Lung Disease	44.90	4.49	55.40	10.50	Health Need
Stroke	48.30	4.83	46.50	-1.80	
Unintentional Injury	63.30	6.33	56.80	-6.50	
Motor Vehicle	12.80	1.28	20.20	7.40	Health Need
Poisoning (Including Drug Overdose)	30.60	3.06	15.60	-15.00	
Homicide	7.10	0.71	8.70	1.60	Health Need
Suicide	14.50	1.45	18.20	3.70	Health Need

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

CROSBY COUNTY

Area	United States	(A) 10% of United States Crude Rate	Crosby County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	208.90	26.20	Health Need
Heart Disease	207.20	20.72	322.90	115.70	Health Need
Lung Disease	44.90	4.49	0.00	-44.90	
Stroke	48.30	4.83	76.00	27.70	Health Need
Unintentional Injury	63.30	6.33	110.20	46.90	Health Need
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

FLOYD COUNTY

Area	United States	(A) 10% of United States Crude Rate	Floyd County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	236.50	53.80	Health Need
Heart Disease	207.20	20.72	306.70	99.50	Health Need
Lung Disease	44.90	4.49	77.60	32.70	Health Need
Stroke	48.30	4.83	0.00	-48.30	
Unintentional Injury	63.30	6.33	0.00	-63.30	
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

GARZA COUNTY

Area	United States	(A) 10% of United States Crude Rate	Garza County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	158.10	-24.60	
Heart Disease	207.20	20.72	226.90	19.70	
Lung Disease	44.90	4.49	75.60	30.70	Health Need
Stroke	48.30	4.83	0.00	-48.30	
Unintentional Injury	63.30	6.33	0.00	-63.30	
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

Hale County

Area	United States	(A) 10% of United States Crude Rate	Hale County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	156.20	-26.50	
Heart Disease	207.20	20.72	261.20	54.00	Health Need
Lung Disease	44.90	4.49	62.40	17.50	Health Need
Stroke	48.30	4.83	53.10	4.80	
Unintentional Injury	63.30	6.33	53.10	-10.20	
Motor Vehicle	12.80	1.28	20.40	7.60	Health Need
Poisoning (Including Drug Overdose)	30.60	3.06	12.30	-18.30	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

Hockley County

Area	United States	(A) 10% of United States Crude Rate	Hockley County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	197.40	14.70	
Heart Disease	207.20	20.72	244.70	37.50	Health Need
Lung Disease	44.90	4.49	80.00	35.10	Health Need
Stroke	48.30	4.83	47.30	-1.00	
Unintentional Injury	63.30	6.33	70.00	6.70	Health Need
Motor Vehicle	12.80	1.28	26.40	13.60	Health Need
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

LAMB COUNTY

Area	United States	(A) 10% of United States Crude Rate	Lamb County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	208.00	25.30	Health Need
Heart Disease	207.20	20.72	239.30	32.10	Health Need
Lung Disease	44.90	4.49	72.00	27.10	Health Need
Stroke	48.30	4.83	42.00	-6.30	
Unintentional Injury	63.30	6.33	65.70	2.40	
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

LUBBOCK COUNTY

Area	United States	(A) 10% of United States Crude Rate	Lubbock County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	156.90	-25.80	
Heart Disease	207.20	20.72	206.10	-1.10	
Lung Disease	44.90	4.49	52.20	7.30	Health Need
Stroke	48.30	4.83	43.80	-4.50	
Unintentional Injury	63.30	6.33	54.70	-8.60	
Motor Vehicle	12.80	1.28	18.60	5.80	Health Need
Poisoning (Including Drug Overdose)	30.60	3.06	16.00	-14.60	
Homicide	7.10	0.71	8.70	1.60	Health Need
Suicide	14.50	1.45	18.70	4.20	Health Need

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

Lynn County

Area	United States	(A) 10% of United States Crude Rate	Lynn County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	199.00	16.30	
Heart Disease	207.20	20.72	243.60	36.40	Health Need
Lung Disease	44.90	4.49	0.00	-44.90	
Stroke	48.30	4.83	0.00	-48.30	
Unintentional Injury	63.30	6.33	96.10	32.80	Health Need
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	0.00	-14.50	

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

Terry County

Area	United States	(A) 10% of United States Crude Rate	Terry County	(B) County Rate Less U.S. Adjusted Crude Rate	If (B)>(A), then "Health Need"
Cancer	182.70	18.27	192.00	9.30	
Heart Disease	207.20	20.72	316.60	109.40	Health Need
Lung Disease	44.90	4.49	33.70	-11.20	
Stroke	48.30	4.83	47.10	-1.20	
Unintentional Injury	63.30	6.33	47.10	-16.20	
Motor Vehicle	12.80	1.28	0.00	-12.80	
Poisoning (Including Drug Overdose)	30.60	3.06	0.00	-30.60	
Homicide	7.10	0.71	0.00	-7.10	
Suicide	14.50	1.45	35.40	20.90	Health Need

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

ANALYSIS OF HEALTH OUTCOMES

CROSBY COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Crosby County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	19.0%	6.0%	Health Need
Adult obesity	34.0%	10.2%	41.0%	7.0%	
Physical inactivity	23.0%	6.9%	35.0%	12.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	52.0%	-32.0%	Health Need
Excessive drinking	19.0%	5.7%	18.0%	-1.0%	
Sexually transmitted infections	495.0	148.5	360.1	(134.9)	
Teen birth rate	16.0	4.8	45.0	29.0	Health Need
Uninsured adults	11.0%	3.3%	26.0%	15.0%	Health Need
Primary care physicians	1,310	393	2,500	1,190	Health Need
Dentists	1,340	402	0	(1,340)	Health Need
Mental health providers	290	87	1,680	1,390	Health Need
Preventable hospital stays	2,666.0	799.8	3,906.0	1,240.0	Health Need
Mammography screening	44.0%	13.2%	25.0%	-19.0%	
Children in poverty	16.0%	4.8%	33.0%	17.0%	Health Need
Children in single-parent households	25.0%	7.5%	30.0%	5.0%	

