



DRISCOLL HEALTH SYSTEM

2025 Community Health Needs Assessment



DRISCOLL CHILDREN'S HOSPITAL

Driscoll Children's Hospital was founded over 70 years ago on the simple idea that every child deserves medical care, regardless of ability to pay. The hospital has grown from a 25-bed facility to one with expert pediatric specialists in more than 32 medical and 13 surgical specialties.

Driscoll was the first hospital in South Texas to provide emergency services exclusively for children, and today, provides emergency care to over 50,000 children in Corpus Christi and 23,000 children in Rio Grande Valley a year. Driscoll was also the first hospital in South Texas to perform an organ transplant.

Mission: Devoted to expert care, education, outreach and advocacy.

Vision: Until all children are well.

Core Values: Compassion, Advocacy, Respect, Excellence, Stewardship.

TEXAS HEALTH INSTITUTE

Texas Health Institute is a nonprofit, objective public health institute with a mission to advance the health of all. Since 1964, THI has served as a trusted, leading voice on public health and healthcare issues in Texas and the nation. Our expertise, strategies, and nimble approach make THI an integral and essential partner in driving systems change. THI works across and within sectors to lead collaborative efforts and facilitate connections to foster systems that provide the opportunity for everyone to lead a healthy life. We love to hear from community residents and partner with local organizations to make sure community voices are heard and valued as we all work together on solutions to improve health.

Mission: To advance the health of all.

Vision: Healthy people, healthy communities.

Core Values: Objectivity, Efficiency, Innovation, Equity.

OUR COLLABORATIVE APPROACH

Driscoll Health System partnered with Texas Health Institute (THI) to conduct a community-centered Community Health Needs Assessment (CHNA) for the 31-county service area located in South Texas. The primary goal of this assessment was to understand the community conditions, needs, and assets that impact the health and well-being of children, expectant mothers, and their families. To achieve this comprehensive un-



derstanding, THI employed a community-centered, collaborative approach. THI (1) partnered with community-based organizations (CBOs) to engage local caregivers and youth through interviews and focus groups, gathering their feelings and experiences related to health service access and utilization; (2) interviewed local leaders who possess expertise in public health relevant to the community's health needs, including child and maternal health; and (3) analyzed publicly available and secondary quantitative data, such as population-level data, to provide context and triangulate findings from qualitative input.

This collaborative and community-centered approach was fundamentally guided by Driscoll's mission and vision, aiming to ensure that all children have opportunities to be well. This approach also builds on THI's robust experience and belief that improving community health must be centered on advancing health, ensuring that everyone has the opportunities they need, free from preventable barriers, to pursue their best health. THI recognizes that doing so requires a deep understanding of the importance of non-medical drivers of health, as well as systems factors that shape a community's health needs. This dedication was evident in its principles, which encompassed equitable compensation for project participants, the application of culturally appropriate methodologies to gather information, and strategic engagement strategies designed to ensure participation from individuals representing the broad interests of the community. This included active solicitation of input from members of medically underserved populations in the 31-county service area.

JOINT REPORT

This CHNA report is intended to serve as a joint assessment for the main Driscoll Children’s Hospital in Corpus Christi and the new Driscoll Children’s Hospital in Rio Grande Valley.

Together, these hospitals serve a 31-county service area and an estimated population of 740,217 children under the age of 18.



ACKNOWLEDGMENTS

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Easterseals of Rio Grande Valley

Communities in Schools of Hidalgo County

Rise School of Corpus Christi

Open Hands

Prospera Properties

Community Voices

We would like to thank the 67 community members and 11 key informants for sharing their experiences with us for this assessment. Thank you for trusting us with your partnership and voices to improve the health and well-being of children in South Texas.

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Generative AI was used in this report to edit language, create icons, and outline sections

SERVING OUR COMMUNITY

Thank you for your continued interest in Driscoll Health System's efforts to improve the health and well-being of children across our 31-county service area. We are pleased to share insights from our recent Community Health Needs Assessment (CHNA), a comprehensive evaluation that charitable hospital organizations, like ours, are required to undertake every three years.

For this most recent assessment, Driscoll Health System partnered with Texas Health Institute to undertake a comprehensive, community-centered evaluation of our 31-county service area, with the primary aim of identifying community conditions, needs, and assets that directly influence the health and well-being of children. While fulfilling our federal and state community benefit requirements, our shared approach was designed to go beyond minimum compliance, reflecting a deep commitment to our mission and vision—a devotion to expert care, education, outreach, and advocacy until all children are well. Along with providing a snapshot of the ways care is accessed throughout the Driscoll Health System, this report also helps us identify opportunities for growth so we can better serve our community.

What we heard was both hard and hopeful. People talked about the many challenges they face—like not having enough doctors nearby or not having the support they need to be healthy. But they also showed great strength, creativity, and a strong desire to make things better. The information we learned will help us plan what we do next—as a system and community.

We are very thankful to everyone who shared their time and expertise with us. The main reason we worked so closely with the community was not just to gather facts. Instead, we wanted to work together to understand what we learned from the community, figure out what was most important, and decide what Driscoll should focus on next. This process is very important for turning our ideas into real plans and working together with others.

Our goal is to make healthcare better, strengthen public health services, and help communities be healthy. We believe that by deeply listening and collaborating with the community, we can address the health needs identified in this report.

With gratitude,

Mary Dale Peterson, MD, MHA

Executive Vice President and Chief Operating Officer
Driscoll Health System

SIRVIENDO A NUESTRA COMUNIDAD

Gracias por su continuo interés en los esfuerzos del Sistema de Salud Driscoll para mejorar la salud y el bienestar de los niños a lo largo de nuestra área de servicio en 31 condados. Nos complace compartir las perspectivas de nuestra reciente Evaluación de Necesidades de Salud Comunitaria (CHNA), una evaluación integral que las organizaciones hospitalarias benéficas, como la nuestra, deben realizar cada tres años.

Para esta evaluación más reciente, el Sistema de Salud Driscoll se asoció con el Instituto de Salud de Texas para realizar una evaluación integral y centrada en la comunidad de nuestra área de servicio en 31 condados, con el objetivo principal de identificar las condiciones, necesidades y recursos de la comunidad que influyen directamente en la salud y el bienestar de los niños. Si bien cumplimos con nuestros requisitos federales y estatales de beneficios comunitarios, nuestro enfoque conjunto fue diseñado para ir más allá del cumplimiento mínimo, lo que refleja un profundo compromiso con nuestra misión y visión: Dedicación a la atención experta, la educación, al alcance a la comunidad y la defensa hasta que todos los niños se encuentren bien. Además de ofrecer un panorama general de cómo se accede a la atención médica en todo el Sistema de Salud Driscoll, este informe también nos ayuda a identificar oportunidades de crecimiento para servir mejor a nuestra comunidad.

Lo que escuchamos fue difícil y esperanzador a la vez. Las personas hablaron de los numerosos desafíos que enfrentan, como la falta de suficientes médicos cerca o la falta del apoyo necesario para mantenerse saludables. Pero también demostraron gran fortaleza, creatividad y un fuerte deseo de mejorar las cosas. La información que obtuvimos nos ayudará a planificar nuestro futuro, como sistema y como comunidad.

Agradecemos profundamente a todos los que compartieron su tiempo y experiencia con nosotros. La razón principal por la que trabajamos tan estrechamente con la comunidad no fue solo recopilar datos. En cambio, quisimos trabajar juntos para comprender lo que aprendimos de la comunidad, determinar qué era lo más importante y decidir en qué debería centrarse Driscoll a continuación. Este proceso es fundamental para convertir nuestras ideas en planes concretos y colaborar con otros.

Nuestro objetivo es mejorar la atención médica, fortalecer los servicios de salud pública y ayudar a las comunidades a ser saludables. Creemos que, al escuchar atentamente y colaborar con la comunidad, podemos abordar las necesidades de salud identificadas en este informe.

Con gratitud,

Mary Dale Peterson, MD, MHA

Vicepresidenta Ejecutiva y Directora Oficial de Operaciones

Driscoll Health System

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EXECUTIVE SUMMARY

Driscoll Health System remains steadfast in its mission to improve the health of the 740,000 children in its 31-county service area. As such, this assessment serves as both a compliance requirement and a strategic tool to guide investments, community partnerships, ongoing resourcefulness, and a deep commitment to improving child and maternal health.

Through an analysis of interviews, focus groups, Driscoll Health System data, and 400 publicly available health indicators, the following priorities and potential strategies were identified:

- **Access to Primary and Specialty Care.** Access to care remains one of the most pressing issues across the region due to the limited number of providers serving a large, sparsely populated service area with special health care needs. School-based mobile clinics, telehealth partnerships, community paramedic services, and community health workers (CHWs) were potential strategies recommended by community to address significant travel burdens, reduce ER visits, and assist patients with care navigation, case management, and financial assistance.
- **Mental Health and Well-Being.** Youth mental health emerged as a need among community participants due to increasing rates and concerns of anxiety, depression, emotional trauma, and behavioral issues—often linked to poverty, isolation, stigma, and lack of support. While crisis services are limited and families rely on emergency care for mental health needs, the community is appreciative of the ongoing efforts to embed mental health professionals in school settings.
- **Drivers of Health.** Access to food, transportation, financial stability, and trusted community resources are interconnected drivers of child health. Limited public transit, costly commutes for maternal and specialty care, and fear among undocumented individuals may result in delayed care, unmanaged chronic conditions, and emergency room (ER) use. Community members recommended exploring collaborations to improve nutritional literacy, improve access to care, and provide support services in rural areas, “food deserts,” and colonias, where culturally appropriate programs and trust are crucial.

This assessment is structured to provide a clear pathway from overall findings to actionable insights that build on ongoing efforts. In FY2024, Driscoll invested more than \$655 million in community benefit programs, including charity care, health professions education, and community health improvement. Driscoll Health System remains committed to collaborating with partners to build a healthier future for every child in South Texas.

INTRODUCTION

SERVING OUR COMMUNITY

Driscoll Health System defines its primary community as the 31-county service area spanning 33,000 square miles in South Texas. This area is served by **Driscoll Children's Hospital Corpus Christi and Driscoll Children's Hospital Rio Grande Valley**. Together, these facilities serve an estimated population of 740,217 children under the age of 18. The total population of this service area is 2,601,626. Of the child population, 88.2% are Hispanic, 9.0% are White Non-Hispanic, 1.2% are Black Non-Hispanic, and 0.7% are Asian Non-Hispanic. Of the child population, 90.5% are insured, 26.3% are food insecure, 18.9% are in poverty, and 4.8% have a disability.

FIGURE 1: Driscoll Health System Service Area Child Population by Demographic Group.

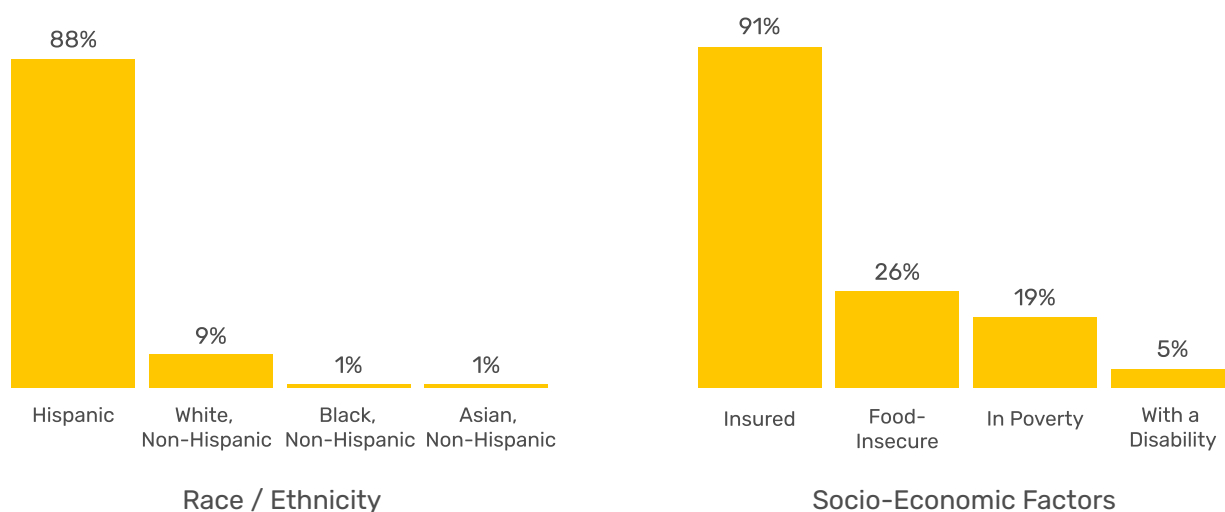


Figure 1 displays demographic data for children in Driscoll Health System's 31-county service area.

Source: Race & Ethnicity data from Texas Demographic Center, 2023. Socio-economic factors from American Community Survey (ACS) 2023 five-year estimates.

Figure 2 maps the components that comprise Driscoll Health System:

- **2 hospitals: Driscoll Children's Hospital and Driscoll Children's Hospital Rio Grande Valley (opened in 2024)**
- **48 Outpatient Clinics (not including El Paso)**
- **5 Driscoll Children's Quick Care clinics (located in Edinburg, McAllen, Morgan, Saratoga, and Victoria)**

- **6 Maternal Fetal Medicine Clinics** (located in Laredo, Harlingen, Corpus Christi (2), Brownsville, and Victoria)
- **6 Pediatric Cardiology Clinics** (Laredo, El Paso, Rio Grande City, Victoria, Corpus Christi, and McAllen)
- **2 Dialysis Centers** (located in Corpus Christi and RGV)
- **Driscoll Health Plan** (located in Corpus Christi, Brownsville, Edinburg, Laredo, and Victoria).

FIGURE 2: Driscoll Health System's 31-County Service Area and Facilities

31 Counties

33,000 Square Miles

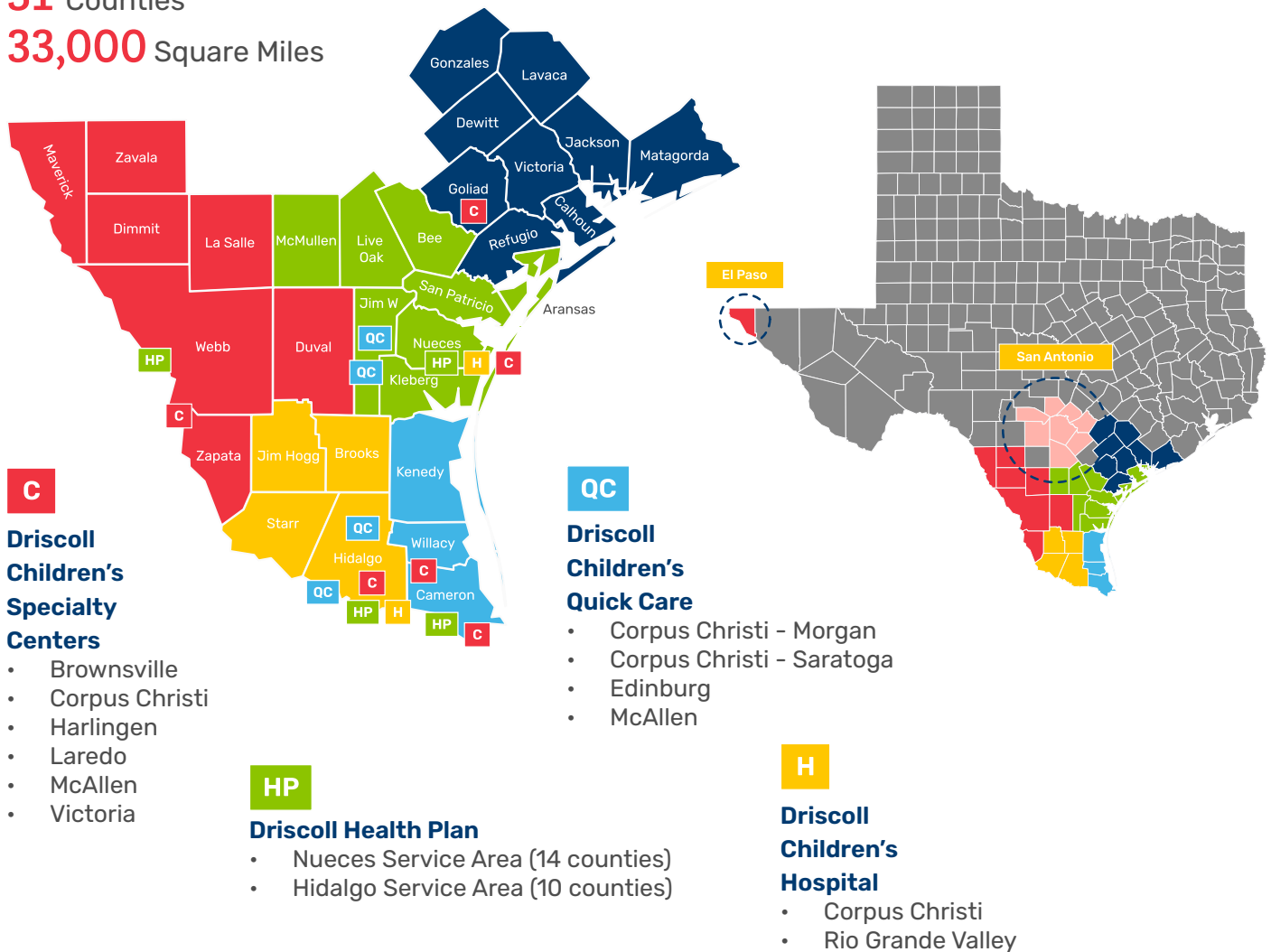


Figure 2 displays the five markets in Driscoll Health System's Service Area by county, with the locations of facilities noted by type.

Source: Driscoll Health System (2025)

The community definition ensures inclusion of medically underserved, low-income, or minority populations from the geographic areas served in the 31-county service area.

Medically underserved populations include those experiencing health disparities, at risk due to being uninsured/underinsured, or facing geographic, language, financial, or other barriers. At Driscoll Health System, all patients are treated, regardless of payment ability or financial assistance eligibility.

Figure 3 highlights medically underserved areas, or areas where residents face significant barriers to care, across the 31-county service area. Of the 31 counties in Driscoll's service area, 24 counties are designated Medically Underserved Areas (MUAs), and one additional county includes Census Tracts that are designated MUAs. These designations help officials determine where to invest additional support and locate community health centers where there is the most need.

FIGURE 3: Medically Underserved Areas in Driscoll Health System's Service Area

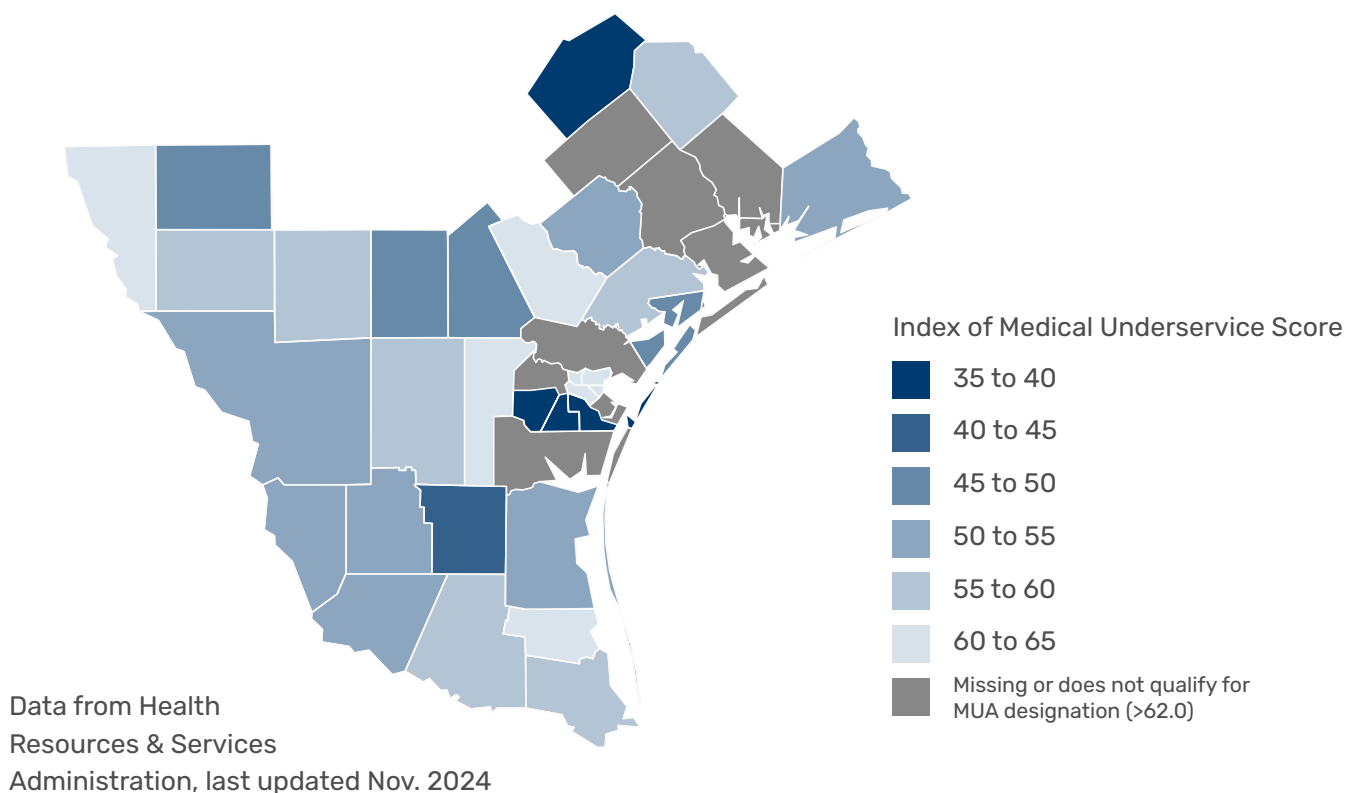


Figure 3 displays MUAs in the Driscoll Health System Service Area. MUAs identify geographic areas where residents face barriers to care, including a lack of access to primary care services, too few primary care providers, high infant mortality, high poverty, and high elderly populations. Each MUA is assigned a Medical Underservice Score from zero to 100, with the lowest scores indicating the highest need. To qualify for designation, this score must be less than or equal to 62, except for a governor designation, which does not receive a score. These designations also help officials establish additional support or community health centers where needed.

Source: Health Resources & Services Administration (2024).

DRISCOLL HEALTH SYSTEM

Driscoll Children's Hospital is a tertiary care regional referral center offering complex and comprehensive medical and surgical care for children. In May of 2024, Driscoll opened a new facility in Edinburg, Texas, the first licensed children's hospital along the South Texas border. Driscoll Children's Hospital Corpus Christi and Driscoll Children's Hospital Rio Grande Valley combined had more than 203,000 clinic visits, including 53,988 ER visits, performed more than 9,560 surgeries, had 3,823 Admissions, and 3,990 Observation patients in 2024, as demonstrated in Figure 4.

FIGURE 4: Driscoll Children's Hospital Statistics

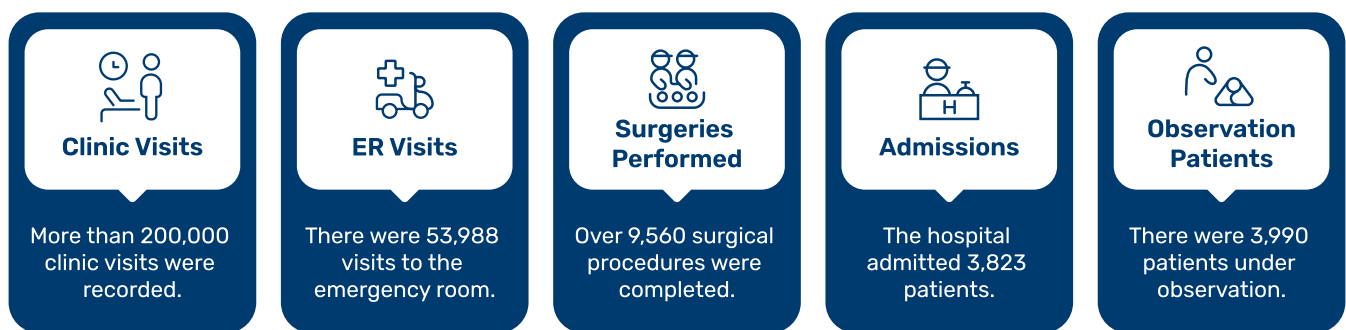


Figure 4 displays statistics related to services provided by Driscoll Children's Hospital Corpus Christi and Driscoll Children's Hospital Rio Grande Valley.

Source: Driscoll Health System Data, FY 2024

Driscoll has five additional children's specialty clinics located throughout South Texas, offering 21 subspecialty services. Comprehensive Surgical Services include general surgery, cardiovascular, orthopedic, and neurologic care. Driscoll also sponsors maternal fetal medicine clinics that seek to improve birth outcomes for the region. Quick care centers located throughout South Texas provide urgent care for children.



Combined, the facilities have:

- **30** Pediatric Intensive Care Unit beds
- **35** Cardiac Intensive Care Unit beds
- **61** Level IV Neonatal Intensive Care Unit beds
- **87** Level III Neonatal Intensive Care Unit beds
- **18** surgical suites
- A Child Abuse Resource and Evaluation Team
- One of **210** pediatric residency programs in the United States with **48** pediatric residents
- Texas A&M University Affiliation (affiliated with **34** colleges and universities across Texas and the United States)
- Accreditation by The Joint Commission

Additionally, Driscoll Children's Health System provides programs to the community for health education and prevention for diseases and chronic conditions, food insecurity, diabetic and asthma education classes, education for current and future health professionals, and community events that promote awareness of children's health issues to the public. Driscoll Health System offers reduced or no-charge services for all emergency or other medically necessary care for individuals eligible under its Financial Assistance Policy. Eligibility is based on the Federal Poverty Guidelines, number of dependents, and gross annual income. Additional means of determining eligibility may be utilized by the hospital if individual circumstances support that a completed application is not practical.

Driscoll Children's Hospital total operating expenses for the most recent completed and audited FY2024 were \$578,676,933.¹ The Annual Statement of Community Benefits Standards is submitted to the Hospital Survey Unit, Department of State Health Services, and includes completed worksheets that compute the ratio of cost to charge.

¹ Driscoll Health System, 990 Schedule H, Time Period: 09/01/2020-09/21/2021

FIGURE 5: Driscoll Health System Insurance Case Mix FY2022- FY2024

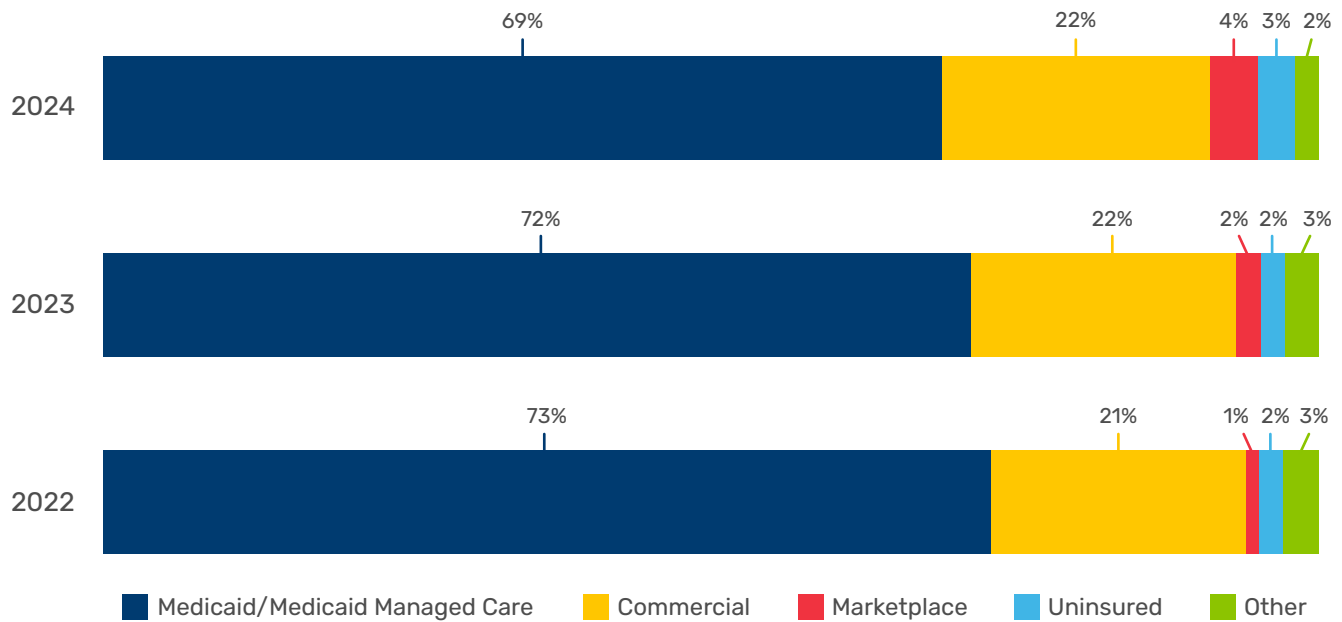


Figure 5 displays the insurance case mix for patients served by the Driscoll Health System from FY 2022 to FY2024 by insurance type and fiscal year. Due to rounding, percentages shown may not total exactly 100%.

