

CITY OF LAREDO

2022-2023

**COMMUNITY HEALTH
NEEDS ASSESSMENT**

PREPARED BY



ABOUT TEXAS HEALTH INSTITUTE

Texas Health Institute is a nonprofit, nonpartisan public health institute with the mission of advancing the health of all. Since 1964, we have served as a trusted, leading voice on public health and health care issues in Texas and the nation. Our expertise, strategies, and nimble approach makes us an integral and essential partner in driving systems change. We work 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. For more information, visit texashealthinstitute.org and follow us on Twitter, Facebook, and LinkedIn.

THI adopted an equity-centered, community-focused, and place-based approach to the City of Laredo Community Health Needs Assessment development. This approach builds on THI's robust experience and core focus on health equity over the last 12 years. THI's approach is grounded in the belief that improving community health must be centered on advancing and achieving health equity—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 social determinants of health and systems factors that shape a community's health needs and drive health inequities.

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City of Laredo Health Department

Richard A. Chamberlain, DrPH, MPH, CPHA, CPM, CHW, RS

Erika Martinez, MBA, SHRM-SCP, CHW, CTCM

Jaime Lara, BBA

Ryan P. Logan, BS, BA

Elizabeth Guerra, BA

Texas Health Institute

Rachelle Johnsson Chiang, DrPH, MPH

Susana M. Morales, MA

Blair Williams, MPA, MBA

Emily Peterson Johnson, LMSW

Cristal Romero, MPP

Cody Price, MPH

Afrida Faria, MPH

Jessica Cargill, MPH

A leader in public health through excellence and leadership, the City of Laredo Health Department provides culturally competent quality services that promote optimal health, prevent disease, and protects the safety of all to achieve health equity. The 2022-23 City of Laredo

Community Health Needs Assessment represents the commitment of many partners who have contributed their expertise, resources, and time.

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- Elmo Lopez, Chief Executive Officer, Gateway Community Health Center, Inc.
- Ubaldo Santana, Executive Director, Las Alturas Nursing & Transitional Care
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- Reymundo Cruz, Community Outreach Specialists, Laredo Health Coalition
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- Dr. Cindy Salazar-Collier, Associate Professor of Public Health, Texas A&M International University
- Dr. Pablo Arenaz, President, Texas A&M International University
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EXECUTIVE SUMMARY

The City of Laredo Health Department is pleased to present the 2022-2023 Community Health Needs Assessment (CHNA) for the City of Laredo. CHNAs provide a deeper understanding of community health needs, particularly those faced by historically-underserved residents.

The City of Laredo Health Department takes great pride in being a leader in public health in Laredo. The department is committed to proactive health care, preventing issues before they arise to increase the likelihood of healthier and longer lives for community members. Staff continuously improve community outreach, patient care efficiency, and the education and expertise of the local public health workforce. The department seeks to advance health equity in the Laredo community, ensuring that every person has access to their full health potential, regardless of social position or other circumstances.

The City of Laredo Health Department contracted with Texas Health Institute (THI) to conduct the 2022-2023 City of Laredo CHNA. This report provides an overview of the process, methods, and findings of identifying health and social determinants of health needs in the city of Laredo, community assets, as well as a summary of recommendations from residents to address the identified needs.

PROCESS AND METHODS

THI adopted an equity-centered, community-focused, and place-based approach to the development of the City of Laredo Community Health Needs Assessment. THI used a mix of quantitative and qualitative methods, including the analysis of publicly available data sets, key informant interviews, focus groups with community members, and a robust community survey.

For the focus groups, THI partnered with Area Health Education Center of the Mid Rio Grande Border Area of Texas (AHEC) and Texas A&M International University (TAMIU). THI also partnered with AHEC to do targeted survey outreach.

FINDINGS

KEY THEMES

Key themes emerged both from community input and review of quantitative data. The findings center around five priority ZIP codes: 78040, 78041, 78043, 78045, and 78046.

Demographics

Over the past decade, the Laredo population has increased by 10.0%. A third of Laredo's residents are under 18 years of age.

- Laredo has a high dependent-age population (ages 0-14 and 65 and older) with an age dependency ratio of 72.1, meaning that for every 100 working-age people there were 72 dependent-age people.
- According to the U.S. Census, 95.5% of Laredo's population is Hispanic.
- Laredo has a high population of foreign-born residents and a large population of residents who have limited English proficiency.

Poverty

Laredo's median household incomes varies by household type; households of adults (age 65+) and households with children have the lowest median household incomes. At the individual level, nearly a quarter of residents (22.2%) in the city of Laredo live below the federal poverty level. In addition, we considered residents who live above the poverty line but who earn less than the basic cost of living for the city of Laredo, measured as Asset Limited, Income Constrained, Employed (ALICE). This information is not available for Laredo specifically, but in Webb County, 43.5% of total households are ALICE. Altogether, 59.0% of the population fall below the ALICE threshold. Single female-headed families are most likely to fall below the ALICE threshold in Webb County.

Housing

In Laredo, 33.3% of households experience severe housing cost burden (meaning 33.3% or more of their household income is spent on housing). Key informants and focus group participants described the complicated nature of people experiencing homelessness in and around Laredo. In addition, when asked about the extent to which housing costs (such as rent, mortgage, or utilities) are a financial burden each month, 20.1% of survey respondents reported that housing costs are a large struggle, and 39.6% indicated that housing costs are somewhat of a struggle.

Education

The 4-year longitudinal graduation rate for grades 9-12 in Laredo ISD is 96.2% and in United ISD is 97.2%, indicating a high percentage of students are completing high school. In Laredo, 20.0% of adult residents have a bachelor's degree or higher. However, Laredo has a high percentage of adult population who have not completed high school (30.4%).

Food Insecurity

Focus group participants described how increasing inflation combined with financial strain from the COVID-19 pandemic directly influenced their ability to purchase healthy foods. Among

community survey respondents, over one-third (37.2%) reported feeling worried about having enough to eat due to a lack of financial resources at some point within the last year; 32.3% reported they were unable to eat nutritious food due to a lack of money or resources. These rates are higher than the most recently available rate of food insecurity for Webb County (16.2% in 2020).

Crime

Over one quarter of the community survey respondents (28.5%) indicated that crime and violence is a problem affecting their health or the health of those with whom they live.

Transportation

Focus group participants stated that with Laredo's climate and infrastructure, driving is the primary way to get around, but with the spiking prices of gas, transportation is yet another area of concern, particularly to residents with lower incomes. Transportation becomes a barrier for residents seeking specialty care and mental health services. Focus group members shared that for health needs outside of routine care, they must travel to a major metropolitan area.

PRIORITY HEALTH NEEDS

Community members and leaders identified several priority health issues including chronic conditions and behavioral health needs.

Diabetes

The most common health conditions mentioned by key informants and focus group participants include diabetes, hypertension, obesity, heart disease, and cancer. As described by the participants, diabetes is common in Hispanic families and in the community. Nearly one-fifth (21.6%) of the community survey respondents reported a doctor or health care provider told them they had diabetes. The estimated prevalence of diabetes in Laredo is 15.7%.

Obesity

Focus groups participants and key informants emphasized obesity as prominent in the Hispanic community. They shared several contributing factors such as inability to afford healthy food options, poor nutrition habits, and lack of nutrition education. Among community survey respondents, 35.3% reported a doctor or health care provider told them they have obesity. The estimated prevalence of obesity in Laredo is 45.2%.

Mental Health

Community members in Laredo feel there is a significant need for local mental health services. The magnitude of the need has increased due to the impact of COVID-19. Nearly one-fifth (19.8%) of community survey respondents indicated they had been told by a doctor or health

care provider that they have a mental health condition. The estimated prevalence of depression in Laredo is 20.2%. The estimated prevalence of frequent mental distress in Laredo is 16.2%.

- Laredo residents face severe challenges with a lack of specialty care, especially psychiatry. Many reported that people struggle to find continuity of care for mental health after crisis management.
- Focus group participants shared that they often travel to other parts of the state to seek mental health services, which can be expensive.
- Community members mentioned the need to increase access to mental health services in Laredo.
- Participants also mentioned the negative stigma in the Hispanic culture associated with mental health, which might prevent individuals and families from seeking treatment and support.

Overall Health and Wellbeing

The majority (77.8%) of community survey respondents indicated that their health is generally “good,” “very good,” or “excellent.” The estimated prevalence of frequent physical distress in Laredo is 15.4%, and the estimated prevalence of “fair” or “poor” self-rated health status in Webb County is 27.4%.

Focus group participants were asked what health meant to them. They shared:

- Health is at the root of wellbeing and being successful in life.
- Health is being active and a contributing member of the community.
- Key contributions to a healthy lifestyle, such as food access, physical activity, and education.

Substance Use

Focus group participants and key informants reported concerns regarding increased substance use and misuse in the community, particularly among young people. Presently, there are no detox facilities and few halfway homes in Laredo. The estimated prevalence of smoking is 16.4% and heavy drinking, 16.5%. Notably, the overdose death rate has more than doubled in Webb County over the past two decades, from 5.62 in 2003 to 19.38 in 2021.

Cancer

Focus group participants and key informant interviews listed cancer as a common condition in the community. Among community survey respondents, 3.9% reported a doctor or health care provider told them they have cancer. Over the past decade, the age-adjusted invasive cancer incidence rate for Webb County has been declining (2019 rates per 100,000 are 309.4).

Child Health

Many community participants expressed concerns about childhood obesity in Laredo. Participants also shared that many children in Laredo developed cancer in recent years. Alongside this concern is the continued need for pediatricians and specialists in Laredo to provide specialty care. The infant mortality rate (IMR) in Webb County is low, similar to Texas. Webb County's IMR was 3.7 in 2019, showing a decrease from 5.1 in 2011. In addition, vaccination rates increased in Webb County kindergartners.

Maternal Health

A higher percentage of patients in Webb County receive prenatal care in the first trimester than in Texas (71.7% vs 66.1%). The teen birth rate in Webb County has decreased over the past decade. Despite this decrease, the teen birth rate in Webb County is higher than Texas and the United States (39.0 vs 22.4 and 15.4, respectively). Webb County's teen birth rate decreased from 82.9 in 2010 to 39.0 in 2020.

Preventive Health Care

Focus group participants noted a pattern of avoidance of preventive care and seeking care at the last minute, attributing it in part to the Hispanic culture. A lower percentage of adult residents in Webb County (69.1%) received a preventive, primary checkup in the last year compared to Texas (72.6%).

Oral Health Care

Over one-third (34.8%) of community survey respondents indicated that they have traveled outside of Laredo within the past year to receive medical, dental, or mental health care for themselves. Of these, nearly one half (46.2%) traveled outside of Laredo for dental care. A much lower percentage of residents in Webb County received a preventive, dental checkup (42.9%) compared to Texas (57.5%).

BARRIERS TO CARE

Community members and leaders identified lack of health insurance, access to primary and specialty care, and access to affordable care as the key barriers to managing and treating health conditions.

Health Insurance

Focus group participants indicated that uninsured and underinsured community members often avoid preventive care due to cost. Over one-third (69.3%) of community survey respondents reported having health insurance. Rates of public health insurance coverage (Medicaid, Medicare) are higher among children and older adults over age 65. An estimated 82,077

residents of the city of Laredo have insurance coverage from a public source such as Medicare or Medicaid/CHIP.

Access to Primary and Specialty Care

Focus group participants described regularly seeking health care outside of Laredo for a variety of reasons such as better-quality care for more complex health conditions and increased access. Participants often travelled outside of Laredo to other parts of Texas and to Nuevo Laredo, Mexico. Webb County is designated as a Medically Underserved Area (MUA). MUAs are geographic areas with a lack of access to primary care.

The root causes participants identified for the lack of access to primary and specialty care included overburdened providers leaving Laredo for better opportunities with higher salaries and a lack of medical residents to become future providers. Community members frequently mentioned the increasing need for mental health services within the Laredo area. In addition, they expressed the need for more comprehensive, coordinated care in one place.

- Among community survey respondents, 56.6% indicated they had at least one person they think of as a personal doctor or health care provider.
 - Younger populations (age 18-34) are significantly less likely to have a personal provider whereas people over 55 years are significantly more likely.
- When asked if there was any time in the last year they needed care but did not get it, nearly half (48.0%) of community survey respondents indicated they were able to receive medical care when needed; almost one-third (31.6%) indicated they could not afford the care.
- Over one-third (34.8%) of community survey respondents indicated they had traveled outside of Laredo within the past year to receive medical, dental, or health care for themselves.
 - Nearly one-third (32.8%) of those who were parents, guardians, or caregivers reported traveling outside of Laredo in the last 12 months to receive medical, dental, or mental health care for children living in their home.

Access to Affordable Care

Community members reported affordability of care as another top barrier to health care access. They indicated that low-income families living in poverty must make a choice between paying for basic needs or insurance. Because many residents do not receive full benefits or health insurance through their jobs, they seek care across the border for prescriptions and doctor's visits.

HEALTH LITERACY

According to the Health Resources and Services Administration (HRSA), health literacy means people have the ability to find, understand, and use information regarding services that can inform health-related decisions and actions. A large portion of the population in Webb County

has basic or below basic levels of health literacy. Community members reported that health literacy and insurance literacy are still major barriers for many residents of Laredo, especially those who are undocumented. Many people still feel there is a disconnect in understanding how to access, seek, and receive care. Language on pamphlets, brochures, and official applications is often confusing and hard to understand.

Impact of COVID-19

Focus group participants shared that financial strain from the COVID-19 pandemic combined with inflation decreased their ability to purchase healthy foods. Participants also expressed a shift in mental health due to COVID. At the same time, some participants noted that although the pandemic left many negative impacts, the community managed to uplift itself in various ways. For example, there was a lot of collaboration between different community organizations to help provide resources and services to the community. Additionally, people became more aware of their health. For example, several focus group participants said they became more physically active.

Other Health Needs

Focus group participants wondered if the beautiful parks, resources, and assets could be more fairly distributed in and around Laredo, including the Colonias. Community survey respondents identified “stray dogs and or cats” (31.0%), “crime and violence” (28.5%), and the “lack of parks or playgrounds” (26.0%) as the top three things negatively affecting their health or the health of those with whom they live.

COMMUNITY ASSETS

The city of Laredo has many community assets and strengths. Participants noted the close-knit border town and the community’s continual desire to improve. Community members noted key players in providing health care services and resources to community members. Health and community-based organizations, nonprofits, and churches are key players, regularly assisting the community by providing health care services and resources to community members. Services include housing assistance, workforce development, child abuse support, veteran support, and food pantry services, among others. These community assets and strengths have been instrumental in promoting health and wellness to the residents of Laredo.

HEALTH CARE ORGANIZATIONS

Laredo has several health care organizations serving the community, including one federally qualified health center (FHQC), Gateway Community Clinic, which provides comprehensive primary and specialty care. Focus groups participants also mentioned Border Region Behavioral Health Center, City of Laredo Health Department, and Laredo Medical Center.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Focus group participants shared that multiple nonprofit and community organizations play a vital role in supporting and building a healthy community. The Holding Institute, Laredo Housing Authority, and Serving Children and Adults in Need (SCAN) were specifically mentioned by participants.

CHURCHES AND FAITH-BASED ORGANIZATIONS

Key informants expressed the impact of churches and faith-based organizations that participate in community outreach, advocacy, and support those experiencing homelessness. Specifically, they mentioned Bethany House, Casa de Misericordia, and Mercy Ministries.

PARKS AND RECREATION CENTERS

Focus group participants identified the city's parks and recreation centers as essential sites for the community. These sites are hubs of wellness and gathering for the residents of Laredo. But over a quarter (26.0%) of community survey respondents indicated that a lack of parks and playgrounds is a problem affecting their health or the health of those with whom they live.

RECOMMENDATIONS

Community members interviewed provided a number of recommendations about actions that can support and address the health needs of the City of Laredo.

IMPROVE HEALTH CARE ACCESS AND AFFORDABILITY

- Establish mobile or satellite clinics with various health services and programs for primary care and specialty care throughout Laredo.
- Focus on comprehensive, coordinated care to ensure patients are not lost to follow-up and increase the time between the providers and patients.
- Offer lower-cost options for primary care and specialty health care.
- Strategize and build incentive programs and opportunities to attract and recruit more providers.

IMPROVE ACCESS TO SPECIALTY CARE

- Increase availability of specialty care for more complex health conditions.
- Expand mental health services and facilities to meet the needs of the population of Laredo.

INCREASE CULTURALLY RELEVANT HEALTH CARE

- Increase the availability and efficiency of Spanish translators and ensure translation of all materials into Spanish.
- Encourage providers to involve patients in their treatment decisions and take ownership of their health from their cultural perspective.

BUILD TRUST AND ENCOURAGE PARTNERSHIPS TO STRENGTHEN THE COMMUNITY

- Engage community members and build trust through community champions and community leaders.
- Increase cross-sector collaboration and coordination by building, nurturing, and deepening partnerships.

STRENGTHEN COMMUNITY ENGAGEMENT AND OUTREACH

- Increase health literacy awareness, especially to community members who are undocumented.
- Increase knowledge and awareness of how health systems and insurance work.
- Increase the availability of transportation by collaborating with public transportation services and volunteers.
- Promote available programs and resources in the community through dissemination of easy-to-understand information.
- Offer health care service opportunities on-site during community events. Promote health and well-being at community events.

INTRODUCTION

The City of Laredo Health Department is pleased to present the 2022-23 Community Health Needs Assessment (CHNA) for the City of Laredo, Texas.

CHNAs provide deeper understanding of community health needs, in particular those faced by historically-underserved community members, and are used to inform strategies and initiatives. The purpose of this CHNA is to offer a comprehensive understanding of the health and social determinant of health needs of Laredo residents.

This report provides an overview of the process and methods used to identify priority health and social determinants of health needs of residents in the city of Laredo, along with community assets and recommendations from community members to address the identified needs. The report focuses special attention on the needs of underserved populations, unmet health or social determinants of health needs, gaps in services, and input from community members and leaders. This assessment recognizes the social and economic determinants that are the primary drivers of health and well-being—as the contribution of medical care is only 10-20%—and emphasizes the living conditions that are upstream of and surround personal behaviors, disease, and death.

Texas Health Institute (THI) carried out this CHNA for the City of Laredo Health Department between May 2022 and April 2023. THI used a mix of quantitative and qualitative methods to identify community health needs, including the analysis of publicly available data sets (Appendix A), a community-wide survey (Appendices B, C, and D), key informant interviews, and focus groups (Appendix E) with community members. Content gathered through focus groups and interviews is integrated into the relevant report sections. Quotes reflect the opinion of one or more community members. The key findings from the community survey are also integrated into the relevant report sections. Findings from this report will be used to identify and develop efforts to improve the health and wellbeing of residents in the Laredo community.

METHODS

The 2022-2023 CHNA uses both primary and secondary data to identify the community's priority health needs and strengths through a social determinants of health framework. Health is not only affected by people's genes and lifestyles but by upstream factors such as employment status, housing quality, and policies. In addition, the influences of race, ethnicity, income, and geography on health patterns are often intertwined. As a result, data was analyzed using an equity lens when possible.

Primary data include qualitative and quantitative data collected for the purposes of the CHNA. THI and collaborating partners collected qualitative data directly from the Laredo community through focus groups and key informant interviews—referred to as “community input” throughout the report. In addition, THI, in collaboration with the City of Laredo Health Department, administered a robust quantitative community survey—referred to as “community survey” throughout the report.

Secondary data include quantitative data attained through publicly available federal and state agency databases. Federal and state agencies collected these data through surveys or electronic health records.

PRIMARY DATA COLLECTION AND ANALYSIS

Focus Groups and Key Informant Interviews

THI virtually conducted 11 key informant interviews and seven in-person community focus groups in Laredo during August and September 2022. The goal of the focus groups and interviews was to learn about local priority health needs and assets and how community members think community health and well-being can be improved.