FLOYD COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Floyd County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	19.0%	6.0%	Health Need
Adult obesity	34.0%	10.2%	41.0%	7.0%	
Physical inactivity	23.0%	6.9%	37.0%	14.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	76.0%	-8.0%	Health Need
Excessive drinking	19.0%	5.7%	19.0%	0.0%	
Sexually transmitted infections	495.0	148.5	401.1	(93.9)	
Teen birth rate	16.0	4.8	31.0	15.0	Health Need
Uninsured adults	11.0%	3.3%	30.0%	19.0%	Health Need
Primary care physicians	1,310	393	1,750	440	Health Need
Dentists	1,340	402	5,090	3,750	Health Need
Mental health providers	290	87	2,520	2,230	Health Need
Preventable hospital stays	2,666.0	799.8	1,532.0	(1,134.0)	
Mammography screening	44.0%	13.2%	34.0%	-10.0%	
Children in poverty	16.0%	4.8%	32.0%	16.0%	Health Need
Children in single-parent households	25.0%	7.5%	20.0%	-5.0%	

GARZA COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Garza County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	19.0%	6.0%	Health Need
Adult obesity	34.0%	10.2%	41.0%	7.0%	
Physical inactivity	23.0%	6.9%	35.0%	12.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	0.0%	-84.0%	Health Need
Excessive drinking	19.0%	5.7%	20.0%	1.0%	
Sexually transmitted infections	495.0	148.5	207.6	(287.4)	
Teen birth rate	16.0	4.8	47.0	31.0	Health Need
Uninsured adults	11.0%	3.3%	26.0%	15.0%	Health Need
Primary care physicians	1,310	393	6,260	4,950	Health Need
Dentists	1,340	402	2,260	920	Health Need
Mental health providers	290	87	4,650	4,360	Health Need
Preventable hospital stays	2,666.0	799.8	1,166.0	(1,500.0)	
Mammography screening	44.0%	13.2%	23.0%	-21.0%	
Children in poverty	16.0%	4.8%	27.0%	11.0%	Health Need
Children in single-parent households	25.0%	7.5%	9.0%	-16.0%	

HALE COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Hale County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	19.0%	6.0%	Health Need
Adult obesity	34.0%	10.2%	43.0%	9.0%	
Physical inactivity	23.0%	6.9%	36.0%	13.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	65.0%	-19.0%	Health Need
Excessive drinking	19.0%	5.7%	18.0%	-1.0%	
Sexually transmitted infections	495.0	148.5	634.7	139.7	
Teen birth rate	16.0	4.8	41.0	25.0	Health Need
Uninsured adults	11.0%	3.3%	27.0%	16.0%	Health Need
Primary care physicians	1,310	393	2,450	1,140	Health Need
Dentists	1,340	402	5,290	3,950	Health Need
Mental health providers	290	87	650	360	Health Need
Preventable hospital stays	2,666.0	799.8	2,074.0	(592.0)	
Mammography screening	44.0%	13.2%	35.0%	-9.0%	
Children in poverty	16.0%	4.8%	29.0%	13.0%	Health Need
Children in single-parent households	25.0%	7.5%	36.0%	11.0%	Health Need

HOCKLEY COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Hockley County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	16.0%	3.0%	
Adult obesity	34.0%	10.2%	41.0%	7.0%	
Physical inactivity	23.0%	6.9%	31.0%	8.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	59.0%	-25.0%	Health Need
Excessive drinking	19.0%	5.7%	19.0%	0.0%	
Sexually transmitted infections	495.0	148.5	505.6	10.6	
Teen birth rate	16.0	4.8	32.0	16.0	Health Need
Uninsured adults	11.0%	3.3%	27.0%	16.0%	Health Need
Primary care physicians	1,310	393	2,120	810	Health Need
Dentists	1,340	402	2,380	1,040	Health Need
Mental health providers	290	87	1,080	790	Health Need
Preventable hospital stays	2,666.0	799.8	2,745.0	79.0	
Mammography screening	44.0%	13.2%	33.0%	-11.0%	
Children in poverty	16.0%	4.8%	20.0%	4.0%	
Children in single-parent households	25.0%	7.5%	25.0%	0.0%	

LAMB COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Lamb County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	18.0%	5.0%	Health Need
Adult obesity	34.0%	10.2%	42.0%	8.0%	
Physical inactivity	23.0%	6.9%	35.0%	12.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	49.0%	-35.0%	Health Need
Excessive drinking	19.0%	5.7%	19.0%	0.0%	
Sexually transmitted infections	495.0	148.5	337.9	(157.1)	
Teen birth rate	16.0	4.8	40.0	24.0	Health Need
Uninsured adults	11.0%	3.3%	28.0%	17.0%	Health Need
Primary care physicians	1,310	393	4,240	2,930	Health Need
Dentists	1,340	402	6,360	5,020	Health Need
Mental health providers	290	87	1,810	1,520	Health Need
Preventable hospital stays	2,666.0	799.8	1,970.0	(696.0)	
Mammography screening	44.0%	13.2%	38.0%	-6.0%	
Children in poverty	16.0%	4.8%	25.0%	9.0%	Health Need
Children in single-parent households	25.0%	7.5%	31.0%	6.0%	