In FY2024 (latest financial information available), Driscoll Children’s Hospital community contributions totaled \$655,408,102.47 and were distributed within the following areas:

- **\$517,106,965.12 | Financial Assistance and Government Programs**
Charity care at cost, the unreimbursed cost of Medicaid, and means-tested government programs
- **\$6,999,000.22 | Community Health Improvement and Community Benefit Operations**
Includes community health education and support, public relations and awareness, patient family and support services.
- **\$15,781,654.00 | Health Professions Education**
Education and training of medical and allied health professionals, nurses, students, interns, residents, and fellows
- **\$115,520,483.13 | Subsidized Health Services**
Clinical services provided in response to community need despite financial loss incurred.

ASSESSMENT PROCESS AND METHODOLOGY

The goal of this 2025 CHNA is to find, prioritize, and address the most important child and maternal health needs in the areas served by Driscoll Health System. This assessment will inform planning and decision-making to improve the health of the community and meet IRS requirements for nonprofit hospitals.

METHODS OVERVIEW

The 2025 CHNA was conducted using a community-centered, realist approach designed to understand the contextual and systemic factors that impact health through mixed methods and sensemaking. This collaborative methodology ensures that the findings accurately reflect the broad interests of the community, especially medically underserved populations. Data was collected from key informant interviews with community leaders (n=11), six focus groups with community members (n=67), publicly available county-level data from state and federal sources (over 400 indicators), and administrative data from Driscoll Health System. In partnership with community-based organizations (CBOs), focus groups were conducted with guiding principles of trust, time, and co-design to ensure participants felt supported and comfortable. More details are available in **Appendix A**. Health needs by region are available in **Appendix B** and county profiles (**Appendix C**) were developed to share local, county-level data on key quantitative indicators.

RESEARCH QUESTIONS & DESIGN

The primary research questions for this CHNA were:

- **Research Question 1:** What are the primary barriers and facilitators that impact access and utilization of healthcare for children and their families in the Driscoll Health System service area?
- **Research Question 2:** What improvements are most needed to enhance healthcare accessibility and improve outcomes for maternal and infant health?
- **Research Question 3:** What are the most pressing concerns affecting maternal, child, and adolescent health in the service area, and how can Driscoll Health System partner with community organizations, schools, public health agencies, and other systems to improve health outcomes for children and their families?

PRIORITIZATION PROCESS

The prioritization process identified the most significant health needs of the community through a collaborative review of qualitative and quantitative data. This involved discussions with hospital leadership and community leaders in areas such as potential causes, severity, and magnitude (for more insight into qualitative findings by Driscoll Health System region, see **Appendix B**). This 2025 CHNA will be presented to the hospital facility's authorized body for approval.

TRANSLATE FINDINGS INTO ACTION

The report is structured to provide a clear pathway from overall findings to actionable insights. Beginning with an in-depth look at Priority Health Needs for the 31-county service area, findings are summarized in the following way:

- **Overview** – provides a summary of the need.
- **Insights from the Data** – provides qualitative and quantitative data to more deeply understand the need and related factors in the community.
- **Significance for Health** – explains how the concerns connect to Driscoll Health System's role as a children's healthcare system serving the community.
- **Ongoing Efforts** – recognizes the ongoing efforts of both Driscoll Health System and community organizations, while providing relevant progress updates since the last CHNA.

Throughout the text of the Community Health Needs Assessment, highlights on special topics and populations will also be included in "spotlight" call-out boxes. These special topics include:

- Maternal Health
- Insights from Emergency Room (ER) Usage: A Lens on Care and Gaps
- Culture, Community, and Trust
- Health in the Colonias
- Children with Chronic Conditions and Complex Care Needs

PRIORITY HEALTH NEEDS

The goal of this 2025 Community Health Needs Assessment (CHNA) is to find, prioritize, and address the most important child and maternal health needs in the areas served by Driscoll Health System. As a result of this approach, the following needs emerged as critical areas of action and collaboration based on the triangulation of quantitative and qualitative data:

- Access to Primary and Specialty Care
- Mental Health and Well-Being
- Drivers of Health

ACCESS TO PRIMARY AND SPECIALTY CARE

OVERVIEW

Access to care remains a defining challenge across the Driscoll Health System service area due to the limited number of providers serving a large, mostly rural, sparsely populated service area.

For children, pregnant women, and families in the region, true access means more than proximity to a facility; it requires timely, affordable, and accessible services delivered by a workforce that is adequately staffed, well-coordinated, and culturally responsive. Structural barriers such as cost, transportation, and non-medical drivers of health often compound these challenges, delaying diagnoses and pushing care into higher-cost emergency settings.

Community feedback highlights that these access gaps are not isolated problems but reflective of broader economic and infrastructure trends, underscoring the need for innovative, community-centered, and systemic approaches that balance regional capacity with local needs.

“The frustration of not being able to have the resources to be able to solve those needs. It frustrates you as a person, as a family, not being able to meet that need. And that leads parents to worry more and to be thinking. And bring problems to your head of how I’m going to be able to help my son or my daughter and that leads to mental health, to depression, anxiety - all that. It’s a little chain... because they can’t get their medical treatment.”

– Focus Group Participant

INSIGHTS FROM THE DATA

Access to care was a demonstrated need in both the qualitative and quantitative data. Community members talk about access to care issues by referencing high monetary costs of accessing care, even for those with insurance, and the amount of time it takes to get appointments, wait for appointments, and travel to appointments. Those who may lack transportation often give up on preventive care, only seeking care when they are in emergency situations. Community members and key informants expressed concern about the lack of pediatric specialists in the region.

“The issue in Corpus, in South Texas, is going to be accessibility and the amount of and lack of doctors.”

– Focus Group Participant

“It’s the mental health side of things, the psych evals I mean, I’ve waited... 4 1/2 months for a re-evaluation after two months of waiting to schedule the appointment. Then the appointment was 4 1/2 months later. And then literally 2 hours before the appointment, they called to reschedule. Because there’s one psychologist in town who can diagnose.”

– Focus Group Participant

An analysis of all active National Provider Identifier (NPI) records through the Centers for Medicare & Medicaid Services’ National Plan and Provider Enumeration System found that there are 851 pediatric providers in the Driscoll Health System service area. These providers span 30 subspecialties that have been grouped into five categories for mapping.

² NPI categories were mapped to the following five categories 1) Diagnostic & Laboratory-Based: Radiology & Pathology, 2) Rehabilitation & Supportive Care: Rehabilitation Medicine, Sports Medicine, Chiropractor, Registered Dietician, Nursing Care, 3) Developmental, Behavioral & Mental Health: Adolescent Medicine, Developmental-Behavioral Pediatrics, Neurodevelopmental Disabilities 4) Surgical & Procedural: Pediatric Surgery, Orthopedic Surgery, Urology, Otolaryngology, Ophthalmology 5) Critical & Acute Care: Critical Care Medicine, Emergency Medicine, Neonatal-Perinatal Medicine, Hospice and Palliative Medicine, Anesthesiology 6) Internal Medicine Related: Cardiology, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Diseases, Nephrology, Pulmonology, Rheumatology

FIGURE 6: Locations of Active NPI Registered Pediatric Providers Across the 31-County Service Area

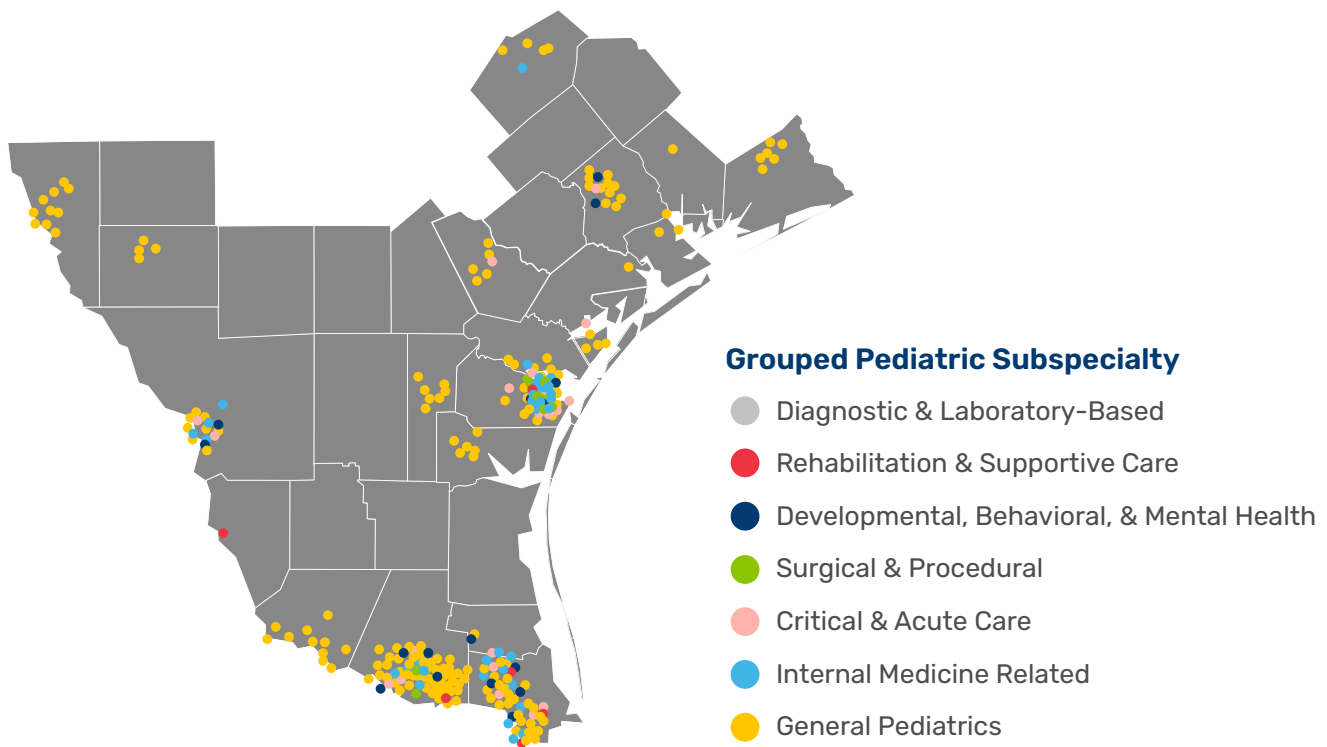


Figure 6 displays the locations of active pediatric providers listed in the NPI provider registry as of July 2025 by type. It should be noted that organizations and individuals may have an active license but may not be seeing patients, so the data may overcount total providers.

Source: Centers for Medicare & Medicaid Services NPPES NPI Registry (2025)

The concentration of pediatric providers mirrors population density in the service area, with high density in the Corpus Christi and RGV areas, and some density around Laredo and Victoria. Given the Texas Demographic Center's growth projections through 2040, predicting the highest growth in Hidalgo County and some growth in the counties bordering current population centers³, Driscoll should consider expansion of care in Hidalgo, Nueces, Victoria, and Webb Counties, and the surrounding counties.



³ Texas Demographic Center (2022). Populations Projections 2020-2040 by county. Retrieved from: <https://idser.maps.arcgis.com/apps/MapSeries/index.html?appid=88493fab762141d7b5a28d3430ab1ca8>

Insights from Driscoll Health System’s data⁴ highlight the need and ongoing efforts to improve access to specialty care. By tracking and measuring specialty visits, referrals, and time to encounter, Driscoll Health System can best understand the demand for specialty care across regions and markets and invest to reduce gaps between supply and demand.

FIGURE 7: Average Days from Referral to Follow-up Event

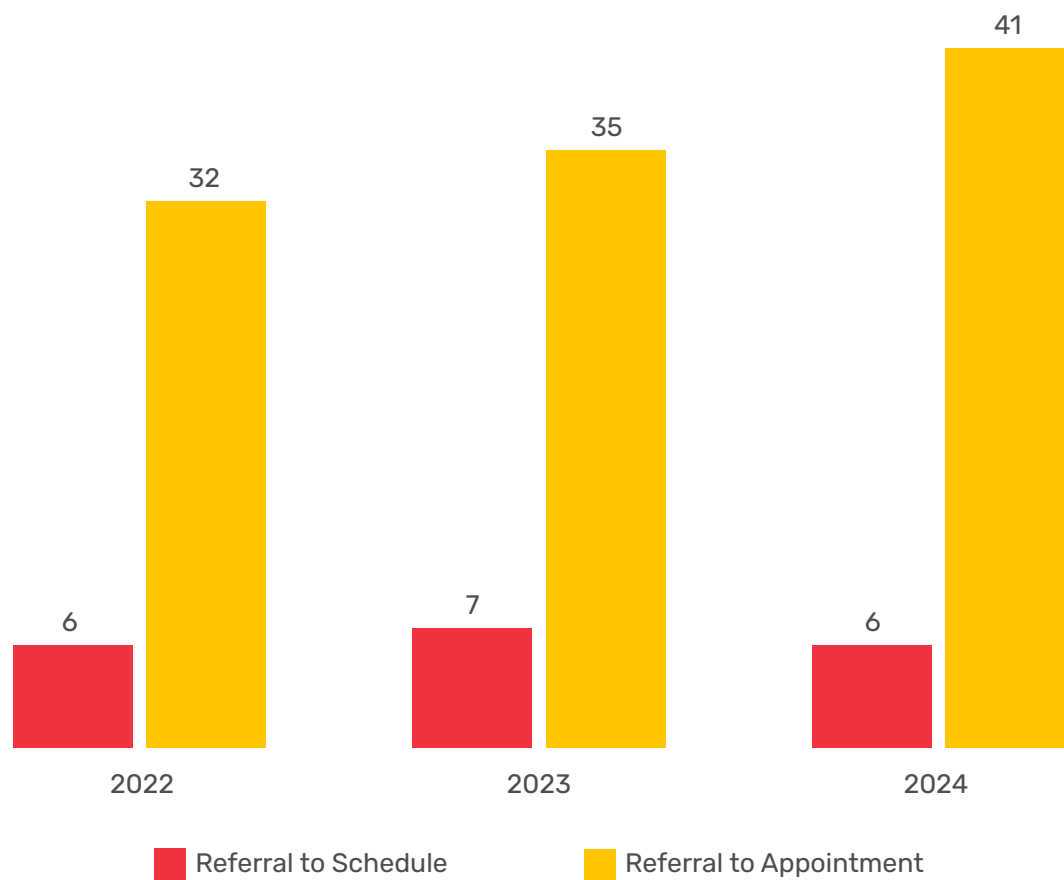


Figure 7 displays the average days between a referral and appointment and referral and appointment scheduling by Fiscal Year for Driscoll Health System specialty visits.

⁴ Source: Driscoll Health System data, (FY2022-2024)

Metric	Measures and Context
Specialty Visits	There were 277,292 specialty visits from FY2022-2024, and nearly a third of those visits (29.2%) were for perinatology and maternal fetal medicine. Expecting parents in the region are visiting Driscoll Health System when they face a high-risk pregnancy, creating potential for a care relationship with their families as they grow. Cardiology (14.6%), speech therapy (6.3%), and general surgery (4.7%) were the next highest categories of specialty visits.
Referrals	Of the 67,514 new referrals in FY2022-2024, the most frequent were for cardiology (30.5%), with perinatology (27.6%) and general surgery (10.5%) also receiving high referral counts. Referrals suggest areas where Driscoll Health System specialty services are in most demand. The referrals came primarily from the McAllen (36%), Laredo (22%), and primary (18%) markets.
Time to Encounter	Delays in receiving care provide an important metric to understand the difference between care demand and supply. When patients experience delays in accessing specialty care appointments, it negatively impacts their experiences with their providers and can cause undue stress and frustration. The average wait for new patients' referral-to-encounter for all Driscoll Health System specialists was 27 days. In 2024, patients experienced the greatest delays for neurology (113 days), gastroenterology (83), and pulmonology (60). Victoria market patients had an average wait of 46 days, and Laredo market patients had an average wait of 38 days, suggesting higher gaps between supply and demand in those areas.

Even when participants had access to providers, hours of operation conflicting with work, school, and other commitments create additional barriers to care. Driscoll Health System's Quick Care Clinics go far with community to allow them to access care when needed without using emergency rooms for non-emergent health care needs. In FY2024, of the 40,000 visits to Driscoll's four Quick Care Clinics, over half (54.3%) were to the Saratoga Quick Care Clinic. Across clinics, over a quarter of FY 2024 visits were for throat-related issues (26.8%), and nearly 20% were related to infectious disease (18.9%)⁵.

⁵ THI analysis of Driscoll Health System data FY2024.

“I work from like Monday to Friday from 7:00 to 6:00 in the afternoon. So, if I have to take you to the doctor to the emergency, it would have to be the aftercare and not during my work hours. When I call in or I ask for the day off or they’re letting me go early, but I work in daycare. So, it’s pretty hard for me to get the day off. And so I would like it to be like after I got off work, 6:00 or 7:00 to be open and not just sick kids...during the weekdays I’m always busy working this and the kids have school, and they have daycare and my daughter has games and I’m always up and down 24/7. So, I think it would be easier after hours.”

– Focus Group Participant

“What [is a] struggle with me is the office visits after hours are mostly for sick children. So, I would like it to be where I can take my kids for a physical after hours because I can’t constantly take my kids to the doctor during the work hours.”

– Focus Group Participant

When participants could get time away from their work, family, and care commitments to attend appointments during traditional hours, the long waits they experienced in the office led to frustration. These frustrations can affect patients’ willingness to return to the office for non-emergent care, particularly when wait times lead to late arrivals at work or for childcare pickup.

“I think the concern with that is I feel like the physicians don’t really spend that much time with the kids. You know, it’s just in and out super quickly. Like they’re waiting in the waiting room for a little bit forever and then they’re and boom, bang out, you know what I mean? Especially with a 2 year old, I feel like how can we not see that she needs some kind of help? And we are like, hey, how the doctors not notice it?”

– Focus Group Participant

“I have two children with autism and other disabilities that come along with that, but definitely the lack of specialists. The long periods of having to wait to see a neurologist, and then we finally get to the appointment and it’s a rush out the door and I am having to wait approximately 5 hours to even be seen.”

– Focus Group Participant

The need for care at alternative hours and care that is timely without long waits is directly related to provider shortages in the region. When it is a challenge to even recruit clinicians to the service area, finding those who are also willing to work alternative schedules becomes an increased supply challenge, but one that must be addressed to meet the needs of patients in the service area.

SPOTLIGHT: Maternal Health

Persistent shortages of obstetricians and pediatricians, exacerbated by financial burdens and fears related to immigration status, create critical barriers to timely and comprehensive maternal and infant care in the region. Driscoll Health System is improving timeliness of care for maternal health across the service area with ongoing efforts in rural, underserved areas to recruit specialty providers.

Intersections

Limited access – people in medically underserved communities, especially rural ones, due to shortages, as well as transportation and location barriers, have limited access to timely and comprehensive pre-and postnatal care and delivery.

Complex health challenges – pregnant women with complex challenges, such as an abnormality in the fetus, or mental health concerns, are at increased risk, particularly when support staff is limited.

Navigating benefit systems – women who lack trust in healthcare systems or who struggle to obtain insurance coverage or benefits they are eligible for often encounter considerable barriers to access and are more likely to experience negative outcomes.

Key Metrics

- On average, 8.6% of Medicaid enrollees in each county were pregnant women. This rate was highest in Kenedy County at 15.3%, and lowest in Jim Hogg County at 5.7%.
- In the Driscoll Health System service area, 16 counties have no hospitals offering obstetric care, while another 10 counties have only one.
- Across the 31-county service area, approximately 68.3% of live births received prenatal care during the first trimester. According to HEDIS measures, first-trimester prenatal care improved from 89.0% in 2022 to 91.24% in 2024 for Driscoll Health Plan – STAR members. This suggests that Driscoll Health Plan is doing better than the regional average in ensuring patients have access to necessary prenatal care.
- Preterm birth rates in the Driscoll Health System service area average 12.2%, higher than the statewide average of 11.1%. Starr County has the highest rate in the state at 14.7%.

- Driscoll Health System's service area exceeds the Texas average in rates of gestational/pre-pregnancy diabetes (10.99% vs. 7.90%), low birth weight (8.93% vs. 8.42%), pre-pregnancy obesity (37.85% vs. 35.52%), and low-risk cesarean deliveries (30.65% vs. 27.02%), but has significantly lower rates of smoking during pregnancy (1.48% vs. 4.56%) and lower rates of severe maternal morbidity (59.5 in public health region 11 vs. 72.9 per 10,000). ⁶Driscoll Health Plan pregnant members had disproportionate higher incidence of gestational diabetes (approximately 25%) which is 2.5 times higher than service area and Texas.

On the Ground

- Of the 81,051 perinatology/maternal fetal medicine specialty visits from FY2022-2024, 78,839 (97%) were office visits, and 2,023 (2%) were telehealth visits. The average referral-to-encounter wait time for new patients is 12 days; however, the average is slightly higher for patients in the McAllen market (16 days), Victoria market (16 days), and Brownsville market (14 days).

Community Voices –

Community members expressed frustration about the inability to easily make appointments with an obstetrician, leading to long wait times or long drives (to neighboring cities) for appointments, and sometimes even resulting in mothers foregoing pre- and post-natal care. Additionally, community members expressed a desire to have more support staff and specialists available to provide information or counseling if a fetal abnormality or birth defect was detected, and to provide referrals to services.

“We are down some OB physicians in our region and I do know that I’ve heard you know that there are those that are, you know recruiting. I just don’t know how well that recruitment is going and so I mean, we just we’re growing region and we definitely need more physicians and specialty physicians within our communities.”

– Focus Group Participant

⁶ Maternal and infant health data downloaded from the Maternal and Infant Health Mapping Tool, a website developed by the Health Resources and Services Administration, Maternal and Child Health Bureau. <https://data.hrsa.gov/maps/mchb>. Accessed on [03/21/2025]. Driscoll Health Plan data from FY2024 HEDIS measures. Severe Maternal Morbidity Data from Texas Department of State Health Services Texas Health Data Dashboard, Severe Maternal Morbidity for Public Health Region 11, 2022: <https://healthdata.dshs.texas.gov/dashboard/maternal-and-child-health/maternal-health/severe-maternal-morbidity>.

SIGNIFICANCE FOR HEALTH

Access to care affects the health and well-being of communities in the Driscoll Health System Service Area. Gaps in preventive care, patients without a medical home, and supply and demand mismatches for specialty services drive delayed treatment and emergency room utilization, particularly for children and expecting mothers, where timely care has lifelong health implications. Further, community members who face economic disadvantages are further restricted in their access to care, due to lack of transportation, difficulties navigating Medicaid and other benefit systems, challenges arranging work and childcare schedules to accommodate preventive care visits and competing needs for limited economic resources.



Given the unique topography of the region, characterized by mid-size population centers in the Rio Grande Valley, Corpus Christi, and Laredo, separated by vast rural areas with small and shrinking populations, investing in pediatric facilities across the region would be impractical. Promising areas for further exploration and feasibility studies include reimagining care delivery through flexible models that bring specialty and maternal health services to existing infrastructure closer to where people live; addressing structural barriers such as transportation and insurance navigation; and investing in culturally appropriate public engagement to build trust and promote preventive care. Strengthening data capabilities to predict and address gaps in referrals and coverage could further align resources with community needs.

SPOTLIGHT: Insights from Emergency Room (ER) Usage: A Lens on Care and Gaps

A significant portion of Driscoll Health System emergency room (ER) visits—43% in FY2022-2024—were classified as “less urgent,” with top diagnoses including upper respiratory infection, strep throat, noninfective gastrointestinal issues, and flu. This may indicate an over-reliance on the ER for conditions that could be treated in lower-acuity settings. This overuse may put a strain on ER capacity to care for critically sick or injured children.

Intersections

Chronic and mental health conditions – Difficulty in managing mental health conditions, chronic illnesses, or a disability, all of which require regularly scheduled ongoing appointments for evaluations, treatments, and referrals, may lead to missed appointments or foregoing treatment altogether. Without management, conditions may quickly escalate, leading to overuse of ER facilities.

Financial strain – People who live in under-resourced communities with limited well-paying jobs may perceive preventive care as not worth the time and money. However, this perception may prove to be very costly if a serious illness that could have been detected or even prevented with screening and regular checkups leads to an ER visit.

Key Metrics

A 2024 report from Texas Health and Human Services estimated 1.58 million potentially preventable Emergency Department visits in Texas Medicaid and CHIP programs in 2022, costing approximately \$754 million⁷. Driscoll Health System spans the Hidalgo and Nueces Health Service Areas. The chart below displays potentially preventable visit rates by Medicaid payer type for each region for 2023⁸.

⁷Texas Health and Human Services (March 2024) Biannual Report on Initiatives to Reduce Avoidable Emergency Room Utilization and Improve Health Outcomes in Medicaid. <https://www.hhs.texas.gov/sites/default/files/documents/initiatives-reduce-avoidable-er-utilization-improve-health-outcomes-medicaid-march-2024.pdf>.

⁸Texas Health and Human Services. Texas Healthcare Learning Collaborative Portal. Potentially Preventable Emergency Department Visits – 2023. <https://thlcportal.com/ppe/ppvprogramwide>.

FIGURE 8: Potentially Preventable Visit Rates (per 1,000 ED Visits) by Program Type and Health Service Area

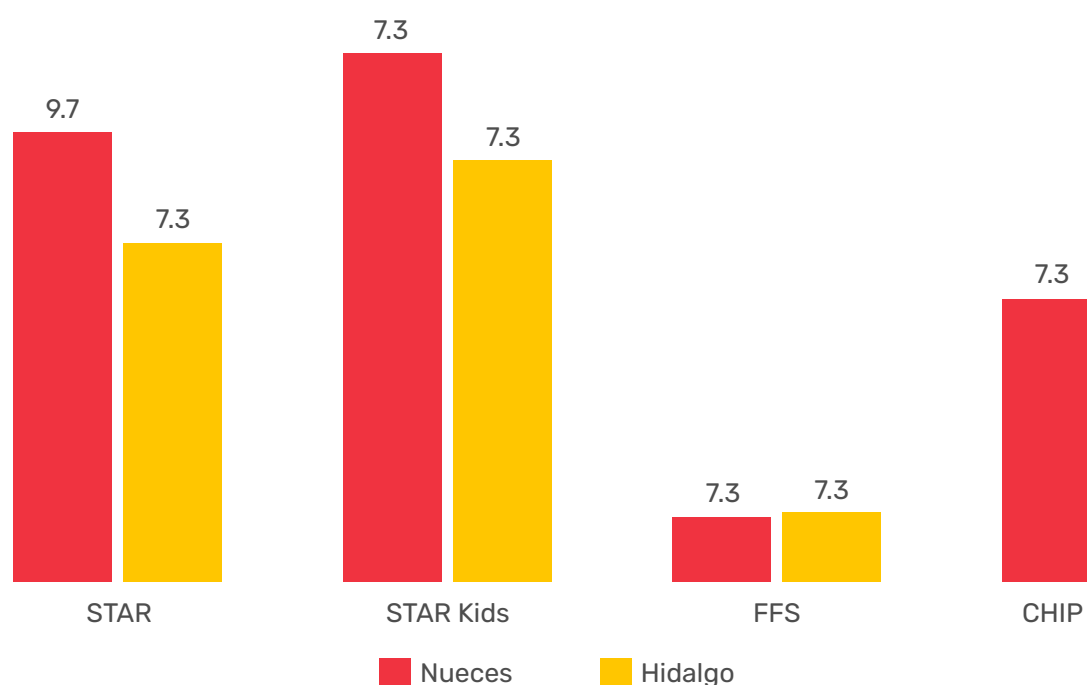


Figure 8 displays data from Texas Healthcare Learning Collaborative Portal for the Nueces and Hidalgo Health Service Areas on potentially preventable emergency department visits – 2023. <https://thlcportal.com/ppe/ppvprogramwide>.

On the Ground

Driscoll Health System data showed a combined total of 143,516 emergency room visits for FY2022-2024.

- Of the 143,516 visits, 43% were coded as less urgent, followed by urgent (41%), and emergent (16%).
- Between FY2022-2024, Driscoll Health System had 13,541 repeat visits (three or more ER visits for a single patient within 60 days). The number of repeat visits increased by 77% to 5,977 in FY2024, with almost 3,200 patients receiving repeat ER visits that year.
- Acute Upper Respiratory Infection was the primary diagnosis for nearly 20% of repeat visits in FY2024 (19.3%).
- Of the patients with repeat visits in 2024, 851 (13%) were admitted; the top diagnosis groups for these admissions were metabolic disorders (90, 11%), acute respiratory infection (81, 10%), flu and pneumonia (57, 7%), and chronic lower respiratory diseases (43, 5%).

Community Voices –

Community members noted that barriers to preventive care (e.g., cultural beliefs, perceptions about cost, and availability) resulted in overuse of ER facilities. Engaging in regular check-ups, screening, and immunizations contributed to early detection, treatment, and prevention of more serious conditions, which, if not treated, required a costly ER visit or hospitalization.

“I don’t know whether it’s cultural. Is there just that’s. That’s where they’re going first. And we’ve worked with a couple of offices who have really attempted to, hey, call us first, we have availability. We will see you. And we found out that they were like, well, there’s too many cars in the parking lot I just went to the ER.”

– Focus Group Participant

“And it’s really frustrating because there are very good [asthma] treatments that are out there. They’re just very poorly managed. And so that really is one of the things that ends up leading to overutilization of the emergency rooms and urgent care clinics.”