Adult focus group participants (Appendix E) were between 18-65+ years of age and all resided in ZIP codes 78040, 78041, 78043, 78045, and 78046. The focus groups were conducted in September 2022. All participants were given a \$40 electronic gift card as a thank you for their participation. Focus groups were facilitated by a faculty member of Texas A&M International University, a local partner, and one focus group was facilitated by the City of Laredo Health Department staff. Audio recordings of the focus groups were transcribed using TranscribeMe, an online transcription service, and staff cleaned and verified transcripts for accuracy, paying close attention to Spanish comments. Transcripts were coded and analyzed using Atlas.ti qualitative software.

Key informants (Appendix E) included representatives from health care organizations, community-based organizations, and the local government. The City of Laredo Health Department provided a recommended list of key informants based on their leadership roles and experience working with medically underserved, low-income, or minority communities. The key informant interviews were conducted in August 2022. A THI staff member served as the facilitator for all virtual interviews. Audio recordings of the key informant interviews were transcribed by a transcription service, and staff cleaned and verified transcripts for accuracy, paying close attention to local knowledge. Transcripts were coded and analyzed using Atlas.ti qualitative software.

Community Survey

THI developed and—jointly with the City of Laredo Health Department—disseminated a community survey in fall 2022. The survey was completed by 1,635 residents of the city of

Laredo living in ZIP codes 78040, 78041, 78043, 78045, and 78046 between November 18 and December 9, 2022. All residents completing the survey were 18 or older. One-fifth of survey respondents (20.4%) completed the survey in Spanish, and 79.6% in English. The process of development and dissemination of the survey is detailed below.

THI developed a preliminary version of the community survey instrument by referencing other validated state and national surveys. For example, the CHNA survey tool has questions adapted from surveys such as the Behavior Risk Factor Surveillance System, American Community Survey, the National Survey on Drug Use and Health, and the Census. In addition, THI created community-specific questions that were of interest to the health department and translated the final draft into Spanish. Team members from the City of Laredo Health Department reviewed, pilot tested and refined the survey in English and Spanish. The refinement process was particularly important as the community survey needed to reflect local language and knowledge. The team from the City of Laredo Health Department spent numerous hours consulting with local leaders to ensure the language used in the survey was aligned to the language used and recognized in the community, both in English and Spanish. The final survey instrument reflects the community of Laredo.

The community survey included 47 questions pertaining to health status and conditions, mental health, health insurance, health-seeking behaviors and services, COVID-19, housing status, neighborhood concerns, food access, and demographics (such as age, race, ethnicity, etc.). The survey also had two screening questions to ensure responses were from residents 18 years or older that resided within the identified ZIP codes in Laredo.

The survey was built and disseminated in Qualtrics, a web-based survey platform that allows people to take surveys on a computer, laptop, or mobile device, including scenarios without internet access.

The City of Laredo Health Department and THI tested the survey in Qualtrics in English and Spanish, paying careful attention to functionality, clarity of language, and usability on different device types (e.g., desktop, mobile, tablet).

The City of Laredo Health Department disseminated the community survey during November 18 to December 9, 2022. The health department sent an anonymous link to Qualtrics to community partner organizations and the health department's community outreach team. The City of Laredo Health Department played a key role in the dissemination of the survey, meeting with promotional specialists who in-turn went to multiple locations throughout the city to engage community members to complete the survey. The promotional specialists worked during daytime working hours as well as after-hours events. In addition, the staff of the City of Laredo Health Department collaborated to promote the survey with:

- Promos on local television stations, including a morning show and on live online news feeds
- Promos on local radio stations
- Posts on all of the health department's social media platforms

- Survey link emailed to city employees
- Survey QR code and flyers on multiple digital billboards located at various City of Laredo offices
- In-person visits to Laredo organizations to engage and provide flyers with survey QR code to managers and service providers with direct customer interaction, including at City of Laredo buildings, recreation centers, public libraries, nonprofit organizations, and food banks
- In-person survey recruitment at local health care facilities, including the health department, Gateway Community Clinics, and five WIC clinics across the city

While the survey was a convenience sample, THI and the City of Laredo Health Department worked to ensure that it captured a representative sample of Laredo residents by monitoring several key indicators:

- Age
- Educational level
- Insurance status
- Primary language
- Sex
- Type of insurance
- ZIP code distribution

THI staff provided regular updates to the City of Laredo Health Department, and health department staff fine-tuned community outreach to achieve a representative sample. In addition, THI worked with the Area Health Education Center of the Mid Rio Grande Border Area of Texas to do targeted outreach in ZIP codes with lower initial responses rates and community members who were uninsured, enrolled in Medicaid, or over 65 years of age.

SECONDARY DATA SOURCES AND ANALYSIS

The quantitative data used for this report is secondary data¹ and include data on approximately 80 indicators, many broken down by geography or demographic characteristics when available. Indicator sources are cited for figures, tables, and graphs in this CHNA. Publicly available data sources used include:

- American Community Survey
- Argonne National Laboratory: Housing Stability Index
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control and Prevention
- COVID Data Tracker
- National Center for Health Statistics
- Social Vulnerability Index
- U.S. Diabetes Surveillance System
- Centers for Medicare and Medicaid

¹ Data that have already been collected for another purpose.

- Federal Bureau of Investigation Crime Data Explorer
- Feeding America: Map the Meal Gap Study
- Health Resources and Services Administration
- Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health
- Texas Cancer Statistics
- Texas Department of State Health Services
- Texas Education Agency
- United for ALICE
- U.S. Bureau of Labor Statistics
- U.S. Department of Agriculture: Food Access Research Atlas
- U.S. Census Bureau
 - Small Area Income and Poverty Estimates Program
 - Small Area Health Insurance Estimates Program

These sources collected data through surveys or electronic health record systems, and results are often a snapshot in time. The data are self-reported unless otherwise indicated. Each indicator used the most recent data point available for each data source. Multiple years of data were used to calculate the estimates with a larger sample size and more precision. The estimates were calculated by the original data source for all secondary data.

THI selected quantitative data for inclusion in this report based on the availability of confidence intervals at the state and national levels, which allowed THI staff to determine statistical significance (e.g., whether the county-level value was better or worse than the state or national value). For some variables, such as “Adult Obesity,” the confidence intervals were not available at the state or national levels. Consequently, statistical significance could not be calculated. If, however, the county-level value was notably higher than the state and national average, the value was included in this report.

Confidence intervals are included in graphs when data for an indicator has a small population sample. The smaller the population sample, the less certainty about the actual number for the total population, resulting in overlapping confidence intervals. It can be hard to determine any significant change when confidence intervals overlap between categories, such as race and ethnic groups. Some indicators are broken down by geography-based ZIP code tabulation areas (ZCTAs), as ZIP code is a common variable across many local and state datasets.² A reference map is included in the demographics section. The data analysis typically consisted of calculating proportions and rates, with a 95% confidence interval where appropriate.

² ZIP Code Tabulation Areas (ZCTAs) are generalized areal representations of United States Postal Service (USPS) ZIP Code service areas. The USPS ZIP Codes identify the individual post office or metropolitan area delivery station associated with mailing addresses. USPS ZIP Codes are not areal features but a collection of mail delivery routes. The term ZCTA was created to differentiate between this entity and true USPS ZIP Codes.

CHNA LAREDO COMMUNITY LEADERSHIP COMMITTEE

The CHNA Laredo Community Leadership Committee (CLC) served as a sounding board and thought partner throughout the duration of the project. The CLC met a total of four times at different benchmarks of the CHNA and provided feedback on items such as the community survey, secondary data indicators, and the utilization of the dashboard and final report. The CLC was instrumental in disseminating the community survey. See the introduction of this report for a list of committee members.

SENSEMAKING SESSION

THI facilitated one sensemaking session with the City of Laredo Health Department in March 2023. The sensemaking process provided a structured opportunity for the City of Laredo Health Department staff and community leaders to begin to sort and make sense of the large amount of information included in the CHNA and to develop a shared understanding of possible needs and actions. It also provided an opportunity for feedback prior to finalization of the 2022-23 final report.



DATA CONSIDERATIONS AND LIMITATIONS

The challenges of the past three years have highlighted the critical importance of approaching all work through the lens of health equity. The co-occurrence of COVID-19, systemic racism, and inflation (along with widening social and economic inequality) have long-term implications for health, the systems that shape health, health equity, and regional capacity. As a result, even the most recently available quantitative data is unlikely to capture fully the emerging health needs of the diverse and isolated communities most heavily impacted by the pandemic and co-occurring challenges. This makes incorporating the input of community residents even more essential for understanding community needs and highlights the importance of capturing high-quality qualitative data regarding the impact of these challenges on capacity, adaptation of systems, and the prospects for meeting community needs.

COMMUNITY SURVEY

During analysis, THI weighted the community survey data in order to make the survey sample more representative of population-level data. The survey data were weighted by age, education, gender identity, sex, and ZIP code. Staff used Qualtrics to conduct univariate and bivariate analyses on questions with single and multiple-choice answers. Questions that included an open-ended answer option were analyzed using Excel, in order to identify the most common themes among the responses.

The survey findings in this report were included if they were *statistically significant*, meaning there is mathematical reason to believe the findings are not due to random chance and instead there is a true difference between groups. In some cases, the analyses yielded a small or medium effect size. Even with a small effect size, there were notable patterns among the findings that emerged across variables. Additionally, the survey had a relatively large sample (1,635). In combination, this suggests that the differences between groups are significant.

NOTE ABOUT CATEGORIES OF RACE AND ETHNICITY

Data, including census data, is commonly reported by race (e.g., White, Black, Asian). Reporting outcomes by these groups can be helpful for identifying differences in outcomes between groups. However, there are important considerations to keep in mind when interpreting data that uses categories of race. Many factors may influence different health outcomes between racial groups, including social, environmental, historical, and structural differences in lived experiences.

When interpreting data in this report, the reader should use caution and remember to contextualize these findings with the many factors that influence the way people experience health.

LIMITATIONS

As with all data collection, several limitations apply to the data in this report. Different secondary data sources use different ways of measuring similar variables. There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific groups or at a granular geographic level due to the small sample size.

There are limitations in the community survey as well. The survey was a convenience sample, people that were easy to reach and willing to take a 47-question survey were the respondents. There could also be potential misinterpretation of questions due to cultural and language differences. In addition, community partners disseminated the survey, possibly increasing the likelihood of reaching already engaged community members.

The perspectives shared are of community members and community leaders who were willing and able to participate in in-person focus groups and virtual interviews.



LANDSCAPE AND CONTEXT

The city of Laredo has a population of 258,014 (2021) people and is located in South Texas on the border of the United States and Mexico. The city sits on the western edge of Webb County, Texas (population 267,945 in 2021). Laredo's economic strength is anchored in logistics and transportation, with corporate services and life sciences rounding out the local business landscape. Laredo is the 11th most populous city in Texas. Most notably, more than 95% of its population identify as Hispanic.

The city of Laredo includes five ZIP Code Tabulation Areas within its boundaries: 78040, 78041, 78043, 78045, and 78046. Figure 1 shows the boundaries of these five ZCTAs. These ZCTAs are the analyses throughout this report.

To provide further context:

ZIP code 78040 is entirely located within the city of Laredo and encompasses the Historic downtown district. International Bridge 1 and International Bridge 2 connect it to downtown Nuevo Laredo, Mexico. Various government buildings, including Laredo City Hall and Webb County Courthouse, are situated in this ZIP code. Additionally, 78040 is home to the primary campus of Laredo College, the City of Laredo Health Department, and the well-liked shopping destination, the Outlet Shoppes. The iconic San Agustin Cathedral is also situated in the downtown area.

The area known as Central Laredo is contained within the **78041 ZIP code**. Its northern boundary is Del Mar Boulevard, its southern boundary is Saunders St, and it extends to the east, encompassing Lake Casa Blanca International State Park. In addition to popular destinations such as Laredo International Airport, Mall Del Norte, and Texas A&M International University, 78041 is home to numerous health care facilities, including Laredo Medical Center, Laredo Specialty, and Laredo Rehabilitation Hospitals, and the central Gateway Community Healthcare Clinic.

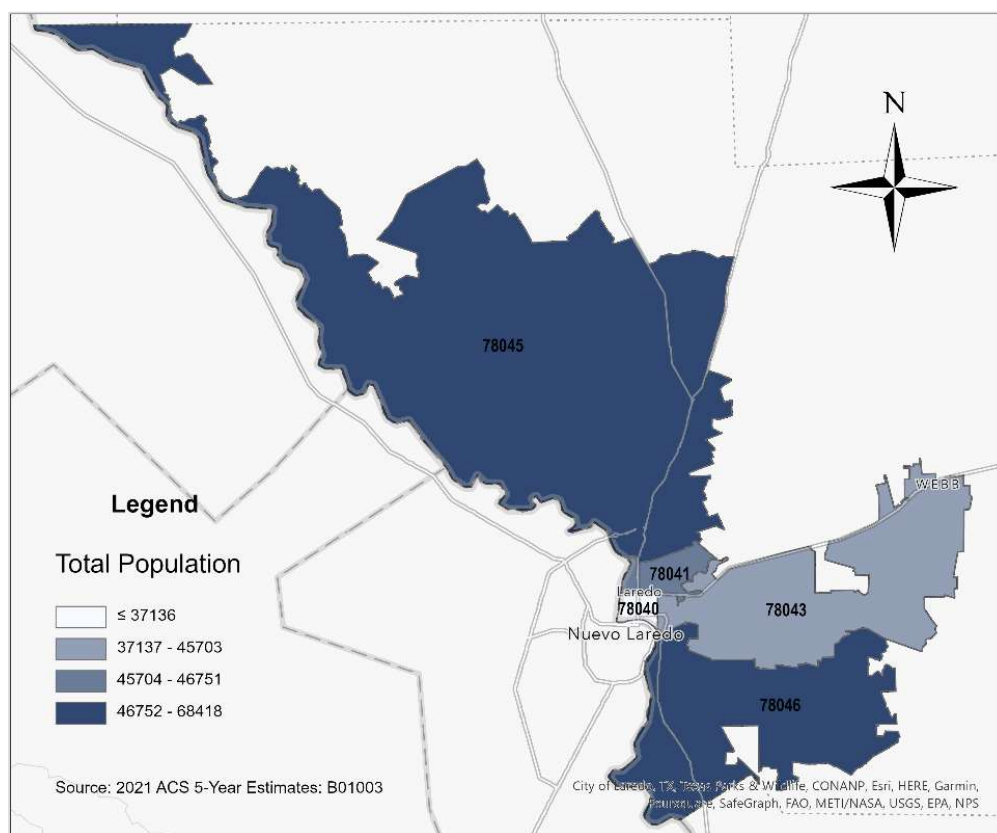
The eastern part of Laredo is encompassed by the **78043 ZIP code**, which primarily consists of residential areas. The region extends along U.S. Highway 59 and State Highway 359 and includes several Colonias. These communities are often underdeveloped and may lack fundamental infrastructure such as paved roads, running water, or electricity. The Bill Johnson Student Activity Center is a significant athletic facility for United Independent School District in 78043, and the Utilities Department is located in the City of Laredo City Hall Annex. Additionally, the Bob Bullock Loop houses the district headquarters of the Texas Department of Public Safety and the Texas Department of Transportation in this region.

The **ZIP code 78045**, located in the northernmost part of Laredo, is bordered by Del Mar Blvd to the south. It boasts the largest public park in Laredo, North Central Park, and is also home to Laredo Country Club and Doctors Hospital of Laredo. The area extends to the north and west of Laredo, running along the border with Mexico, and includes both the World Trade Bridge and

Columbia Solidarity International Bridge. Additionally, the Mines Road corridor houses a significant amount of trade and logistics industry infrastructure.

Encompassing the southernmost area of Laredo, the **78046 ZIP code** extends southward to include the towns of El Cenizo and Rio Bravo, and is bordered on the west by the Rio Grande River, which forms the international border with Mexico. The region is largely residential and is home to Laredo College's South Campus, as well as a primary care clinic operated by Mercy Ministries of Laredo. In addition, the area covers a significant amount of rural land, extending beyond Laredo to the east.

Figure 1
Total Population of Residents by ZCTAs, City of Laredo



DEMOGRAPHICS

Demographics of the community significantly affect its health profile as different race, ethnic, age, and socioeconomic groups have unique needs and require different approaches to health improvement efforts.

All demographic estimates included in this section are based on United States Census Bureau American Community Surveys, unless otherwise indicated.

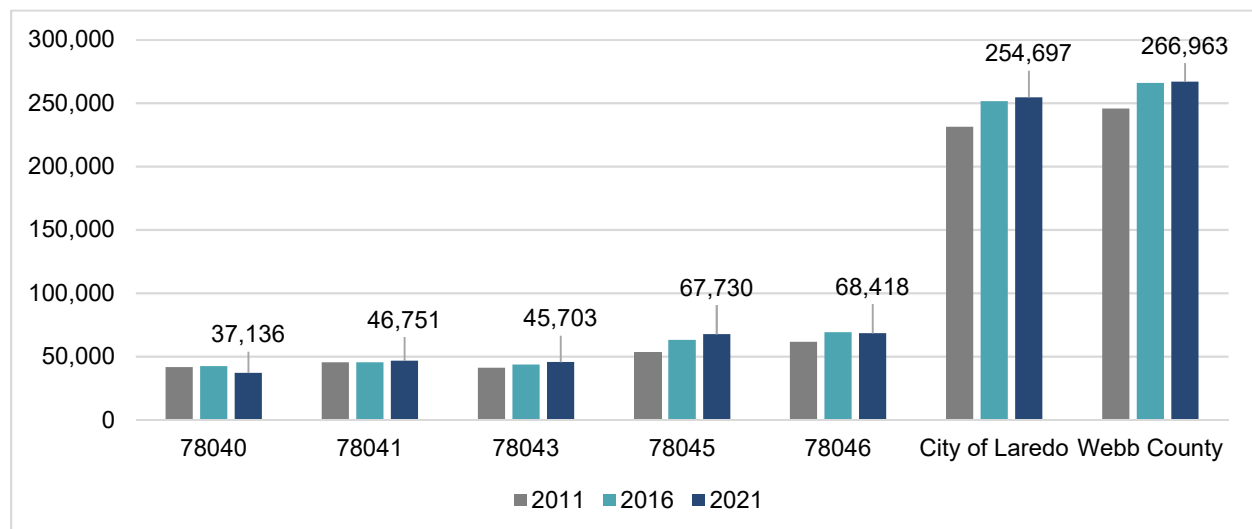
POPULATION

The population of Laredo is growing. Due to population growth over the past decade, over 258,000 people now live in the city of Laredo (2021). This growth represents a 10.0% increase in population; during this time, population growth also occurred in the United States, Texas, and Webb County (8.0%, 16.0%, and 9.0%, respectively).

Population size and growth varies by ZCTA. ZCTA 78045 experienced the greatest growth (26.0%) and is the second most populous ZCTA with a total of 67,730 residents. ZCTA 78046 experienced an 11.0% population increase and now has the highest population with 68,418 residents. In contrast, ZCTA 78040 experienced an 11.0% population decrease and now has the smallest population with 37,136 residents.

Figure 2

Laredo's population has grown over the past decade with highest growth in ZIP codes 78045 and 78046.



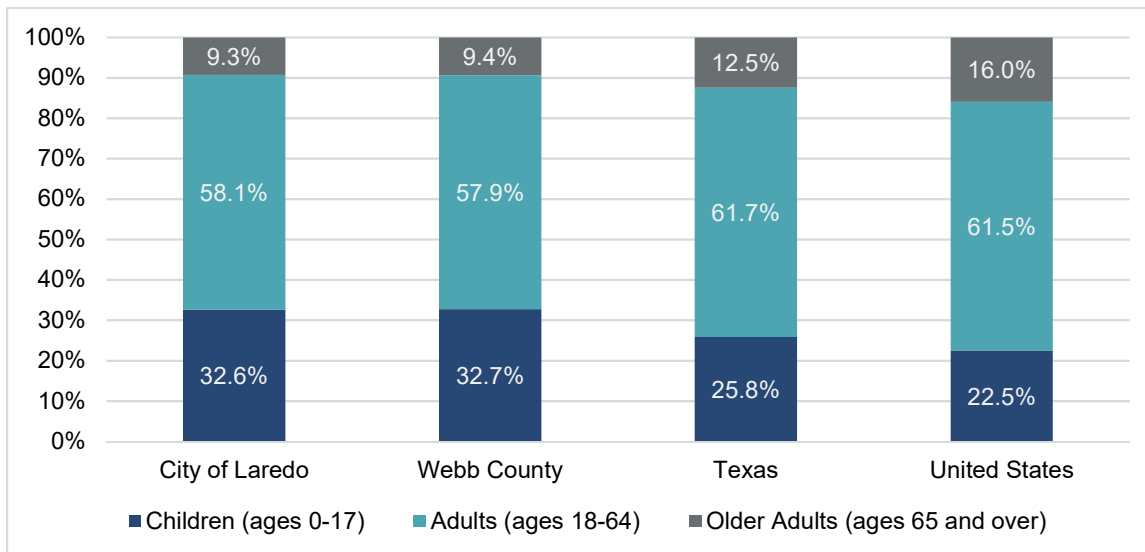
Source. U.S. Census Bureau, American Community Survey, 2007-2011, 2012-2016, and 2017-2021 (5-year estimates).