LUBBOCK COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Lubbock County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	16.0%	3.0%	
Adult obesity	34.0%	10.2%	36.0%	2.0%	
Physical inactivity	23.0%	6.9%	28.0%	5.0%	
Access to exercise opportunities	84.0%	25.2%	86.0%	2.0%	Health Need
Excessive drinking	19.0%	5.7%	20.0%	1.0%	
Sexually transmitted infections	495.0	148.5	832.3	337.3	Health Need
Teen birth rate	16.0	4.8	24.0	8.0	Health Need
Uninsured adults	11.0%	3.3%	19.0%	8.0%	Health Need
Primary care physicians	1,310	393	1,270	(40)	
Dentists	1,340	402	1,660	320	Health Need
Mental health providers	290	87	420	130	Health Need
Preventable hospital stays	2,666.0	799.8	2,415.0	(251.0)	
Mammography screening	44.0%	13.2%	39.0%	-5.0%	
Children in poverty	16.0%	4.8%	20.0%	4.0%	
Children in single-parent households	25.0%	7.5%	30.0%	5.0%	

LYNN COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Lynn County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	19.0%	6.0%	Health Need
Adult obesity	34.0%	10.2%	41.0%	7.0%	
Physical inactivity	23.0%	6.9%	34.0%	11.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	44.0%	-40.0%	Health Need
Excessive drinking	19.0%	5.7%	19.0%	0.0%	
Sexually transmitted infections	495.0	148.5	349.4	(145.6)	
Teen birth rate	16.0	4.8	30.0	14.0	Health Need
Uninsured adults	11.0%	3.3%	20.0%	9.0%	Health Need
Primary care physicians	1,310	393	950	(360)	
Dentists	1,340	402	5,760	4,420	Health Need
Mental health providers	290	87	1,490	1,200	Health Need
Preventable hospital stays	2,666.0	799.8	3,848.0	1,182.0	Health Need
Mammography screening	44.0%	13.2%	29.0%	-15.0%	
Children in poverty	16.0%	4.8%	21.0%	5.0%	Health Need
Children in single-parent households	25.0%	7.5%	19.0%	-6.0%	

TERRY COUNTY

Health Outcomes	Top US Performers: 2025	(A) 30% of National Benchmark	Terry County: 2025	(B) County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Adult smoking	13.0%	3.9%	20.0%	7.0%	Health Need
Adult obesity	34.0%	10.2%	43.0%	9.0%	
Physical inactivity	23.0%	6.9%	37.0%	14.0%	Health Need
Access to exercise opportunities	84.0%	25.2%	49.0%	-35.0%	Health Need
Excessive drinking	19.0%	5.7%	19.0%	0.0%	
Sexually transmitted infections	495.0	148.5	648.4	153.4	Health Need
Teen birth rate	16.0	4.8	49.0	33.0	Health Need
Uninsured adults	11.0%	3.3%	29.0%	18.0%	Health Need
Primary care physicians	1,310	393	2,890	1,580	Health Need
Dentists	1,340	402	1,920	580	Health Need
Mental health providers	290	87	11,600	11,310	Health Need
Preventable hospital stays	2,666.0	799.8	4,327.0	1,661.0	Health Need
Mammography screening	44.0%	13.2%	24.0%	-20.0%	
Children in poverty	16.0%	4.8%	29.0%	13.0%	Health Need
Children in single-parent households	25.0%	7.5%	36.0%	11.0%	Health Need

Analysis of Primary Data – Key Informant Surveys

Identified Needs
Access to and use of preventative care treatments
Access to care
Access to medical specialists
Access to mental health services - adults and children
Access to primary care physicians
Access to services for the aging
Access to urgent care and emergency services
Healthy behaviors and healthy lifestyle choices
Lack of health knowledge and education
Obesity
Poor nutrition / limited access to healthy food options
Poverty and lack of financial resources
Shortage of healthcare workers
Transportation
Treatment of and management of chronic diseases & conditions
Uninsured / Underinsured

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

Population	Issues
Uninsured and under-insured population	o Transportation 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 Lack of health knowledge regarding how to access services o Access to services for the aging o Shortage of physicians (limit on patients who are on Medicare)
Individuals with mental health conditions	o Access to services o Lack of health knowledge regarding how to access services
Residents of rural communities	o Transportation o Access to services
Children	o Access to services o Shortage of physicians o Transportation

APPENDIX B – COUNTY HEALTH RANKINGS

CROSBY COUNTY

Health Outcomes	Crosby County: 2022	Crosby County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,008	17,200	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	31%	27%	+	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9	5.0	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.7	5.8	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	19.0%	NC	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	41.0%	41.0%	NC	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	39.0%	35.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	21.0%	52.0%	+	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	18.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	348.6	360.1	-	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	48.0	45.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	21.0%	26.0%	+	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,869:1	2,500	+	1,640	1,310

Health Outcomes	Crosby County: 2022	Crosby County: 2025	Change	Texas: 2025	Top US Performers: 2025
Dentists – Ratio of population to dentists	0:0	0	NC	1,580	1,340
Mental health providers – Ratio of population to mental health providers	0:0	1,680	+	550	290
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,380	3,906	-	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	34.0%	25.0%	-	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	76.0%	78.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	44.0%	40.0%	-	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.2%	4.2%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	30.0%	33.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.3	4.1	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	35.0%	30.0%	+	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	15.7	10.0	-	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	97.0	129.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.3	5.9	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	15.0%	14.0%	+	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	77.0%	77.0%	NC	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	37.0%	48.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