– Key Informant

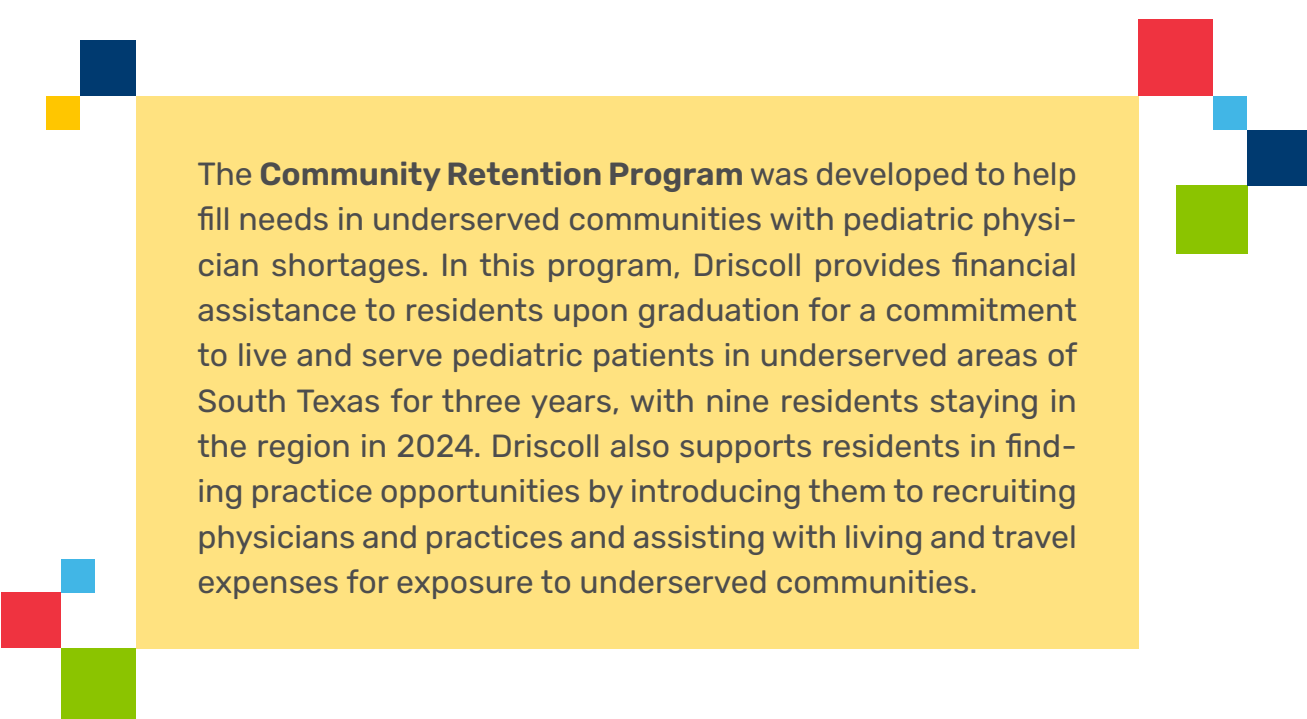
This data suggests the need for a deeper dive into repeat and non-emergent emergency department visits—as well as qualitative inquiry with the patients who experience them—to better understand factors like seasonal trends, underlying complex care needs, and the role that cultural responsiveness and health literacy play in preventable ER use.



ONGOING EFFORTS

While Driscoll Health System implemented several initiatives to address access to primary and specialty care, additional efforts and community collaboration are needed. Highlights of ongoing efforts and progress include:

- Actively recruiting pediatric specialists, with 21 hired in 2024, and
- Reducing new referral-to-encounter wait times to an average of 27 days for FY2024.

A decorative graphic featuring a central yellow rectangular box. Surrounding this box are several smaller squares in various colors: dark blue, red, light blue, and green, arranged in a scattered pattern on the left and right sides.

The **Community Retention Program** was developed to help fill needs in underserved communities with pediatric physician shortages. In this program, Driscoll provides financial assistance to residents upon graduation for a commitment to live and serve pediatric patients in underserved areas of South Texas for three years, with nine residents staying in the region in 2024. Driscoll also supports residents in finding practice opportunities by introducing them to recruiting physicians and practices and assisting with living and travel expenses for exposure to underserved communities.

MENTAL HEALTH AND WELL-BEING

OVERVIEW

Youth mental health emerged as a top concern due to increasing rates and stories of anxiety, depression, emotional trauma, and behavioral issues. Mental health and emotional well-being are critical for expectant mothers, children, and caregivers facing complex life challenges. Community feedback emphasized limited access to pediatric mental health providers—psychiatrists, counselors, and behavioral specialists—as a major barrier to managing stress, trauma, and chronic hardship. Families frequently reported depression, anxiety, and emotional distress, yet support was often inaccessible due to workforce shortages, insurance limitations, and long wait times. Where care was available, concerns about cultural appropriateness were often expressed. The realities of ensuring youth, children, and expecting parents have access to culturally relevant mental health care in a region as large and sparsely populated as the Driscoll Health System service area require an innovative approach that centers community partnerships, early intervention and prevention, and integrated health services.



“They [primary care physicians] can’t diagnose autism. We’re still getting the, “Wait and see. Give it a year.” But research shows that we can’t wait a year. Early intervention is the best way for our children. There’s a lot of questions on our group Facebook chat about, “My child is doing this. What do you think it is?” Then we have these three extra layers of, “Who’s going to help me with the sleep disorders? Who’s going to help me with what they can and cannot eat? Who’s going to help me with their mental and anxiety? Who’s going to help me?” We only have one childhood psychologist or neurologist in our area. People then start leaving Laredo and start going elsewhere. They go to Corpus, San Antonio, the Valley, McAllen.”

– Key Informant

INSIGHTS FROM THE DATA

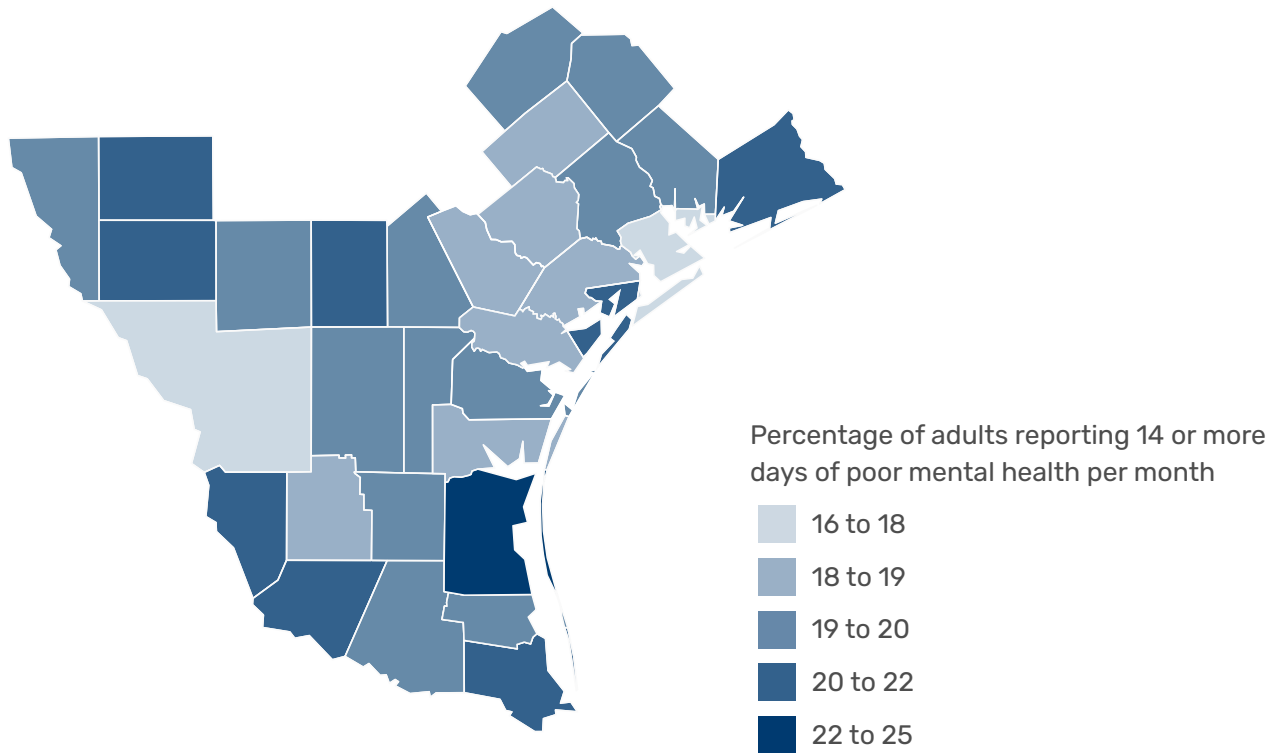
Data on children's mental health at the community level is not currently available for the service area population; however, the mental health of adults can serve as an important proxy for youth mental health, and as a non-medical driver of health for children (see Figure 6). Participants and key informants identified mental health as a family concern, impacting all members of the household, not just the child or adult who was diagnosed.

“That is, you can get support like a center of saying mom needs support, family needs support. Sister needs support because siblings carry the burden... You process that anxiety over to them, and now you have a 7 year old with a mental health issue and emotional health development.”

– Focus Group Participant

Data from County Health Rankings and Roadmaps highlight the percentage of adults experiencing frequent mental distress in the region, defined as experiencing 14 or more poor mental health days per month. Across Texas, 16% of adults report frequent mental distress. Every county in the Driscoll Health System service area reports rates of frequent mental distress among adults at rates equal to or greater than the state as a whole.

FIGURE 9: Frequent Poor Mental Health Status Reported by Adults by County



Data from County Health Rankings, 2022

Figure 9 presents data on the percentage of adults reporting 14 or more days of poor mental health per month. The data is from County Health Rankings and Roadmaps analysis of Behavioral Risk Factor Surveillance System data from 2022.

School system data can also demonstrate the prevalence of mental health and developmental disabilities among children in the region. In most counties, schools are experiencing high rates of learning disabilities, speech impairments, and autism spectrum disorders relative to other disabilities, but rates fluctuate greatly across the region.

“COVID did a real job on us, and now they’re into-- they get a lot more anxiety and depression.”

– Key Informant

FIGURE 10: Students Receiving Special Education Services by Primary Disability, by County

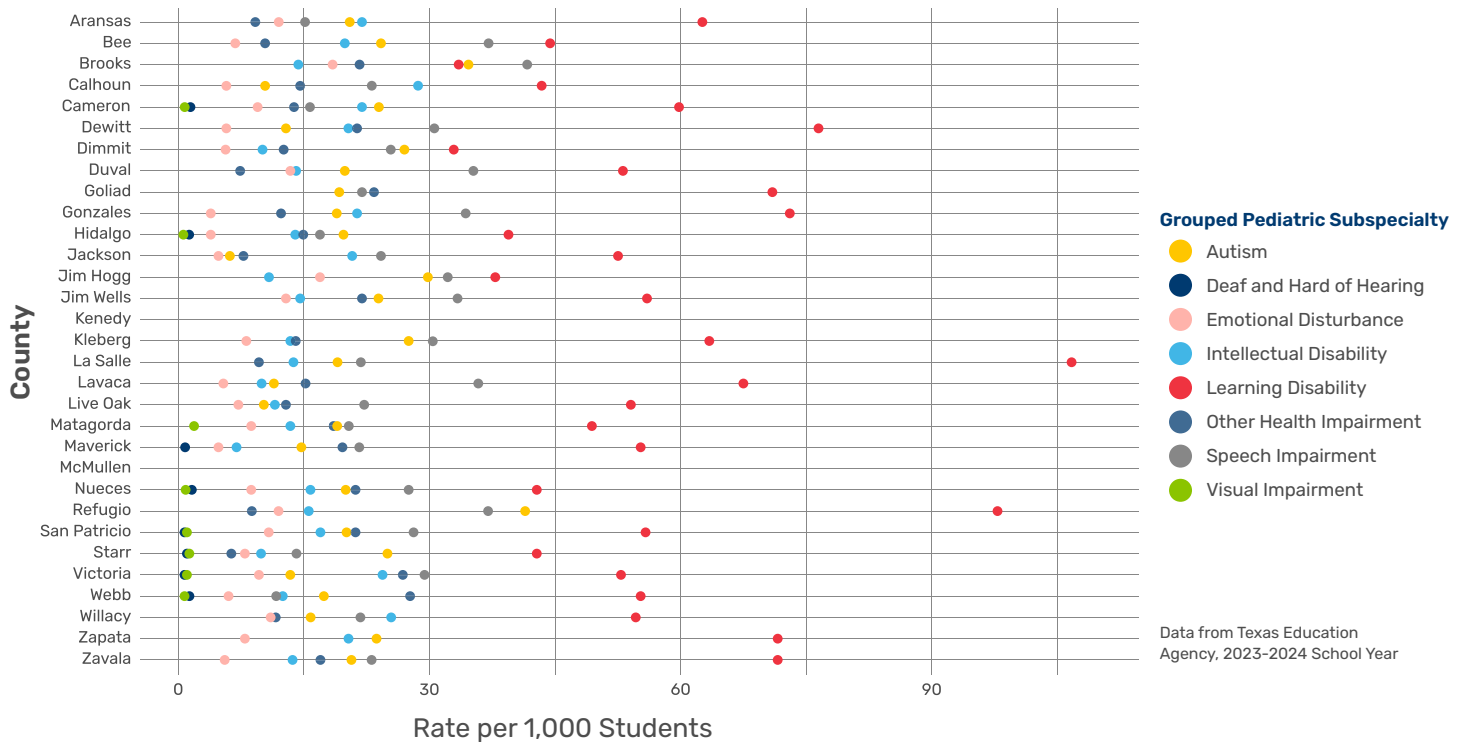


Figure 10 displays the rate of students receiving special education services by their primary diagnosis, by county, for the 2023-2024 school year.

Source: Texas Education Agency, SY2023-2024

Driscoll Health System’s data reveals ongoing needs in youth mental health, particularly the rise in urgent and emergent visits related to mental health issues. By tracking and measuring data on emergency department visits related to suicidal ideation and intentional self-harm, psychiatric visits and referrals, and HEDIS measures related to mental health care quality, Driscoll Health System can better understand the mental health needs of children and youth in their service area.

FIGURE 11: Top Behavioral Health Diagnoses FY2022 – FY2024

Reporting Diagnosis	Age Avg	Visits	% of Total
Suicidal ideations	14.43	433	42.16%
Panic disorder (episodic paroxysmal anxiety)	15.20	70	6.82%
Anxiety disorder, unspecified	15.94	66	6.43%
Suicidal ideations; Homicidal ideations	13.18	32	3.12%
Homicidal ideations	12.78	25	2.43%

Figure 11 displays the average age, number of visits, and percentage of total behavioral health visits for the top five behavioral health diagnoses from FY2022- FY2024.

Metric	Measures and Context
Suicidal Ideation ER Visits	As Texas emerges from the COVID-19 pandemic, the impact of lockdowns and isolation on youth mental health has been an ongoing concern. This concern is reflected in Driscoll Health System data on suicidal ideations, which were the highest primary diagnosis for 'emergent' ER visits among adolescents aged 12-17 across FYs 2022 (250), 2023 (362), and 2024 (270), making up 16% of emergent visits for this age group across the time period. The decrease in number of emergent visits from 2023 to 2024 suggests efforts to address mental health among youth in the region may be seeing some success. From FY2022 to FY2024, there were also a total of 434 visits for intentional self-harm; of these visits, 412 (95%) were among children ages 12 to 17.
Psychiatric Specialty Visits and Referrals	From FY2022-2024, there was a total of 3,177 Driscoll Health System psychiatry specialty visits; 2,678 (84%) visits were telemed-office visits and 463 (15%) were telemed consult visits. This suggests that telemed visits play an important role in providing psychiatric care to children and youth in the region who may not otherwise be able to access care due to transportation limitations or perceived stigma. The improved access to psychiatric care that telemedicine provides is demonstrated in the time to encounter data. In FY2024, 193 new referrals with average referral-to-encounter wait of 20 days, below the overall average of 27 days for the system as a whole.
HEDIS Measures related to Mental Health	Follow-up visits after a mental health emergency are important indicators for understanding future mental well-being. The percentage of emergency department (ED) visits for Driscoll Health Plan STAR members 6 years and older with a principal diagnosis of mental illness or intentional self-harm that received a follow-up visit for mental illness within 7 days of the ED visit decreased from 34.9% in 2022 to 28.9% in 2024. Further research into the root causes of this decrease could support continuous quality improvement efforts. Successful treatment of mental health issues requires appropriate diagnosis and treatment. Ensuring children and adolescents are appropriately evaluated for psychosocial interventions before being prescribed antipsychotics—medications that may have potential risks and side effects—is key to successful long-term treatment. The percentage of Driscoll Health Plan STAR child (1-17 years old) members who, after being newly prescribed an antipsychotic medication, also received documented psychosocial care as a first-line treatment decreased from 51.94% in 2022 to 44.26% in 2024.

SPOTLIGHT: Culture, Community, and Trust

Deep-seated cultural norms, social stigma, and a pervasive lack of trust, often stemming from fears related to legal status, language barriers, and perceived judgment, may significantly deter community members from accessing crucial healthcare and support services. Concerns about culture, community, and trust are particularly relevant and important to mental health.

Intersections

Cultural and/or social stigma and fear – Stigma related to legal status, language, disability, and poverty can prevent seeking care, including mental health and reproductive support. Fear of discrimination, shame, or even legal consequences leads to isolation and potentially can result in very serious health consequences.

Navigating systems and access to services – Language barriers and lack of digital literacy may deter people from seeking benefits and services they are entitled to. Complex enrollment forms requiring supplemental documents, access to a laptop, and a lack of time are contributing factors preventing the pursuit of benefits for those who need them most.

Key Metrics

- English proficiency varies widely across the service area, with 0.3% to 42.3% of adults reporting limited English skills; overall, 7.9% of the population is not proficient in English. Linguistically appropriate care impacts not just access to care, but also a sense of belonging amongst patients and families.
- High school graduation rates average 93% across the 31-county service area, ranging from 97.5% in Goliad and Jim Hogg Counties to 81.8% in Kleberg County. Educational attainment is highly correlated with health literacy and the ability to navigate complex health systems.
- Health plans often use patients' ratings of their personal doctor as a way to understand whether patients and their families feel they are receiving culturally appropriate and high-quality care. 84.5% of Driscoll Health Plan's STAR Kids and 80.6% of STAR caregivers rated their personal doctor a nine or 10 out of 10.

On the Ground

Community Voices –

Community members indicated that culture or community trust may be linked to unhealthy behaviors or hesitation to seek care.

“And one mom was telling me that she has not gotten any prenatal care because she’s afraid that she’s going to be taken in.”

– Key Informant

“Sometimes they’re too proud. And sometimes it’s just if you go to the-- if I send someone to the university, it’s already intimidating enough. Where do I park? What...? You know what I mean? So, we have to scale it really, really down to one-on-one type interactions.”

– Key Informant

SIGNIFICANCE FOR HEALTH

Unaddressed mental health needs drive up healthcare costs, strain emergency departments, and worsen outcomes across the continuum of care. For pregnant women, caregivers, and children, lack of timely mental health support leads to increased ER visits, longer hospital stays, poor adherence to treatment, and preventable complications—particularly in under-resourced communities. These downstream effects elevate costs and reduce system efficiency.

Mental health challenges are closely linked to maternal and infant health, chronic disease management, and social risk factors. For example, untreated postpartum depression can compromise infant care and delay follow-up appointments, while children without school-based support often experience academic and behavioral setbacks that translate into long-term health burdens and poor educational outcomes.

A potential strategy to improve mental health care access and reduce poor health outcomes related to the mental health of children and their families involves integrating mental and behavioral health into broader access and care strategies and settings.



A scan of best practices related to culturally responsive mental health care—particularly for youth and their families—would support health literacy and public awareness issues, potentially reducing the stigma of seeking care. Exploring partnerships to increase social support of children and their caregivers, as well as other early intervention strategies, has the potential to address many mental health concerns before they occur. Exploring models like telehealth and co-located mental and behavioral health services with partners could expand provider access, improve patient outcomes, and strengthen the overall effectiveness of the healthcare system.

ONGOING EFFORTS

Driscoll has made significant progress in improving access to mental health services, particularly for youth. The system aims to improve early detection and access to mental health services to prevent ED visits and inpatient admissions. Examples of these efforts include:

- Driscoll Health Plan embedded mental health professionals in primary care clinics and Driscoll Hospital piloted school-based services in six campuses, leading to increased availability of primary integrated behavioral health. As a result, there were 2,445 mental health interventions and measurable improvements in student attendance and achievement, with over 18,000 Driscoll Health Plan members served, and the provision of Behavioral Health and Mental Health services to 711 youth in 2024.
- Screened 1,265 children aged 10 and older in Driscoll Clinics for mood disorders and anxiety.
- Supported a local child and adolescent psychiatrist to open a Partial Hospitalization Program for adolescents as an alternative to inpatient treatment and a bridge for relapse prevention.
- Driscoll Health Plan recruited child and adolescent psychiatrists, behavioral and developmental pediatricians, and pediatric psychologists, as well as ensured coverage for psychiatric telemedicine.
- Over 740 families participated in the Triple P (Positive Parenting Program), an evidence-based program shown to improve family functioning and prevent child abuse.
- Driscoll Children's Hospital Emergency Department in Corpus Christi developed a dedicated behavioral health team that uses a comprehensive protocol to ensure timely and appropriate care, ultimately decreasing lengths of stay for behavioral health patients.



Driscoll Health System invested in a full-year pilot program in a large school district that embedded mental health professionals in five elementary schools and one high school. These embedded professionals conducted 2,445 mental health interventions among almost 500 children, leading to improved student attendance (36%) and achievement (50%). More importantly, on several occasions, children were identified who had suicide plans that were averted.

DRIVERS OF HEALTH

OVERVIEW

Access to healthy food, reliable transportation, and effective insurance navigation are critical non-medical drivers of health that profoundly impact access to care and mental well-being for children and families in the Driscoll Health System service area. In an area with large distances and significant geographic variation in social, economic, educational, and housing conditions across colonias, rural areas, and mid-size cities, addressing non-medical drivers of health in partnership with community is key to ensuring health and well-being. Driven by underlying social and economic conditions, these drivers decrease access to care and reduce overall mental health. When experienced by children and pregnant women, they have lifelong impacts on health and well-being, resulting in delayed care, unmanaged chronic conditions, frustration, stress, and emergency room overuse.

The following interconnected health needs were elevated as most important by community members:

- **Healthy Food and Nutrition.** Nutrition and diet-related diseases, such as obesity, diabetes, and metabolic syndromes, are major cost drivers across the healthcare system, especially in underserved communities. Community input revealed that limited access to affordable, healthy food—exacerbated by financial strain, transportation barriers, and food deserts—directly undermines health outcomes. These gaps are particularly damaging during pregnancy and early childhood, when proper nutrition is critical for healthy development.
- **Insurance and Care Navigation.** Insurance access and navigation remain major barriers to effective care delivery, particularly in under-resourced communities. Families often struggle to understand, enroll in, and maintain health coverage, especially within Medicaid, where families must now reapply every 12 months and face delays, denials, and complex paperwork. These challenges increase administrative burdens and disrupt continuity of care. Financial strain underlies many of these challenges, impacting families' ability to afford healthy food, navigate insurance complexities, and cover transportation costs.
- **Transportation Support.** As a cross-cutting issue, transportation and location barriers significantly limit access to care, nutritious food, and employment, especially in rural, isolated, and under-resourced communities with local provider shortages. For undocumented individuals, travel for necessary care may also pose legal risks or fear of passing through checkpoints. This cross-cutting issue is further compounded by poverty, which restricts access to personal vehicles or funds for gas, and housing affordability, which may lead families to live in substandard housing further from necessary resources and support networks.

Healthy Food and Nutrition

Community members and key informants consistently expressed alarm over the high rates of malnutrition, obesity, and early-onset diabetes among children and adults. They cited factors such as “food deserts,” the popularity of unhealthy cultural foods, and insufficient nutrition education as major contributors.

“One of the things that I know that concern us is the level of diabetes that we’re seeing and how much younger children are with diabetes. And then address that part of it. You know we’re concerned that there’s more obesity in children than we used to see.”

– Focus Group Participant

“Looking at the landscape, I do think nutrition, and meaning not just that they’re eating food, but they’re eating good food, I do think that overall, we do live in an area where diabetes is just running rampant. And you see children having those diagnoses early and earlier. And so how can we maybe teach those skills...”

– Key Informant

Data indicates that poor nutrition is a significant concern for communities in Driscoll Health System’s service area, where no county had 40% or more of low-income residents living close to a grocery store (defined as within 10 miles in rural areas and within one mile in non-rural areas). In 11 counties, fewer than 10% of low-income residents had nearby access to a grocery store. Lack of access to quality nutrition increases the likelihood that families will choose highly processed, low-cost, nutritionally poor foods, increasing the risk of noted key health concerns, including obesity, diabetes, and gastrointestinal issues.¹⁰

¹⁰Levi R, Bleich SN, Seligman HK. Food Insecurity and Diabetes: Overview of Intersections and Potential Dual Solutions. *Diabetes Care*. 2023 Sep 1;46(9):1599-1608. doi: 10.2337/dci23-0002. PMID: 37354336; PMCID: PMC10465985.

Percentage of population who are low-income & do not live close to a grocery store

- 2 to 9
- 9 to 15
- 15 to 20
- 20 to 30
- 30 to 38

Data from County Health Rankings, 2019

While participants acknowledged the importance of benefits programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC) in supporting families' ability to afford food, benefits were often inadequate. According to the most recent data, an estimated 122,745 households with children under the age of 18 in the Driscoll Health System service area receive SNAP annually.¹¹

2025 Community Health Needs Assessment

The map below shows the most recently available data on access to SNAP-authorized stores. While older, it illustrates the challenges that many who qualify for public benefits face in using them to purchase nutritious items. Six rural counties in the Driscoll Health System service area have less than 2 retailers that accept SNAP per 2,000 residents.

FIGURE 13: Ratio of SNAP Authorized Stores to Population

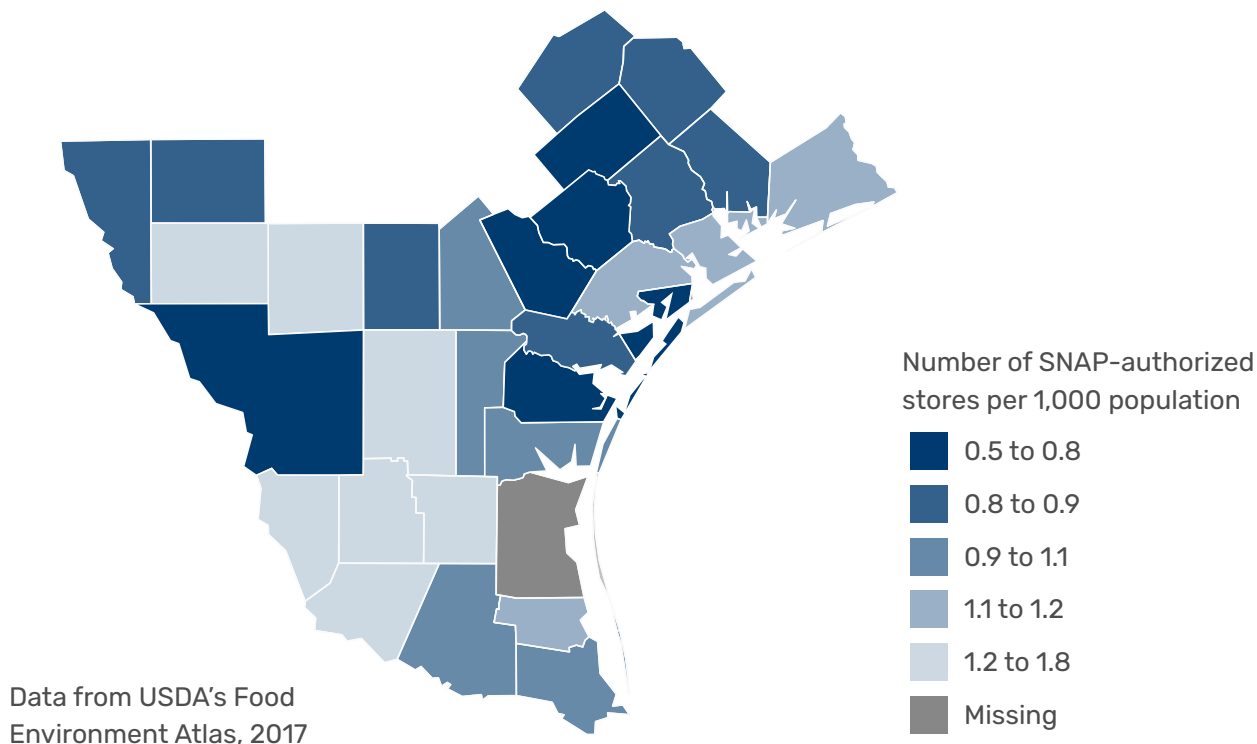


Figure 13 displays the most recent data on the rate of SNAP-authorized stores compared to the population by county. Stores authorized for SNAP include supermarkets; large, medium, and small grocery stores and convenience stores; superstores and supercenters; warehouse club stores; and specialized food stores (retail bakeries, meat and seafood markets, and produce markets).

Source: USDA's Food Environment Atlas, 2017.

By tracking and measuring data on specialty care visits and referrals related to gastroenterology and endocrinology, emergency department visits related to gastrointestinal issues, and HEDIS measures related to BMI screening, Driscoll Health System can better understand the medical impacts of nutritional needs of children and youth in their service area. It should be noted, however, that Driscoll Health Plan claim data showed that 18.6% of all DHP members had diagnosis of obesity.