AGE

Laredo has a smaller percentage of adult population compared to the United States and Texas. A third of Laredo's population are under the age of 18 years; this portion is higher than both the United States (22.5%) and Texas (25.8%). Laredo has a slightly smaller portion of adults (ages 18-64) than in both Texas and the United States (58.1% vs. 61.7% and 61.5%, respectively). It also has a slightly smaller population of older adults (over the age of 65 years) than in both Texas and the United States (9.3% vs 12.5% and 16.0%, respectively).

Figure 3

Laredo has a smaller percentage of adult population compared to Texas and the United States.



Source. United States Census Bureau Population Estimates, 2017-2020

Laredo's location on the U.S.–Mexico border may have an impact on population and demographic estimates. The United States Census Bureau Post-Enumeration Survey estimates that Texas had a total undercount of 1.92% for the 2020 Census.³ In addition, the Texas Census Institute has estimated the Webb County undercount to be 1.79% or 4,864 people.⁴ In the Laredo area, factors that contribute to an undercount may include reluctance to participate in the Census, complex living arrangements, language barriers, fear of political climate, and fear of scrutiny due to citizenship status.

³ U.S. Census Bureau. (2022, May 19). 2020 Census Undercounts in Six States, Overcounts in Eight. <https://www.census.gov/library/stories/2022/05/2020-census-undercount-overcount-rates-by-state.html>

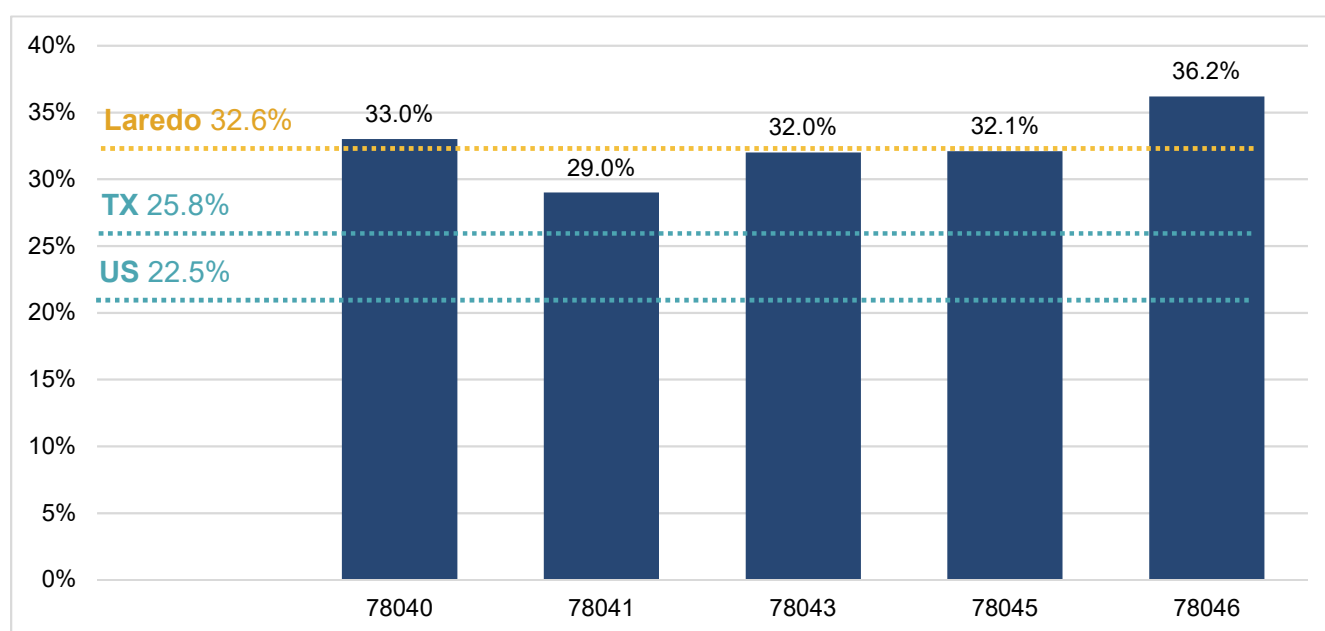
⁴ Castellanos-Sosa, F. (2022). *Undercounting and Overcounting Population in Texas Counties: A Determinants-Side Approach and its Application to Texas*. Texas Census Institute. https://texascensus.org/wp-content/uploads/2022/12/06-RRS22-001_221202full-report.pdf

CHILDREN AND YOUTH

Laredo's population of children is growing with largest growth in ZCTA 78045. Over the past decade, Laredo's population of children (defined here as ages 0-17) grew slightly compared to Texas (2.0% vs 10.0%). Over 83,000 children live in Laredo, with the highest population of children in ZCTA 78046. In the city of Laredo, ZCTA 78045 experienced the greatest child population growth (18.0%); however, ZCTAs 78040, 78041, 78046, and 78046 experienced a decrease in the child population (-12.0%, -4.0%, -1.0%, and -1.0%, respectively). The portion of children in the Laredo population exceeds estimates for both Texas and the United States (32.6% vs 25.8% and 22.5%, respectively).

Figure 4

Laredo has a larger percentage of child population than Texas, with the largest percentage in 78046.



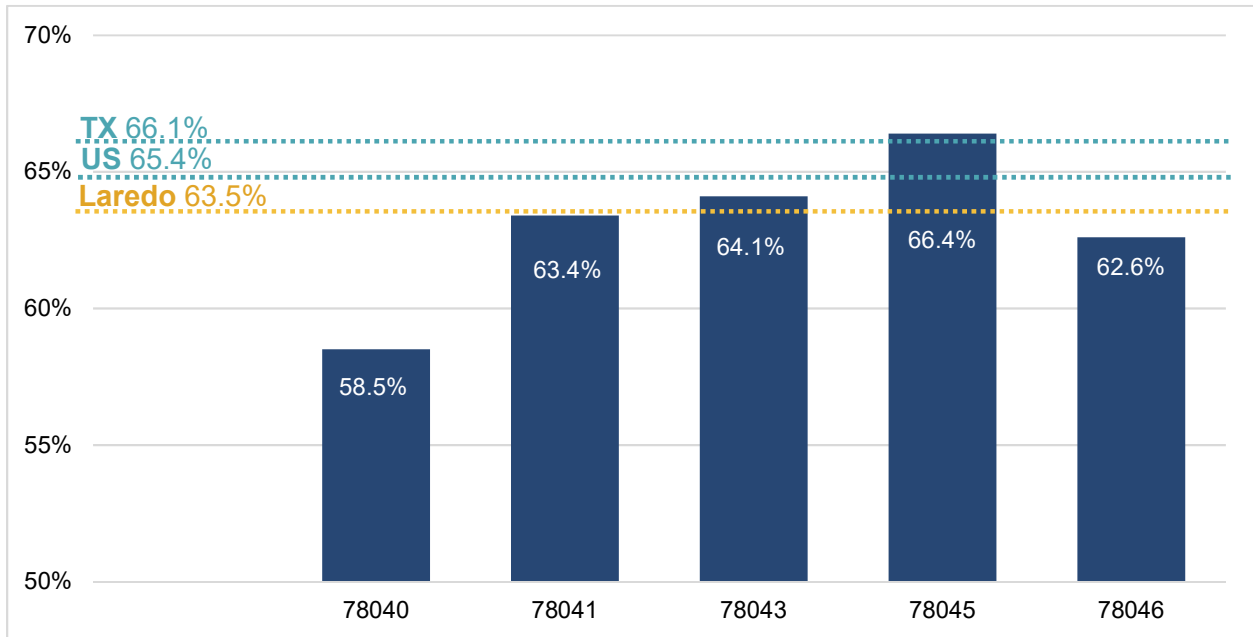
Source: United States Census Bureau, American Community Survey, 2017-2021.

WORKING-AGE POPULATION

Laredo's population of working-age residents is increasing slightly with largest growth in ZCTA 78043. Over the past decade in the United States, the growth of the *working-age population* (ages 15 to 64) was outpaced by the rapid growth of the *dependent-age population* (ages 0 to 14 and 65 and older). During the same period, Laredo's working-age population experienced slight growth with the greatest increase in ZCTA 78043 and decrease in ZCTA 78041. However, the portion of working-age population in most Laredo ZCTAs is lower than in Texas (66.1%). The portion of working-age population is highest in ZCTA 78045 and lowest in ZCTA 78040 (66.4% and 58.5%, respectively).

Figure 5

Laredo has a smaller percentage of working-age population (ages 15 to 64) with smallest percentage in 78040.



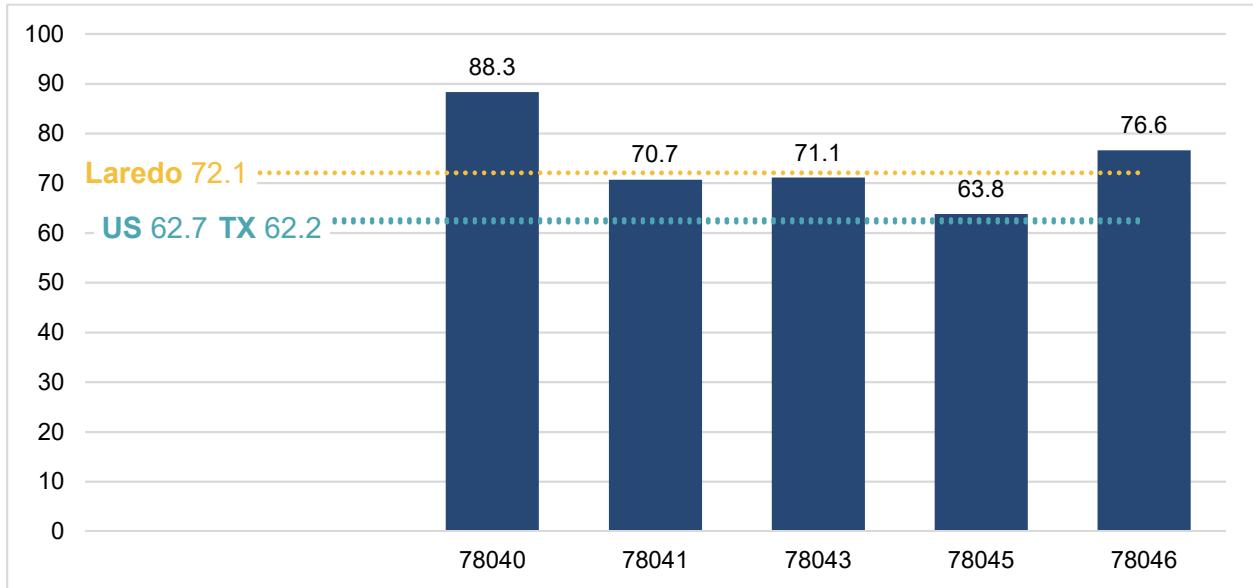
Source: U.S. Census Bureau, American Community Survey, 2017-2021.

Laredo has a high *dependent-age population* compared to the *working-age population*.

Age dependency is higher in Laredo than in both Texas and the United States (72.1 vs 62.2 and 62.7, respectively). The relationship of working-age populations (ages 15-64) and dependent-age populations (ages 0 to 14 and 65 and older) is measured with the age dependency ratio. In Laredo, the age dependency ratio is 72.1, meaning that for every 100 working-age people there were 72 dependent-age people. A high age dependency ratio has social and economic impacts for residents of all ages.

Figure 6

Laredo Has a High Age Dependency Ratio with Highest Ratios in 78040 and 78046.



Source. United States Census Bureau, American Community Survey, 2017-2021.

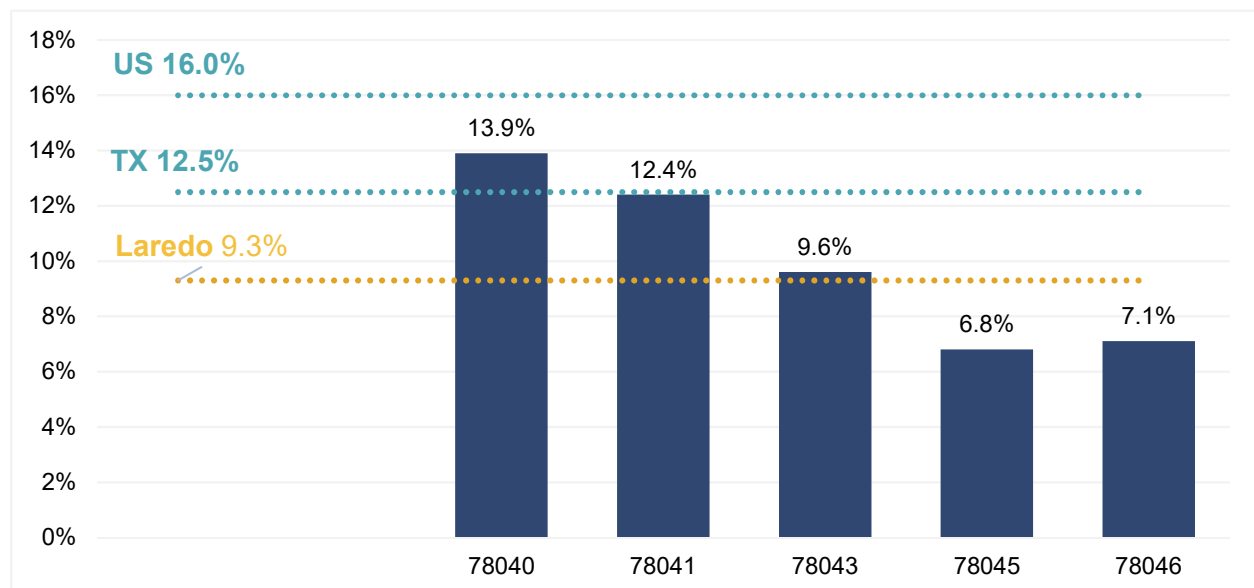


OLDER ADULT POPULATION

Laredo's population of older adults is rapidly increasing. Over the past decade, Laredo's population of older adults is increasing, although the growth is slower than in Texas and the United States (29.3% vs 41.9% and 33.7%, respectively). Nearly 24,000 older adults (ages 65 and over) live in the city of Laredo, with the highest population in ZCTA 78040. In the city of Laredo, ZCTAs 78046, 78045, 78041, and 78043 experienced the greatest growth in older adult population (83.5%, 62.1%, 40.3%, and 24.3% respectively); however, ZCTA 78040 experienced a decrease (-10.0%). Despite this rapid growth, the portion of older adults in the Laredo population is lower than in Texas and the United States (9.3% vs 12.5% and 16.0%, respectively).

Figure 7

Laredo Has Highest Percentage of Older Adult Population in 78040 and 78041.

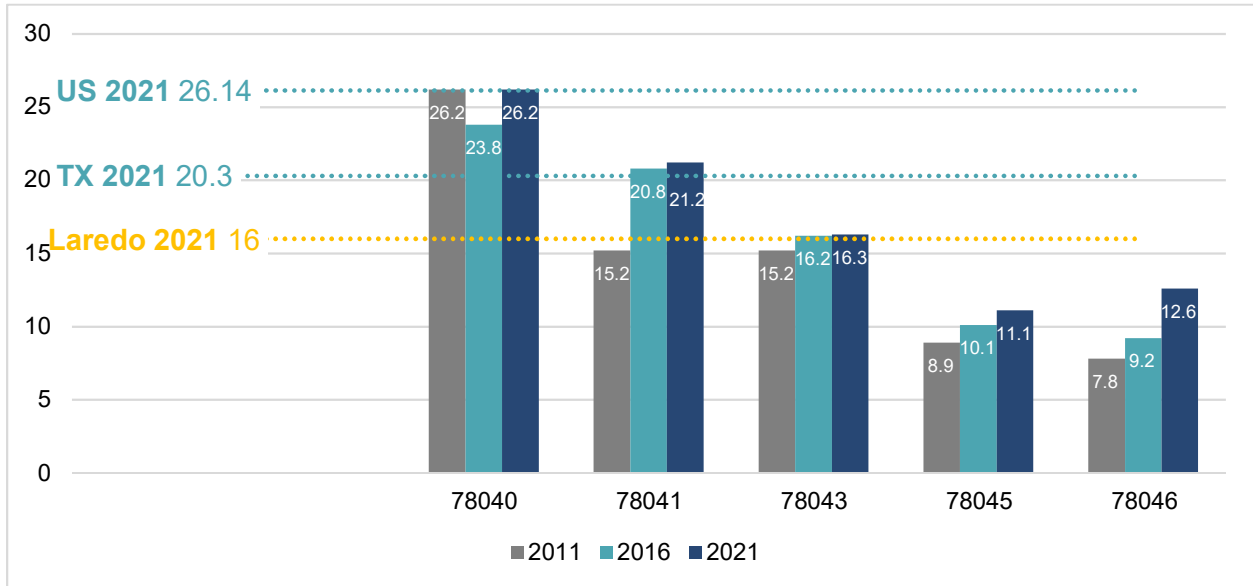


Source. United States Census Bureau, American Community Survey, 2017-2021.

Laredo's dependent population of older adults is growing faster than the working-age population. The relationship of working-age populations (ages 15-64) and old-age dependent populations (ages 65 and older) is measured with the old-age dependency ratio. In Laredo, the old-age dependency ratio is 16, meaning that for every 100 working-age people there were 16 old-age dependent-age people. Old-age dependency is lower in Laredo than in both Texas and the United States (16 vs 20.3 and 26.1, respectively); however, Laredo's ratio has rapidly increased over the past decade. A high old-age dependency ratio has social and economic impacts for residents of all ages. Growth is highest in ZCTAs 78046 and 78041.

Figure 8

Laredo's old-age dependency ratio increased over the past decade, with largest ratios in 78040.



Source. United States Census Bureau, American Community Survey, 2007-2011, 2012-2016, and 2017-2021.

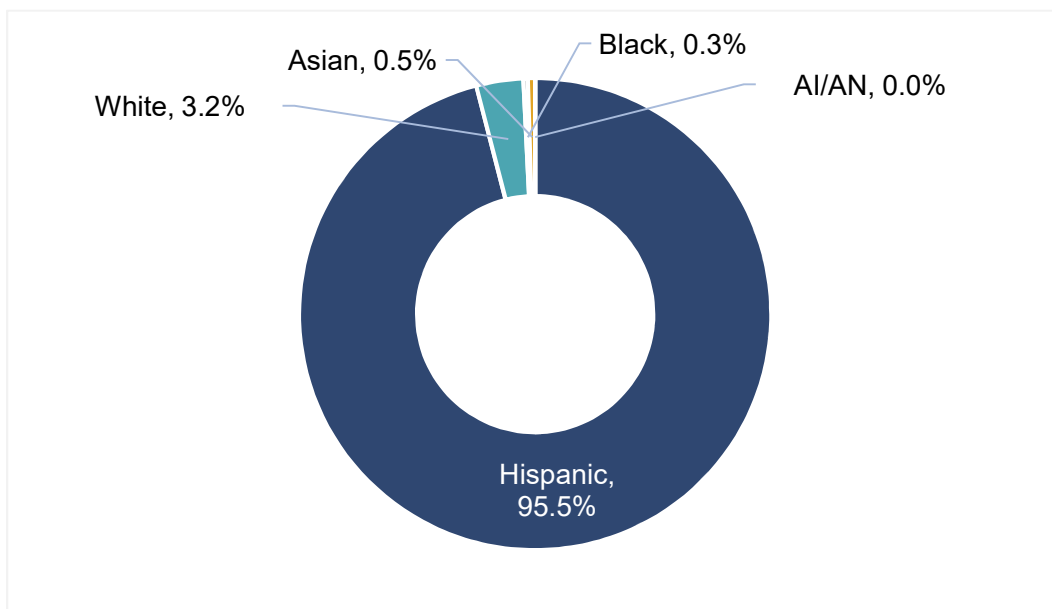
RACE AND ETHNICITY

Most of Laredo's population identifies as "Hispanic," followed by "Non-Hispanic White."