FLOYD COUNTY

Health Outcomes	Floyd County: 2022	Floyd County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,683	11,600	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	28%	30%	-	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.5	5.0	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.8	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	19.0%	-	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	39.0%	41.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	36.0%	37.0%	-	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	75.0%	76.0%	+	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	19.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	210.1	401.1	-	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	33.0	31.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	26.0%	30.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,904:1	1,750	+	1,640	1,310
Dentists – Ratio of population to dentists	5,672:1	5,090	+	1,580	1,340
Mental health providers – Ratio of population to mental health providers	0:0	2,520	+	550	290

Health Outcomes	Floyd County: 2022	Floyd County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,749	1,532	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	26.0%	34.0%	+	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	75.0%	75.0%	NC	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	51.0%	53.0%	+	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	6.2%	4.3%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	30.0%	32.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5	7.0	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	24.0%	20.0%	+	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	19.3	19.1	-	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	69.0	85.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.0	6.1	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	15.0%	9.0%	+	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	82.0%	86.0%	-	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27.0%	23.0%	+	39.0%	37.0%

Data Source: Countyhealthrankings.org

Garza County

Health Outcomes	Garza County: 2022	Garza County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,571	8,900	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	31%	28%	-	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.8	4.8	NC	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.5	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	7.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	19.0%	+	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	40.0%	41.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	38.0%	35.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	0.0%	0.0%	NC	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	19.0%	20.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	208.7	207.6	+	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	54.0	47.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	26.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	6,229:1	6,260	-	1,640	1,310
Dentists – Ratio of population to dentists	3,111:1	2,260	+	1,580	1,340
Mental health providers – Ratio of population to mental health providers	0:0	4,650	+	550	290

Health Outcomes	Garza County: 2022	Garza County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	6,150	1,166	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	29.0%	23.0%	-	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	65.0%	68.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	19.0%	28.0%	+	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	6.8%	3.4%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	23.0%	27.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.4	4.3	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	8.0%	9.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	11.2	11.2	NC	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	44.0	55.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.2	0.0	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	8.0%	8.0%	NC	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	85.0%	88.0%	-	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27.0%	38.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

HALE COUNTY

Health Outcomes	Hale County: 2022	Hale County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,229	9,900	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	28%	29%	-	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4	5.0	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.9	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	17.0%	19.0%	-	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	39.0%	43.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	35.0%	36.0%	-	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	73.0%	65.0%	-	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	18.0%	NC	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	464.0	634.7	-	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	44.0	41.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	24.0%	27.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	3,307:1	2,450	-	1,640	1,310
Dentists – Ratio of population to dentists	5,459:1	5,290	-	1,580	1,340
Mental health providers – Ratio of population to mental health providers	762:1	650	-	550	290

Health Outcomes	Hale County: 2022	Hale County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,035	2,074	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	32.0%	35.0%	+	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	75.0%	75.0%	NC	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	46.0%	46.0%	NC	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	6.8%	4.9%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	25.0%	29.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.5	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	32.0%	36.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	14.7	14.8	+	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	62.0	69.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.3	6.6	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	17.0%	16.0%	+	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	84.0%	81.0%	+	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	22.0%	22.0%	NC	39.0%	37.0%

Data Source: Countyhealthrankings.org

HOCKLEY COUNTY

Health Outcomes	Hockley County: 2022	Hockley County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,333	12,400	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	27%	24%	+	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.5	4.8	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.6	5.9	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18.0%	16.0%	+	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	39.0%	41.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	35.0%	31.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	60.0%	59.0%	-	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	19.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	551.7	505.6	+	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	31.0	32.0	-	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	22.0%	27.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,644:1	2,120	-	1,640	1,310
Dentists – Ratio of population to dentists	2,292:1	2,380	-	1,580	1,340
Mental health providers – Ratio of population to mental health providers	1,348:1	1,080	+	550	290

Health Outcomes	Hockley County: 2022	Hockley County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,935	2,745	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	33.0%	33.0%	NC	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	76.0%	80.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	51.0%	54.0%	+	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	7.9%	3.6%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	20.0%	20.0%	NC	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.9	4.7	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	19.0%	25.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	11.3	10.4	-	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	90.0	95.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.4	6.0	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	13.0%	14.0%	-	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	78.0%	80.0%	-	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	29.0%	33.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

LAMB COUNTY

Health Outcomes	Lamb County: 2022	Lamb County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,637	11,700	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	31%	28%	+	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9	5.2	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.7	6.1	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	18.0%	+	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	41.0%	42.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	38.0%	35.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	75.0%	49.0%	-	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	19.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	411.1	337.9	+	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	45.0	40.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	27.0%	28.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,579:1	4,240	-	1,640	1,310
Dentists – Ratio of population to dentists	6,355:1	6,360	-	1,580	1,340
Mental health providers – Ratio of population to mental health providers	2,542:1	1,810	+	550	290

Health Outcomes	Lamb County: 2022	Lamb County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,205	1,970	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	30.0%	38.0%	-	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	76.0%	77.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	49.0%	46.0%	-	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.2%	4.1%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	25.0%	25.0%	NC	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	4.2	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	25.0%	31.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	18.6	18.9	+	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	86.0	95.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.2	6.1	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	14.0%	11.0%	+	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	79.0%	80.0%	-	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	23.0%	24.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

LUBBOCK COUNTY

Health Outcomes	Lubbock County: 2022	Lubbock County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,358	10,200	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	23%	21%	+	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.2	4.5	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4	5.7	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	9.0%	NC	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	16.0%	16.0%	NC	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	36.0%	36.0%	NC	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	33.0%	28.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	87.0%	86.0%	+	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	20.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	720.3	832.3	-	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	30.0	24.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	18.0%	19.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,199:1	1,270	-	1,640	1,310
Dentists – Ratio of population to dentists	1,759:1	1,660	+	1,580	1,340
Mental health providers – Ratio of population to mental health providers	579:1	420	+	550	290