Metric	Measures and Context
Specialty Care Visits and Referrals	Poor nutrition manifests in many different medical conditions over the long run, and the conditions mentioned by community members of highest concern were gastrointestinal and endocrine conditions. Noninfective gastroenteritis is a top reason for ER visits across all age groups, and visits increased by 24% (from 1,915 in FY2022 to 2,374 in FY2024). Visits for gastroenterology increased by 41 % across the same time period to 2,236, and visits for endocrinology increased exponentially by 27% to 3,640 in FY2024. The average new referral to encounter in gastroenterology was 64 days, and endocrinology was 42 days, in FY2024.
ER Visits and Transfers	In FY2022-2024, a total of 6,386 visits were due to noninfective gastroenteritis. Of these, nearly 3% were admitted. In each FY, nearly 51% of visits are children under 5, and 31% are children ages 5-11. Symptoms and signs involving the digestive system and abdomen were a top reason for Quick Care to ER transfers (207 total visits from 2022-2024).
Obesity Screening	Screening patients for obesity is important for early intervention and to initiate conversations about nutrition and food security. According to Driscoll Health Plan data, BMI Percentile Documentation for well child check (WCC) visits improved from 87.8% in 2022 to 91.24% in 2024 for STAR child and adolescent (ages 3-17) members. This documentation must include height, weight, and the BMI percentile, either as a documented value (e.g., 85th percentile) or plotted on an age-growth chart.

SPOTLIGHT: Health in the Colonias

Colonias residents face profound health disparities due to geographic isolation, critically inadequate housing conditions lacking basic utilities and refrigeration, and social stigma, collectively exacerbating chronic illnesses, malnutrition, and mental health issues. Concerns about access to nutritious food are especially relevant in the Colonias, where access to healthy food is limited, most residents are living below the poverty line, and homes may lack adequate kitchens and plumbing to wash and store perishable items.



Intersections

Environmental challenges – Poor housing conditions in colonias, such as lack of heat, electricity, and fresh water, exacerbate chronic conditions and increase susceptibility to preventable illnesses (e.g., gastrointestinal, malnutrition). Without refrigeration, families must rely on canned goods that may have additives like sodium and sugar.

Location and access barriers – Living in colonias means geographic isolation. While some more developed colonias are self-contained, providing services to each other such as haircuts and informal childcare, most are very limited in their offerings. Residents face challenges with setting appointments, transportation, and navigating benefit systems to receive healthcare.

Mental health and social stigma – Individuals living in colonias, especially children, may experience social stigma about their poverty and lack of access to basic necessities like hygiene products. They may also lack good lighting or a desk to study at. The anxiety and/or depression they feel because of their home environment may go untreated and, without intervention, may worsen.

Key Metrics

Counties in the Driscoll Health System service area that have colonias include Maverick, Zavala, Dimmit, La Salle, Webb, Duval, Jim Wells, Nueces, San Patricio, Bee, Zapata, Jim Hogg, Brooks, Starr, Hidalgo, Willacy, and Cameron.

- 58.8% of counties with colonias have at least one community water system that has received a health-based water violation.
- On average, 19.5% of households in counties with colonias have at least one of the four following housing problems, (1) overcrowding, (2) high housing costs, (3) lack of kitchen facilities, (4) lack of plumbing facilities. Across the state of Texas, on average, 13.9% of households have one of these housing problems.

- In counties with colonias, 76.9% of households have broadband access, regardless of speed, compared to a statewide average of 83.5%.

On the Ground

Community Voices –

Community members reported those living in colonias lacked basic necessities such as heat, water, and electricity. These conditions were known to exacerbate asthmatic symptoms, lead to malnutrition (because of a lack of fresh food), and cause stress and shame among children who face stigma about being poor.

“But again, it goes hand in hand with their BMI, their weight, you know....so we see a lot of patients from the colonias. They are lacking a lot in their household, not just funds, but food. Basic necessities. We do have social workers that are going out and helping them, but again we don’t have enough manpower.”

– Focus Group Participant

“We have some colonias that don’t have electricity and they’re sharing electricity from one house to another. I would like somehow to fix all of that so that these people didn’t have dirt floors so that they had warm houses and warm water in the winter. It’s very difficult for some of our children, to take a bath in the winter and so running water, I mean, these are just basic things that everyone should have running water and electricity, they need it. Kids can’t learn if they don’t feel good coming to school. They can’t learn. You know, if Mom and Dad are worried all the time. So if I had a magic wand I’d like to fix all of that in the in the colonias.”

– Focus Group Participant

Insurance and Care Navigation

Insurance access and navigation remain major barriers to effective care delivery, particularly in under-resourced communities. Families often struggle to understand, enroll in, and maintain health coverage, especially within Medicaid, where families must now reapply every 12 months and face delays, denials, and complex paperwork. These challenges increase administrative burdens and disrupt continuity of care.

For those with commercial insurance, coverage limitations, particularly for dental, vision, and medications, force difficult tradeoffs between health and financial stability. For patients with chronic conditions or disabilities, navigating referrals, evaluations, and service authorizations can delay needed care and increase the likelihood of preventable complications. These barriers contribute to delayed treatment, higher emergency room use, and growing mistrust in the healthcare system. Streamlining insurance navigation and providing culturally competent support are not just measures of fairness; they are critical to reducing system inefficiencies, improving patient engagement, and strengthening long-term health outcomes. Driscoll Health System is already exploring community-based and innovative models to support residents with

“I think it’s hard. Like if you apply for it, it takes a long time... You go in and out of the office. It’s hard for you to get approval too, not everybody gets approval. You have to go by your income, by your kids, how much you make, how many hours you put in. You know, like I’ve already got approval and that’s because I work for 80 hours every two weeks...they told me no, like you have to work less than 40 hours. And I’m like how am I supposed to—I have bills to pay.”

– Focus Group Participant

obtaining and navigating insurance and other public benefits. Expansion of these efforts in collaboration with schools, faith-based, and community organizations can help further support residents’ ability to access care.

While South Texas is known for high rates of uninsurance among adults, insurance coverage for children is comparatively high: 90.5% of children in the service area are insured. Counties in the service area range from an estimated 80% of children under 18 insured in McMullen County (ranked 121 of all 254 Texas counties) to 100% of children under 18 insured in Kenedy County (ranked 1 of all 254 Texas counties). All of the counties in the Driscoll Health System service area rank in the top 50% of Texas counties for children with insurance.

At the same time, a large proportion of children are insured through public insurance programs, Medicaid and CHIP. The following map shows the rate of children on Medicaid and CHIP per 1,000. Enrollment rates range from 40% to 91% of those under 21 on Medicaid or CHIP by county in the Driscoll Health System service area.

FIGURE 14: Enrollment in Children’s Medicaid & CHIP for the 31-County Service Area

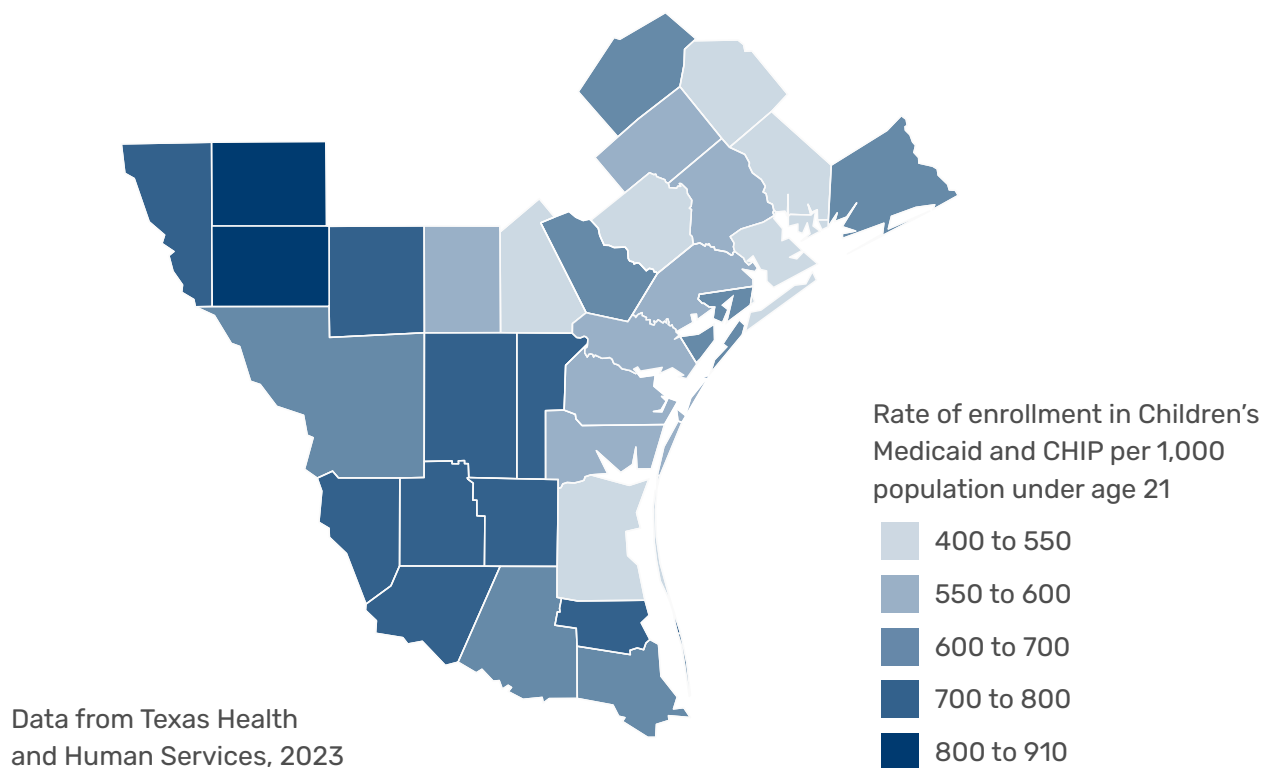


Figure 14 displays the most recently available estimates of enrollment of those age 21 and under in Children’s Medicaid and CHIP compared to the population 21 and under in each county.

Source: Medicaid and CHIP enrollment by category from Texas Health and Human Services (2023). 2023 Population estimates by age and sex retrieved from the Texas Demographic Center.

The lower reimbursement rates associated with public insurance compounds the issue of provider shortages, with many families facing an additional barrier when providers who accept their insurance have long wait times for care.

“I know there’s a lot of people that are struggling maybe with their Medicaid, with their Medicare, getting access to-- you have to go to the doctor, get a referral, and that referral takes two to three months.”

– Key Informant

As recent policy changes to Medicaid and Affordable Care Act (ACA) enrollment are reflected in the data, it is possible that child insurance rates will decrease significantly in the region. This may be particularly stark for children whose parents are undocumented and fear immigration crackdowns, who do not speak English well, who are themselves disabled, or for families who fall into the category of Asset Limited Income Constrained and Employed (ALICE) who may lack the time to deal with intentional and unintentional administrative barriers to receiving care.

“They don’t know how to go about it. They don’t understand how it works. Yeah, I would think that that’s one of the things. They don’t even try because they automatically think that it’s going to be hard for them to understand the definitions of health insurance and also understanding how to sign up for it. That keeps people from obtaining health insurance. I think that’s one of the biggest ones.”

– Key Informant

“Even though everything was submitted on time, yes, because the renewal process they said your application received is pending. I’m talking months and that’s why there was a break in their therapy. Meanwhile, now that they’ve started therapy again, they’ve lost so much progress. I didn’t know any of that.”

– Focus Group Participant

For those families with health insurance, the costs of care can still be prohibitive due to co-pays, deductibles, and denials or restrictions.

“[I]t doesn’t matter if you have a good salary, you’re paying an insurance company but you’re still paying \$5,000, \$10 or if you don’t pay that, you still have to pay out of pocket. So the changes have to come from the top because it is up and coming. I think the pharmaceutical companies and the medical industry are all in one because they can make a lot of money off of citizens.”

– Focus Group Participant

“Meeting all those copays on a monthly it’s almost an additional mortgage, and it’s like I’m not trying to beat the system. I’m trying to support my son. I’m not trying to get a tax cut or like there’s nothing in my mind that thinks how can I outsmart the situation? Its more. How can I just provide where basically becomes a basic need for my son. ADA is a basic need for my autistic son.”

– Focus Group Participant

Those who were aware of Driscoll's Financial Assistance Program were grateful for it, but more awareness is needed so families understand if they are likely to qualify.

"I don't know what the threshold is but Driscoll has a threshold where children can receive free care but I don't know what that threshold is and what I've heard some families say too is that they make too much money and they can't fall within that but they don't have enough money to cover the costs of the premiums and the co-pays and the travel that it takes."

– Focus Group Participant

The many challenges to navigating insurance and the financial aspects of care lead families in the region to seek care across the border in Mexico, seeing it as their best option to get timely, affordable care for their families.

"You know, in other conversations, people have said it's just cheaper to go to Mexico. It's just cheaper because you don't have to deal with all this stuff."

– Focus Group Participant

"We've always known that people travel back and forth, and especially when it comes to public health threats. But when it was suspected meningitis, it was, I think finally everyone saw it. Just to what extent people go to Mexico. Everyone always thinks that they it's a one way street, It's a two way street, but when we have a case of meningitis, we had close to 200 people from throughout the United States that went to Mexico to get care."

– Focus Group Participant

SPOTLIGHT: Children with Chronic Conditions and Complex Care Needs

Families caring for children with chronic and complex conditions face immense emotional and financial strain due to critical shortages of specialists, burdensome travel for frequent appointments, and systemic barriers that disrupt their lives and impede consistent, effective care. Coverage gaps often result in missed care and therapy interruptions, leading to ER visits and hospitalizations.



Intersections

Complex health concerns – Members living with complex care needs or chronic health conditions may require multiple specialists and therefore, increased coordination of their care. Breakdowns in care coordination (e.g., referrals, specialty visits, medication management, authorizations) lead to gaps in care and increased emergency department visits and hospitalizations. Conditions that could be dealt with via urgent care or home care in children without complex care needs often require ER visits or hospitalization.

Access to specialized, consistent care – Families may face long wait times due to provider and specialist shortages or even have to travel to a neighboring city for care. The frequency of appointments for evaluations, treatments, and referrals are disruptive to work schedules, school (both for the chronically ill child and siblings), and family bonding time. The high cost of travel and missed treatments due to barriers can halt progress in recovery.

Emotional and financial strain on caregivers – Caring for a family member in under-resourced communities creates constant stress, and is compounded by barriers like transportation, the time it takes to schedule appointments, and access to affordable medication. Caregivers may not be aware of services available to them, nor may they want to take the time to seek help, which heightens the strain they feel.

Key Metrics

- Approximately 5.8% of children ages 0 to 3 in the Driscoll Health System service area receive comprehensive Early Childhood Intervention services, exceeding the state average of 3.7%. Participation rates range from no children participating in DeWitt County to 15.0% participation in Victoria County.
- In Jim Hogg County, 14.7% of children under 17 have a disability, compared to a 6.0% average across the 31-county service area.

On the Ground

Driscoll Health System Data –

- 8.2% of the 277,292 specialty visits occurring from FY2022 to FY2024 had a chronic primary care diagnosis. Of these, 64.9% were cardiology related, 23.0% were diagnosed with bronchitis/asthma, and 8.2% were diagnosed with renal disease.
- 7.9% of the 13,541 repeat ER visits occurring from FY2022 to FY2024 (3 or more ER visits within 60 days) had a chronic primary diagnosis. The 625 patients with these chronic primary diagnoses were most frequently diagnosed with bronchitis and asthma (80.9%).

Community Voices –

Community members expressed concern about the strain (e.g., financial, emotional) of caring for a child with complex care needs, chronic conditions or disabilities due to the many challenges they faced. For example, doctors with poor bedside manners, the inability to see a specialist in their hometown, or experiencing a lapse in their insurance, all caused undue added stress, for which they felt there was little support.

“He didn’t have very good bedside manners...he did tell a group of parents and me, You do know what children with autism are good for,” right? And we’re, of course, hoping that he’s going say ‘to bring us the moon and the stars.’ And he says, “Oh, they’re good for divorce.”

– Key Informant

“It’s a chronic condition. I wish families could just have a little bit more guidance as far as how to handle emergencies and how to utilize and access their care to their pediatricians a little bit better.”

– Key Informant

“The pressures that parents face when they have a child with a disability are enormous. And if it wasn’t for the support group, there’s really nothing out there that our parents can hold on to.”

– Key Informant

Transportation

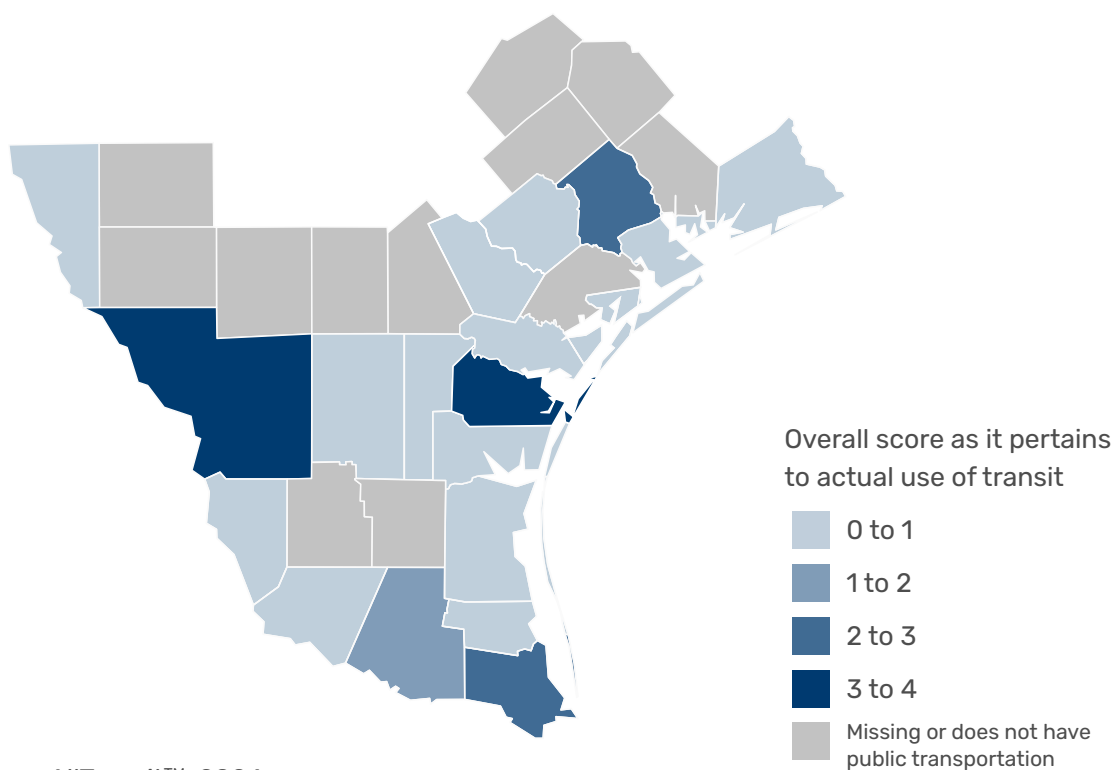
Limited public transit, lack of reliable vehicles, housing affordability concerns that force families to areas with fewer resources and social supports than they would otherwise choose, and poor infrastructure further restrict access to care, nutritious food, and stable employment—key drivers of health. The topography of the Driscoll Health System service area, characterized by large areas of land with extremely low population density, makes solving transportation challenges logistically difficult. Quantitative and qualitative data illustrate both the challenges with transportation, and the role transportation plays as a non-medical driver of health in the region. Transportation challenges contribute to missed appointments, delayed preventive care, unmanaged chronic conditions, and increased emergency room use. For families managing ongoing health needs, frequent travel is often unsustainable, and relocation is financially impossible or impractical. Without addressing transportation barriers, efforts to improve access, prevention, and health equity will fall short, driving up system costs and deepening disparities.

“[I]t’s really just poverty. Because of the poverty, there’s transportation problems. Families may either be without a car or limited to one car or maybe not have money for the gasoline to get to their appointment.”

– Key Informant

The Center for Neighborhood Technology scrapes publicly available data transmitted to mapping sites and combines it with survey data from non-reporting agencies to map and score transit routes based on access, usability, and use. The AllTransit scores derived from this method range from 1 to 10, with data available at various geographic levels. The highest rated county in Texas is Dallas County, with a score of 4.9. Scores in the Driscoll Health System service area range from 0 in several counties, indicating no transit availability, to 3.9 in Nueces County. 12 of the counties in the region did not have scores due to low population.

FIGURE 15: Transit Performance Score by County



Data from AllTransit™, 2024

Figure 15 displays the Transit Performance Score for the 19 counties in the Driscoll Health System where scores were calculated. The possible values for the score range from 0 to 10 and are calculated based on connectivity, access to land area and jobs, frequency of service, and the percent of commuters who use transit to travel to work.

Source: Center for Neighborhood Technology 2024, AllTransit™, alltransit.cnt.org

Focus group participants and key informants discussed the lack of public transportation in the area as a major barrier to public health and non-medical drivers of health like economic mobility.

“Lack of bus stops in areas with large employers, and limited bus schedules in some areas. We have a huge transportation problem. And I think we have city transit, but it starts at 8:00 AM and it ends at 5:00 PM. And so you can’t necessarily get to work, right? And you can’t necessarily get off of work and still get home.”

– Key Informant

In addition to a lack of public transit, focus group participants and key informants acknowledged that the cost of personal transit made preventive care, well-child trips, and trips to purchase nutritious food financially difficult, either because families lacked more than one vehicle or due to the cost of gas.

“They can’t just go and spend money on gas because then they’ll be short at the end of the week. Their errands are run according to what they can afford on gas that week.”

– Key Informant

“Can you imagine a child that doesn’t have transportation that doesn’t have insurance? You know, both parents aren’t working. I can see where all those barriers could be, you know, really detrimental to a child’s health.”

– Focus Group Participant

Transportation barriers are exacerbated by physician shortages and care that is only available in inconvenient locations. Community members mentioned mobile care, co-located services with schools and other local institutions, promotoras and other community health workers such as paramedics, and specialists that move between clinics as programs with potential to make a difference in residents' ability to access services.



“I think the projects that do work are the ones within the school system because the kids are already there and the parent and the schools have quicker access to them, versus parents dealing with transportation issues and what have you.”

– Focus Group Participant

By tracking and measuring data on the use of innovative care models like telehealth and school-based care, out-of-market travel for care needs, and missed appointments for cancellations due to transportation and no shows, Driscoll Health System can better understand the medical impacts of transportation challenges on children and expecting parents in their service area.

Metric	Measures and Context
Innovative Care Visits	In FY2022-FY2024, Driscoll Health System had nearly 9,000 telehealth visits for patients seeking specialty care. Of the specialties with longer referral to encounter averages (e.g., neurology, pulmonology, gastroenterology, endocrinology), less than 10% of the visits were telehealth visits.
Out-of-Market Visits	Many rural families must travel over 3 hours for specialty appointments. Families are often forced to prioritize other expenses or work commitments over medical appointments. In FY2024, Driscoll Children's Hospital in Corpus Christi saw patients from all markets in the service area for specialty visits, including 264 visits from patients from the Brownsville market, 328 from Laredo market patients, 635 from McAllen market patients, and 432 from Victoria market patients. Patients were most likely to travel from other markets for visits related to obstetrics (29.0% of out of market visits), cardiovascular or thoracic surgery (22.5% of out-of-market visits), and rehabilitation and aftercare appointments (13.4% of out-of-market visits). Out-of-market visits to the Rio Grande Valley Children's Hospital were most likely to occur for urology (41.9% of out-of-market visits) orthopedics (25.8% of out-of-market visits), and pulmonary medicine related visits (12.9% of out-of-market visits). A deeper dive into the conditions that drive patients to seek care across markets in the region, innovative solutions to bring care closer to patients, and barriers faced by patients who need specialty care only offered outside of their market could lead to insights that reduce the transportation burden for patients.
No Shows and Transportation Cancellations	Driscoll Health System tracks cancellations due to transportation. Across FY2022 and FY2024, there were 278 specialty care encounters cancelled due to transportation issues. There were also over 14,645 encounters that were no-shows, which may be partially attributable to transportation challenges. A deeper dive analysis to understand the drivers of no-show appointments may be warranted.

SIGNIFICANCE FOR HEALTH

The consequences of non-medical drivers of health and the ways they intersect and compound to limit access to timely, affordable, and preventive healthcare can potentially lead to long-term chronic conditions and shorten lifespans. When individuals cannot access healthcare or nutritious food due to lack of public transit, long travel distances, difficulties navigating benefit systems, or fear of immigration enforcement, even basic services like prenatal checkups, specialist visits, or vaccinations become out of reach. This contributes to delayed diagnoses, missed opportunities for early intervention, and an over-reliance on emergency care, which is both more expensive and less effective for managing chronic or preventable conditions.

These barriers intersect with nearly every other health determinant highlighted by community members, including poverty, chronic illness, housing, and food insecurity. Ultimately, they are driven by underlying social and economic conditions that cannot be addressed by a single institution, even a large hospital system. The magnitude of this issue is especially severe in rural and under-resourced areas, where geography and infrastructure compound socioeconomic disadvantages.

As a children's hospital system serving 31 counties, each with their own systems of government, cultural norms, and community-based organizations, it would be impossible for Driscoll Health System to comprehensively address these barriers on its own. Driscoll Health System has already built strong relationships and partnerships with organizations and community leaders across the region. By serving as a collective impact partner and collaborator on addressing these barriers, Driscoll Health System can best support their patients in ways that are place-based and community-led. By exploring opportunities for collective impact to co-create innovative solutions with partners, Driscoll will continue to be seen as a partner in the well-being of the communities it serves.



ONGOING EFFORTS

For health systems, investing in food access, nutrition education, and culturally responsive support services presents an opportunity to reduce long-term utilization, improve care outcomes, and slow the trajectory of chronic disease. Addressing nutrition isn't just a public health priority, it's a strategic approach to reduce preventable costs and improve population health at scale.

Through partnerships and support services, Driscoll Health System seeks to reduce these challenges and improve outcomes. Some examples of Driscoll Health System efforts include:

- Driscoll Children's Hospital is currently recruiting more specialists and therapists to live in outlying areas to reduce long travel. The opening of Driscoll Children's Hospital Rio Grande Valley was a big step in bringing services to communities and patients that were otherwise traveling long distances for services.
- The Driscoll Health Plan has also been providing telehealth services for members through MDLive to address acute after-hours care.
- Shuttle services or city bus/taxi vouchers are provided to qualifying discharged patients to facilitate their return home or to follow-up appointments.
- Telehealth delivers care directly into underserved communities, thereby reducing the need for extensive travel and improving accessibility to preventive and specialty care.
- By investing in its own health plan, Driscoll Health System seeks to provide patients with an accessible, prevention-focused, and easy-to-navigate Medicaid managed care plan
- The Driscoll Health System offers reduced or no-charge services for all emergency or other medically necessary care for individuals eligible under their Financial Assistance Policy to ensure no one living under 400% of the poverty line ever receives a bill for care. In 2024, this led to over \$517 million spent on financial assistance and government programs and over \$115 million spent on subsidized health services.
- The Driscoll Health Plan conducts non-medical drivers of health screening for members being case managed in STAR, all members in STAR Kids, and all pregnant members. The Pediatric Health Home Initiative is an innovative model for conducting non-medical determinants of health screenings with 12 pediatric practices. Driscoll Health Plan has also invested in resource coordinators to link members with positive screenings to resources and is modeling the data with AI to tailor interventions and

increase medication adherence for asthma and psychotropic medication, and to increase well-child visits.

- The Driscoll Health Plan Nurture program is an initiative addressing food insecurity in pregnant members at risk for gestational diabetes.
- Driscoll Children's Hospital's Diabetes and Endocrine Center provides comprehensive services for children and adolescents with endocrine and metabolic disorders. The center employs an integrated care model focusing on a collaborative and team approach to ensure efficient management of these complex conditions. Additionally, within the Diabetes and Endocrine Center is the Youth Wellness Program to address the broader needs of families with children with chronic conditions.

The Youth Wellness Institute, opened in February 2024 in partnership between Driscoll Health System and Texas A&M, provides comprehensive, evidence-based care for children and adolescents with obesity and co-morbidities. In 2024, 557 patients were seen, with 1,568 total visits, and early results indicate modest improvements, with 47% losing weight who completed at least 50% of the classes.

The Driscoll Flying Doctor's Program seeks to reduce transportation burdens by bringing care directly to rural South Texans across the 33,000 square mile service area. Starting in 2000 with just two planes, the program now has six planes ready to fly doctors and nurses to the communities most in need of care.

The Community Health Worker (Promotora) Training Academy, a partnership between Driscoll Health Plan and Texas A&M Colonias Program, is working to train and deploy more community health workers in rural and under-resourced areas. Patient navigators and community health workers can be important resources to help patients navigate the barriers to coverage and costs of care.

COMMUNITY RESOURCES

This section identifies the diverse resources instrumental in addressing the priority health needs listed above: 1) Access to Care 2) Mental Health 3) Drivers of Health. These community assets, coupled with ongoing collaborative efforts, contribute significantly to improving community health and well-being.

COMMUNITY ASSETS

The Driscoll Health System Service Area is fortunate to have a variety of existing assets and organizations that play a vital role in enhancing healthcare access and overall well-being. These resources include public health initiatives, community-based organizations, and the comprehensive services offered by Driscoll Health System itself.