The race and ethnicity of Laredo's residents remains similar to 2011 estimates.

Figure 9

Population in Laredo is majority Hispanic



Source. United States Census Bureau, American Community Survey, 2017-2021

Table 1

Laredo is majority Hispanic, stable over the past decade.

Race/Ethnicity	2011	2021	
Hispanic	95.4%	95.5%	▲
White, Non-Hispanic	3.6%	3.2%	▼
Asian, Non-Hispanic	0.6%	0.5%	▼
Black, Non-Hispanic	0.3%	0.3%	—
American Indian, Alaska Native, NH	0.0%	0.0%	—

Source. United States Census Bureau, American Community Survey, 2007-2011 and 2017-2021



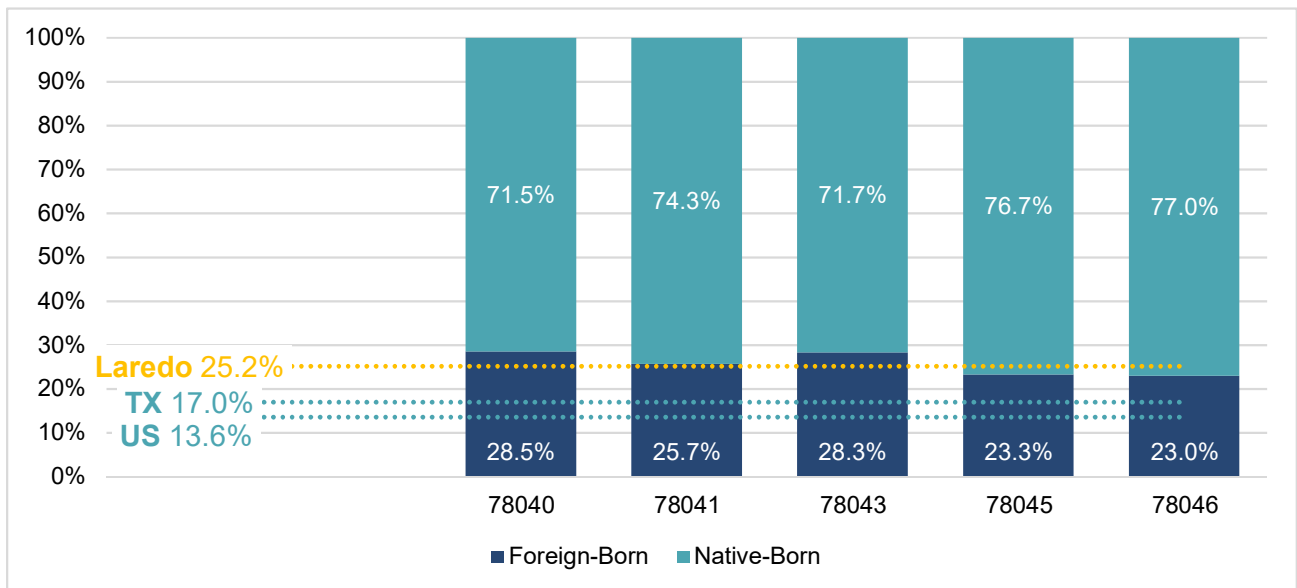
NATIVITY AND LANGUAGE

NATIVE BORN

Laredo has a high population of foreign-born residents compared to Texas and the United States. The native-born population includes anyone who is a U.S. citizen at birth, whereas the foreign-born population includes anyone who is not a U.S. citizen at birth or becomes a U.S. citizen through naturalization. Over the past decade, Laredo's estimates for foreign-born residents have decreased while Texas's and the United States' estimates have increased (-15.0% vs 5.0% and 6.0%, respectively).

Figure 10

Laredo has a higher population of foreign-born residents compared to Texas and the United States.



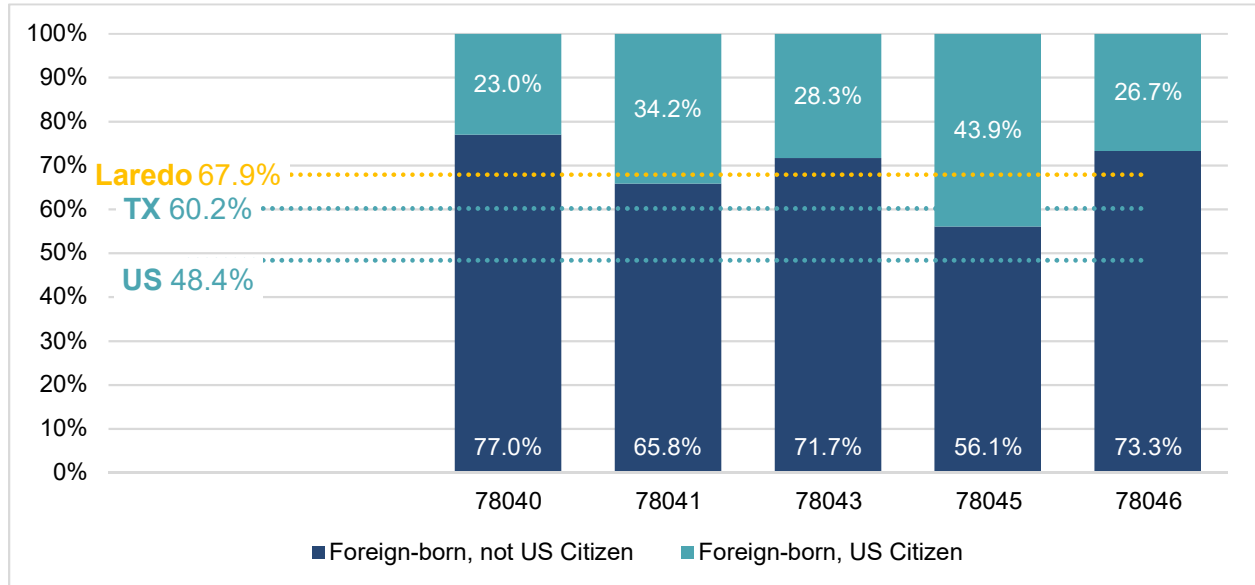
Source: United States Census Bureau, American Community Survey, 2017-2021

U.S. CITIZENSHIP STATUS OF FOREIGN-BORN RESIDENTS

Laredo's estimated population of foreign-born residents has decreased; however, the percentage that are naturalized as U.S. citizens has increased. The foreign-born population includes anyone who is not a U.S. citizen at birth, including those who become U.S. citizens through naturalization. Laredo's estimates for foreign-born residents (non-citizen) are higher than Texas's and the United States' estimates (67.9% vs 60.2% and 48.4%, respectively).

Figure 11

Laredo has higher populations of foreign-born residents who do not have U.S. citizenship.



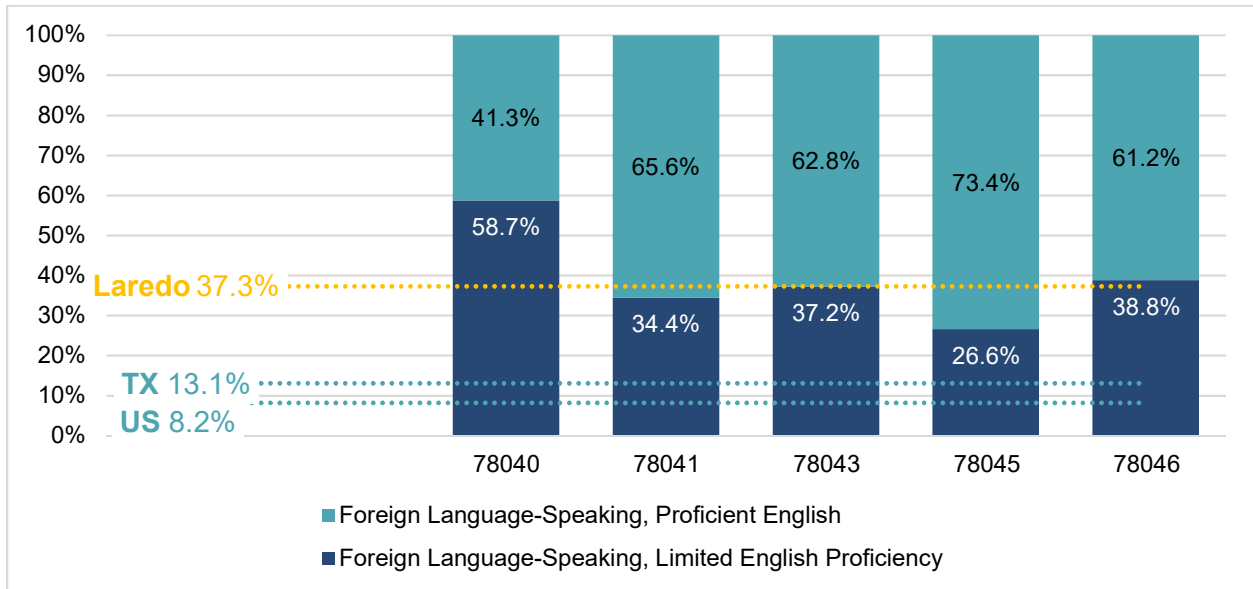
Source. United States Census Bureau, American Community Survey, 2017-2021

LANGUAGE

Laredo has a large population of residents who have limited English proficiency. Of the estimated 232,041 Laredo residents ages 5 and over, nearly 90.0% speak a language other than English. Of this population, an estimated 77,428 (37.0%) have limited English proficiency. Populations with limited English proficiency are highest in Laredo ZCTAs 78040 and 78046. Laredo estimates of limited English proficiency are higher than in Texas and the United States (37.2% vs 13.1% and 8.2%, respectively).

Figure 12

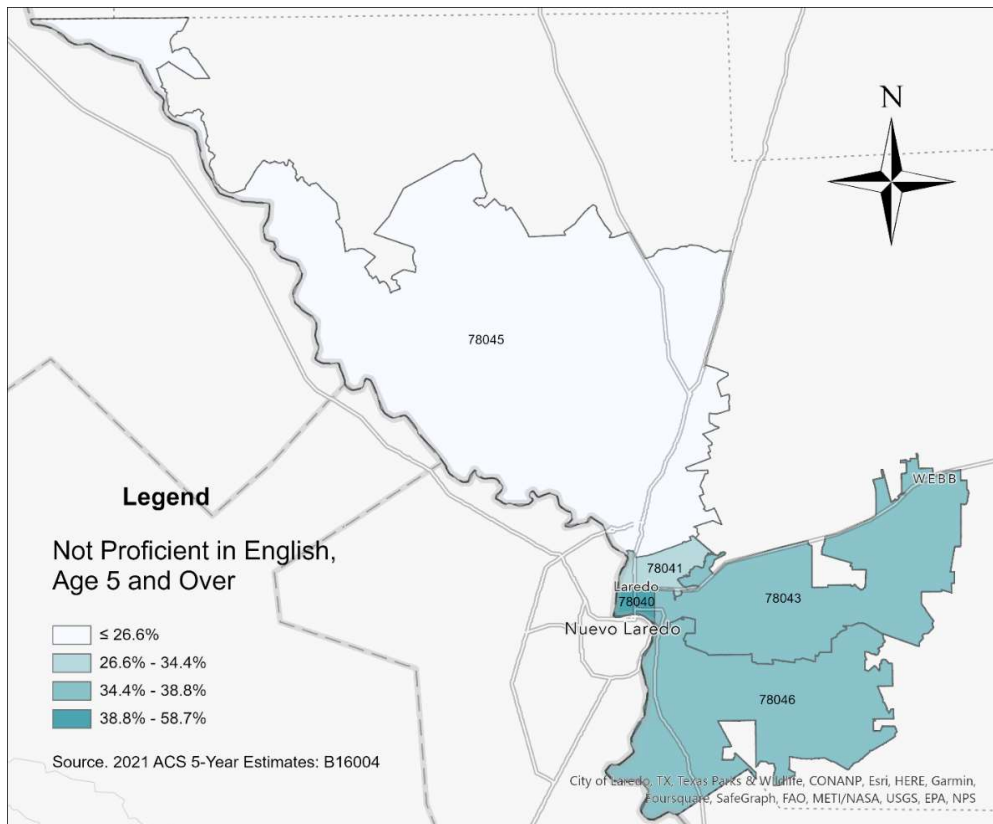
Laredo has a higher percentage of residents who speak a foreign language and have limited English proficiency.



Source. United States Census Bureau, American Community Survey, 2017-2021

Figure 13

South Laredo has the highest percentage of residents who are limited English proficient.



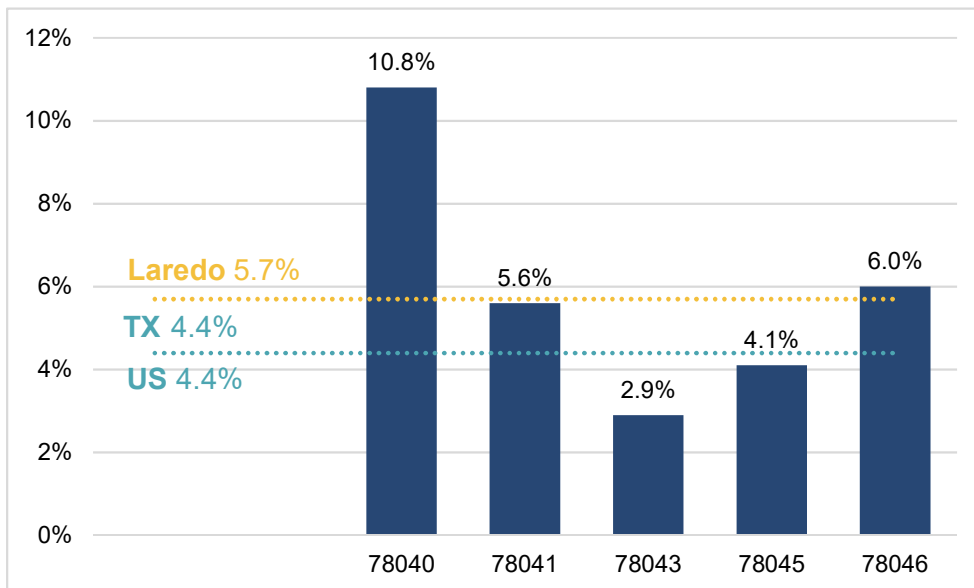
DISABILITY

Laredo ZCTA 78040 has the highest estimates of children, adults, and older adults with a disability. Disabled people are at greater risk for poor general health, wellbeing, and access to health care services. According to recent estimates, 12.3% of Laredo residents have a disability. This rate is higher than Texas, but lower than United States averages (11.5% and 12.6%). ZCTA 78040 has the highest estimates of disability status for older adults (over 65 years of age), adults (ages 18-64), and children (ages 0-17).

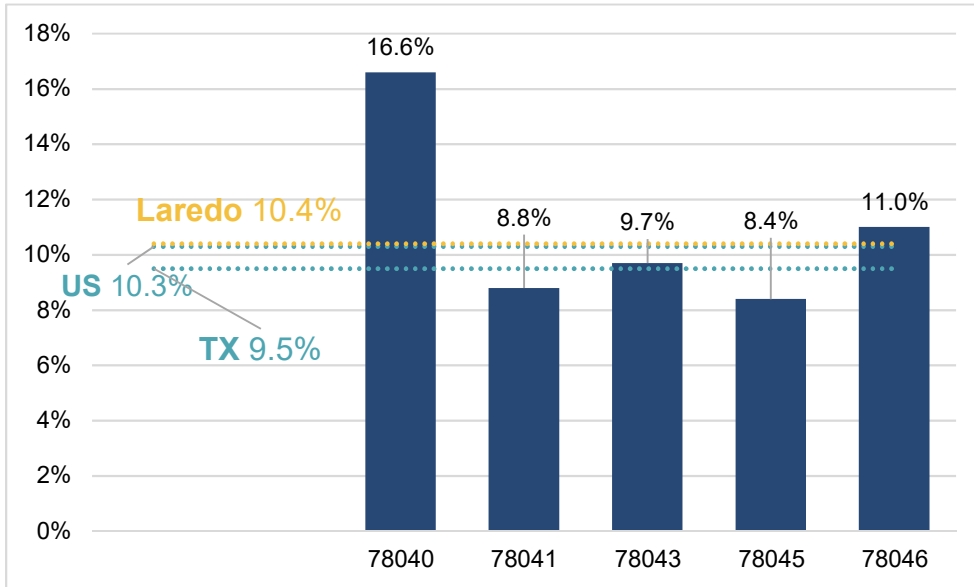
Figure 14

Laredo ZIP codes 78040 and 78046 have the highest percentages of children, adults and older adults with a disability