Health Outcomes	Lubbock County: 2022	Lubbock County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,248	2,415	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	38.0%	39.0%	+	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	87.0%	89.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	67.0%	67.0%	NC	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.7%	3.3%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	18.0%	20.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	5.0	4.9	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	29.0%	30.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	8.7	8.8	+	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	80.0	83.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.8	5.4	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	20.0%	20.0%	NC	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	80.0%	78.0%	+	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	10.0%	10.0%	NC	39.0%	37.0%

Data Source: Countyhealthrankings.org

LYNN COUNTY

Health Outcomes	Lynn County: 2022	Lynn County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,889	11,100	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	18%	28%	-	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.8	5.1	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.7	5.9	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	10.0%	9.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	19.0%	19.0%	NC	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	40.0%	41.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	37.0%	34.0%	-	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	0.0%	44.0%	+	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	18.0%	19.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	386.5	349.4	+	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	41.0	30.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	21.0%	20.0%	+	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	1,190:1	950	+	1,640	1,310
Dentists – Ratio of population to dentists	6,025:1	5,760	+	1,580	1,340
Mental health providers – Ratio of population to mental health providers	0:0	1,490	+	550	290

Health Outcomes	Lynn County: 2022	Lynn County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,863	3,848	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	34.0%	29.0%	-	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	79.0%	83.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	65.0%	64.0%	-	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	5.4%	3.3%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	20.0%	21.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	6.2	4.6	-	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	26.0%	19.0%	+	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	13.4	14.0	+	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	85.0	110.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.6	6.0	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	12.0%	14.0%	-	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	81.0%	80.0%	+	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	32.0%	43.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

TERRY COUNTY

Health Outcomes	Terry County: 2022	Terry County: 2025	Change	Texas: 2025	Top US Performers: 2025
Mortality					
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,179	12,700	-	8,000	8,100
Morbidity					
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	32%	30%	+	20%	17%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.0	5.3	-	3.8	3.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.8	6.1	-	5.1	5.1
Low birth weight – Percent of live births with low birth weight (<2500 grams)	9.0%	8.0%	+	9.0%	8.0%
Health Behaviors					
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20.0%	20.0%	NC	12.0%	13.0%
Adult obesity – Percent of adults that report a BMI >= 30	41.0%	43.0%	-	36.0%	34.0%
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	40.0%	37.0%	+	25.0%	23.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	47.0%	49.0%	+	82.0%	84.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	17.0%	19.0%	-	19.0%	19.0%
Sexually transmitted infections – Chlamydia rate per 100K population	567.4	648.4	-	517.8	495.0
Teen birth rate – Per 1,000 female population, ages 15-19	62.0	49.0	+	23.0	16.0
Clinical Care					
Uninsured adults – Percent of population under age 65 without health insurance	26.0%	29.0%	-	22.0%	11.0%
Primary care physicians – Ratio of population to primary care physicians	2,467:1	2,890	-	1,640	1,310
Dentists – Ratio of population to dentists	2,437:1	1,920	+	1,580	1,340
Mental health providers – Ratio of population to mental health providers	12,183:1	11,600	+	550	290

Health Outcomes	Terry County: 2022	Terry County: 2025	Change	Texas: 2025	Top US Performers: 2025
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	7,215	4,327	+	2,968	2,666
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	20.0%	24.0%	+	41.0%	44.0%
Social and Economic Factors					
High school graduation – Percent of ninth grade cohort that graduates in 4 years	70.0%	78.0%	+	86.0%	89.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	38.0%	47.0%	+	65.0%	68.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	7.3%	3.9%	+	3.9%	3.6%
Children in poverty – Percent of children under age 18 in poverty	27.0%	29.0%	-	18.0%	16.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.6	4.9	+	4.8	4.9
Children in single-parent households – Percent of children that live in household headed by single parent	26.0%	36.0%	-	25.0%	25.0%
Social associations – Number of membership associations per 10,000 population	8.1	7.8	-	7.4	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	83.0	89.0	-	69.0	87.0
Physical Environment					
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	7.4	5.9	+	8.1	7.3
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	17.0%	18.0%	-	18.0%	17.0%
Driving alone to work – Percentage of the workforce that drives alone to work	75.0%	80.0%	-	73.0%	70.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	27.0%	30.0%	-	39.0%	37.0%

Data Source: Countyhealthrankings.org

APPENDIX C – SOURCES

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

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

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

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

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

Data Indicator	Data Source
Hispanic Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic Population by Age Group	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Non-Hispanic White Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Black or African American Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Tribes and Villages, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Native American / Alaska Native Population by Tribes and Villages, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color (Not Non-Hispanic White)	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.

Data Indicator	Data Source
People of Color by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
People of Color by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Citizenship Status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic or Latino Nativity status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Hispanic or Latino Citizenship Status	Data Source: US Census Bureau, American Community Survey. 2019-23.
Average Monthly Unemployment Rate, March 2024 - March 2025	Data Source: US Census Bureau, American Community Survey. 2025 - March.
Average Annual Unemployment Rate, 2013-2023	Data Source: US Census Bureau, American Community Survey. 2025 - March.
Income - Earned Income Tax Credit	Data Source: IRS - Statistics of Income. 2022.
Income - Families Earning Over $75,000	Data Source: US Census Bureau, American Community Survey. 2019-23.
Families with Income Over $75,000 by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Families with Income Over $75,000 by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Families with Income Over $75,000 by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Income and AMI	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Median Family Income	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Family Income by Family Composition	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Family Income by Race / Ethnicity of Householder	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Median Household Income	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Household Income by Household Size	Data Source: US Census Bureau, American Community Survey. 2019-23.
Median Household Income by Race / Ethnicity of Householder	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households by Household Income Levels, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Income - Per Capita Income	Data Source: US Census Bureau, American Community Survey. 2019-23.