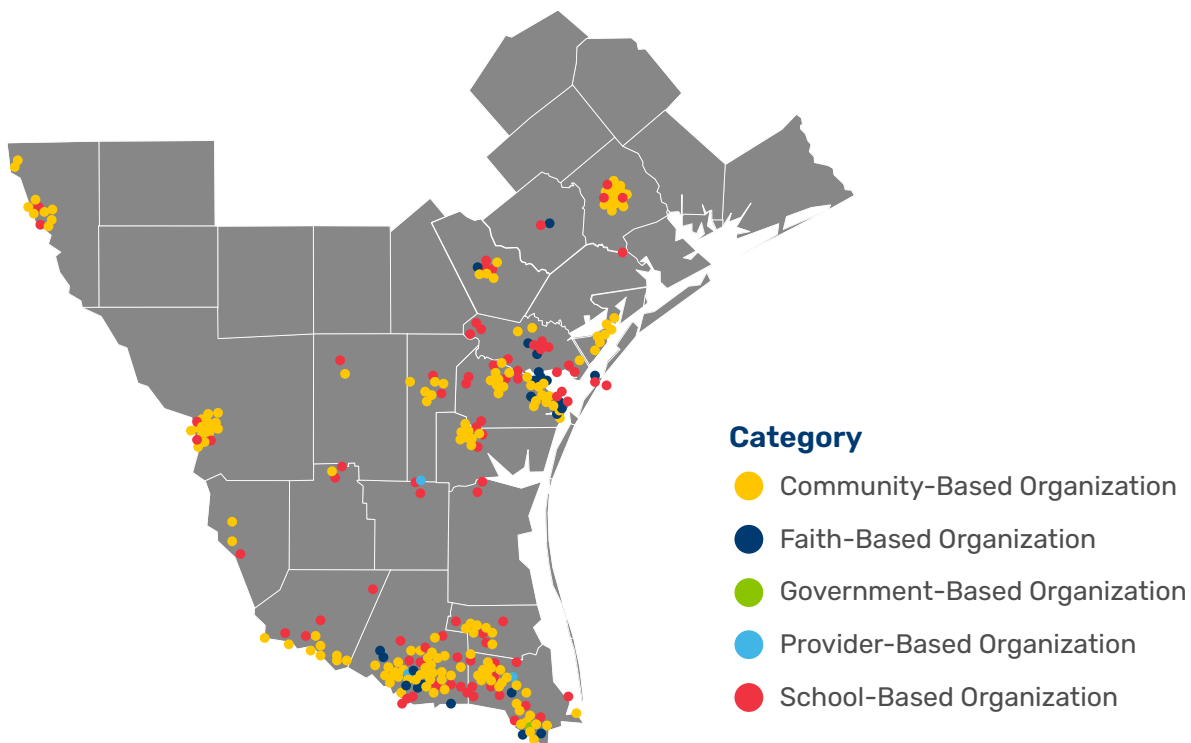
COMMUNITY

Driscoll Health System is a key asset and resource in its service area. The many contributions that the system and health plan make to the community are highlighted in the prior sections of this report. The broader community also contributes to health improvement through a network of local organizations and public health efforts. These community assets provide crucial support, from mobile health services and referral networks to school-based partnerships and direct assistance programs.



The map below shows the primary locations of Driscoll Health Plan partners by organization type. The map illustrates the strong connection Driscoll Health Plan has built with community-embedded organizations like community-based organizations, churches, schools, and other healthcare providers in the Health System's primary service areas, Nueces County and surrounding areas, and the Rio Grande Valley. At the same time, more can be done to partner with organizations, particularly schools and faith-based organizations in rural counties across the service area.

FIGURE 16: Current Community Partners in the 31-County Service Area



Data from Driscoll Health Plan Office
of Community Outreach, 2025

Figure 16 displays the primary locations of Driscoll Health Plan's top community partners, by organization category.

Source: Driscoll Health Plan Office of Community Outreach 2025

AREAS FOR COMMUNITY ACTION AND COLLABORATION

Based on the assessment and prioritization of health needs, several key areas for community action and collaboration have been identified by community members as potential ways to enhance healthcare access and utilization. These strategies emphasize fostering partnerships, offering alternative care options, and building trust within diverse populations.

- **Foster Collaboration:** Cross-sector partnerships, referral networks like Unite Us, and coordination among community-based organizations (CBOs) can create a system of care connecting families to services for mental health, special needs, chronic conditions, insurance, and financial aid.

- **Alternative Options:** Efforts include community-based opportunities, mobile clinic and pop-up health services (e.g., community centers, schools), or extended clinic hours to address gaps in care for populations with limited access and working families.
- **Family-Centered Care:** Improving availability of pediatric providers and specialists ensures children and their families receive age-appropriate, family-centered care and information, contributing to preventive care and continuity of care.
- **Building Trust:** Community engagement through collaboration with community and fostering trust via community health workers and promotoras helps to build bridges and mitigate hesitancy to seek services for their children.
- **School-Integrated Services:** School-based partnerships play a critical role in delivering care and resources to locations where families are already engaged, including health care, health information, food pantries, and mental health professionals.
- **Targeted Outreach:** More targeted outreach and partnerships are needed to increase awareness through local media, schools, and Spanish-language channels, so people fully understand and can take advantage of the services Driscoll Health System offers.
- **Increased Driscoll Health System-supported childcare spots:** Increased support for affordable, high-quality childcare (e.g., at the Boys & Girls Club) is needed to support working families, especially for infants and in rural areas.
- **Creation of a specialist network:** Specialist networks are especially needed in underserved areas like Laredo, to reduce the burden of traveling long distances for care and to promote homegrown talent.

PROGRESS SINCE LAST CHNA

The 2022 Community Health Needs Assessment completed by Driscoll Health System identified three priority areas:

- 1) Preventable Hospital Use
- 2) Opportunities to Manage Chronic Illness
- 3) Addressing Mental Health Needs

The plans to address these needs included:

- 1) Improve access to primary and specialty care services
- 2) Increase education of primary care physicians and mid-level providers in managing illnesses and injuries in children
- 3) Improve care of children with chronic diseases and special health care needs
- 4) Improve access to mental health professionals

Actions Driscoll took since the last CHNA include:

- A new hospital opened in Rio Grande Valley,
- Opened quick care clinics,
- Added 71 MDs and 26 advanced practice providers (APPs)
- Increased mental health services in schools, clinics, outpatient clinics, and in the hospital.

COMMITMENT TO THE COMMUNITY OF SOUTH TEXAS

Driscoll Children's Hospital demonstrates a substantial commitment to the South Texas community through various contributions and services. In FY2024, the hospital's total community contributions reached over \$655.4 million. These contributions are distributed across several key areas:

- **Financial Assistance and Government Programs:** The largest portion, over \$517.1 million, was allocated to charity care at cost, the unreimbursed cost of Medicaid, and other means-tested government programs.
- **Health Professions Education:** Approximately \$15.78 million was invested in the education and training of medical and allied health professionals, nurses, students, interns, residents, and fellows.
- **Subsidized Health Services:** Over \$115.5 million supported clinical services provided in response to community need, even when incurring financial losses.
- **Community Health Improvement Services and Community Benefit Operations:** Nearly \$7 million was directed towards community health education and support, public relations and awareness campaigns, and patient family and support services.

Beyond these financial allocations, Driscoll Children's Hospital provides a range of programs focusing on health education, prevention, and chronic condition management. These include initiatives for food insecurity, diabetic and asthma education classes, professional development for health professionals, and public awareness events for children's health issues.

For the most recent completed and audited FY2024, Driscoll Children's Hospital's total operating expenses were over \$578.6 million. The hospital submits its Annual Statement of Community Benefits Standard to the Texas Department of State Health Services, which includes calculations of the cost-to-charge ratio.

CONCLUSION

This Community Health Needs Assessment applied a realist lens to understand the context and factors impacting health outcomes in South Texas by answering three main research questions:

- **RQ1:** What are the primary barriers and facilitators that impact access and utilization of healthcare for children and their families in the Driscoll Health System service area?
- **RQ2:** What improvements are most needed to enhance healthcare accessibility and improve outcomes for maternal and infant health?
- **RQ3:** What are the most pressing concerns affecting maternal, child, and adolescent health in the service area, and how can Driscoll Health System partner with community organizations, schools, public health agencies, and other systems to improve health outcomes for children and their families?

Through a mixed-methods analysis of quantitative and qualitative data, priority health needs were identified:

- Access to Primary and Specialty Care
- Mental Health and Well-Being
- Drivers of Health

Available data also provided opportunities to spotlight the intersections of these issues with five areas of interest to Driscoll Health System:

- Maternal Health
- Insights from Emergency Room (ER) Usage: A Lens on Care and Gaps
- Culture, Community, and Trust
- Health in the Colonias
- Children with Chronic Conditions and Complex Care Needs

The community health needs assessment revealed ongoing challenges related to healthcare access, mental and behavioral health, and non-medical drivers of health in the region. At the same time, unique strengths like strong community partnerships, strong community engagement, and high rates of insurance have the potential to improve health and well-being.

By centering community voices and lived experience through partnership with community-based organizations to serve as co-researchers on this project, this CHNA was able to gain deeper insights into community members' experiences with health and well-being. These insights can be used to invest in better, more sustainable, and more effective solutions, particularly when co-created with community leaders and members. Exploring opportunities to develop and pilot innovative solutions with community members, while tracking key metrics of potential progress and shifting needs related to each of the three priority areas, has the potential to measurably impact each of the priority and spotlight areas for long-lasting and systemic impacts. Driscoll Health System is already engaging in ongoing efforts to address many of the needs identified in this CHNA. These efforts can be expanded and scaled where successful.

Those who know Driscoll Health System in the community see it as one of the few systems that truly cares for its community. By continuing in that spirit, in collaboration and partnership with others, it will be possible to make a difference in the lives of those who are doing their best for their children and families.

“I went to Driscoll after having the experience with all these places and they, you know, it’s sort of different care. But I cried when leaving because of how thankful I was that they’re treating me like a human, like a mom who cares for her child. Why should that be? Like, why? Why is that special? When they take an oath to become doctors anywhere. That’s how they should treat us, you know, to take care of our children, take care of our families.”

- Focus Group Participant



APPENDIX A

Research Design and Methodology

APPENDIX A: ASSESSMENT PROCESS AND METHODOLOGY

The goal of this 2025 Community Health Needs Assessment (CHNA) is to find, prioritize, and address the most important child and maternal health needs in the areas served by Driscoll Health System. This assessment will inform planning and decision-making to improve the health of the community and meet IRS requirements for nonprofit hospitals. The 2025 Community Health Needs Assessment was conducted using a community-centered, realist approach designed to understand the contextual and systemic factors that impact health through mixed methods and sensemaking. This collaborative methodology ensures that the findings accurately reflect the broad interests of the community, especially medically underserved populations. The process aimed to identify and prioritize health needs through a comprehensive understanding of community conditions, needs, and assets that impact child, infant, and maternal health.

The geographic focus of the CHNA was determined in collaboration with Driscoll Health System staff and is detailed below:

- Primary Service Area Counties: Nueces, Cameron, Hidalgo, Webb.
- Secondary Service Area Counties: Victoria, San Patricio, Starr, Kleberg.
- Additional Rural Areas: Maverick, Zapata, Jim Hogg, Willacy, McMullen, Duval, Brooks, Kennedy, Jim Wells, Live Oak, Bee, Karnes, Goliad, Refugio, Calhoun, Aransas.

The research questions for this CHNA, co-created with Driscoll Health System leadership, are:

RQ1: What are the primary barriers and facilitators that impact access and utilization of healthcare for children and their families in the Driscoll Health System service area?

RQ2: What improvements are most needed to enhance healthcare accessibility and improve outcomes for maternal and infant health?

RQ3: What are the most pressing concerns affecting maternal, child, and adolescent health in the service area, and how can Driscoll Health System partner with community organizations, schools, public health agencies, and other systems to improve health outcomes for children and their families?

DATA COLLECTION

The data collection phase employed a realist approach, including qualitative and quantitative methods. This involved direct engagement with community members and leaders, complemented by the analysis of existing data sources.

Qualitative Data

Qualitative data was gathered through key informant interviews (n=11) and focus groups (6 focus groups, n=67). This involved purposive sampling to recruit community-based partners and local leaders with expertise in public health, ensuring input from individuals representing medically underserved, low-income, and minority populations.

Key Informant Interviews: Texas Health Institute conducted 11 key informant interviews with local leaders between May and April 2025. The semi-structured interviews were conducted virtually. Participants were invited to participate given their roles serving or representing medically underserved populations in the community. Input was sought from at least one state, local, tribal, or regional governmental public health department. Participants represent major service areas (Corpus Christi, RGV, Laredo, Brownsville) and smaller rural areas (Victoria, Eagle Pass).

Co-Designed Focus Groups: In collaboration with Driscoll Health Plan, Texas Health Institute partnered with 5 community-based organizations to serve as research partners. In planning sessions with each of the organizations prior to data collection, the focus groups were co-designed to be culturally appropriate and structured to best lift community voices and address our overarching research questions. This collaborative, co-design approach ensured focus groups created a safe space for participants to share stories of healing, joy, connection, trust, and challenges in the community. The organizations and participants were compensated for their participation and partnership. In April 2025, the co-designed focus groups were conducted in partnership with the following organizations serving primarily Hidalgo and Nueces counties:

- Easterseals of Rio Grande Valley
- Communities in Schools of Hidalgo County
- Rise School of Corpus Christi
- Open Hands
- Prospera Properties

Focus Group with Community Leaders: In addition to the focus groups led by Community Research Partners, THI recruited and conducted two virtual focus groups with public health and education leaders throughout South Texas. Participants shared their perspective on

the most pressing health needs in Nueces County, Hidalgo County, Webb County, Cameron County, Maverick County, and South Texas as a whole.

Consideration of Previous CHNA Comments: Feedback from the most recently conducted CHNA and implementation strategy were also considered.

Quantitative Data

Quantitative data included the analysis of publicly available and secondary data, such as population-level statistics, utilization estimates, and various public health indicators. This information provided crucial context and allowed for the triangulation of findings from the qualitative input, using benchmark comparisons to values for all 254 counties in Texas (where available). For additional context and triangulation for analysis and synthesis, aggregate data (FY2022-FY2024) from Driscoll Children's Hospital (inpatient, outpatient, emergency department data), Driscoll Health System quick care clinics and specialty centers, and Driscoll Health Plan Healthcare Effectiveness Data and Information Set (HEDIS) were included.

DATA ANALYSIS

The qualitative data analysis involved an inductive and deductive hybrid design with three cycles. This included developing preliminary codebooks based on Driscoll Health System's "look-fors," assigning in vivo codes, expanding codebooks based on frequency and relevance, sorting into categories, and conducting calibration meetings for inter-rater reliability. Finally, themes were identified from category clusters and woven into a coherent narrative. This systematic approach ensured that the identified health needs were directly supported by the data.

The quantitative data analysis involved inductive and deductive hybrid design that involved data collection from secondary sources at the county level and Driscoll Health System administrative data. Data were then analyzed to determine statistically significant differences across regions and counties to determine which data best demonstrates the unique needs and assets of the Driscoll Health System service area. County-level data were also included in a cluster analysis to determine data-driven look-alike counties for benchmarking and comparison.

This systematic approach ensured that the identified health needs were directly supported by the quantitative and qualitative data.

SENSEMAKING AND SYNTHESIS

The sensemaking process was integrated throughout the data collection and analysis process. After each co-designed focus group, Texas Health Institute debriefed with the community research partner to contextualize themes and needs raised during the conversation with community participants. After preliminary analysis of quantitative and qualitative data, Texas Health Institute presented findings to leaders from Driscoll Health System to contextualize and prioritize needs for action and community collaboration. After preliminary analysis of Driscoll Health System data, Texas Health Institute met with the analytics team at Driscoll Children's Hospital to contextualize findings in the deidentified, aggregate data for FY2022-2024. Collectively, these events ensured collective understanding, context, and alignment in determining areas for deeper exploration and prioritization. This collaborative synthesis with community leaders and hospital leadership also ensured the findings were refined and actionable, incorporating feedback and exploring alternative interpretations as necessary.

COUNTY PROFILES

Detailed county profiles were developed to provide localized insights into specific health needs and recommendations for each major service area within Driscoll's 31-county region. These profiles highlight variations in health issues and resources, offering targeted approaches for intervention and collaboration specific to the unique contexts and populations within each area. Indicators were selected based on completeness and connection to the themes observed throughout the needs assessment. All 254 counties in Texas were included in the ranking, where "Rank 1" indicates the best county for that indicator compared to all the other counties.

PRIORITIZATION

The prioritization process identified the most significant health needs of the community through a collaborative review of qualitative and quantitative data. This involved discussions with hospital leadership and community leaders in areas such as potential causes, severity, and magnitude (affecting many people, leading to disability or premature death, or creating economic/social burdens). This 2025 CHNA Report will be presented to the hospital facility's authorized body for approval.



APPENDIX B

Health Needs by Region

APPENDIX B: HEALTH NEEDS BY REGION

This section provides a localized analysis of critical health issues and community-informed recommendations, drawing from qualitative data in Driscoll Health System’s two major service areas: Corpus Christi and Rio Grande Valley (RGV). Each regional profile highlights specific challenges and tailored strategies to address them, reflecting the unique contexts of these communities.

CORPUS CHRISTI

Identification of critical health issues in Corpus Christi was informed by three key informants, two focus groups (FG), and one participant in a THI-led FG. The most frequently mentioned issues and recommendations are listed in the table and described below.

Health Needs	Areas of Community Collaboration
• Provider and specialist access • Insurance access and navigation • Maternal health / Legal status • Community awareness • Mental health	• Provide office visit alternatives • Develop awareness campaigns that promote Driscoll Health System services • Enhance partnerships with community-based organizations

*Specialists included: audiologist, psychologist, speech therapist, ophthalmologist

HEALTH NEEDS

Provider Access and Specialist Shortages

Community input consistently highlighted significant challenges in accessing general medical providers and specialists like audiologists, psychologists, speech therapists, and ophthalmologists, leading to long waitlists for services.

“I say for the, for the therapy part, it’s really hard to get into Driscoll. Yeah, there was a long wait list, even for a hearing evaluation. Six months. That’s the only downfall.”

– Focus Group Participant

Insurance Access and Navigation

Families in Corpus Christi face considerable difficulties with the complex and burdensome processes for applying for and maintaining health insurance, particularly Medicaid waivers, with issues like excessive paperwork and the ‘cliff effect.’

“I think it’s hard. Like if you apply for it, it takes a long time. There’s so many paperwork you got to turn in, you got to sign so much. You go in and out of the office. It’s hard for you to get approval too, not everybody gets approval. You have to go by your income, by your kids, how much you make, how many hours you put in. You know, like I’ve already got approval and that’s because I work for 80 hours every two weeks...they told me no, like you have to work less than 40 hours. How am I supposed—I have bills to pay. I have my kids daycare.”

– Focus Group Participant

Maternal Health

“And one mom was telling me that she has not gotten any prenatal care because she’s afraid that she’s going to be taken in. And I’m just like, “Stuff’s going to come up. I mean, you’re going to have to get care.” And even then, they’re not safe. I got a call from the immigration group. And there was a mom here in Oasis County. She gave birth. And they basically were like, “Oh, she can recover at the detention center.” And they took her right after she gave birth. The fear that they have is so valid.”

– Key Informant

Community Awareness and Education

“We need to educate the community, educate the parents, educate grandparents, because we’re now in this society that there is, I’ve seen up to five different generations in the family. How? How does that even happen, right? Like in the past, maybe 2-3 generations. Now we’re seeing 5 generations of individuals that are in a household or in the workplace or just raising a family. So there, there has to be a wide range of education.”

– Focus Group Participant

Mental Health

“They’re having to face middle school with social anxiety because they didn’t really develop those connections when their brain was developing, when the neurons were creating those connections to be able to function in the way that we right grew up. A lot of it has to do with how we are comparing the individuals and the data that we currently have versus the data that is coming out now and things did change, right?”

– Focus Group Participant

AREAS FOR COMMUNITY COLLABORATION

Key recommendations for collaboration in Corpus Christi include developing awareness campaigns to promote Driscoll Health System services and enhancing partnerships with community-based organizations to fill service gaps and increase access to resources.

Awareness Campaigns

“For Driscoll, if they would do the same thing, right? Like kind of materialize some of their services where they can kind of provide us information that is specific to like physicians, to public health, to the school districts and what services they can offer, it would be a great benefit.”

– Focus Group Participant

Partner with Community-Based Organizations

“You know, here in Corpus Christi, back in the day, we used to offer kind of like a pregnancy test. You could just come walk up and we give you pregnancy test. But nothing really kind of evolved after that. And that’s been, you know, for a while. Like, yeah, you’re pregnant now. We have a community resource guide that we created in house where we work with some physicians around town.”

– Focus Group Participant

“I think that coalitions between service providers are wonderful because it gives us the space to talk about barriers, staff cases, link people to other service providers.”

– Key Informant

RIO GRANDE VALLEY (RGV)

Counties: McAllen, Mission, Pharr, Edinburg, San Juan, Harlingen, Hidalgo, Willacy, Starr

Identification of critical health issues and recommendations was informed by four key informants, three focus groups, and four participants in THI-led focus groups. The most frequently mentioned issues and recommendations are listed in the table and described below.

Health Needs	Areas of Community Collaboration
• Provider and specialist access • Insurance access and navigation • Maternal health • Diabetes, obesity, healthy food • Nutrition education • Maternal healthcare • Colonias	• Invest in research • Financial incentives to students for long-term public health service • Leverage community health workers • Refer people to community-based organizations (CBOs) for assistance

Specialists included: pulmonologist, neurologist, plastic surgeon, behavior specialist, and obstetricians.

HEALTH NEEDS

Provider Access and Specialist Shortages

“It was a very scary time, and we had to find, you know, specialist that we could, you know, see for this condition now being told that there wasn’t much we can do here in the valley, I would have to travel to even get an MRI to really look at her brain. I was 27 weeks pregnant with threatened preterm labor, and they’re telling me that there’s really nowhere MRI done in the valley... We were able to go, financially it set us back, but we could do it.”

– Focus Group Participant

Insurance Access and Navigation

“I think now there’s like a lot of help with the marketplace getting insurance is a little bit easier, but just some people that do have like that are U.S. citizens or that are alien, like you know, that are registered to be here because people that don’t have any papers can’t get any help. Adults wouldn’t be able to get any assistance whatsoever, that would be hard on them.”

– Focus Group Participant

Healthy Food and Nutrition

“But the burden of that is very big in the Rio Grande Valley. It is, I think, the area with the highest rates of amputation. There’s a reason for that. Children are getting diabetes a lot younger...”

– Focus Group Participant

“One of the things that I know that concern us is the level of diabetes that we’re seeing and how much younger children are with diabetes. And then addressing that part of it, you know we’re concerned is you know that there’s more obesity in children than what we used to see....”

– Focus Group Participant

“Part of the thing is-- and I’ll say this because I always say at the food bank, if you do get food from the food bank, a lot of times it’s foods that maybe you’re not familiar with... one of the things we’ve started to do is create healthy recipes to tell people, “Hey, you can make black refried beans,” because that’s one thing we like. “You can make lentils in this way, and you can make lentils in that way.”

– Key Informant

Maternal Healthcare

“We are down some OB physicians in our region and I do know that I’ve heard you know that there are those that are, you know recruiting. I just don’t know how well that recruitment is going and so I mean, we just we’re growing region and we definitely need more physicians at specialty physicians within our communities.”

– Focus Group Participant

Mental Health

“That is, you can get support like a center of saying mom needs support, family needs support. Sister needs support because siblings carry the burden... You process that anxiety over to them, and now you have a 7 year old with a mental health issue and emotional health development, you know. And we come to Easter Seals for emotional development through child play every Thursday and it has created a sanity...”

– Focus Group Participant

“The frustration of not being able to have the resources to be able to solve those needs. It frustrates you as a person, as a family, not being able to meet that need. And that leads parents to worry more and to be thinking. And bring problems to your head of how I’m going to be able to help my son or my daughter and that leads to mental health, to depression, anxiety - all that. It’s a little chain... because they can’t get their medical treatment.”

– Focus Group Participant

AREAS FOR COMMUNITY COLLABORATION

Recommendations for the RGV emphasize investing in research to understand the root causes of poverty and health, providing financial incentives for medical students to serve long-term in public health, and leveraging community health workers and CBOs to bridge service gaps and build trust.

Invest in Research

“We want to see big dollars being spent on trying to understand the effect of chronic poverty on children’s health...what I’m hoping some of these big organizations can bring to town is the research dollars and the experts to try to understand how we can get ahead of these difficult outcomes that children face.”

– Key Informant

I would actually recommend is for them to establish I'd like a 20 year program... a new experiment where we create a collaborative program between the city, county officials, the schools, the public health, the greater medical community, where we're actually going to look at root causes, address those root causes of health in our, you know. Because if all of us got together and we were working together for this goal with measurable metrics, measurable, you know interventions, then it gives us the opportunity to change the culture, to change how we interact. Because I think those are the kinds of things we have to do to really make a difference here and then that way you come up with the whole funding mechanism behind it as well."

– Focus Group Participant

Incentivize Medical Students to Provide Public Health Services

"And we just you know we really need to encourage our medical schools to you know be able to get sufficient funding to be able to get enough medical students in and then get those residency programs so we can take care of our community... it would be nice to incentivize these physicians to help out when it's public health, you know, incentivize it for them. So that maybe school loans or something so that they could help out public health, we need the doctors."

– Focus Group Participant

Community Health Workers and Organizations to Improve Care Navigation

“I want to echo on the COM, the community health worker model. I think that the community health work health worker workforce has filled an enormous need there. They aren’t the healthcare provider, but in a community where some people lack access and won’t have it, at least someone coming to explain what the word diabetes means. What the word high cholesterol means. They serve both as educators and navigators in our community.”

– Focus Group Participant

“This whole idea of promotoras and promotores is helping to break down those barriers that exist with regards to mistrust. And that’s really helping our community quite a bit.”

– Key informant

“And there’s a couple of other free clinics in the RGV that provide some support...the kind of the places we know that are able to serve people who have now a medical need because they’re pregnant and don’t really look at insurance status.”

– Focus Group Participant



APPENDIX C

County Profiles

APPENDIX C: COUNTY PROFILES

This section contains detailed county profiles to provide localized insights into specific health needs and recommendations for each major service area within Driscoll's 31-county region. These profiles highlight variations in health issues and resources, offering targeted approaches for intervention and collaboration specific to the unique contexts and populations within each area. Indicators were selected based on completeness and connection to the themes observed throughout the needs assessment. All 254 counties in Texas were included in the ranking, where "Rank 1" indicates the best county for that indicator compared to all the other counties.

ARANSAS



Driscoll Service Area: Primary
Child Population (2024): 5,754
Total Population (2024): 29,800

1,968 households in Poverty (2022)
3,484 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

86.7% of children have health insurance Rank 78	3,179 enrollments in Children’s Medicaid Rank 113	17 family medicine providers per 100,000 population Rank 133	1 dentist per 3,564 county residents Rank 145
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Healthy Food and Nutrition Education

27.8% of children are food insecure Rank 107	672 households with a child that received Food Stamps/SNAP Rank 102	0.587 stores that are SNAP-authorized per 1,000 residents Rank 197	0.673 fast food restaurants per 1,000 residents Rank 111
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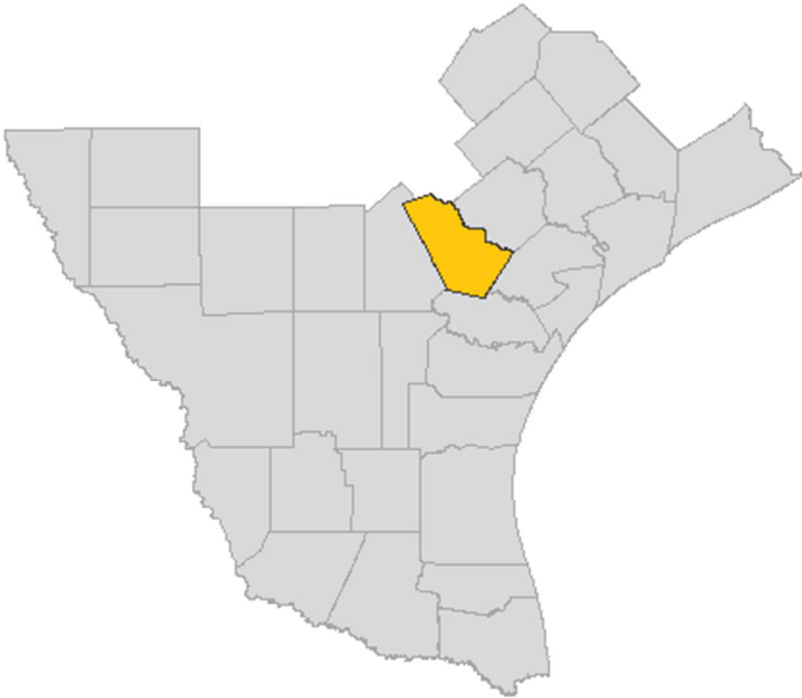
Maternal Healthcare

417 Medicaid enrollments for pregnant women Rank 107	0 hospital(s) with obstetric care Rank 11	56.8% of live births with first trimester prenatal care Rank 140	11.4% of live births to women with any diabetes diagnosis Rank 79
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Mental Health

1 mental health provider per 1,058 county residents Rank 65	20.1% of adults reporting 14 or more poor mental health days per month Rank 43	36.1 deaths due to suicide per 100,000 residents Rank 119	35.3% of adults reporting that they always, usually, or sometimes feel lonely Rank 30
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.