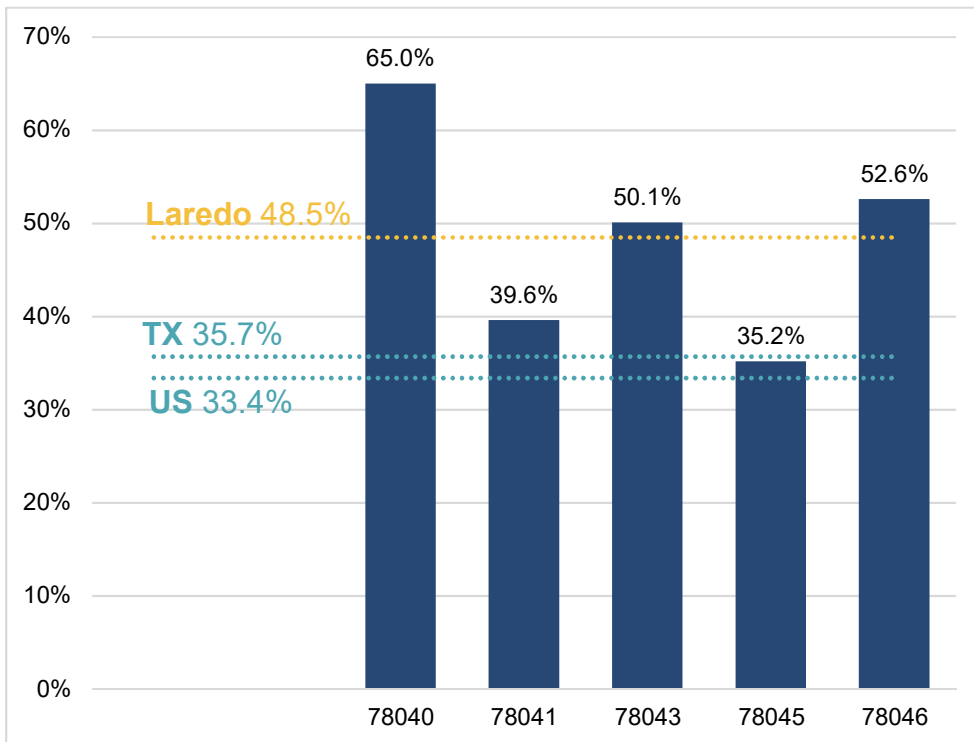
a. Children with a disability



b. Adults with a disability

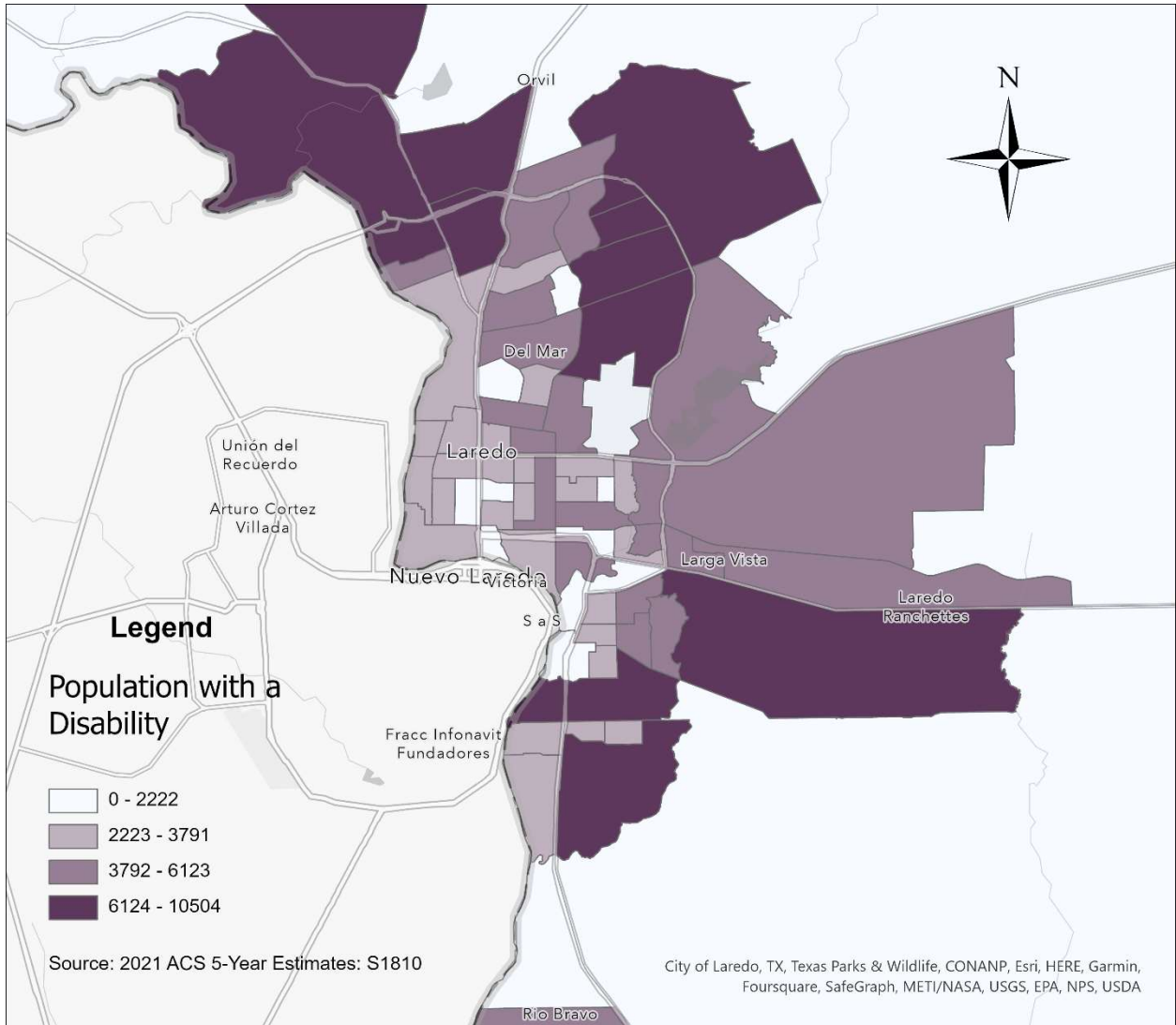


c. Older adults with a disability



Source. United States Census Bureau, American Community Survey, 2017-2021

Figure 15
People with Disability by Census Tract, Webb County



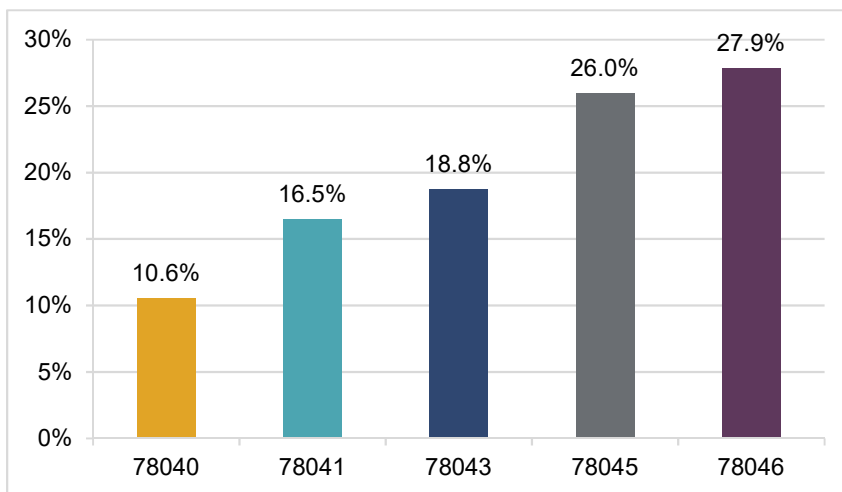
OVERVIEW OF COMMUNITY SURVEY

THI developed and—jointly with the City of Laredo Health Department and with the support of the Area Health Education Center of the Mid Rio Grande Border Area of Texas (AHEC)—disseminated a community survey in fall 2022. A total of 1,683 people completed the survey screening questions. Of these, 1,635 people met the inclusion criteria (at least 18 years old and residing in ZIP codes 78040, 78041, 78043, 78045 or 78046) and completed the full survey. The City of Laredo Health Department and community partners distributed the survey between November 18 and December 9, 2022. The survey was a convenience sample.

DEMOGRAPHICS

Survey participants reported living in the following ZIP codes: 78040 (10.6%), 78041 (16.5%), 78043 (18.8%), 78045 (26.0%), and 78046 (27.9%).

Figure 16
Community Survey Respondents by ZIP code (n=1,631)

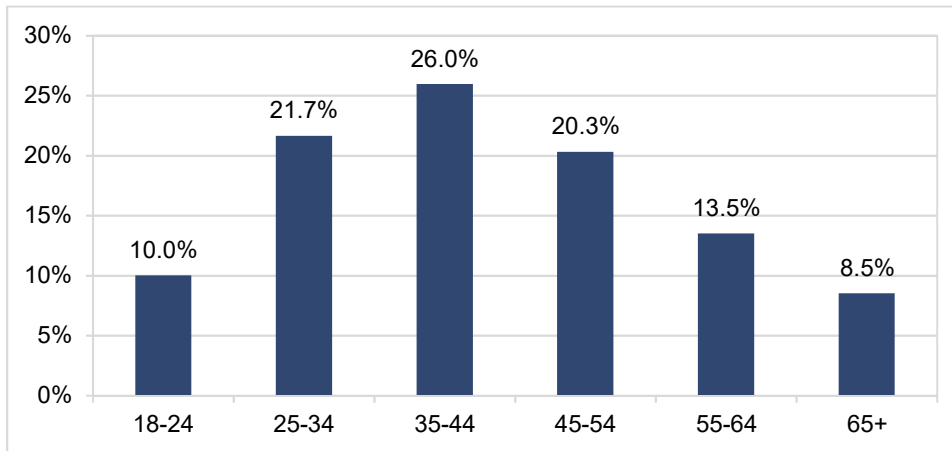


Source. Laredo CHNA Community Survey, 2022

AGE

Respondents had to be over 18 years old to participate in the survey. The following chart displays the breakdown of age ranges among respondents. The majority of people surveyed were between ages 25 and 54 (68.0%).

Figure 17
Community Survey Respondents by Age (n=1,348)

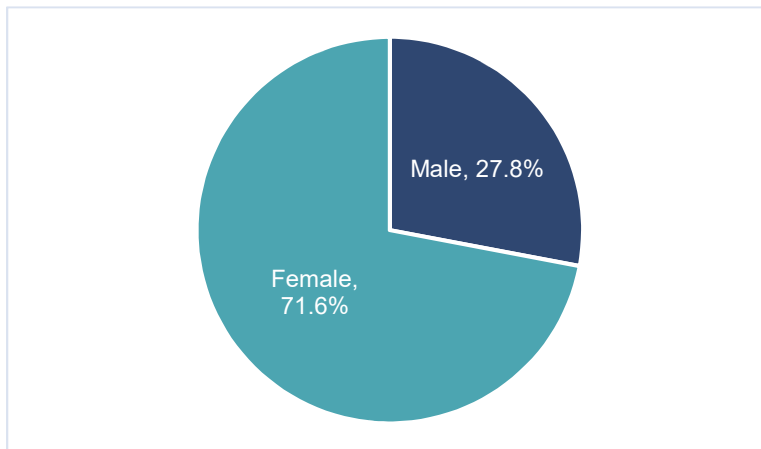


Source. Laredo CHNA Community Survey, 2022

SEX AND GENDER IDENTITY

The survey asked respondents “How do you identify?” with multiple choice options. The majority (71.6%) identified as “female,” and 27.8% identified as “male.”

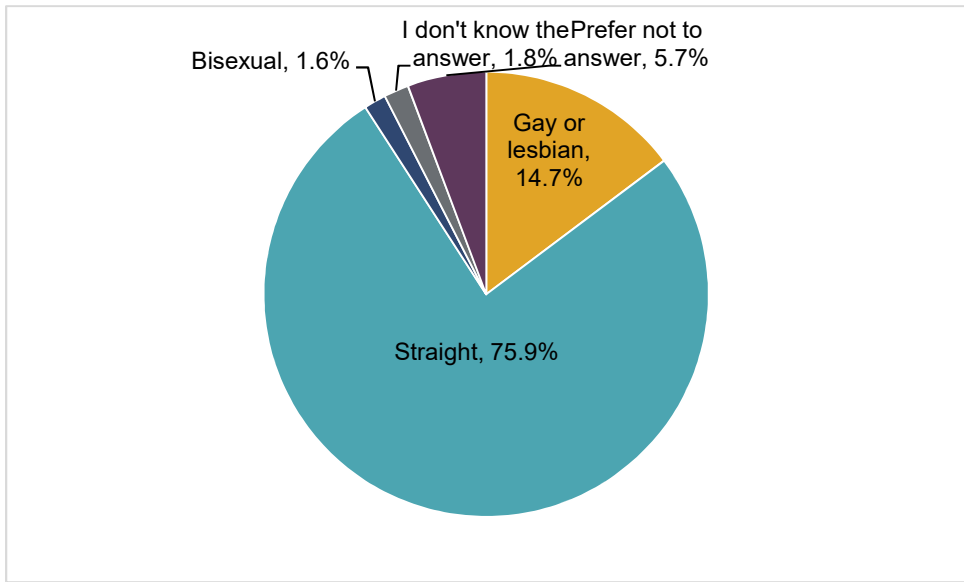
Figure 18
Sex of Community Survey Respondents (n=1,345)



Source. Laredo CHNA Community Survey, 2022. Survey respondents were also able to report identifying as “Binary” or “Prefer not to say” however these were suppressed and excluded from the figure due to data suppression rules.

Among survey respondents (1,309), 75.9% identified as “straight” and 14.7% identified as “gay or lesbian” (one category).

Figure 19
Gender Identity Among Survey Respondents (n=1,309)



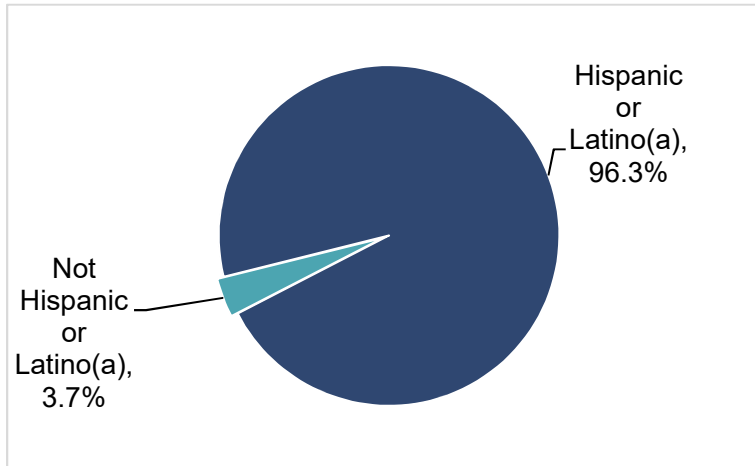
Source. Laredo CHNA Community Survey, 2022

RACE AND ETHNICITY

The majority of survey respondents identified their ethnicity as “Hispanic” (96.3%). Additionally, most respondents identified their race as “White” (86.3%). The second most common racial category reported was “other” (11.7%). It is important to note that the racialized category of “White” may include people who have ethnic origins from Latin America, Europe, or even the Middle East. This category may also include people who identify ethnically as “Hispanic or Latino.” See note in “Limitations” section about the considerations and limitations of racialized categories.

Figure 20

The majority of community survey respondents were Hispanic or Latino(a) (n=1,334).



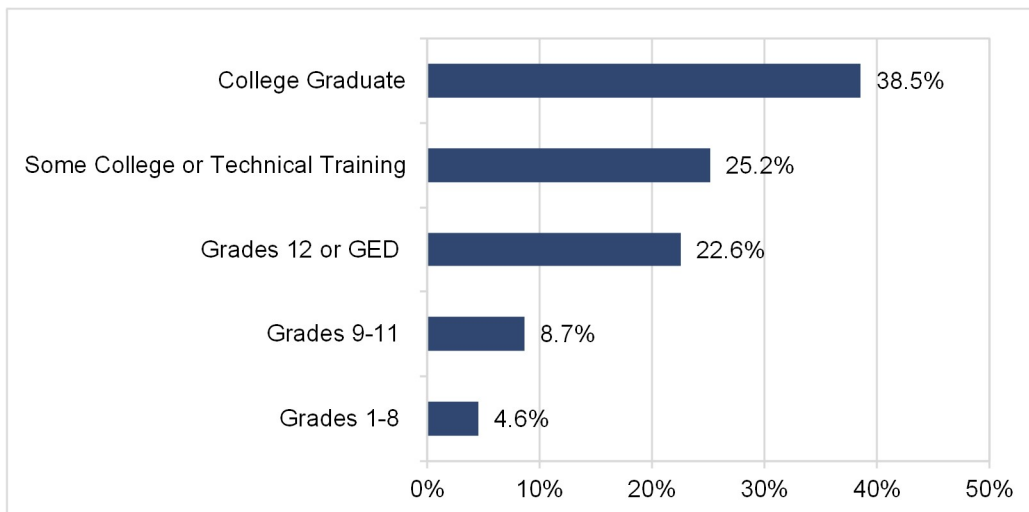
Source. Laredo CHNA Community Survey, 2022

EDUCATION

Nearly two-fifths (38.5%) of people who took the community survey (1,339) reported having a college degree. As described in the methods section, THI weighted the community survey data in order to make the survey sample more representative of population-level data. In this case, the community survey respondents reported having higher educational attainment levels compared to the overall population of Laredo. Statistical weights were added to the survey data to make it more representative of educational attainment among the overall population.

Figure 21

A majority of survey respondents had at least some college or technical training (n=1,339).



Source. Laredo CHNA Community Survey, 2022

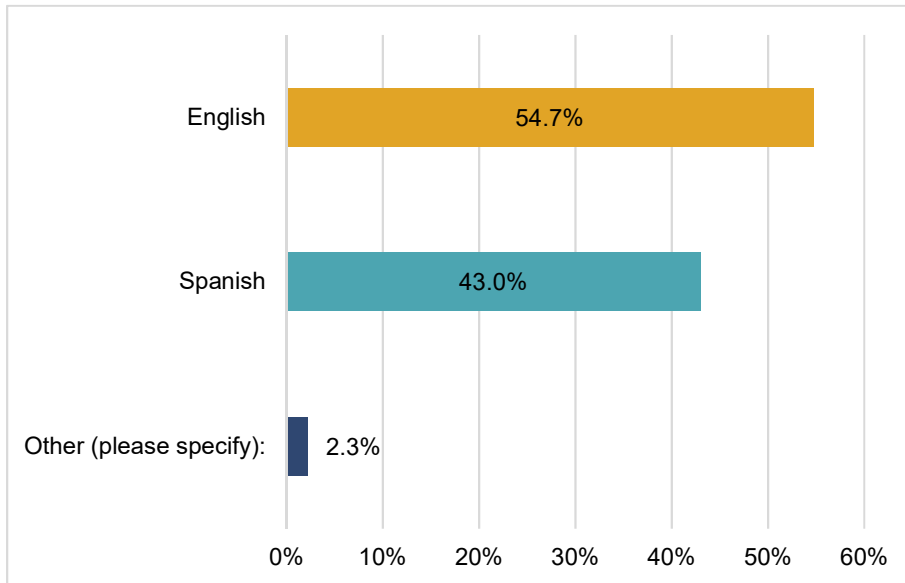
Note. Survey respondents were also able to report “never attended.” However these responses were suppressed and excluded from the figure due to data suppression rules.

LANGUAGE

Among people surveyed (1,329), 54.7% reported that they primarily speak English at home and 43.0% primarily speak Spanish. Most people reported speaking English very well (63.5%).

Figure 22

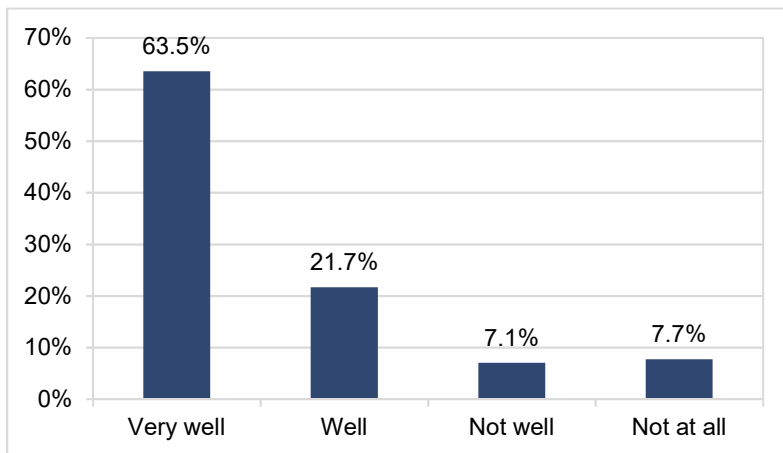
Primary language survey respondents spoke at home was English, followed by Spanish (n=1,329).



Source: Laredo CHNA Community Survey, 2022

Figure 23

Most survey respondents reported speaking English “very well” or “well” (n=1,344).



Source: Laredo CHNA Community Survey, 2022

SOCIAL DETERMINANTS OF HEALTH

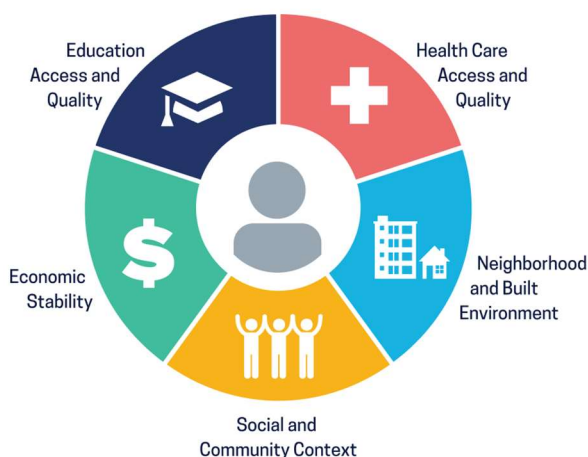
Social determinants of health are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These conditions affect the communities and residents of the city of Laredo in many ways.

SOCIAL VULNERABILITY AND ENVIRONMENTAL JUSTICE INDEX

CDC developed the Social Vulnerability Index (SVI) to measure the potential negative effect of external stresses—such as disease outbreaks or human-caused disasters—on communities. A number of factors, such as poverty, lack of access to transportation, and crowded housing may weaken a community’s ability to prevent human suffering and financial loss during a disaster. These factors are known as measures of social vulnerability.