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

Data Indicator	Data Source
School Enrollment by School Type, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Access - Post-Secondary Enrollment	Data Source: US Census Bureau, American Community Survey. 2019-23.
Post-Secondary Enrollment by Race Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Post-Secondary Enrollment by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Overview	Data Source: US Census Bureau, American Community Survey. 2019-23.
Educational Attainment by Gender - Male	Data Source: US Census Bureau, American Community Survey. 2019-23.
Educational Attainment by Gender - Female	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Associate's Level Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Bachelor's Degree or Higher	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with Bachelor's Degree or Higher by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - No High School Diploma	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Race Alone, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Population with No High School Diploma by Race Alone, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - Some Post-secondary Education	Data Source: US Census Bureau, American Community Survey. 2019-23.
Attainment - High School Graduation Rate	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.
High School Graduation Rate by Student Race and Ethnicity	Data Source: US Department of Education, ED Data Express. Additional data analysis by CARES. 2022-23.

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

Data Indicator	Data Source
Population Receiving Medicaid by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Uninsured Adults	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Age 18 - 64 by Race / Ethnicity, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Age 18 - 64, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Insurance - Uninsured Children	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 19, by Race / Ethnicity, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 19, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Insurance - Uninsured Population (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Gender	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Age Group, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Age Group, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Ethnicity Alone	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Race, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Uninsured Population by Race, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
Insurance - Uninsured Population (SAHIE)	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 65 by Race and Hispanic Origin, Percent	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
Uninsured Population Under Age 65, Percent by Year, 2013 through 2022	Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2022.
SNAP Benefits - Households Receiving SNAP (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households Receiving SNAP Benefits by Race/Ethnicity, Percent	Data Source: US Census Bureau, American Community Survey. 2019-23.
Households Receiving SNAP Benefits by Race/Ethnicity, Total	Data Source: US Census Bureau, American Community Survey. 2019-23.
SNAP Benefits - Population Receiving SNAP (SAIPE)	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.

Data Indicator	Data Source
Population Receiving SNAP Benefits by Year, 2012 through 2022	Data Source: US Census Bureau, Small Area Income and Poverty Estimates. 2022.
Social Capital - Social Capital Index	Data Source: Pennsylvania State University, College of Agricultural Sciences, Northeast Regional Center for Rural Development. 2014.
Social Capital - 501c3 organizations	Data Source: IRS - Exempt Organizations Business Master File. Additional data analysis by CARES. 2023.
Social Capital - ACS Self-response Rate	Data Source: US Census Bureau, American Community Survey. 2019-23.
Social Capital - Voter Participation Rate	Data Source: Fox News, Politico, New York Times. 2024.
Teen Births (CDC)	Data Source: CDiC and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2017-2023.
Teen Birth Rate per 1,000 Female Population Age 15-19 by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2017-2023.
Teen Births (ACS)	Data Source: US Census Bureau, American Community Survey. 2019-23.
Housing + Transportation Affordability Index (H+T Index)	Data Source: Center for Neighborhood Technology. 2022.
Transportation Costs % Income	Data Source: Center for Neighborhood Technology. 2022.
Young People Not in School and Not Working	Data Source: US Census Bureau, American Community Survey. 2019-23.
Gender Pay Gap	Data Source: US Census Bureau, American Community Survey. 2019-2023.
Opportunity Index	Data Source: Opportunity Nation. 2018.
Opportunity Index - Dimension Scores	Data Source: Opportunity Nation. 2018.
Vulnerable Populations - Electricity-Dependent Medicare Beneficiaries	Data Source: HHS emPOWER. 2024.
Vulnerable Medicare Beneficiaries and Select Health Care Services	Data Source: HHS emPOWER. 2024.
Feeling Socially Isolated	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Received Food Stamps	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Food Insecurity	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Lack of Reliable Transportation	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.

Data Indicator	Data Source
Lack of Social and Emotional Support	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Land and Agriculture - Public Water Usage	Data Source: 2020.
Air & Water Quality - Drinking Water Safety	Data Source: US Environmental Protection Agency. 2023.
Land and Agriculture - Irrigation Water Withdrawal	Data Source: 2020.
Air & Water Quality - Ozone	Data Source: CDC - National Environmental Public Health Tracking Network. 2019.
Percentage of (Pop. Adjusted) Days Exceeding NAAQ Standards: Ozone (O3), 2010 through 2019	Data Source: CDC - National Environmental Public Health Tracking Network. 2019.
Children in Neighborhood without Vandalism	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Reporter's Affordability	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Reporter's Education Level	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children in Neighborhood without Vandalism, by Race	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Reporter's Education Level	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Reporter's Affordability	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Children Reported Safe In Neighborhood, by Race	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2022.
Air & Water Quality - Air Toxics Cancer Risk	Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.
Air & Water Quality - Air Toxics Respiratory Hazard Index	Data Source: Environmental Protection Agency, EPA - EJScreen. 2022.
Air & Water Quality - Diesel Particulate Matter	Data Source: Environmental Protection Agency, EPA - EJScreen. 2024.
Air & Water Quality - Particulate Matter 2.5	Data Source: CDC - National Environmental Public Health Tracking Network. 2020.
Days Exceeding NAAQ Standards (Pop. Adjusted), Percent: Particulate Matter (PM2.5), 2010 through 2020	Data Source: CDC - National Environmental Public Health Tracking Network. 2020.
Air & Water Quality - Respiratory Hazard Index	Data Source: EPA - AirToxScreen. 2019.