Driscoll Service Area: Primary
Child Population (2024): 7,904
Total Population (2024): 35,408

1,813 households in Poverty (2022)
3,505 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

90.1% of children have health insurance Rank 49	4,780 enrollments in Children’s Medicaid Rank 90	21 family medicine providers per 100,000 population Rank 112	1 dentist per 3,378 county residents Rank 135
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Healthy Food and Nutrition Education

25.6% of children are food insecure Rank 89	723 households with a child that received Food Stamps/SNAP Rank 96	0.758 stores that are SNAP-authorized per 1,000 residents Rank 148	0.487 fast food restaurants per 1,000 residents Rank 52
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Maternal Healthcare

619 Medicaid enrollments for pregnant women Rank 91	1 hospital(s) with obstetric care Rank 10	63.5% of live births with first trimester prenatal care Rank 121	17.3% of live births to women with any diabetes diagnosis Rank 93
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Mental Health

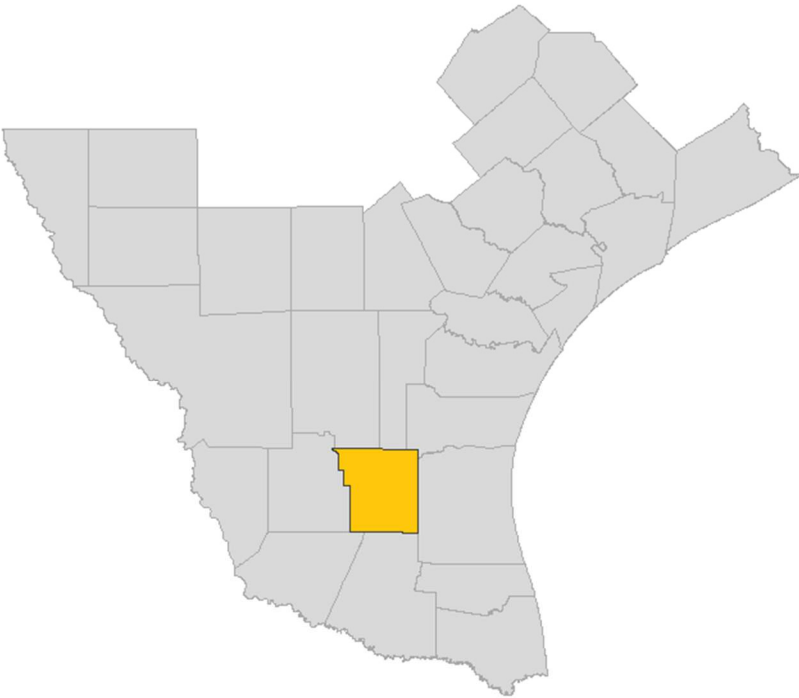
1 mental health provider per 1,929 county residents Rank 126	18.6% of adults reporting 14 or more poor mental health days per month Rank 28	20.4 deaths due to suicide per 100,000 residents Rank 71	36.5% of adults reporting that they always, usually, or sometimes feel lonely Rank 42
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

BROOKS

Driscoll Service Area: Southwest
Child Population (2024): 1,815
Total Population (2024): 7,138

1,033 households in Poverty (2022)
758 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

83.0% of children have health insurance Rank 104	1,773 enrollments in Children’s Medicaid Rank 157	0 family medicine providers per 100,000 population Rank 174	1 dentist per 6,906 county residents Rank 191
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Healthy Food and Nutrition Education

31.8% of children are food insecure Rank 125	442 households with a child that received Food Stamps/SNAP Rank 125	1.290 stores that are SNAP-authorized per 1,000 residents Rank 38	0.826 fast food restaurants per 1,000 residents Rank 157
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Maternal Healthcare

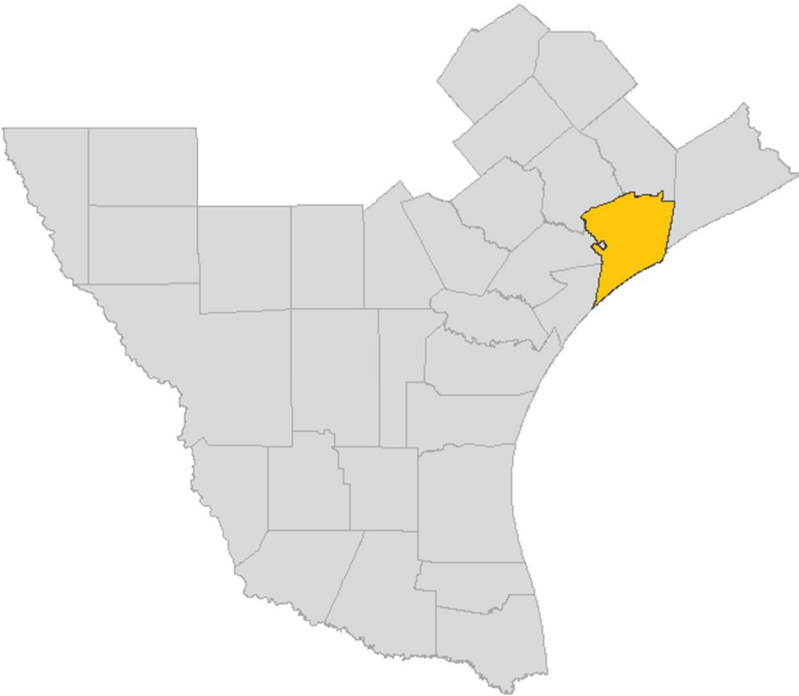
195 Medicaid enrollments for pregnant women Rank 156	0 hospital(s) with obstetric care Rank 11	61.7% of live births with first trimester prenatal care Rank 126	11.9% of live births to women with any diabetes diagnosis Rank 81
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Mental Health

1 mental health provider per 3,424 county residents Rank 179	19.3% of adults reporting 14 or more poor mental health days per month Rank 35	- - deaths due to suicide per 100,000 residents Rank N/A	35.6% of adults reporting that they always, usually, or sometimes feel lonely Rank 33
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

CALHOUN



Driscoll Service Area: Northeast
Child Population (2024): 5,749
Total Population (2024): 23,277

780 households in Poverty (2022)
2,235 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

88.5% of children have health insurance Rank 62	2,933 enrollments in Children’s Medicaid Rank 118	38 family medicine providers per 100,000 population Rank 54	1 dentist per 1,971 county residents Rank 62
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Healthy Food and Nutrition Education

20.1% of children are food insecure Rank 38	814 households with a child that received Food Stamps/SNAP Rank 94	1.150 stores that are SNAP-authorized per 1,000 residents Rank 54	0.685 fast food restaurants per 1,000 residents Rank 114
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Maternal Healthcare

381 Medicaid enrollments for pregnant women Rank 111	1 hospital(s) with obstetric care Rank 10	77.8% of live births with first trimester prenatal care Rank 23	9.7% of live births to women with any diabetes diagnosis Rank 63
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Mental Health

1 mental health provider per 3,940 county residents Rank 186	16.8% of adults reporting 14 or more poor mental health days per month Rank 13	18.8 deaths due to suicide per 100,000 residents Rank 59	35.7% of adults reporting that they always, usually, or sometimes feel lonely Rank 34
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

CAMERON

DHS Facilities:

- 3 Specialty Clinics (Brownsville, Harlingen, and Harlingen Maternal Fetal Medicine)

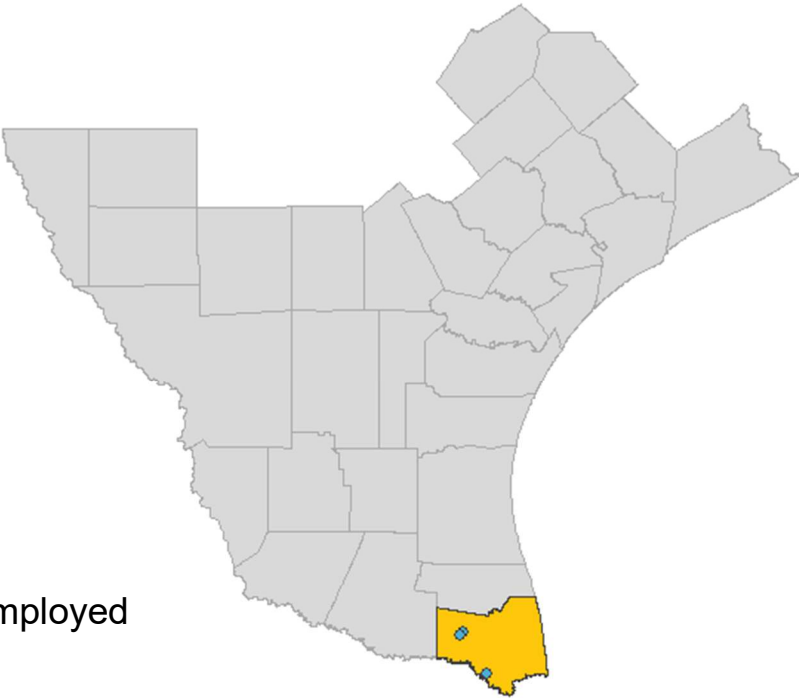
Driscoll Service Area: South

Child Population (2024): 122,299

Total Population (2024): 433,732

30,260 households in Poverty (2022)

44,268 Asset Limited, Income Constrained, Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

84.5% of children have health insurance Rank 95	99,637 enrollments in Children’s Medicaid Rank 8	20 family medicine providers per 100,000 population Rank 123	1 dentist per 3,127 county residents Rank 120
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Healthy Food and Nutrition Education

27.2% of children are food insecure Rank 102	21,543 households with a child that received Food Stamps/SNAP Rank 8	0.904 stores that are SNAP-authorized per 1,000 residents Rank 103	0.588 fast food restaurants per 1,000 residents Rank 89
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Maternal Healthcare

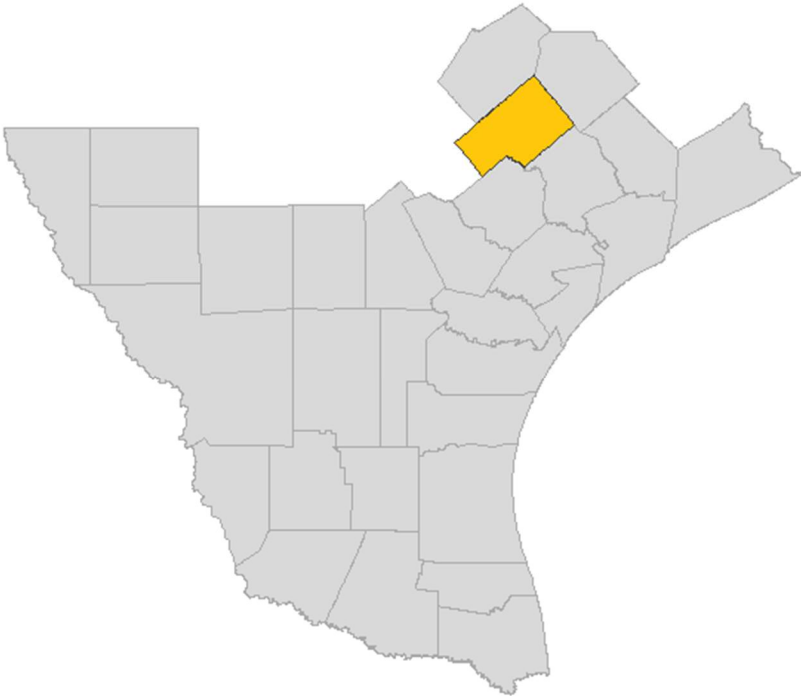
10,386 Medicaid enrollments for pregnant women Rank 8	4 hospital(s) with obstetric care Rank 7	77.5% of live births with first trimester prenatal care Rank 26	11.0% of live births to women with any diabetes diagnosis Rank 75
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Mental Health

1 mental health provider per 1029 county residents Rank 64	20.0% of adults reporting 14 or more poor mental health days per month Rank 42	8.5 deaths due to suicide per 100,000 residents Rank 6	40.6% of adults reporting that they always, usually, or sometimes feel lonely Rank 65
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

DEWITT



Driscoll Service Area: Northeast
Child Population (2024): 4,880
Total Population (2024): 22,398

1,216 households in Poverty (2022)
1,865 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

87.8% of children have health insurance Rank 67	2,869 enrollments in Children’s Medicaid Rank 119	50 family medicine providers per 100,000 population Rank 30	1 dentist per 3,296 county residents Rank 129
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Healthy Food and Nutrition Education

22.1% of children are food insecure Rank 58	347 households with a child that received Food Stamps/SNAP Rank 147	0.717 stores that are SNAP-authorized per 1,000 residents Rank 161	0.776 fast food restaurants per 1,000 residents Rank 142
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Maternal Healthcare

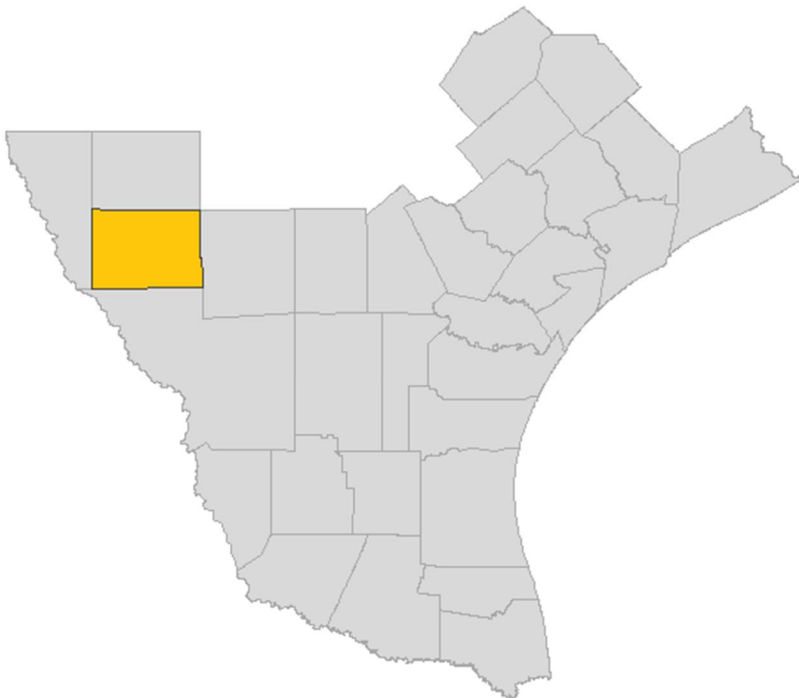
332 Medicaid enrollments for pregnant women Rank 120	1 hospital(s) with obstetric care Rank 10	78.0% of live births with first trimester prenatal care Rank 22	10.9% of live births to women with any diabetes diagnosis Rank 74
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Mental Health

1 mental health provider per 3,322 county residents Rank 176	18.7% of adults reporting 14 or more poor mental health days per month Rank 29	19.7 deaths due to suicide per 100,000 residents Rank 66	37.2% of adults reporting that they always, usually, or sometimes feel lonely Rank 49
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

DIMMIT



Driscoll Service Area: West
Child Population (2024): 3,787
Total Population (2024): 12,652

1,115 households in Poverty (2022)
637 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

95.2% of children have health insurance Rank 7	2,247 enrollments in Children’s Medicaid Rank 147	11 family medicine providers per 100,000 population Rank 158	1 dentist per 2,796 county residents Rank 105
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Healthy Food and Nutrition Education

33.3% of children are food insecure Rank 130	654 households with a child that received Food Stamps/SNAP Rank 104	1.504 stores that are SNAP-authorized per 1,000 residents Rank 17	0.557 fast food restaurants per 1,000 residents Rank 74
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Maternal Healthcare

272 Medicaid enrollments for pregnant women Rank 140	1 hospital(s) with obstetric care Rank 10	71.7% of live births with first trimester prenatal care Rank 67	8.7% of live births to women with any diabetes diagnosis Rank 53
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Mental Health

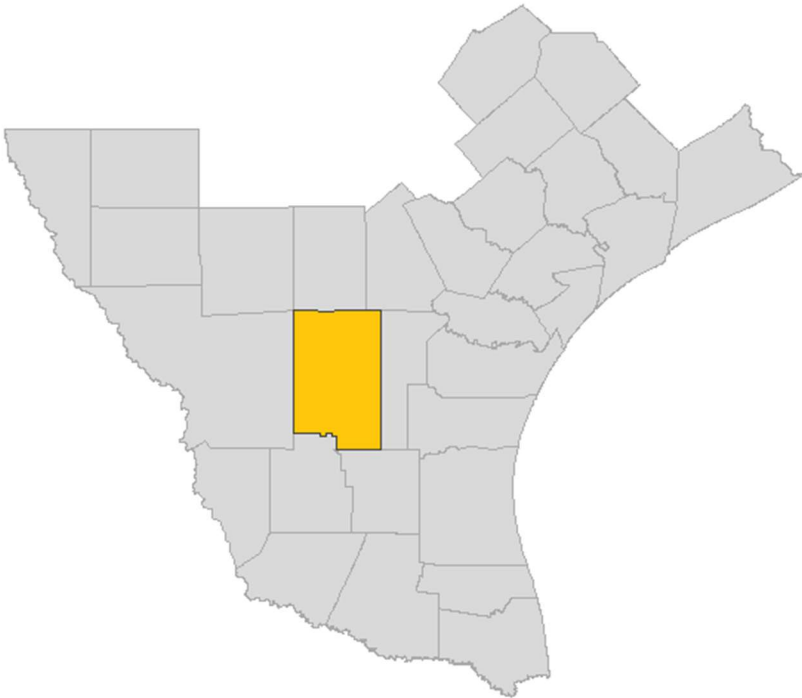
1 mental health provider per 2,753 county residents Rank 159	21.5% of adults reporting 14 or more poor mental health days per month Rank 57	- - deaths due to suicide per 100,000 residents Rank N/A	37.1% of adults reporting that they always, usually, or sometimes feel lonely Rank 48
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

DUVAL

Driscoll Service Area: West
Child Population (2024): 3,053
Total Population (2024): 11,658

522 households in Poverty (2022)
1,217 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

81.1% of children have health insurance Rank 115	2,363 enrollments in Children’s Medicaid Rank 137	0 family medicine providers per 100,000 population Rank 174	1 dentist per -- county residents Rank N/A
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Healthy Food and Nutrition Education

28.4% of children are food insecure Rank 109	442 households with a child that received Food Stamps/SNAP Rank 125	1.390 stores that are SNAP-authorized per 1,000 residents Rank 27	0.437 fast food restaurants per 1,000 residents Rank 39
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Maternal Healthcare

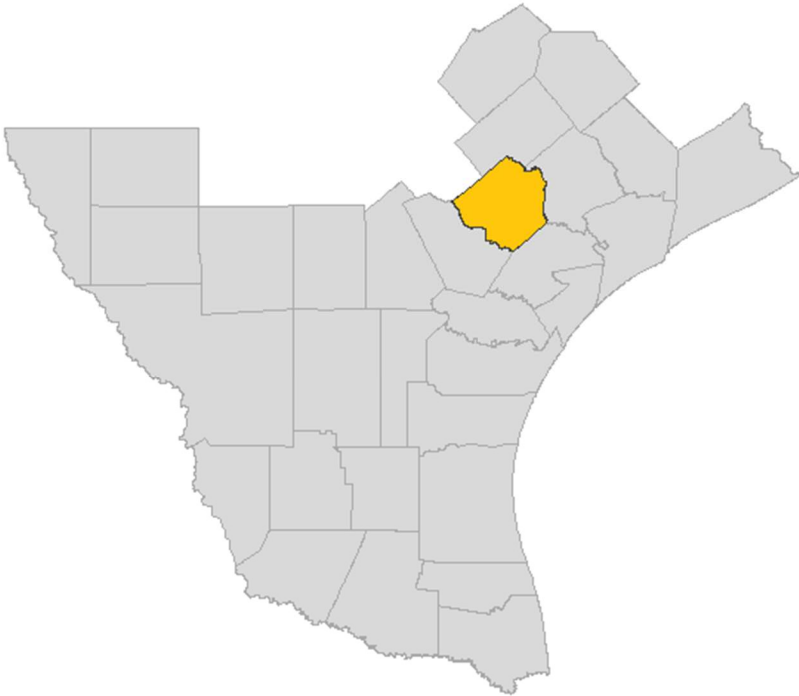
290 Medicaid enrollments for pregnant women Rank 135	0 hospital(s) with obstetric care Rank 11	54.0% of live births with first trimester prenatal care Rank 143	11.5% of live births to women with any diabetes diagnosis Rank 80
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Mental Health

1 mental health provider per 9,604 county residents Rank 211	19.5% of adults reporting 14 or more poor mental health days per month Rank 37	-- deaths due to suicide per 100,000 residents Rank N/A	37.8% of adults reporting that they always, usually, or sometimes feel lonely Rank 55
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

GOLIAD



Driscoll Service Area: Northeast
Child Population (2024): 1,595
Total Population (2024): 7,953

473 households in Poverty (2022)
893 Asset Limited, Income Constrained, Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

91.9% of children have health insurance Rank 31	858 enrollments in Children’s Medicaid Rank 194	14 family medicine providers per 100,000 population Rank 149	1 dentist per 1,783 county residents Rank 47
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Healthy Food and Nutrition Education

19.1% of children are food insecure Rank 30	83 households with a child that received Food Stamps/SNAP Rank 195	0.529 stores that are SNAP-authorized per 1,000 residents Rank 206	0.399 fast food restaurants per 1,000 residents Rank 32
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Maternal Healthcare

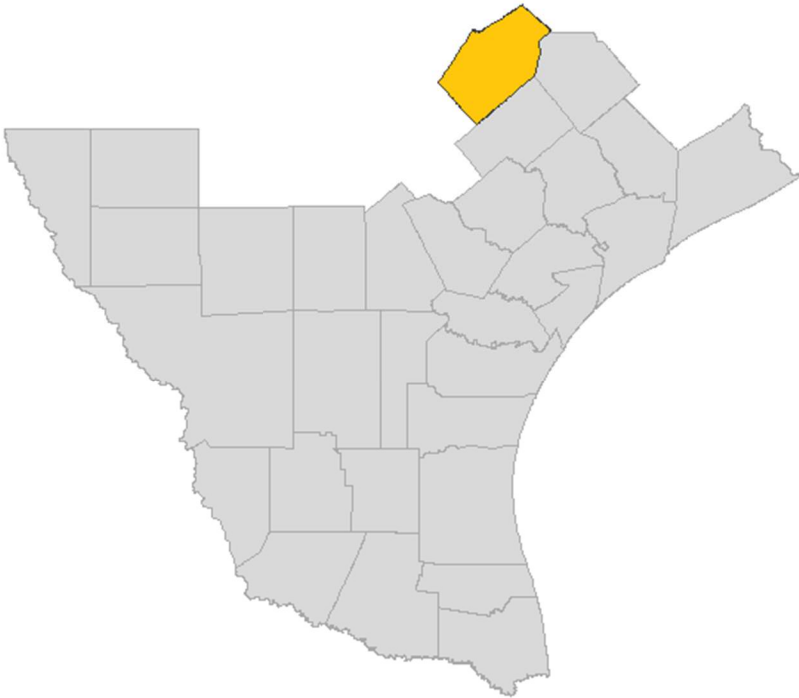
102 Medicaid enrollments for pregnant women Rank 183	0 hospital(s) with obstetric care Rank 11	78.0% of live births with first trimester prenatal care Rank 22	12.3% of live births to women with any diabetes diagnosis Rank 84
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Mental Health

1 mental health provider per 7,144 county residents Rank 205	18.1% of adults reporting 14 or more poor mental health days per month Rank 23	- - deaths due to suicide per 100,000 residents Rank N/A	36.3% of adults reporting that they always, usually, or sometimes feel lonely Rank 40
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

GONZALES



Driscoll Service Area: Northeast
Child Population (2024): 5,741
Total Population (2024): 21,936

954 households in Poverty (2022)
2,177 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

91.3% of children have health insurance Rank 37	3,990 enrollments in Children’s Medicaid Rank 100	24 family medicine providers per 100,000 population Rank 101	1 dentist per 2,204 county residents Rank 71
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Healthy Food and Nutrition Education

22.0% of children are food insecure Rank 57	410 households with a child that received Food Stamps/SNAP Rank 133	0.818 stores that are SNAP-authorized per 1,000 residents Rank 127	0.719 fast food restaurants per 1,000 residents Rank 125
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Maternal Healthcare

465 Medicaid enrollments for pregnant women Rank 100	1 hospital(s) with obstetric care Rank 10	69.8% of live births with first trimester prenatal care Rank 83	13.3% of live births to women with any diabetes diagnosis Rank 87
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Mental Health

1 mental health provider per 2,492 county residents Rank 150	19.5% of adults reporting 14 or more poor mental health days per month Rank 37	20.1 deaths due to suicide per 100,000 residents Rank 69	36.5% of adults reporting that they always, usually, or sometimes feel lonely Rank 42
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

HIDALGO

DHS Facilities:

- Driscoll Children’s Hospital Rio Grande Valley
- 2 Quick Care (Edinburg & McAllen)
- 1 Specialty Clinic (McAllen)

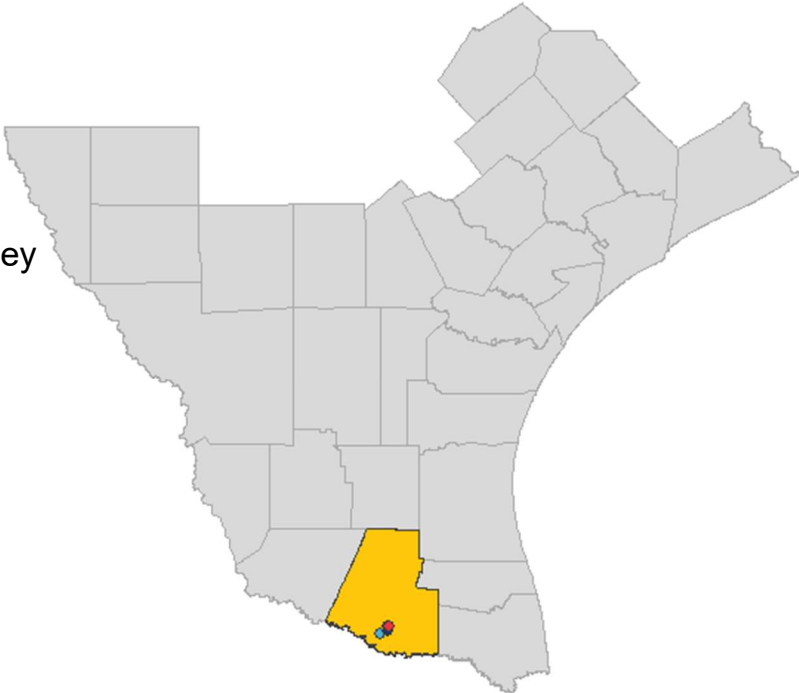
Driscoll Service Area: Southwest

Child Population (2024): 256,718

Total Population (2024): 906,624

71,662 households in Poverty (2022)

80,193 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

84.3% of children have health insurance Rank 96	222,186 enrollments in Children’s Medicaid Rank 5	26 family medicine providers per 100,000 population Rank 93	1 dentist per 3,219 county residents Rank 128
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Healthy Food and Nutrition Education

27.1% of children are food insecure Rank 101	48,942 households with a child that received Food Stamps/SNAP Rank 5	0.966 stores that are SNAP-authorized per 1,000 residents Rank 84	0.459 fast food restaurants per 1,000 residents Rank 45
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Maternal Healthcare

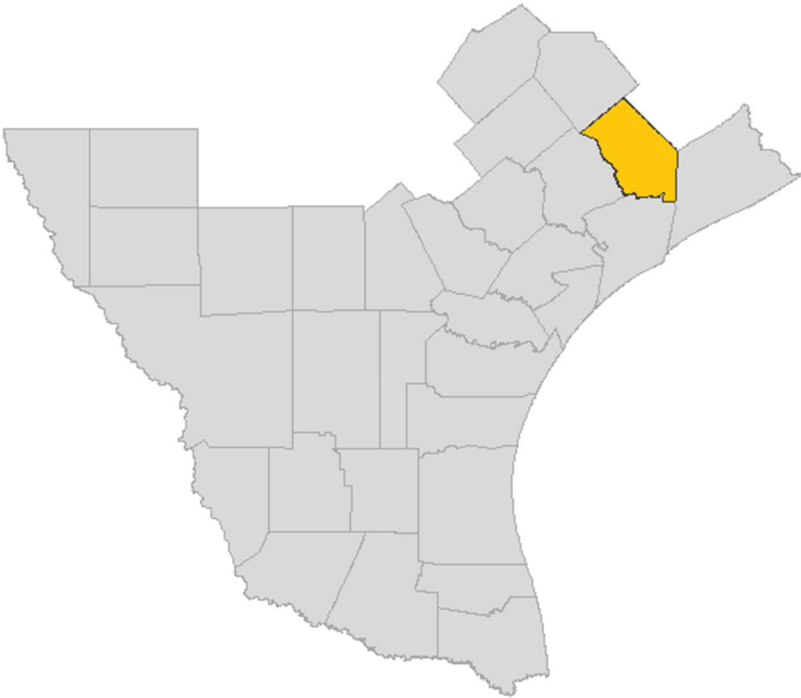
21,808 Medicaid enrollments for pregnant women Rank 5	5 hospital(s) with obstetric care Rank 6	67.0% of live births with first trimester prenatal care Rank 103	11.1% of live births to women with any diabetes diagnosis Rank 76
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Mental Health