CDC uses 15 U.S. census variables to help local leaders identify communities that may need support before, during, and after a natural or human-caused disaster or disease outbreak. These 15 variables are grouped into four separate vulnerability indices across (a) housing and transportation measures, (b) minority status and language measures, (c) household composition measures, and (d) socioeconomic measures. The four indices are also combined to create an overall index. The index ranges from 0 to 1, with 0 indicating the lowest vulnerability and 1 the highest vulnerability.

Social Determinants of Health

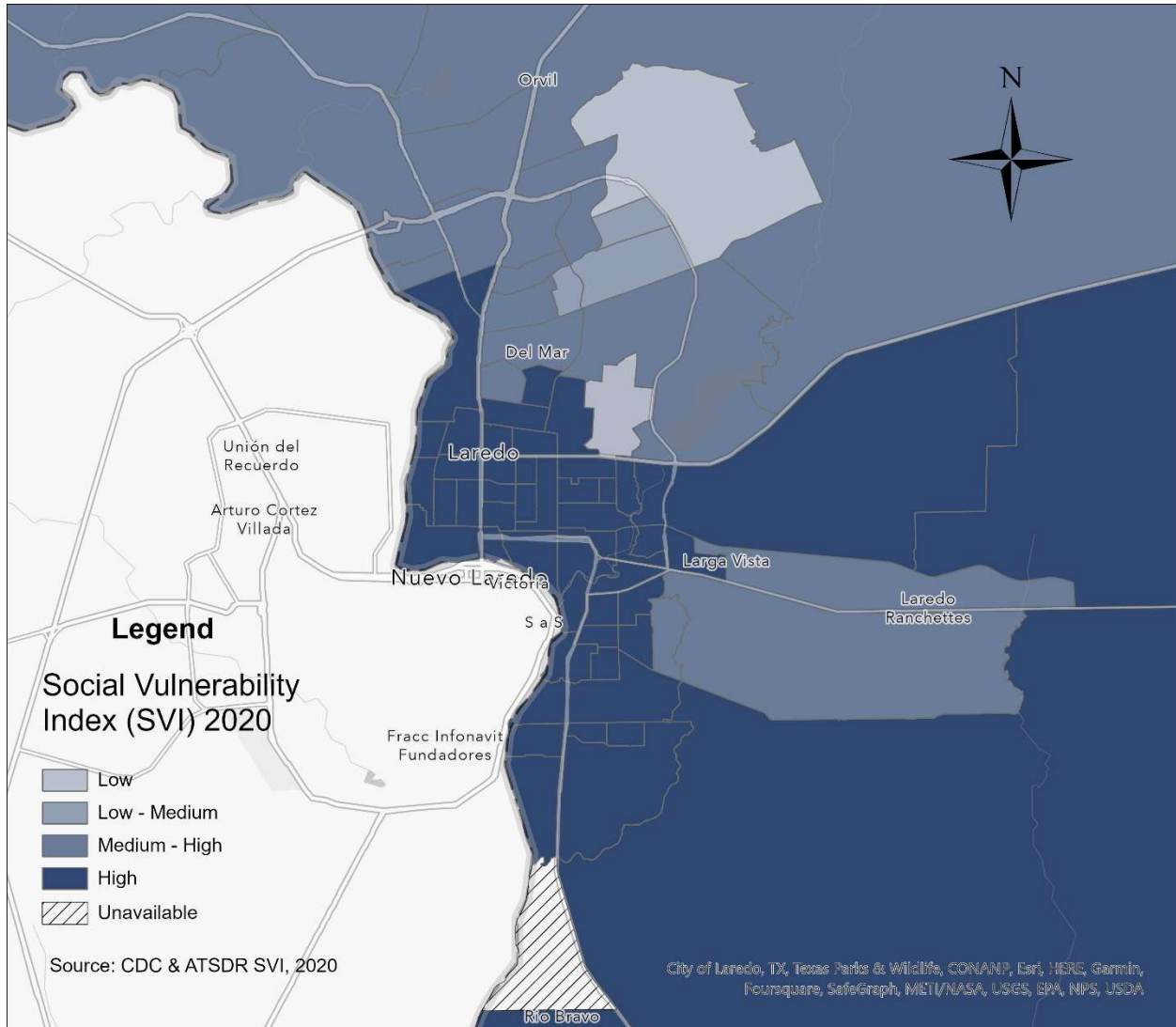


Social Determinants of Health
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Healthy People 2030

The city of Laredo’s SVI of 0.7459 indicates a moderate- to high- level of vulnerability. However, there is some variability within the county, ranging from a very high vulnerability of 0.9360 in the northeast part of the county, to a lower vulnerability of 0.3756 in the eastern part of the county.

Figure 24
Social Vulnerability Index, Webb County

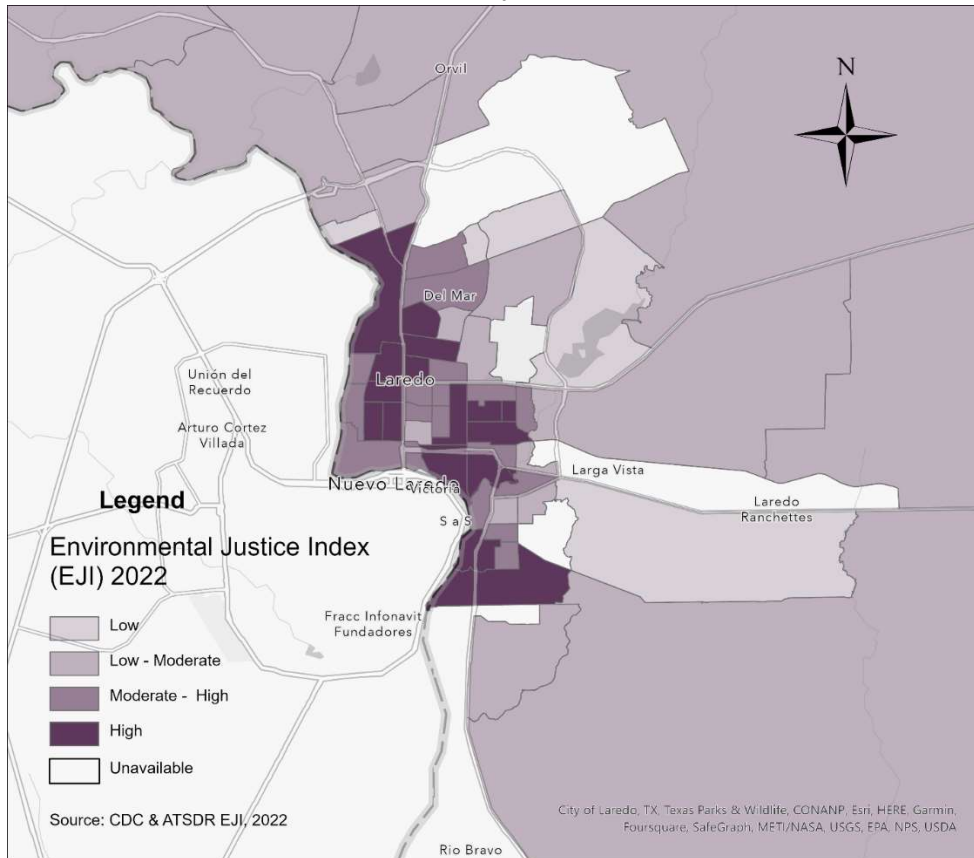


Source. Centers for Disease Control and Prevention, 2020

ENVIRONMENTAL JUSTICE INDEX

The Environmental Justice Index scores census tracts using a percentile ranking which represents the proportion of tracts that experience cumulative impacts of environmental burden and injustice equal to or lower than a tract of interest. A percentile ranking represents the proportion of tracts (or counties) that are equal to or lower than a tract of interest in environmental burden.

Figure 25
Environmental Justice Index, Webb County

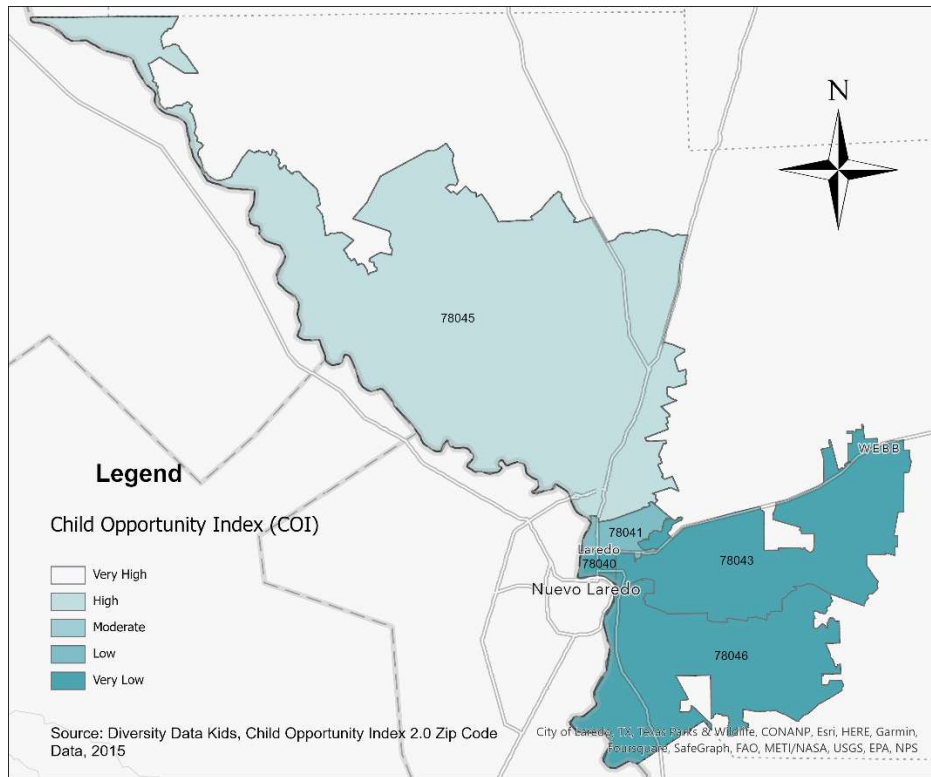


CHILD OPPORTUNITY INDEX

Three ZIP codes in the city of Laredo have lower opportunities for children, according to the Child Opportunity Index (78040, 78043, 78046). The Child Opportunity Index (COI) measures and maps 29 neighborhood conditions children need to grow and thrive, like access to healthy food, quality education, safe housing, and clean air. Higher opportunity means children are more likely to have each of these elements needed to thrive. The COI reveals disparities in education, health, environment, and socioeconomic indicators. Nationally-normed, state-normed, and metro-normed COI modeling shows ZIP codes and Census Tracts where children have very low, low, moderate, high, and very high opportunity.

Figure 26

Nationally-Normed Overall Child Opportunity Index by ZCTAs, City of Laredo



When compared to other ZIP codes across the nation, children living in light color areas have a 'very high' Child Opportunity Index. Children living in darker color areas have a 'very low' Child Opportunity Index.

ZIP Codes with Lower COI:

- 78040
- 78043
- 78046

ZIP Codes with Higher COI:

- 78045

Source: Diversity Data Kids, Child Opportunity Index 2.0 Database, 2015

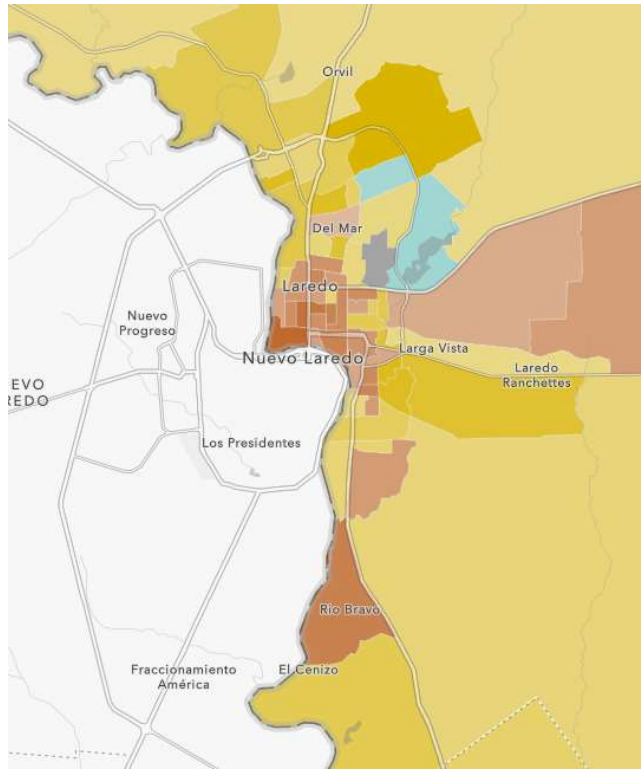
COMMUNITY RESILIENCE ESTIMATES

The Community Resilience Estimates, highlighted in Figure 27, measures the capacity of populations to endure and recover from the health, social, and economic impacts of a disaster such as a pandemic. Some populations are less likely to have the capacity and resources to overcome the obstacles due to multiple socioeconomic risk factors. Higher percentages of population with multiple risk factors indicate that the areas have lower capacity and resources to overcome the obstacles presented during a hazardous event.

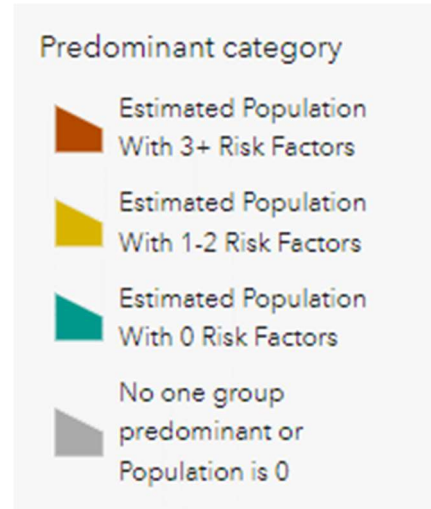
Resilience estimates are modeled from demographics and indicators from the 2019 American Community Survey (ACS). Examples include: poverty, communication barriers, disability, single or zero caregiver households, crowded housing, uninsured, older adult over age of 65, limited transportation, and limited broadband internet.

Figure 27

Estimated populations with risk factors for low resilience by census tract, Webb County.



When compared to other census tracts across the nation, dark orange areas have three or more risk factors and green areas have no risk factors.



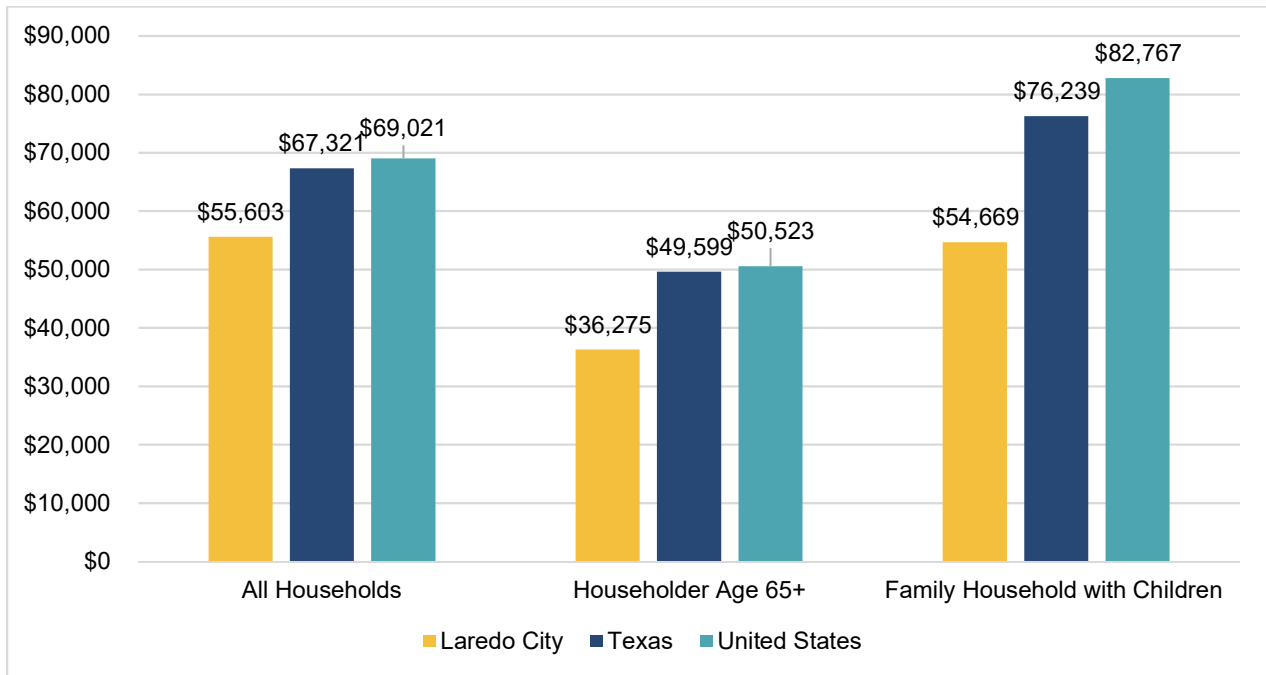
Source. United States Census Bureau, Community Resilience Estimates, 2019

INCOME

In Laredo, the median household income is \$55,603; this is lower than in Texas and the United States (\$67,321 and \$69,021, respectively). The median household income reflects the relative affluence and prosperity of an area. Areas with higher median incomes are likely to have a greater share of educated residents and lower unemployment rates. Laredo’s median household income varies by household type. The lowest median household incomes are found with householders of older adults (ages 65+) and family households with children.

Figure 28

Median household income of households in Laredo is lower than Texas and United States.



Source. United States Census Bureau, American Community Survey, 2017-2021

POVERTY AND ASSET LIMITED (ALICE)

COMMUNITY INPUT

The price of living has increased over the last several years, from housing to food at the grocery store and to gasoline in particular. Participants from the focus groups and key informant interviews expressed how this increase in the cost of everyday products and services has affected not only themselves but also those with the tightest budgets in the community.

“Poverty goes right up at the top ... the risk factors and chronic issues and insurance that kind of tie into poverty. That would be one, and lack of providers would be two for me. I don’t think you can really separate them.”

– Key Informant

Both the key informants and focus group participants understand that poverty—and more generally, any struggle to purchase basic needs—lies at the core of almost all health issues in Laredo residents’ experience. Health care and health insurance often take a backseat to more pressing and immediate needs such as food and housing. Focus group participants also felt that poverty stems from low rates of high school completion and attainment of post-secondary education among Laredo residents in the current educational system.

POVERTY

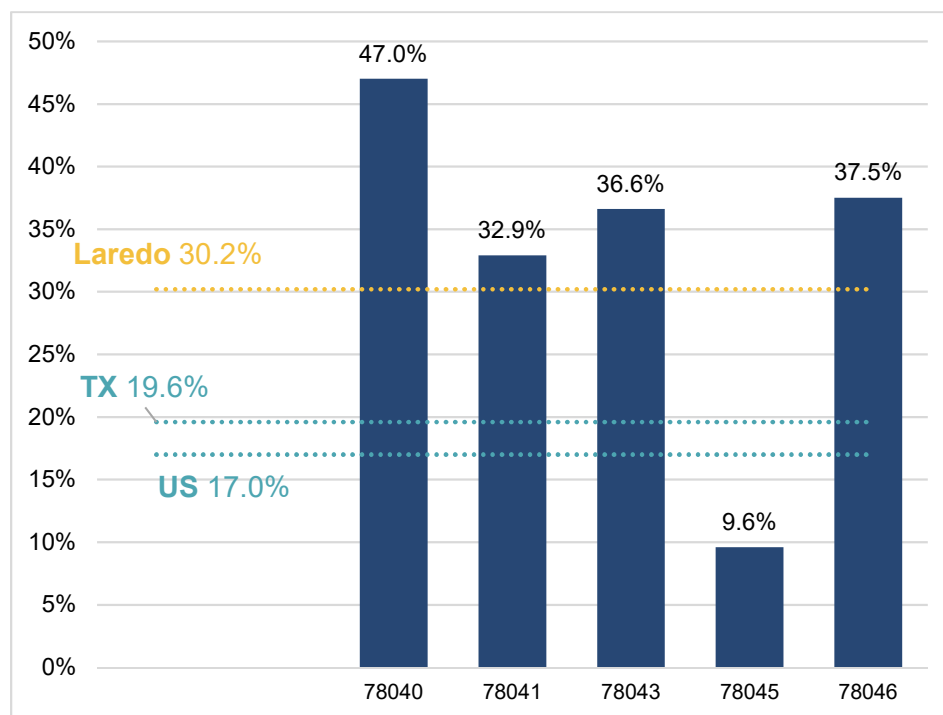
At the individual level, nearly a quarter of residents in the city of Laredo (22.2%) live below the federal poverty level. This percentage is higher than Texas (14.0%) and the United States (12.6%). A high poverty rate is both a cause and consequence of poor economic conditions. The Census Bureau sets federal poverty thresholds every year, which varies by size of family and ages of family members. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased tax revenue to the county, poverty correlates with lower quality schools and decreased business survival.