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

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

Data Indicator	Data Source
Community Design - Community Diversity (Emp. + Housing)	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Population Percentages by Tiered Community Diversity Score	Data Source: Environmental Protection Agency, EPA - Smart Location Database. 2021.
Food Environment - Fast Food Restaurants	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Fast Food Restaurants, Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Food Environment - Food Desert Census Tracts	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Grocery Stores	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Grocery Stores and Supermarkets, Rate per 100,000 Population by Year, 2010 through 2022	Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2022.
Land and Agriculture - Leading Agricultural Products (1)	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.
Food Environment - Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Low Food Access Population by Distance	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Low Income & Low Food Access	Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2019.
Food Environment - Modified Retail Food Environment Index	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Population with Low or No Healthy Food Access, Racial Disparity Index	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Population with Low or No Healthy Food Access by Race/Ethnicity, Percent	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Population with Low or No Healthy Food Access by Race/Ethnicity, Total	Data Source: CDC - Division of Nutrition, Physical Activity, and Obesity. 2011.
Food Environment - SNAP-Authorized Food Stores	Data Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2025.
Land and Agriculture - Orchards	Data Source: US Department of Agriculture, National Agricultural Statistics Service, Census of Agriculture. 2022.

Data Indicator	Data Source
Threatened and Endangered Species	Data Source: US Fish and Wildlife Service, Environmental Conservation Online System. 2024.
Access to Exercise Opportunities	Data Source: YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2024, 2022&2020.
Cancer Screening - Mammogram (Medicare)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Screening Mammography by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Screening Mammography by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Cancer Screening - Mammogram (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Percentage of Adults with Mammography, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Cancer Screening - Cervical Cancer Screening	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Percentage of Adults with Cervical Cancer Screening Test, 2018-2020 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Cancer Screening - Sigmoidoscopy or Colonoscopy	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Colorectal Cancer Screening, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Dental Care Utilization	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Dental Visit, 2021-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Diabetes Management - Hemoglobin A1c Test	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Diabetes with Annual Hemoglobin A1c Test by Year, 2008 through 2019	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Hospitalizations - Preventable Conditions	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Prevention Quality Overall Composite (PQI #90) by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Prevention Quality Overall Composite (PQI #90) by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2022.
Hospitalizations - Emergency Room Visits	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.

Data Indicator	Data Source
Emergency Room Visit Rates by Year	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Hospitalizations - Inpatient Stays	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Hospitalizations - Heart Disease	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Heart Disease Hospitalization Rate by Year	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Hospitalizations - Stroke	Data Source: CDC - Atlas of Heart Disease and Stroke . 2018-2020.
Ischemic Stroke Hospitalization Rate by Year	Data Source: CDC - Atlas of Heart Disease and Stroke. 2018-2020.
Late or No Prenatal Care (CDC)	Data Source: Wide-Ranging Online Data for Epidemiologic Research. 2017-19.
Late or No Prenatal Care Trend over Time, 2008 through 2019	Data Source: CDC - Wide-Ranging Online Data for Epidemiologic Research. 2017-19.
Opioid Drug Claims	Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.
Medicare Part D Opioid Drug Claims of Total Prescription Drug Claims, Percent by Year, 2013 through 2022	Data Source: Centers for Medicare & Medicaid Services, CMS - Part D Opioid Drug Mapping Tool. 2022.
Prevention - Annual Wellness Exam (Medicare)	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Annual Wellness Visit by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Annual Wellness Visit by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Preventive Services - Annual Wellness Visit by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Prevention - Seasonal Influenza Vaccine	Data Source: CDC - FluVaxView. 2022.
Prevention - Cholesterol Screening	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Percentage of Adults with Cholesterol Screening, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Health Care - FQHC Maternal and Child Health	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.

Data Indicator	Data Source
Health Care - FQHC Medical Conditions	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Patient Profile	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Race and Hispanic Ethnicity	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Payer and Insurance Status	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Patient Services Profile	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Health Care - FQHC Preventative Services	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
FQHC Patient Profile - Additional Services	Data Source: US Department of Health & Human Services, Health Resources and Services Administration. 2023.
Prevention - High Blood Pressure Management (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Percentage of Adults with Taking Blood Pressure Medication, 2019-2021 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2021.
Prevention - High Blood Pressure Management (Medicare)	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Blood Pressure Medication Nonadherence by Race/Ethnicity	Data Source: CDC - Atlas of Heart Disease and Stroke. 2019-2021.
Prevention - Recent Primary Care Visit (Medicare)	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Annual Primary Care Checkup by Year, 2008 through 2019	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Medicare Enrollees with Annual Primary Care Checkup by Race Alone, Percent	Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2019.
Prevention - Core Preventative Services for Men	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Prevention - Recent Primary Care Visit (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

Data Indicator	Data Source
Percentage of Adults with Annual Checkup, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Prevention - Core Preventative Services for Women	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020.
Readmissions - All Cause (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
30-Day Hospital Readmission Rates by Year	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Readmissions - Chronic Obstructive Pulmonary Disease	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Heart Attack	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Heart Failure	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Readmissions - Pneumonia	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2020-23.
Median Minutes Spent in Emergency Department	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022-23.
Patients Who Left Emergency Department Without Being Seen	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2022.
Timely and Effective Care - Stroke	Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018-20.
Prenatal Care in the 1st Trimester (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Alcohol - Heavy Alcohol Consumption	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Alcohol - Binge Drinking	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Binge Drinking, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Binge Drinking - Disparity Report	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .

Data Indicator	Data Source
Alcohol - Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Breastfeeding - Ever	Data Source: National Survey of Children's Health. Additional data analysis by CARES. 2023.
Children Ever Breastfed, Percent by Income Level	Data Source: National Survey of Children's Health. Additional data analysis by CARES. 2023.
Breastfeeding (Any)	No county data available. Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Children Ever Breastfed, Percent by Race / Ethnicity	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Breastfeeding (Exclusive)	No county data available. Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Children by Race / Ethnicity, Percent Exclusively Breastfed	Data Source: U.S. Census Bureau, National Survey of Children's Health. 2023.
Fruit/Vegetable Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Physical Inactivity	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Adults with No Leisure-Time Physical Activity by Gender, 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Percentage of Adults Physically Inactive by Year, 2004 through 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Soda Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
STI - Chlamydia Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Chlamydia Incidence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Chlamydia Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - Gonorrhea Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Gonorrhea Incidence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
Gonorrhea Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - HIV Incidence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
HIV Incidence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.
STI - HIV Prevalence	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.

Data Indicator	Data Source
HIV Prevalence Rate by Race / Ethnicity	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.
HIV Prevalence Rate by Year	Data Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.
Tobacco Expenditures	Data Source: Nielsen, Nielsen SiteReports. 2014.
Insufficient Sleep	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Insufficient Sleep, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Tobacco Usage - Current Smokers	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Current Smoking, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Walking or Biking to Work	Data Source: US Census Bureau, American Community Survey. 2019-23.
Breastfeeding Initiation (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Obesity - Pre-pregnancy (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Smoking During Pregnancy (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Birth Outcomes - Infant Mortality (CDC)	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.
Infant Mortality Rate per 1,000 Live Birth by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2016-2022.
Birth Outcomes - Infant Mortality (HRSA)	Data Source: Health Resources & Services Administration, HRSA - Maternal and Child Health Bureau. 2020-2022.
Birth Outcomes - Low Birth Weight (CDC)	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.
Low Birth Weight, Percent by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2017-2023.
Cancer Incidence - All Sites	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence, Rate Per 100,000 Population by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.
Cancer Incidence (Average Annual New Cases) by Race / Ethnicity	Data Source: State Cancer Profiles. 2017-21.

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

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

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

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

Data Indicator	Data Source
Overarching Opioid Use Disorder Indicator Hospitalization by Gender	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Overarching Opioid Use Disorder Indicator Hospitalization by Race / Ethnicity	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Overarching Opioid Use Disorder Indicator Hospitalization by Dual Eligibility Status	Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023.
Chronic Conditions - Substance Use Disorder (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Drug/Substance Abuse Disorder by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Drug/Substance Abuse Disorder, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Chronic Conditions - Multiple Chronic Conditions (Medicare Population)	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population with Multiple Chronic Conditions by Year, 2011 through 2018	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population with Multiple Chronic Conditions, Percentage by Age	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population by Number of Chronic Conditions, Total	Data Source: Centers for Medicare and Medicaid Services. 2018.
Medicare Population by Number of Chronic Conditions, Percentage	Data Source: Centers for Medicare and Medicaid Services. 2018.
Mortality - All Cause Mortality	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
All Cause Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Cancer	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Cancer Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Coronary Heart Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Coronary Heart Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Deaths of Despair, Crude Rate (Per 100,000 Pop.), Yearly Trend	Note: No county data available. Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Drug Overdose - All Substances	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances) Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Drug Overdose (All Substances), Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Drug Overdose - Opioid	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Opioid Overdose Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Drug Overdose (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Drug Overdose Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Firearm Fatalities	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Firearm Deaths, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Firearms Fatalities (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Firearm Mortality Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.

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

Data Indicator	Data Source
Life Expectancy (2010-2015) - Geographic Disparity	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
Period Life Table (2010-2015)	Data Source: CDC and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
Mortality - Liver Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Lung Disease	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Lung Disease Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Motor Vehicle Crash	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Motor Vehicle Crash Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Motor Vehicle Crash, Overall	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Motor Vehicle Crash, Alcohol-Involved	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Motor Vehicle Crash, Pedestrian	Data Source: US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2018-2022.
Mortality - Poisoning	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Poisoning Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

Data Indicator	Data Source
Mortality - Premature Death	Data Source: CDC and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.
Premature Death - Years of Potential Life Lost by Time Period, 1998-2000 through 2020-2022	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.
Years of Potential Life Lost (YPLL) per 100,000 Population by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via County Health Rankings. 2020-2022.
Mortality - Stroke	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Stroke Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Suicide	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Suicide Mortality, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Suicide (Modelled)	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Suicide Mortality Rate by Year	Data Source: CDC - Mapping Injury, Overdose, and Violence Dashboard. September '23 - August '24.
Mortality - Unintentional Injury (Accident)	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Gender	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.) by Race / Ethnicity	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Unintentional Injury Death, Crude Rate (Per 100,000 Pop.), Yearly Trend	Data Source: CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.
Mortality - Child Mortality	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2022.
Child Mortality Rate per 100,000 Population Age 0-19 by Race / Ethnicity	Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2019-2022.
Obesity (Adult - Trends)	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.

Data Indicator	Data Source
Adults Obese (BMI > 30.0) by Gender, 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2021	Data Source: CDC, National Center for Chronic Disease Prevention and Health Promotion. 2021.
Obesity (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Obesity, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Dental Health - Teeth Loss	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Percentage of Adults with Teeth Loss, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.
Poor Mental Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Mental Health - Days	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Poor or Fair Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Poor or Fair Health, 2019-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Poor Physical Health - Days	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2022.
Poor Physical Health	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Poor Physical Health Days, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Stroke (Adult)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Percentage of Adults with Stroke, 2018-2022 (Crude)	Data Source: CDC, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .
Stroke (Medicare Population)	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Stroke by Year, 2011 through 2018	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.
Medicare Population with Stroke, Percentage by Age	Data Source: Centers for Medicare & Medicaid Services, Centers for Medicare & Medicaid Services - Chronic Conditions. 2018.

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

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