1 mental health provider per 1,097 county residents Rank 69	19.9% of adults reporting 14 or more poor mental health days per month Rank 41	6.4 deaths due to suicide per 100,000 residents Rank 1	39.7% of adults reporting that they always, usually, or sometimes feel lonely Rank 63
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

JACKSON



Driscoll Service Area: Northeast
Child Population (2024): 4,378
Total Population (2024): 16,662

671 households in Poverty (2022)
1,473 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

85.9% of children have health insurance Rank 83	2,076 enrollments in Children’s Medicaid Rank 155	21 family medicine providers per 100,000 population Rank 119	1 dentist per 2,524 county residents Rank 85
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Healthy Food and Nutrition Education

20.9% of children are food insecure Rank 46	509 households with a child that received Food Stamps/SNAP Rank 119	0.811 stores that are SNAP-authorized per 1,000 residents Rank 130	0.741 fast food restaurants per 1,000 residents Rank 132
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Maternal Healthcare

306 Medicaid enrollments for pregnant women Rank 129	0 hospital(s) with obstetric care Rank 11	76.3% of live births with first trimester prenatal care Rank 31	9.0% of live births to women with any diabetes diagnosis Rank 56
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Mental Health

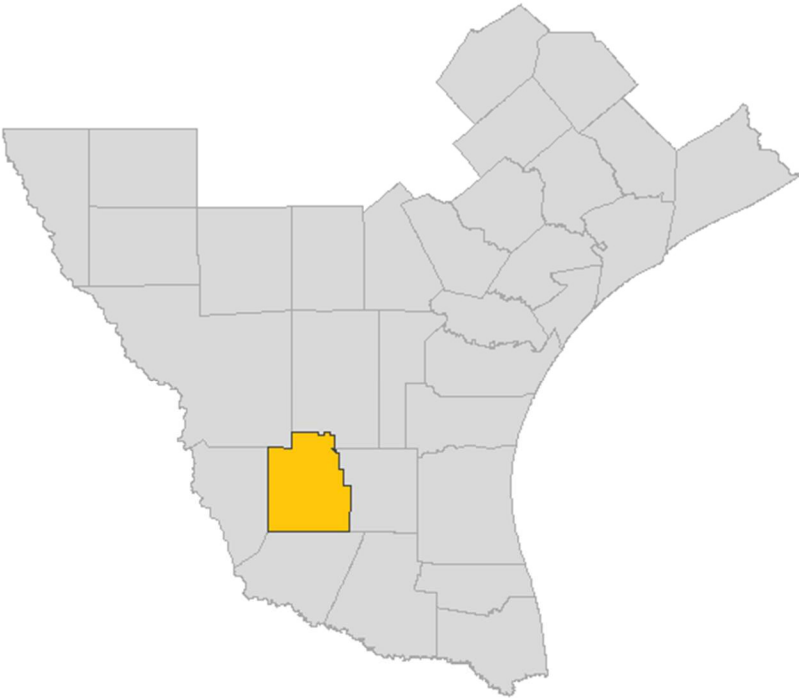
1 mental health provider per 3,045 county residents Rank 170	19.7% of adults reporting 14 or more poor mental health days per month Rank 39	16.7 deaths due to suicide per 100,000 residents Rank 45	37.0% of adults reporting that they always, usually, or sometimes feel lonely Rank 47
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

JIM HOGG

Driscoll Service Area: Southwest
Child Population (2024): 1,426
Total Population (2024): 4,969

360 households in Poverty (2022)
509 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

82.6% of children have health insurance Rank 105	1,143 enrollments in Children’s Medicaid Rank 183	0 family medicine providers per 100,000 population Rank 174	1 dentist per 4,763 county residents Rank 172
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Healthy Food and Nutrition Education

28.6% of children are food insecure Rank 110	244 households with a child that received Food Stamps/SNAP Rank 160	1.346 stores that are SNAP-authorized per 1,000 residents Rank 32	0.763 fast food restaurants per 1,000 residents Rank 138
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Maternal Healthcare

95 Medicaid enrollments for pregnant women Rank 185	0 hospital(s) with obstetric care Rank 11	68.3% of live births with first trimester prenatal care Rank 93	6.7% of live births to women with any diabetes diagnosis Rank 33
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Mental Health

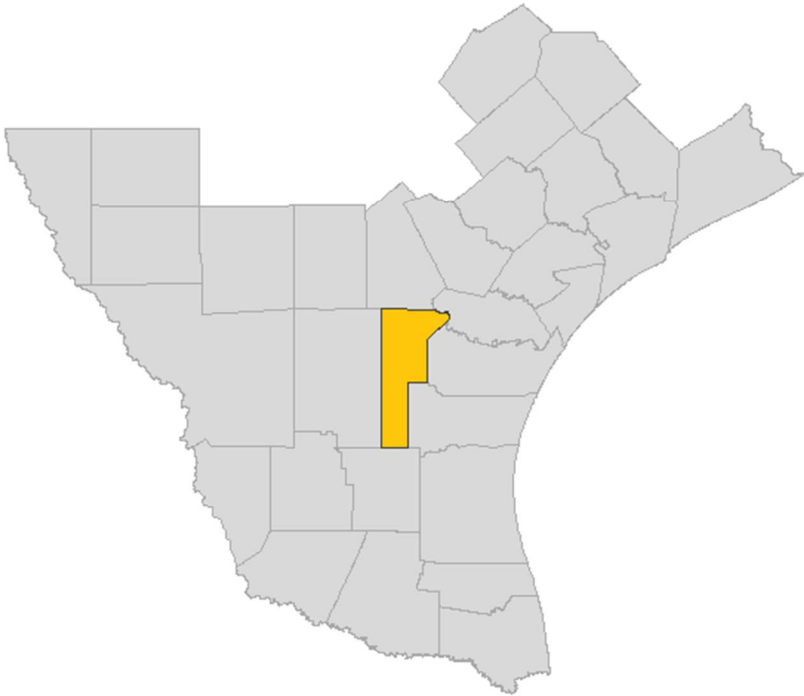
1 mental health provider per - - county residents Rank N/A	18.9% of adults reporting 14 or more poor mental health days per month Rank 31	- - deaths due to suicide per 100,000 residents Rank N/A	35.5% of adults reporting that they always, usually, or sometimes feel lonely Rank 32
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

JIM WELLS

Driscoll Service Area: Primary
Child Population (2024): 12,364
Total Population (2024): 43,508

2,831 of households in Poverty (2022)
4,431 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

86.8% of children have health insurance Rank 77	8,686 enrollments in Children’s Medicaid Rank 59	15 family medicine providers per 100,000 population Rank 141	1 dentist per 2,987 county residents Rank 112
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Healthy Food and Nutrition Education

29.5% of children are food insecure Rank 115	1,818 households with a child that received Food Stamps/SNAP Rank 54	1.017 stores that are SNAP-authorized per 1,000 residents Rank 73	0.730 fast food restaurants per 1,000 residents Rank 130
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Maternal Healthcare

1,052 Medicaid enrollments for pregnant women Rank 59	1 hospital(s) with obstetric care Rank 10	53.5% of live births with first trimester prenatal care Rank 144	14.3% of live births to women with any diabetes diagnosis Rank 91
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Mental Health

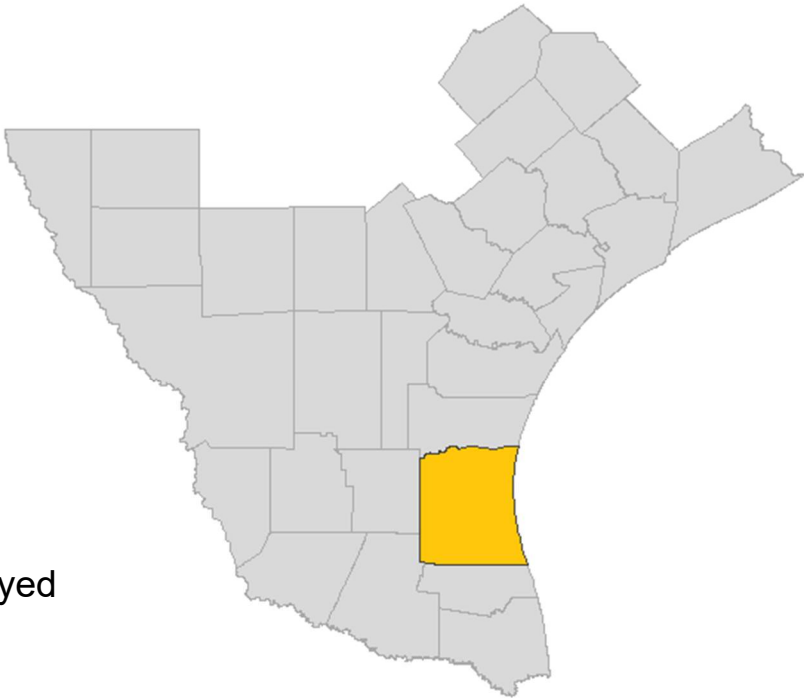
1 mental health provider per 943 county residents Rank 58	19.2% of adults reporting 14 or more poor mental health days per month Rank 34	17.7 deaths due to suicide per 100,000 residents Rank 52	36.1% of adults reporting that they always, usually, or sometimes feel lonely Rank 38
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

KENEDY

Driscoll Service Area: South
Child Population (2024): 113
Total Population (2024): 494

0 households in Poverty (2022)
28 Asset Limited, Income Constrained, Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

100% of children have health insurance Rank 1	35 enrollments in Children’s Medicaid Rank 250	0 family medicine providers per 100,000 population Rank 174	1 dentist per -- county residents Rank N/A
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Healthy Food and Nutrition Education

25.0% of children are food insecure Rank 84	0 households with a child that received Food Stamps/SNAP Rank 229	-- stores that are SNAP-authorized per 1,000 residents Rank N/A	0 fast food restaurants per 1,000 residents Rank 1
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Maternal Healthcare

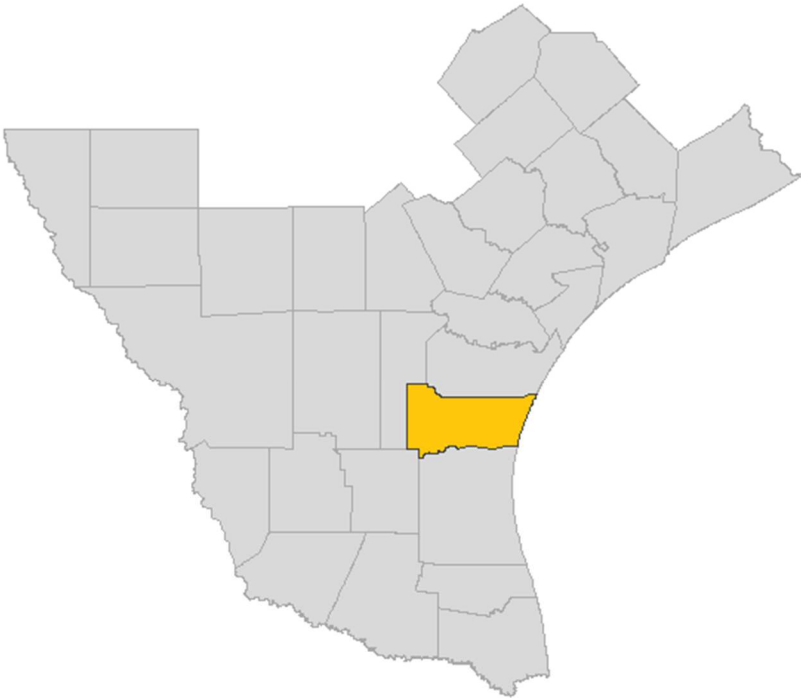
9 Medicaid enrollments for pregnant women Rank 229	0 hospital(s) with obstetric care Rank 11	67.0% of live births with first trimester prenatal care Rank 103	11.2% of live births to women with any diabetes diagnosis Rank 77
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Mental Health

1 mental health provider per -- county residents Rank N/A	24.6% of adults reporting 14 or more poor mental health days per month Rank 65	-- deaths due to suicide per 100,000 residents Rank N/A	39.9% of adults reporting that they always, usually, or sometimes feel lonely Rank 64
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

KLEBERG



Driscoll Service Area: Primary
Child Population (2024): 6,651
Total Population (2024): 30,737

3,556 households in Poverty (2022)
2,490 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

93.2% of children have health insurance Rank 19	5,203 enrollments in Children’s Medicaid Rank 87	27 family medicine providers per 100,000 population Rank 90	1 dentist per 1,687 county residents Rank 38
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Healthy Food and Nutrition Education

29.2% of children are food insecure Rank 113	1,387 households with a child that received Food Stamps/SNAP Rank 64	1.032 stores that are SNAP-authorized per 1,000 residents Rank 68	0.766 fast food restaurants per 1,000 residents Rank 139
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Maternal Healthcare

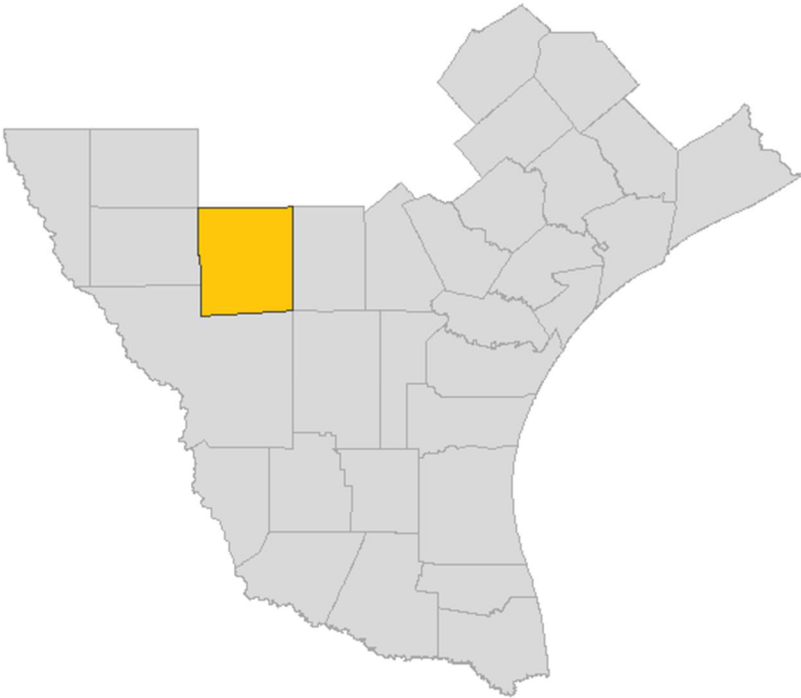
711 Medicaid enrollments for pregnant women Rank 82	1 hospital(s) with obstetric care Rank 10	61.5% of live births with first trimester prenatal care Rank 127	12.5% of live births to women with any diabetes diagnosis Rank 85
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Mental Health

1 mental health provider per 1,504 county residents Rank 98	18.2% of adults reporting 14 or more poor mental health days per month Rank 24	8.3 deaths due to suicide per 100,000 residents Rank 5	35.7% of adults reporting that they always, usually, or sometimes feel lonely Rank 34
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

LA SALLE



Driscoll Service Area: West
Child Population (2024): 1,812
Total Population (2024): 9,000

399 households in Poverty (2022)
230 households Asset Limited, Income
Constrained, Employed (ALICE) (2022)

Provider Access & Specialist Shortages

94.1% of children have health insurance Rank 12	1,160 enrollments in Children’s Medicaid Rank 180	0 family medicine providers per 100,000 population Rank 174	1 dentist per -- county residents Rank N/A
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Healthy Food and Nutrition Education

21.2% of children are food insecure Rank 49	105 households with a child that received Food Stamps/SNAP Rank 188	1.725 stores that are SNAP-authorized per 1,000 residents Rank 10	1.050 fast food restaurants per 1,000 residents Rank 188
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Maternal Healthcare

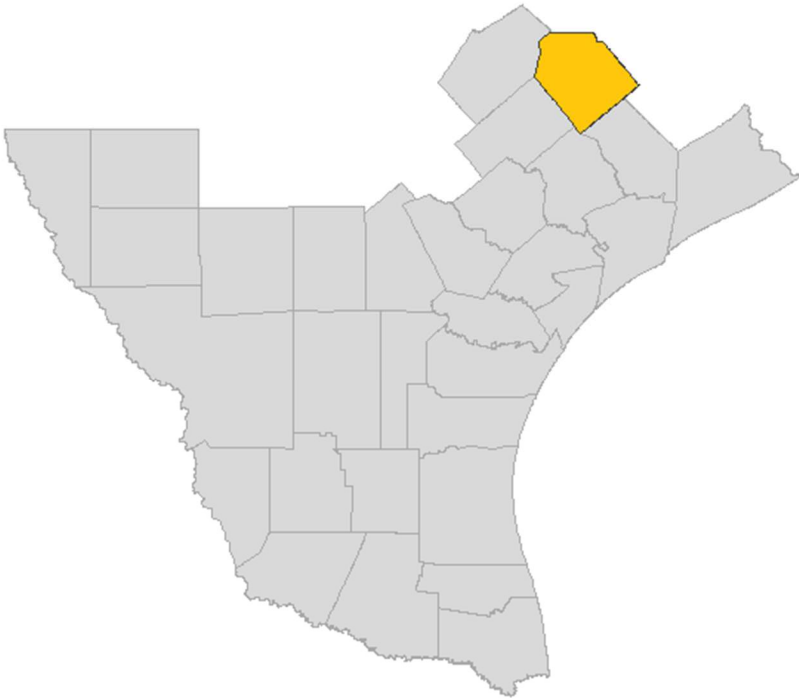
142 Medicaid enrollments for pregnant women Rank 169	0 hospital(s) with obstetric care Rank 11	67.7% of live births with first trimester prenatal care Rank 98	8.8% of live births to women with any diabetes diagnosis Rank 54
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Mental Health

1 mental health provider per 1,308 county residents Rank 87	19.7% of adults reporting 14 or more poor mental health days per month Rank 39	-- deaths due to suicide per 100,000 residents Rank N/A	38.4% of adults reporting that they always, usually, or sometimes feel lonely Rank 59
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

LAVACA



Driscoll Service Area: Northeast
Child Population (2024): 5,432
Total Population (2024): 21,679

892 households in Poverty (2022)
2,677 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

94.4% of children have health insurance Rank 11	2,249 enrollments in Children’s Medicaid Rank 146	60 family medicine providers per 100,000 population Rank 21	1 dentist per 4,118 county residents Rank 161
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Healthy Food and Nutrition Education

21.3% of children are food insecure Rank 50	430 households with a child that received Food Stamps/SNAP Rank 128	0.810 stores that are SNAP-authorized per 1,000 residents Rank 131	0.452 fast food restaurants per 1,000 residents Rank 42
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Maternal Healthcare

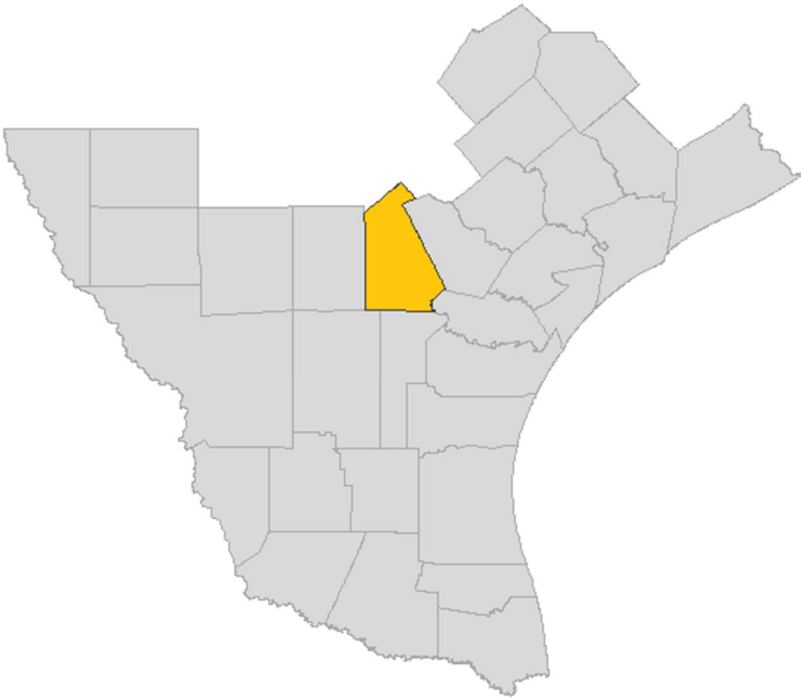
272 Medicaid enrollments for pregnant women Rank 140	0 hospital(s) with obstetric care Rank 11	75.6% of live births with first trimester prenatal care Rank 35	9.7% of live births to women with any diabetes diagnosis Rank 63
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Mental Health

1 mental health provider per 2,939 county residents Rank 167	19.7% of adults reporting 14 or more poor mental health days per month Rank 39	8.9 deaths due to suicide per 100,000 residents Rank 7	34.8% of adults reporting that they always, usually, or sometimes feel lonely Rank 25
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

LIVE OAK



Driscoll Service Area: Primary
Child Population (2024): 2,641
Total Population (2024): 12,245

913 households in Poverty (2022)
1,077 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

85.9% of children have health insurance Rank 83	1,440 enrollments in Children’s Medicaid Rank 168	9 family medicine providers per 100,000 population Rank 163	1 dentist per 3,810 county residents Rank 154
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Healthy Food and Nutrition Education

26.1% of children are food insecure Rank 93	349 households with a child that received Food Stamps/SNAP Rank 146	1.020 stores that are SNAP-authorized per 1,000 residents Rank 72	0.832 fast food restaurants per 1,000 residents Rank 160
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Maternal Healthcare

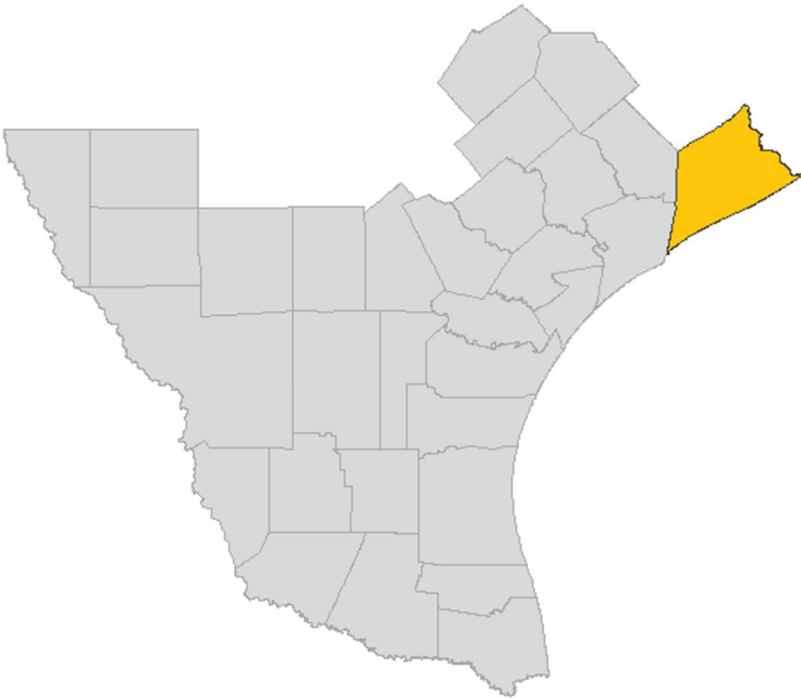
186 Medicaid enrollments for pregnant women Rank 158	0 hospital(s) with obstetric care Rank 11	61.2% of live births with first trimester prenatal care Rank 130	14.1% of live births to women with any diabetes diagnosis Rank 89
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Mental Health

1 mental health provider per 5,792 county residents Rank 203	19.1% of adults reporting 14 or more poor mental health days per month Rank 33	- - deaths due to suicide per 100,000 residents Rank N/A	36.8% of adults reporting that they always, usually, or sometimes feel lonely Rank 45
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.

MATAGORDA



Driscoll Service Area: Northeast
Child Population (2024): 9,026
Total Population (2024): 36,979

3,291 households in Poverty (2022)
3,515 Asset Limited, Income Constrained, Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

85.7% of children have health insurance Rank 85	6,467 enrollments in Children’s Medicaid Rank 73	25 family medicine providers per 100,000 population Rank 98	1 dentist per 2,779 county residents Rank 102
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Healthy Food and Nutrition Education

29.6% of children are food insecure Rank 116	1,166 households with a child that received Food Stamps/SNAP Rank 73	1.126 stores that are SNAP-authorized per 1,000 residents Rank 58	0.647 fast food restaurants per 1,000 residents Rank 105
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Maternal Healthcare

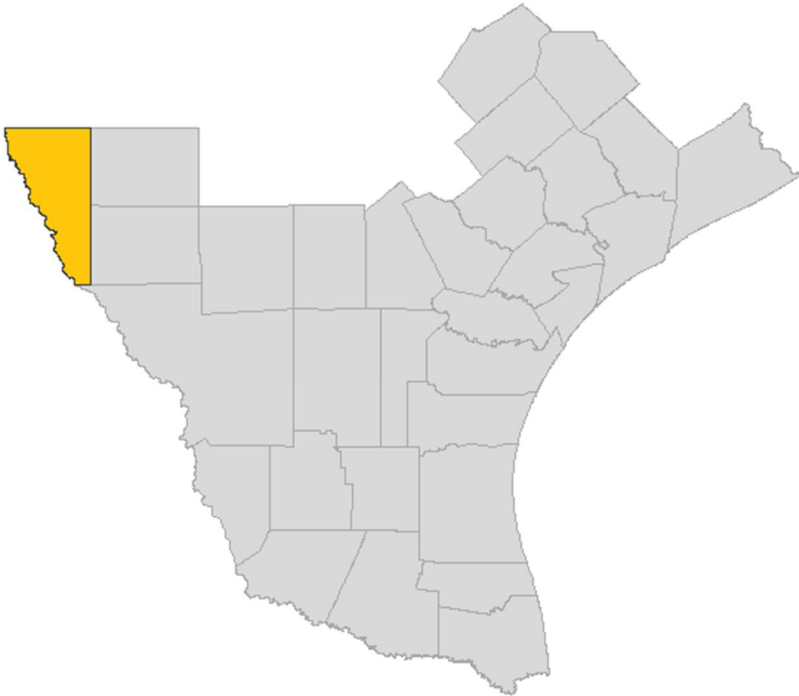
795 Medicaid enrollments for pregnant women Rank 72	1 hospital(s) with obstetric care Rank 10	70.7% of live births with first trimester prenatal care Rank 77	8.7% of live births to women with any diabetes diagnosis Rank 53
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Mental Health

1 mental health provider per 1,818 county residents Rank 120	20.3% of adults reporting 14 or more poor mental health days per month Rank 45	14.2 deaths due to suicide per 100,000 residents Rank 29	36.5% of adults reporting that they always, usually, or sometimes feel lonely Rank 42
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

MAVERICK



Driscoll Service Area: West
Child Population (2024): 18,055
Total Population (2024): 62,074

4,765 households in Poverty (2022)
4,660 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

86.5% of children have health insurance Rank 79	15,393 enrollments in Children’s Medicaid Rank 39	11 family medicine providers per 100,000 population Rank 157	1 dentist per 4,450 county residents Rank 165
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Healthy Food and Nutrition Education

26.3% of children are food insecure Rank 95	3,470 households with a child that received Food Stamps/SNAP Rank 30	0.836 stores that are SNAP-authorized per 1,000 residents Rank 123	0.517 fast food restaurants per 1,000 residents Rank 60
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Maternal Healthcare

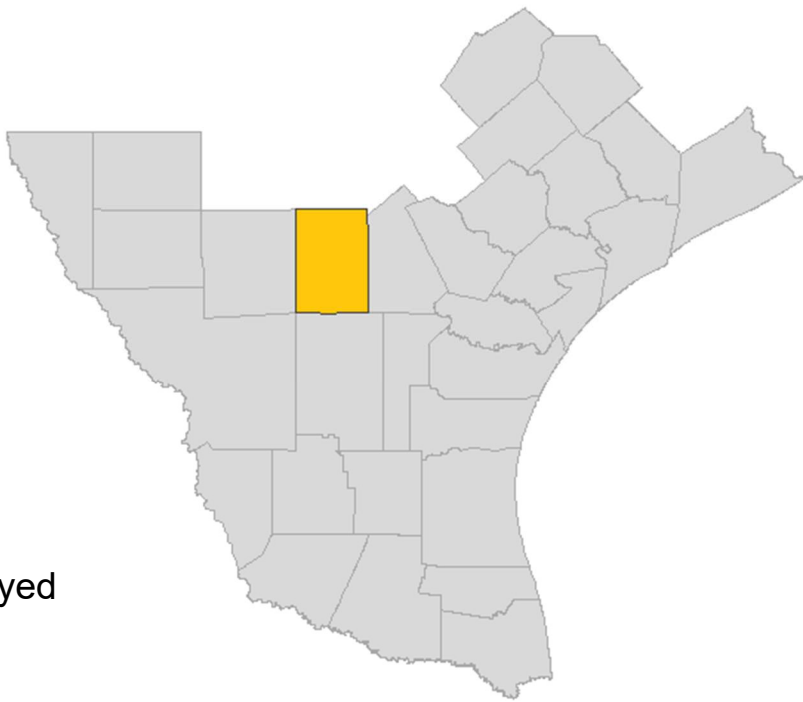
1,806 Medicaid enrollments for pregnant women Rank 44	1 hospital(s) with obstetric care Rank 10	77.4% of live births with first trimester prenatal care Rank 26	8.7% of live births to women with any diabetes diagnosis Rank 53
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Mental Health

1 mental health provider per 2,751 county residents Rank 158	19.8% of adults reporting 14 or more poor mental health days per month Rank 40	7.4 deaths due to suicide per 100,000 residents Rank 3	38.0% of adults reporting that they always, usually, or sometimes feel lonely Rank 57
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

MCMULLEN



Driscoll Service Area: Primary

Child Population (2024): 134

Total Population (2024): 787

42 households in Poverty (2022)

64 Asset Limited, Income Constrained, Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

80.0% of children have health insurance

Rank 121

73 enrollments in Children's Medicaid

Rank 247

0 family medicine providers per 100,000 population

Rank 174

1 dentist per -- county residents

Rank N/A

Healthy Food and Nutrition Education

19.4% of children are food insecure

Rank 33

0 households with a child that received Food Stamps/SNAP

Rank 229

0.857 stores that are SNAP-authorized per 1,000 residents

Rank 117

0 fast food restaurants per 1,000 residents

Rank 1

Maternal Healthcare

11 Medicaid enrollments for pregnant women

Rank 227

0 hospital(s) with obstetric care

Rank 11

65.8% of live births with first trimester prenatal care

Rank 111

10.7% of live births to women with any diabetes diagnosis

Rank 72

Mental Health

1 mental health provider per **568** county residents

Rank 31

20.8% of adults reporting 14 or more poor mental health days per month

Rank 50

-- deaths due to suicide per 100,000 residents

Rank N/A

34.7% of adults reporting that they always, usually, or sometimes feel lonely

Rank 24

* Ranks are among the 254 Texas counties where rank 1 is the best.