Within the city of Laredo, the ZCTAs with the highest proportion of people living in poverty include: 78040 (37.1%), 78046 (28.1%), 78043 (27.5%), and 78041 (21.1%). As displayed in Figure 29, the percentage of children and older adults living in poverty is higher.

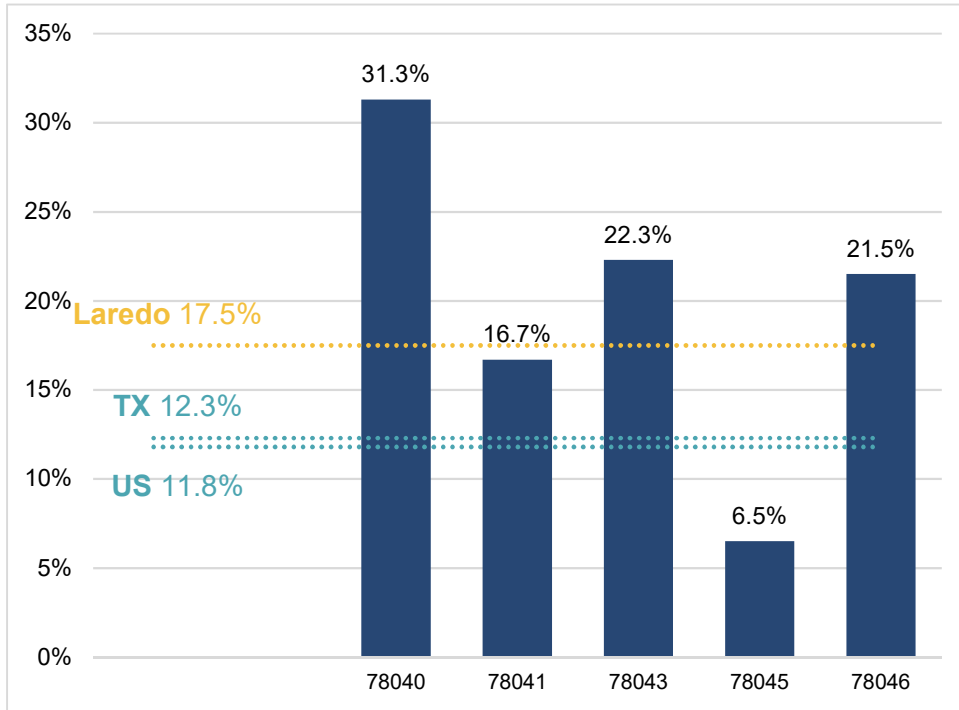
Figure 29

Laredo has a higher percentage of children, adults and older adults living in poverty compared to Texas.

a. *Children living in poverty in*

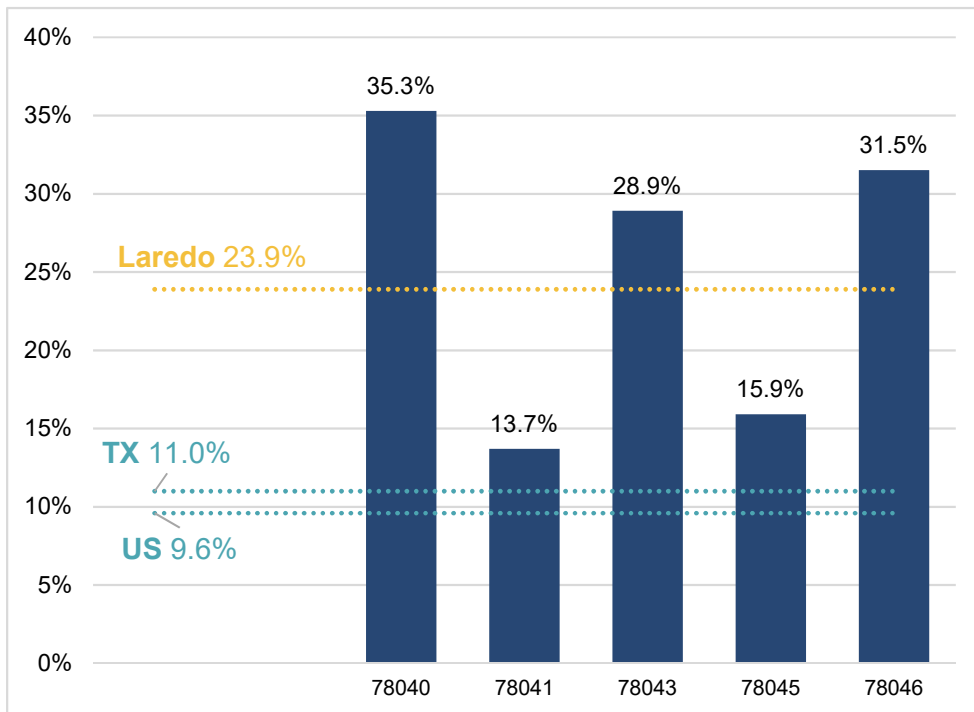


b. Adults living in poverty in



Source. United States Census Bureau, American Community Survey, 2017-2021

c. Older adults living in poverty in



Source. United States Census Bureau, American Community Survey, 2017-2021



In addition to poverty, it is also important to understand the portion of residents who live above the poverty line but who earn less than the basic cost of living for the city of Laredo, measured as ALICE.⁵

ALICE is an important indicator of economic insecurity because it identifies the prevalence of households who struggle to afford essentials like food, housing, or health care, and yet do not meet income qualifications for public assistance programs, such as Supplemental Nutrition Assistance Plan (SNAP). Basic costs of living are defined as the bare-minimum costs for housing, child care, food, transportation, health care, and a smartphone plan. ALICE figures are not available for the city of Laredo specifically, but are available for Webb County.

⁵ Asset limited, income constrained, employed. For more information on the ALICE methodology and data, visit <https://unitedforalice.org>.

Laredo ZCTAs 78040 and 78046 have the highest percentage of households below ALICE. Overall, ZCTA level distribution of ALICE households mirrors the county-level ALICE data as shown in Table 2 below.

Table 2
ALICE Threshold for Webb County, Texas, 2018 ZCTAs

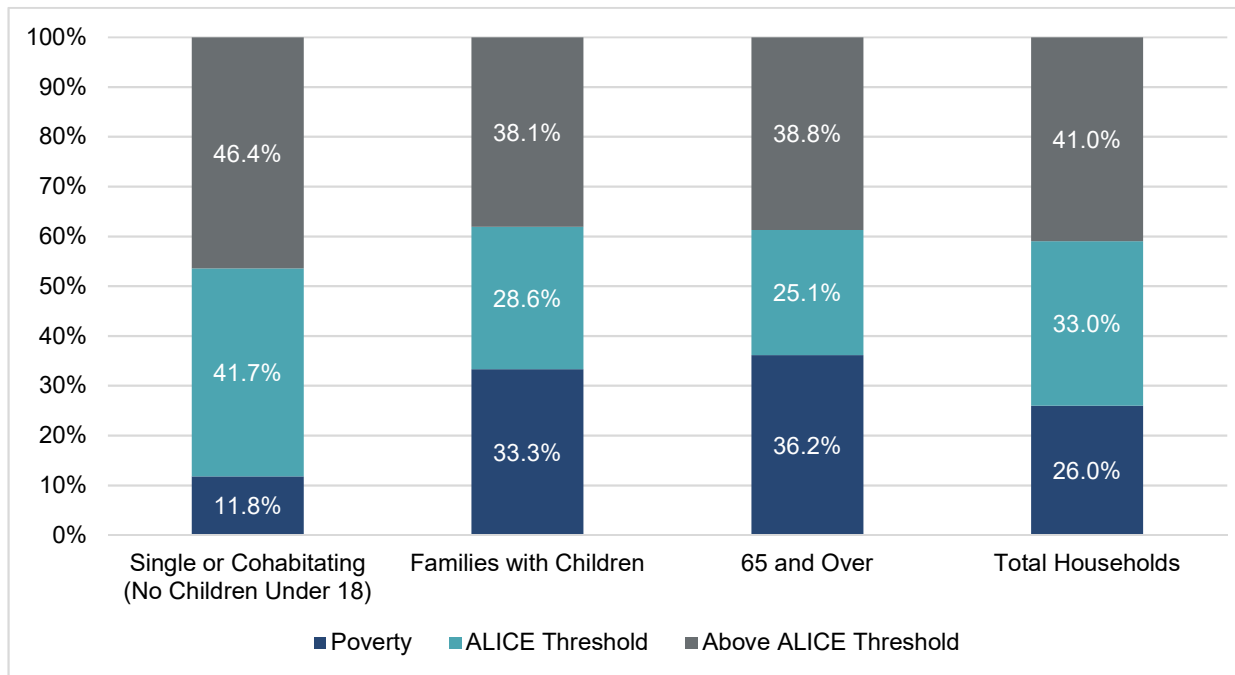
Laredo ZCTA	Total Households	% Below ALICE
78040	11,731	79%
78041	14,111	56%
78043	12,402	66%
78045	18,703	43%
78046	16,145	73%

Source. United for ALICE, 2018.

- In 2018—the most recent year ALICE figures are available—26.0% of the households fell below the poverty line while another 33.0% were ALICE.
- In Texas, single female-headed families are most likely to fall below the ALICE threshold in Texas due to either living in poverty or being ALICE (79.0%).
- In Texas, households headed by residents ages 45-64 are most likely to fall above the ALICE category (38.5%) whereas households headed by residents under age 25 are more likely to fall below the ALICE threshold (74.7%).
- In Webb County, family with children and householders above age 65 are more likely to live in poverty or below the ALICE threshold.

Figure 31

Nearly two-thirds of total households in Webb County are living below the poverty level or ALICE threshold



Source. United for ALICE, 2018.

Note. ALICE Threshold households earn more than the Federal Poverty Level, but less than the basic cost of living for the county.

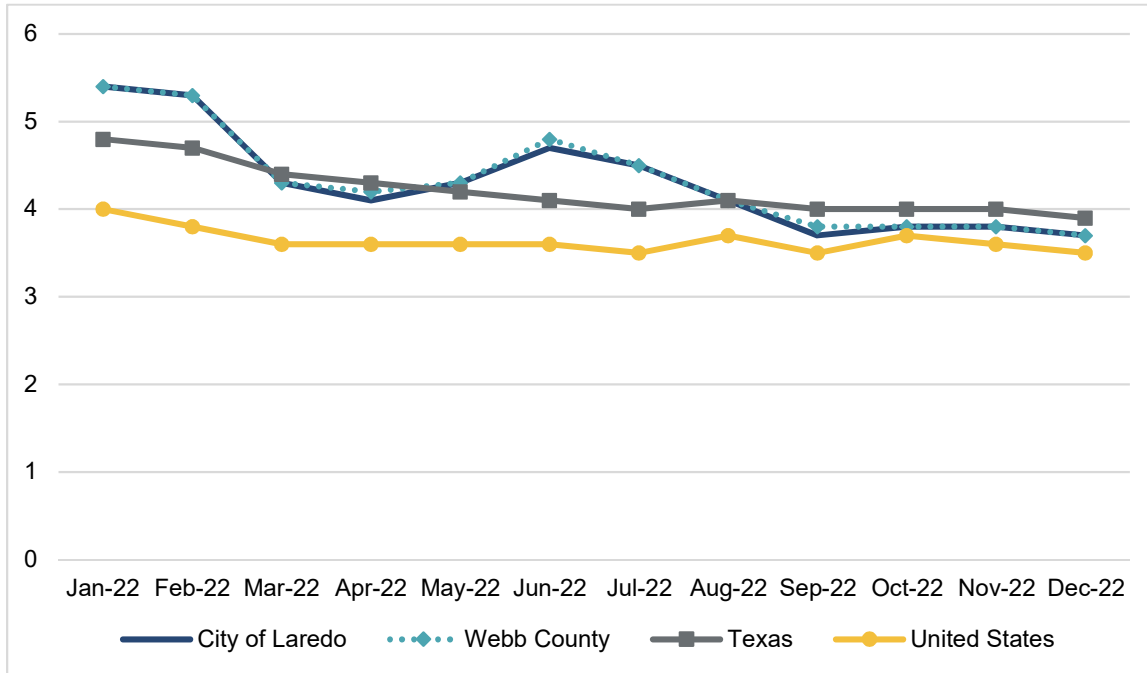
UNEMPLOYMENT

SECONDARY DATA

As with most of the state, the city of Laredo’s unemployment rate was higher than the United States throughout 2022. The rate of unemployment is an indicator of economic insecurity experienced by a community. Unemployment can affect an individual’s physical and mental health, as well as their ability to access and engage with health care services. In fall of 2022, the city of Laredo’s and Webb County’s unemployment rates fell below the rate in Texas. In 2022, the city of Laredo’s unemployment rate started with 5.4% in January and fell to 3.7% in December. In 2022, the Texas unemployment rate started with 4.8% in January and fell to 3.9% in December.

Figure 32

Unemployment, Jan 2022-Dec 2022: City of Laredo, Webb County, Texas and United States



Source: United States Bureau of Labor Statistics

HOUSING

COMMUNITY INPUT

Key informants and focus group participants referenced the complicated nature of homelessness in and around Laredo. Participants expressed that homelessness is often tied to mental health and substance abuse, but they were unsure which ultimately led to the other. Mental health, cost of living increases, and poverty are issues for many residents, but it is a unique challenge to support people experiencing homelessness.

There is a perception among some focus group participants and key informants that those experiencing homelessness in Laredo tend to decline support services. However, according to our key informants, it is also common (roughly two-fifths of the population) for those same people to be unable to progress in their treatment due to a lack of required documentation.

Laredo residents and leaders seem to be aligned on the need to address housing insecurity. Far more frequently, key informants and focus group members referred to the difficult commutes of residents from the Colonias (particularly those on the south side of Laredo towards State Highway 59, State Highway 359, and U.S. Highway 83).

“I believe that the issue of homelessness is out there. It's been brought to our community's attention. It's been brought to the mayor and city council of Webb County. And so now more than ever, I believe that we're all on the same page.”

– Key Informant

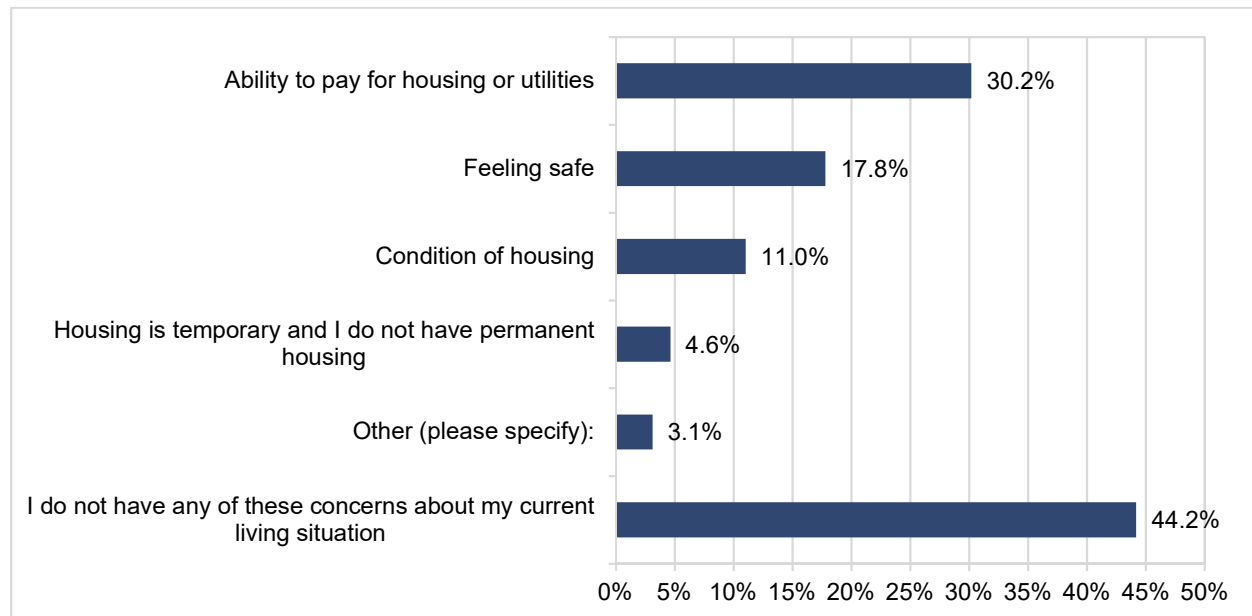
COMMUNITY SURVEY

Survey respondents were asked to report the number of people living in their home (including themselves). Among respondents (1,320), the most common household size was four people (21.4%) followed by five people (19.3%).

Survey respondents were asked to indicate what concerns they had, if any, regarding their current living situation. Of those who responded to this question (1,315), around 18% of survey respondents indicated they were concerned about feeling safe, and 11.0% reported being concerned by the condition of their current housing. Finally, about 5% of survey respondents reported being concerned that their housing is temporary.

Figure 33

Concerns Related to Housing Among Survey Respondents (n=1,315)



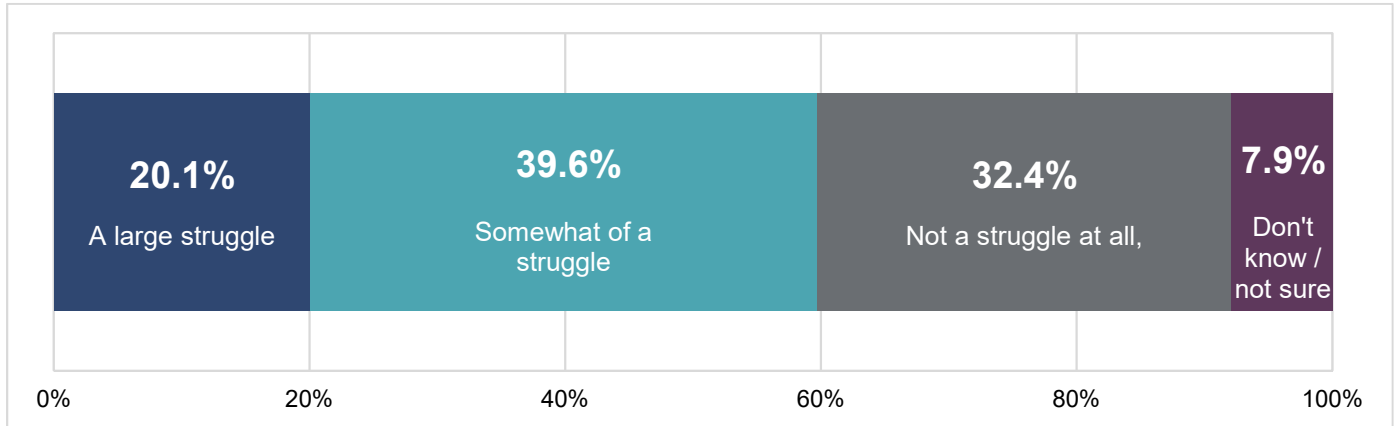
Source. Laredo CHNA Community Survey, 2022

Survey respondents were asked about the extent to which housing costs (such as rent, mortgage, or utilities) are a financial burden each month. Of people who answered this question (1,355), 20.1% reported that housing costs are a large struggle. About 40.0% indicated that housing costs are somewhat of a struggle.