"Children" are county residents ages 0-17 years.

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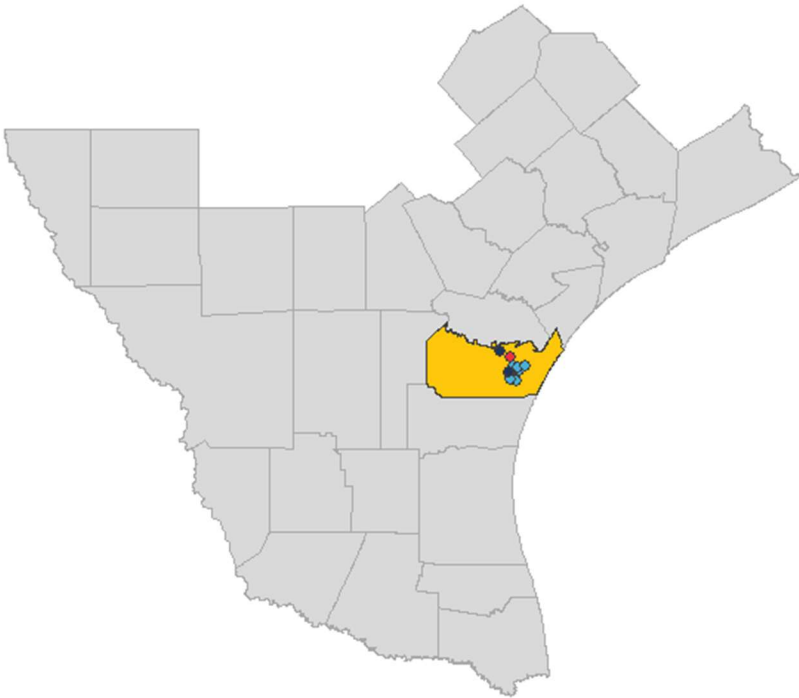
NUECES

DHS Facilities:

- Driscoll Children’s Hospital Corpus Christi
- 2 Quick Care (Morgan & Saratoga)
- 7 Specialty Clinics

Driscoll Service Area: Primary
Child Population (2024): 100,190
Total Population (2024): 402,604

21,717 households in Poverty (2022)
41,050 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

92.4% of children have health insurance Rank 26	55,449 enrollments in Children’s Medicaid Rank 14	46 family medicine providers per 100,000 population Rank 37	1 dentist per 1,716 county residents Rank 42
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Healthy Food and Nutrition Education

24.2% of children are food insecure Rank 77	12,921 households with a child that received Food Stamps/SNAP Rank 11	0.775 stores that are SNAP-authorized per 1,000 residents Rank 142	0.852 fast food restaurants per 1,000 residents Rank 165
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Maternal Healthcare

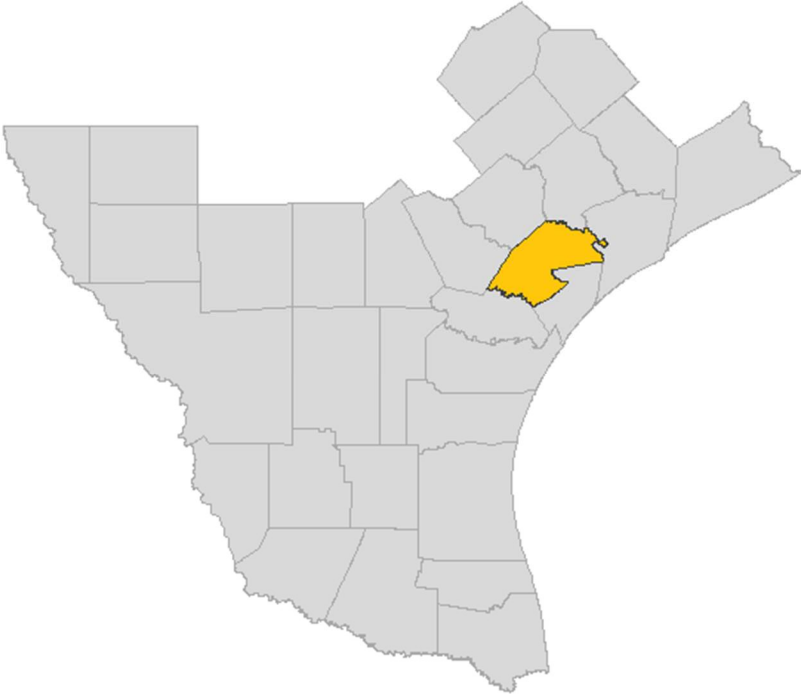
7,537 Medicaid enrollments for pregnant women Rank 13	2 hospital(s) with obstetric care Rank 9	60.7% of live births with first trimester prenatal care Rank 132	13.6% of live births to women with any diabetes diagnosis Rank 88
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Mental Health

1 mental health provider per 610 county residents Rank 35	19.7% of adults reporting 14 or more poor mental health days per month Rank 39	16.8 deaths due to suicide per 100,000 residents Rank 46	37.3% of adults reporting that they always, usually, or sometimes feel lonely Rank 50
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

REFUGIO



Driscoll Service Area: Northeast
Child Population (2024): 1,796
Total Population (2024): 7,629

374 households in Poverty (2022)
887 Asset Limited, Income Constrained, Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

89.5% of children have health insurance Rank 54	1,035 enrollments in Children’s Medicaid Rank 188	15 family medicine providers per 100,000 population Rank 143	1 dentist per 3,316 county residents Rank 130
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Healthy Food and Nutrition Education

29.7% of children are food insecure Rank 117	225 households with a child that received Food Stamps/SNAP Rank 163	1.188 stores that are SNAP-authorized per 1,000 residents Rank 47	1.097 fast food restaurants per 1,000 residents Rank 190
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Maternal Healthcare

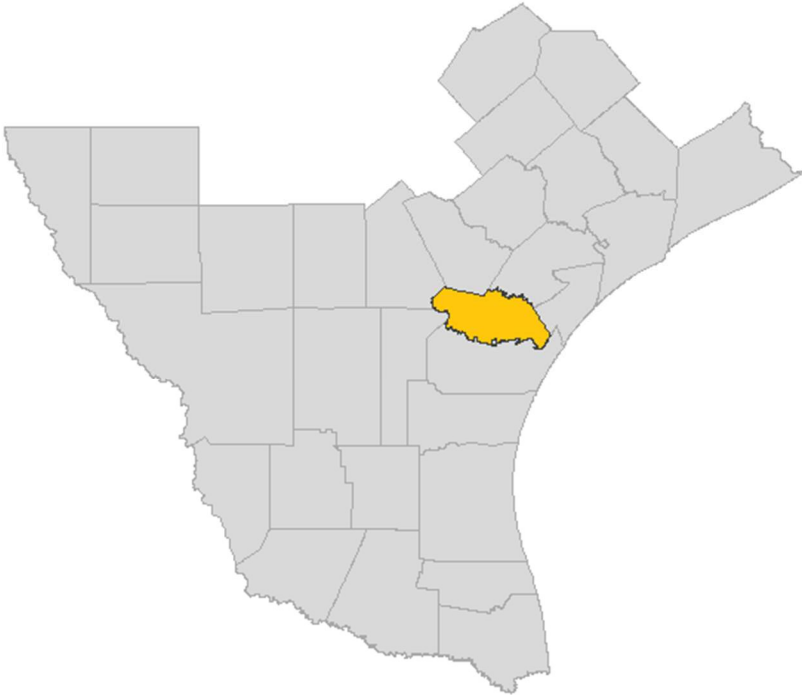
124 Medicaid enrollments for pregnant women Rank 176	0 hospital(s) with obstetric care Rank 11	71.8% of live births with first trimester prenatal care Rank 66	12.6% of live births to women with any diabetes diagnosis Rank 86
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Mental Health

1 mental health provider per - - county residents Rank N/A	18.3% of adults reporting 14 or more poor mental health days per month Rank 25	40.1 deaths due to suicide per 100,000 residents Rank 121	36.3% of adults reporting that they always, usually, or sometimes feel lonely Rank 40
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.

SAN PATRICIO



Driscoll Service Area: Primary
Child Population (2024): 18,894
Total Population (2024): 74,186

3,939 households in Poverty (2022)
7,930 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

88.8% of children have health insurance Rank 60	12,058 enrollments in Children’s Medicaid Rank 50	12 family medicine providers per 100,000 population Rank 151	1 dentist per 2,499 county residents Rank 84
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Healthy Food and Nutrition Education

26.6% of children are food insecure Rank 97	2,209 households with a child that received Food Stamps/SNAP Rank 47	0.883 stores that are SNAP-authorized per 1,000 residents Rank 110	0.743 fast food restaurants per 1,000 residents Rank 133
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Maternal Healthcare

1,597 Medicaid enrollments for pregnant women Rank 50	0 hospital(s) with obstetric care Rank 11	59.8% of live births with first trimester prenatal care Rank 135	14.2% of live births to women with any diabetes diagnosis Rank 90
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Mental Health

1 mental health provider per 2,019 county residents Rank 132	18.7% of adults reporting 14 or more poor mental health days per month Rank 29	15.8 deaths due to suicide per 100,000 residents Rank 41	35.1% of adults reporting that they always, usually, or sometimes feel lonely Rank 28
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“Children” are county residents ages 0-17 years.

STARR

DHS Facilities:

- 1 Specialty Clinic (Rio Grande City)

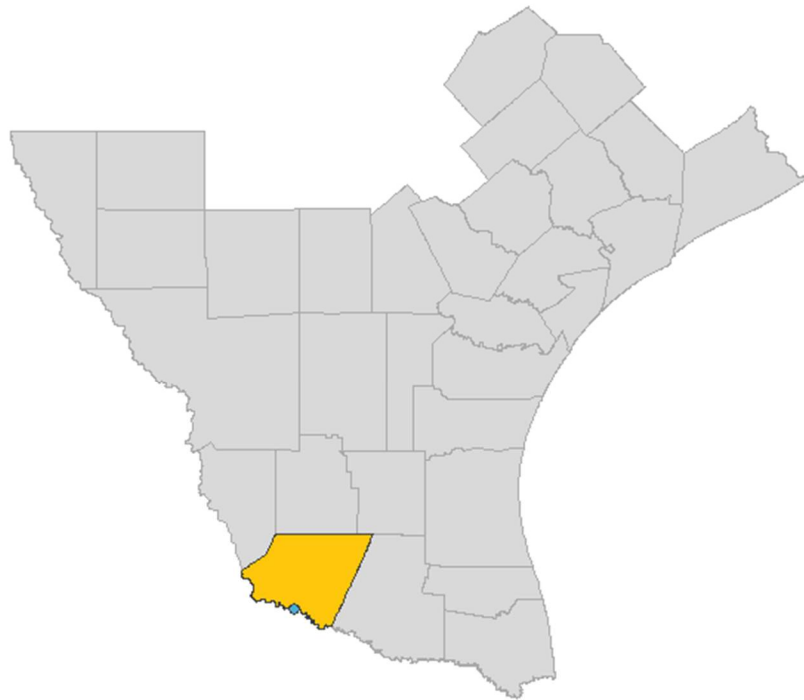
Driscoll Service Area: Southwest

Child Population (2024): 19,942

Total Population (2024): 65,708

6,798 households in Poverty (2022)

6,683 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

81.1% of children have
health insurance

Rank 115

19,062 enrollments in
Children's Medicaid

Rank 33

19 family medicine providers
per 100,000 population

Rank 126

1 dentist per
6,573 county residents

Rank 188

Healthy Food and Nutrition Education

32.6% of children
are food insecure

Rank 128

4,261 households with a
child that received
Food Stamps/SNAP

Rank 26

1.581 stores that are
SNAP-authorized
per 1,000 residents

Rank 13

0.407 fast food restaurants
per 1,000 residents

Rank 34

Maternal Healthcare

2,073 Medicaid enrollments
for pregnant women

Rank 39

1 hospital(s) with
obstetric care

Rank 10

58.7% of live births with
first trimester prenatal care

Rank 137

10.8% of live births
to women with
any diabetes diagnosis

Rank 73

Mental Health

1 mental health provider per
3,140 county residents

Rank 171

20.8% of adults reporting
14 or more poor mental
health days per month

Rank 50

7.7 deaths due to suicide
per 100,000 residents

Rank 4

37.1% of adults reporting
that they always, usually, or
sometimes feel lonely

Rank 48

* Ranks are among the 254 Texas counties where rank 1 is the best.
"Children" are county residents ages 0-17 years.

VICTORIA

DHS Facilities:

- 1 Quick Care (Victoria)
- 2 Specialty Clinics

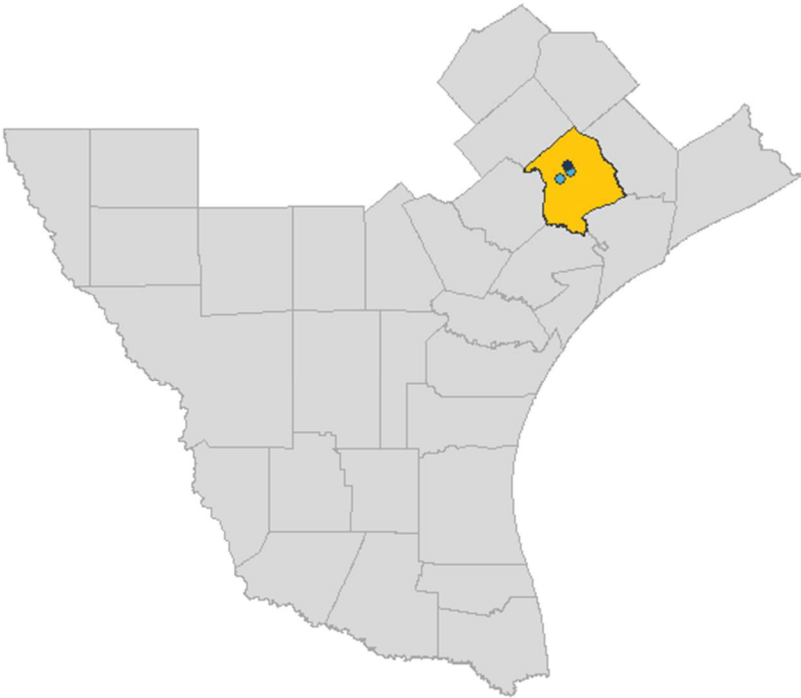
Driscoll Service Area: Northeast

Child Population (2024): 23,792

Total Population (2024): 102,349

6,000 households in Poverty (2022)

8,802 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

87.3% of children have health insurance Rank 72	14,400 enrollments in Children’s Medicaid Rank 42	45 family medicine providers per 100,000 population Rank 39	1 dentist per 1,687 county residents Rank 37
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Healthy Food and Nutrition Education

23.3% of children are food insecure Rank 68	2,260 households with a child that received Food Stamps/SNAP Rank 45	0.814 stores that are SNAP-authorized per 1,000 residents Rank 129	0.801 fast food restaurants per 1,000 residents Rank 151
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Maternal Healthcare

2,055 Medicaid enrollments for pregnant women Rank 40	2 hospital(s) with obstetric care Rank 9	80.0% of live births with first trimester prenatal care Rank 12	10.0% of live births to women with any diabetes diagnosis Rank 66
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Mental Health

1 mental health provider per 559 county residents Rank 27	19.6% of adults reporting 14 or more poor mental health days per month Rank 38	18.5 deaths due to suicide per 100,000 residents Rank 57	36.9% of adults reporting that they always, usually, or sometimes feel lonely Rank 46
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DHS Facilities:

- 4 Specialty Clinics

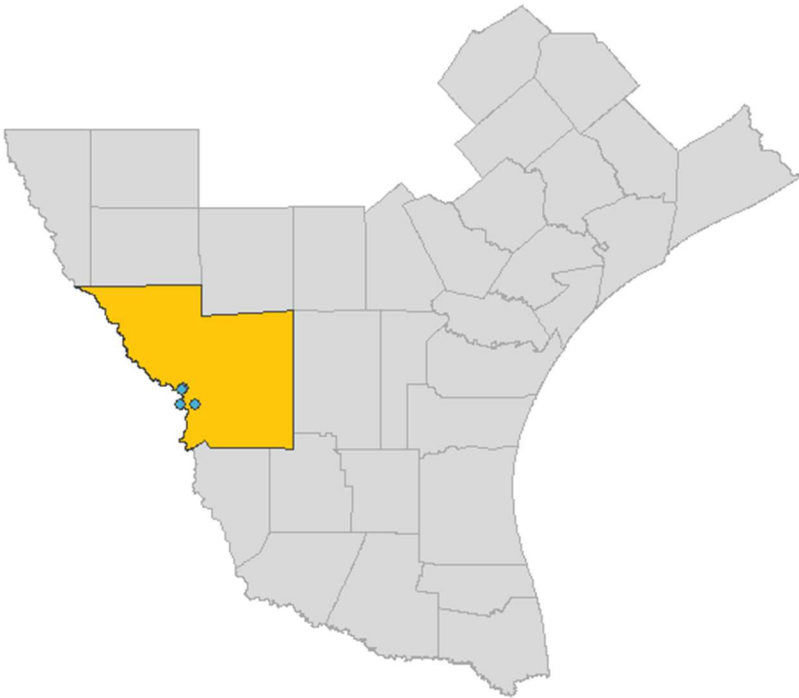
Driscoll Service Area: West

Child Population (2024): 80,798

Total Population (2024): 285,852

17,073 households in Poverty (2022)

22,974 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

84.1% of children have health insurance Rank 98	67,993 enrollments in Children’s Medicaid Rank 12	17 family medicine providers per 100,000 population Rank 132	1 dentist per 3,114 county residents Rank 118
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Healthy Food and Nutrition Education

23.3% of children are food insecure Rank 68	13,511 households with a child that received Food Stamps/SNAP Rank 10	0.664 stores that are SNAP-authorized per 1,000 residents Rank 178	0.642 fast food restaurants per 1,000 residents Rank 103
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Maternal Healthcare

7,497 Medicaid enrollments for pregnant women Rank 14	2 hospital(s) with obstetric care Rank 9	70.0% of live births with first trimester prenatal care Rank 81	6.6% of live births to women with any diabetes diagnosis Rank 32
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Mental Health

1 mental health provider per 1,704 county residents Rank 110	16.9% of adults reporting 14 or more poor mental health days per month Rank 14	7.0 deaths due to suicide per 100,000 residents Rank 2	34.5% of adults reporting that they always, usually, or sometimes feel lonely Rank 22
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“Children” are county residents ages 0-17 years.

WILLACY

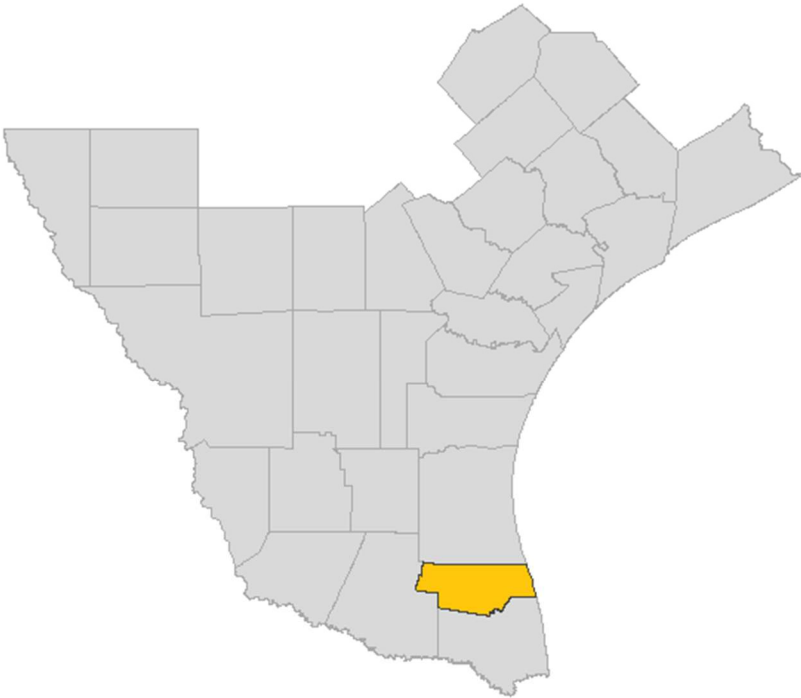
Driscoll Service Area: South

Child Population (2024): 5,299

Total Population (2024): 22,020

1,628 households in Poverty (2022)

1,853 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)



Provider Access & Specialist Shortages

85.3% of children have health insurance Rank 89	4,346 enrollments in Children’s Medicaid Rank 96	19 family medicine providers per 100,000 population Rank 125	1 dentist per 20,143 county residents Rank 206
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Healthy Food and Nutrition Education

29.5% of children are food insecure Rank 115	883 households with a child that received Food Stamps/SNAP Rank 88	1.143 stores that are SNAP-authorized per 1,000 residents Rank 55	0.322 fast food restaurants per 1,000 residents Rank 21
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Maternal Healthcare

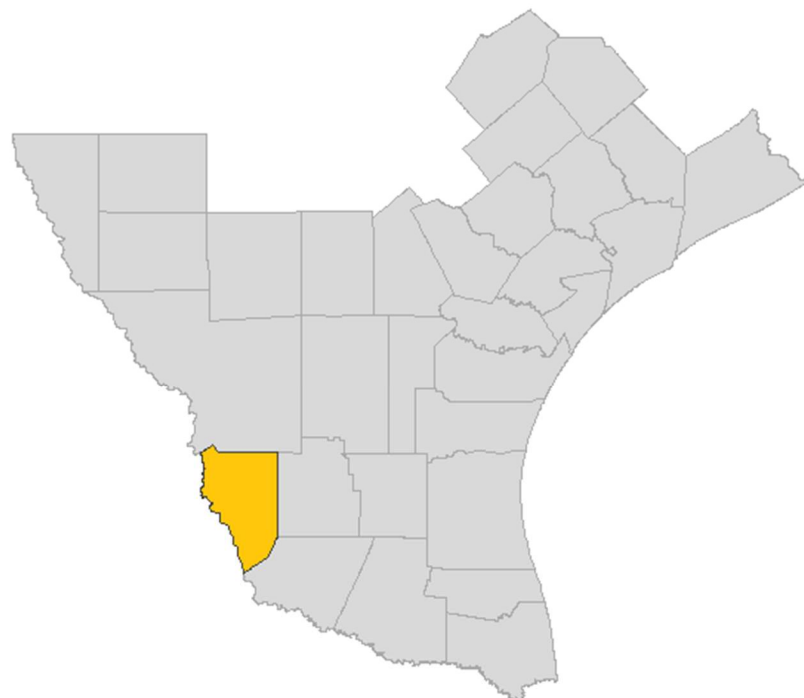
452 Medicaid enrollments for pregnant women Rank 103	0 hospital(s) with obstetric care Rank 11	72.2% of live births with first trimester prenatal care Rank 62	11.1% of live births to women with any diabetes diagnosis Rank 76
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Mental Health

1 mental health provider per 2,227 county residents Rank 138	19.6% of adults reporting 14 or more poor mental health days per month Rank 38	11.9 deaths due to suicide per 100,000 residents Rank 16	39.3% of adults reporting that they always, usually, or sometimes feel lonely Rank 62
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“Children” are county residents ages 0-17 years.

ZAPATA



Driscoll Service Area: West

Child Population (2024): 4,500

Total Population (2024): 14,424

1,591 households in Poverty (2022)

1,335 Asset Limited, Income Constrained,
Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

88.2% of children have
health insurance

Rank 64

3,669 enrollments in
Children's Medicaid

Rank 108

0 family medicine providers
per 100,000 population

Rank 174

1 dentist per
6,925 county residents

Rank 192

Healthy Food and Nutrition Education

32.6% of children
are food insecure

Rank 128

926 households with a
child that received
Food Stamps/SNAP

Rank 86

1.751 stores that are
SNAP-authorized
per 1,000 residents

Rank 8

0.346 fast food restaurants
per 1,000 residents

Rank 24

Maternal Healthcare

341 Medicaid enrollments
for pregnant women

Rank 118

0 hospital(s) with
obstetric care

Rank 11

71.1% of live births with
first trimester prenatal care

Rank 73

7.0% of live births
to women with
any diabetes diagnosis

Rank 36

Mental Health

1 mental health provider per
- - county residents

Rank N/A

21.4% of adults reporting
14 or more poor mental
health days per month

Rank 56

14.5 deaths due to suicide
per 100,000 residents

Rank 31

38.7% of adults reporting
that they always, usually, or
sometimes feel lonely

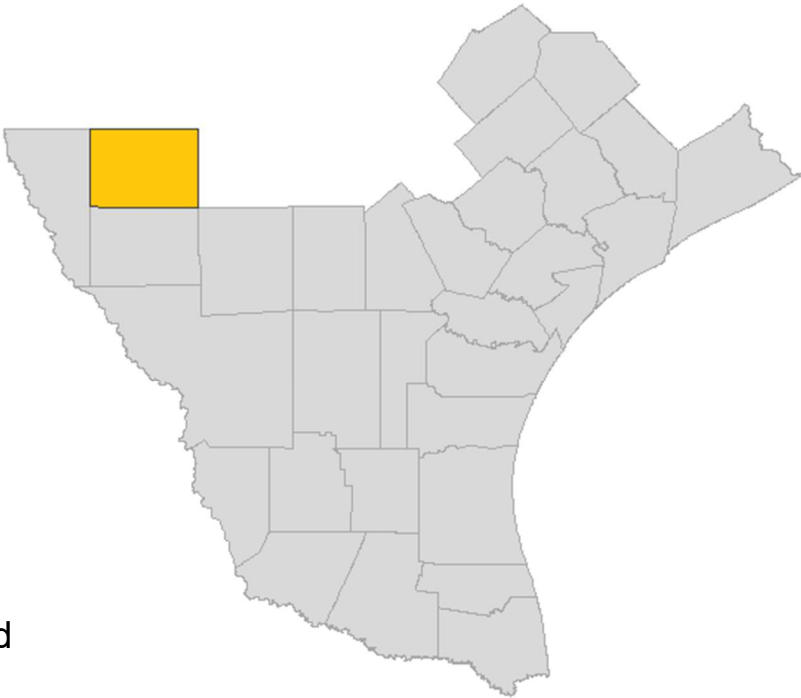
Rank 60

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"Children" are county residents ages 0-17 years.

"- -" and "N/A" – Data unavailable.

ZAVALA



Driscoll Service Area: West

Child Population (2024): 3,986

Total Population (2024): 13,068

942 households in Poverty (2022)

796

Asset Limited, Income Constrained, Employed (ALICE) households (2022)

Provider Access & Specialist Shortages

94.0% of children have health insurance Rank 13	2,838 enrollments in Children’s Medicaid Rank 121	9 family medicine providers per 100,000 population Rank 161	1 dentist per 2,345 county residents Rank 76
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Healthy Food and Nutrition Education

35.8% of children are food insecure Rank 135	999 households with a child that received Food Stamps/SNAP Rank 80	0.844 stores that are SNAP-authorized per 1,000 residents Rank 121	0.248 fast food restaurants per 1,000 residents Rank 12
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Maternal Healthcare

317 Medicaid enrollments for pregnant women Rank 124	0 hospital(s) with obstetric care Rank 11	71.7% of live births with first trimester prenatal care Rank 67	11.4% of live births to women with any diabetes diagnosis Rank 79
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Mental Health

1 mental health provider per 1,552 county residents Rank 103	20.3% of adults reporting 14 or more poor mental health days per month Rank 45	- - deaths due to suicide per 100,000 residents Rank N/A	37.1% of adults reporting that they always, usually, or sometimes feel lonely Rank 48
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* Ranks are among the 254 Texas counties where rank 1 is the best.
“Children” are county residents ages 0-17 years.
“- -” and “N/A” – Data unavailable.