People living in ZIP code 78040 were slightly more likely to report that housing costs were a large struggle, compared to other areas. Conversely, people living in ZIP codes 78045 and 78043 were most likely to indicate that housing costs were not a struggle at all, compared to other ZIP codes.

Figure 34

A majority of respondents identified housing costs as a struggle (n=1,355)



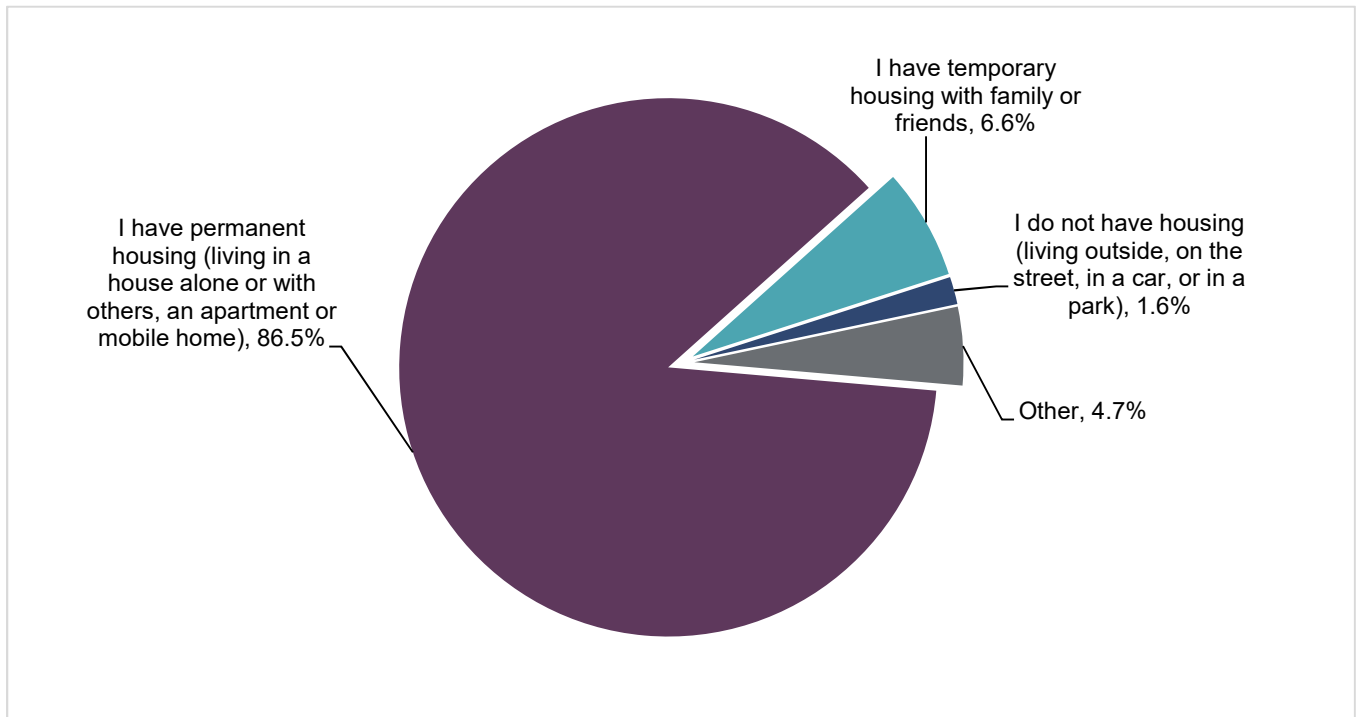
Source: Laredo CHNA Community Survey, 2022

In addition, most survey respondents (86.5%) indicated that they have permanent housing, but 6.6% reported that they have temporary housing with family or friends.



Figure 35

Most survey respondents have permanent housing (n=1,345)



Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

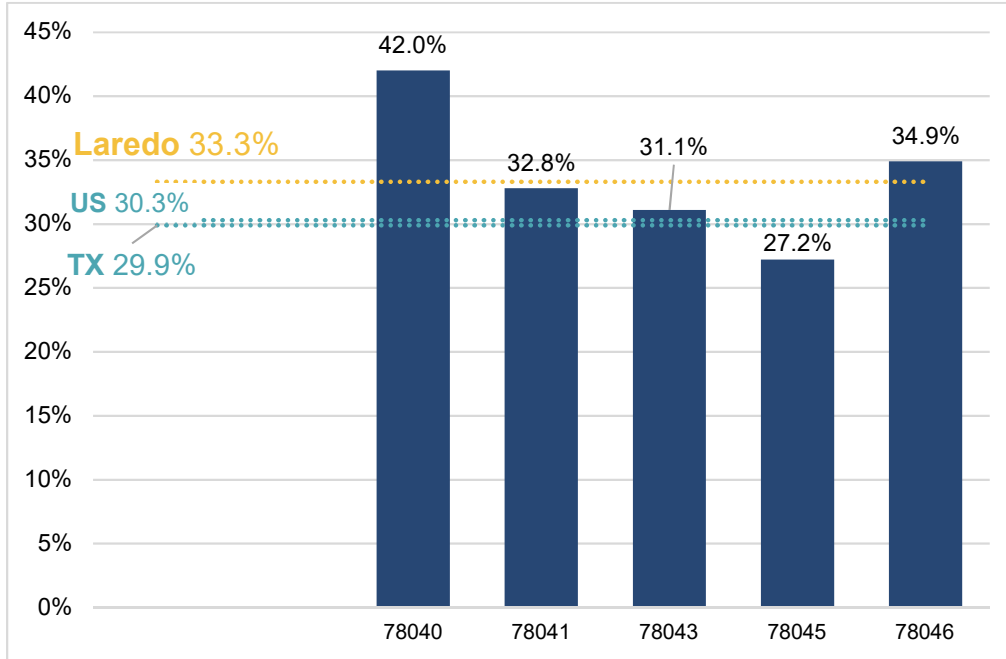
Housing Burden

In the Laredo, 33.3% of households experience severe housing cost burden; this estimate is higher than Texas and the United States (29.9% and 30.3%, respectively). ZCTA 78040 has the highest percentage of severe housing burden for renter-occupied housing units (53.6%) whereas ZCTA 78046 has highest percentage of severe housing burden for owner-occupied housing units (32.2%). Severe Housing Cost Burden is the percentage of households that spend 30% or more of their household income on housing.

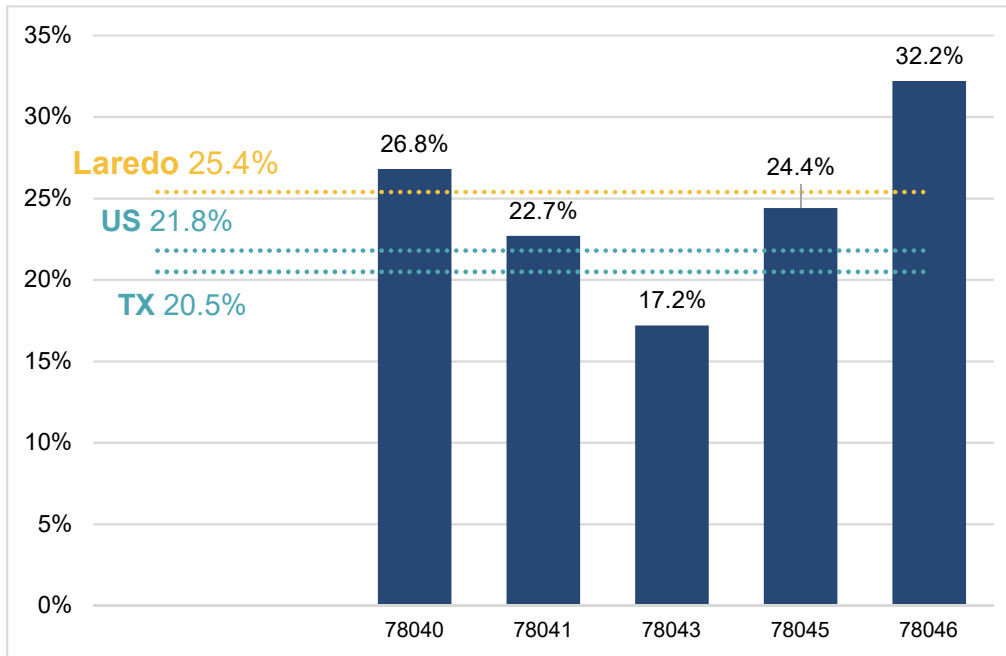
Figure 36

ZCTAs in Laredo with higher housing cost burden compared to Texas

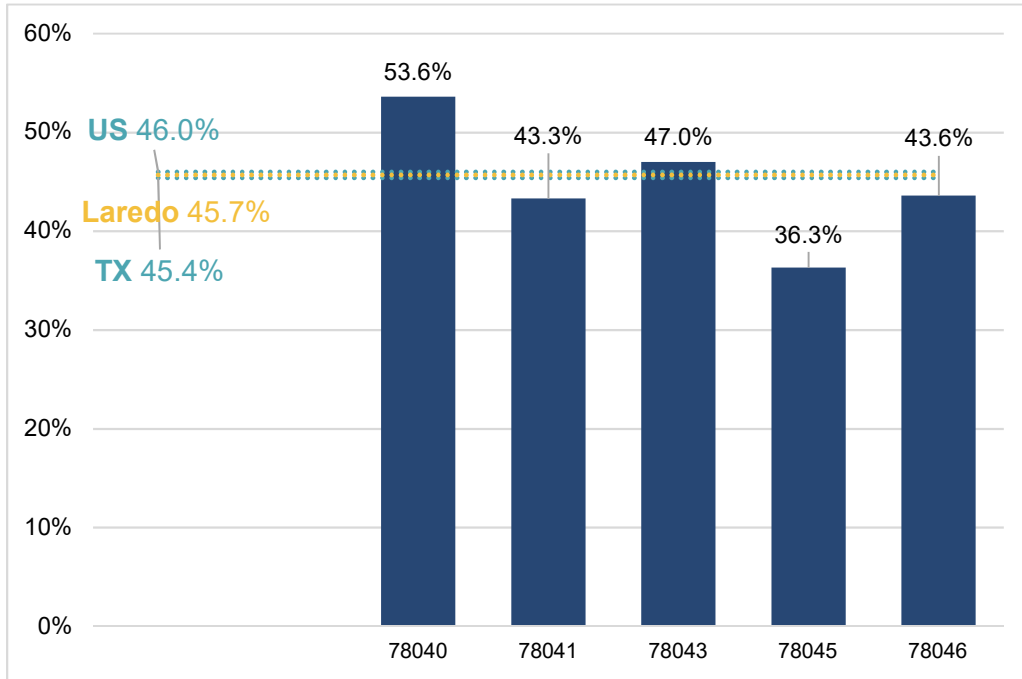
a. All occupied housing



b. Owner-occupied housing



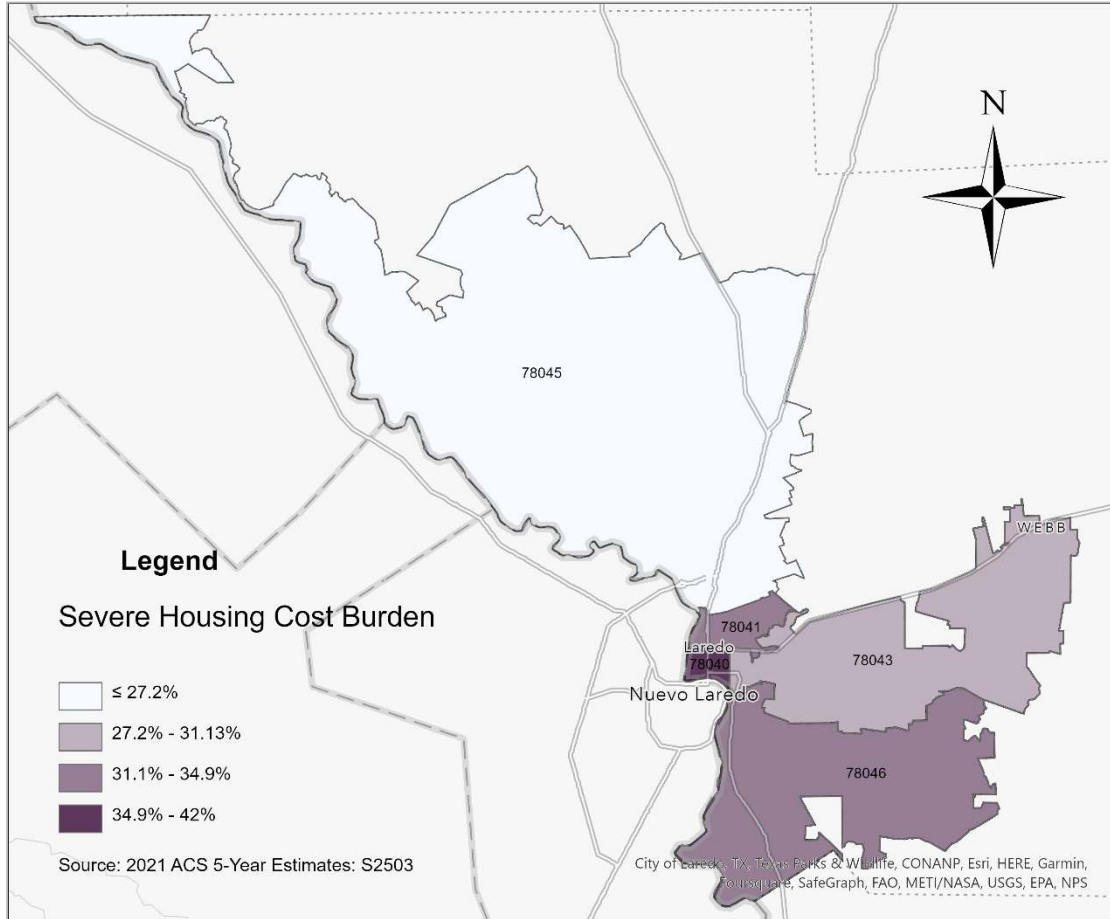
c. Renter-occupied units



Source. United States Census Bureau, American Community Survey, 2017-2021

Figure 37

ZIP codes 78040, 78046, and 78041 have the highest severe housing cost burden



Source. United States Census Bureau, American Community Survey, 2021

SECONDARY DATA

Attrition and College Readiness

According to Texas Education Agency data for the 2020-2021 school year, the graduation rate for Laredo ISD is 96.0% and United ISD is 97.2%. This is higher than the average for Texas' schools (90.0%), indicating that a higher percentage of students are completing high school. The four-year graduation rate is a four-year longitudinal rate. This measures the status of a group of students, or cohort, after four years in high school.

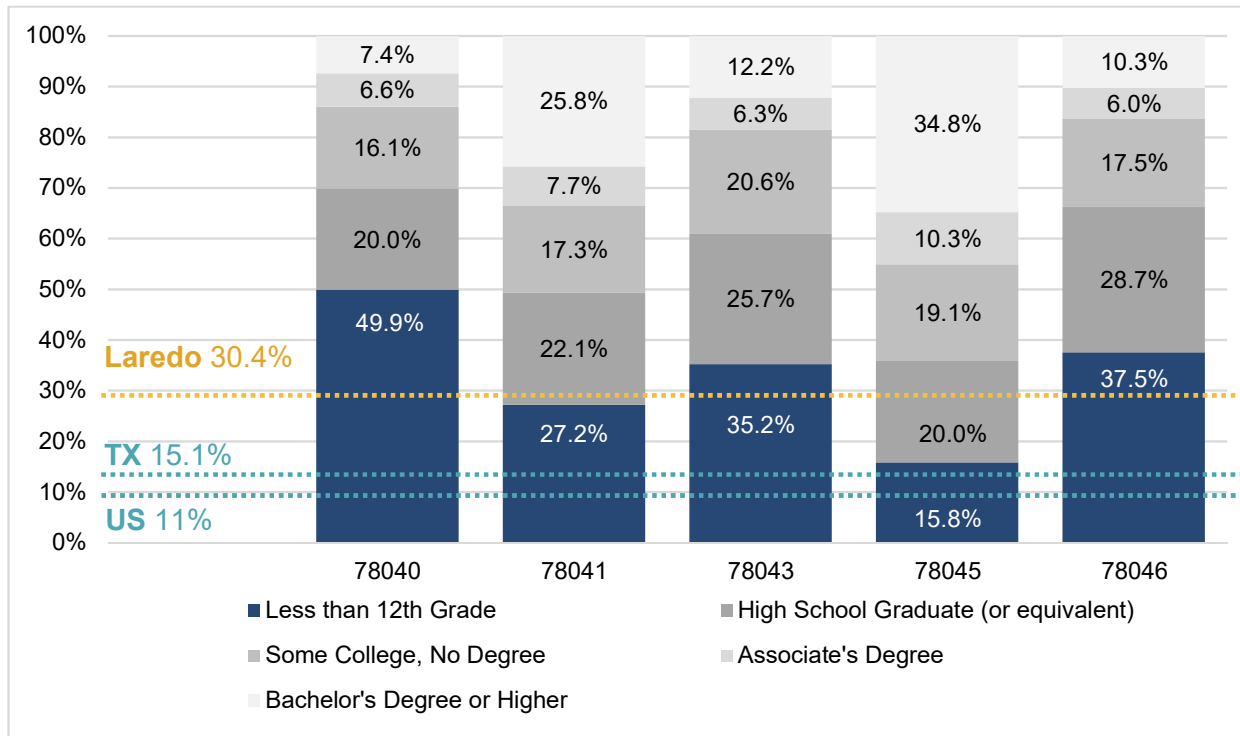
According to Texas Education Agency data for the 2020-2021 school year, the college readiness rate for Laredo ISD is 92.0% and United ISD is 69.5%, higher than the average among all Texas' schools (53.0%). The college readiness rate reflects the percent of students prepared to take English language and mathematics courses in order to enroll and succeed, without remediation, in an entry-level general education course for a baccalaureate or associate degree program.

Educational Attainment

In Laredo, 20.0% of adult residents have a bachelor's degree or higher; this estimate is lower than Texas and United States estimates (31.5% and 33.7%, respectively). Laredo ZCTAs with low educational attainment in ascending order: 78040, 78046, 78043, 78041, 78045 (7.4%, 10.3%, 12.2%, 25.8%, and 34.8%, respectively).

Figure 38

Laredo has a higher percent of adult population who have not completed high school.



Source: United States Census Bureau, American Community Survey, 2017-2021

FOOD INSECURITY

COMMUNITY INPUT

“But even if we go to, say, your HEBs, you know, good food, your vegetables ... even for those folks who like organic stuff. And I mean, it’s expensive to eat healthy. And it’s cheap not to.”

– Focus Group Participant

Focus group participants described how increasing rates of inflation combined with financial strain from the COVID pandemic directly influenced their ability to purchase healthy foods. Not only is fast food significantly cheaper in Laredo than a home-cooked meal, but picking up food saves valuable time that could be spent with family or working another job. As a result, eating anything takes priority over eating healthy foods.

The food banks serving Laredo strive to nudge their clients toward healthier eating. For example, they will intentionally accept and offer fewer sugar-sweetened beverages. However,

the food banks are often at the mercy of the requirements set by various food suppliers, including the United States government.

Key informants relayed an unusually large uptick in residents struggling to make ends meet during COVID, specifically those who would not have needed support before the pandemic. Residents expressed intense frustration for facing food insecurity while working full-time jobs.

“We had educators in line [at the food bank] during COVID and we had to ask specific questions [about income] ... and [the educators] are yelling in Spanish, and they’re using really ugly language.... It’s a lot to ask for help. I think COVID really brought out a lot. It just took things to another level for a lot [of] people and everything that it brought with it.”

– Key Informant

Finally, residents frequently stated that Laredo’s culture and heritage makes it difficult to eat healthy. There is an abundance of and a predisposition for greasy, fatty foods.

COMMUNITY SURVEY

Over one-third of respondents in the community survey (37.2%) reported feeling worried about having enough food to eat due to a lack of financial resources at some point within the last year. Additionally, 32.3% of respondents indicated that they were unable to eat nutritious food (such as fruit or vegetables) due to a lack of money or resources.

Specific insights from the community survey:

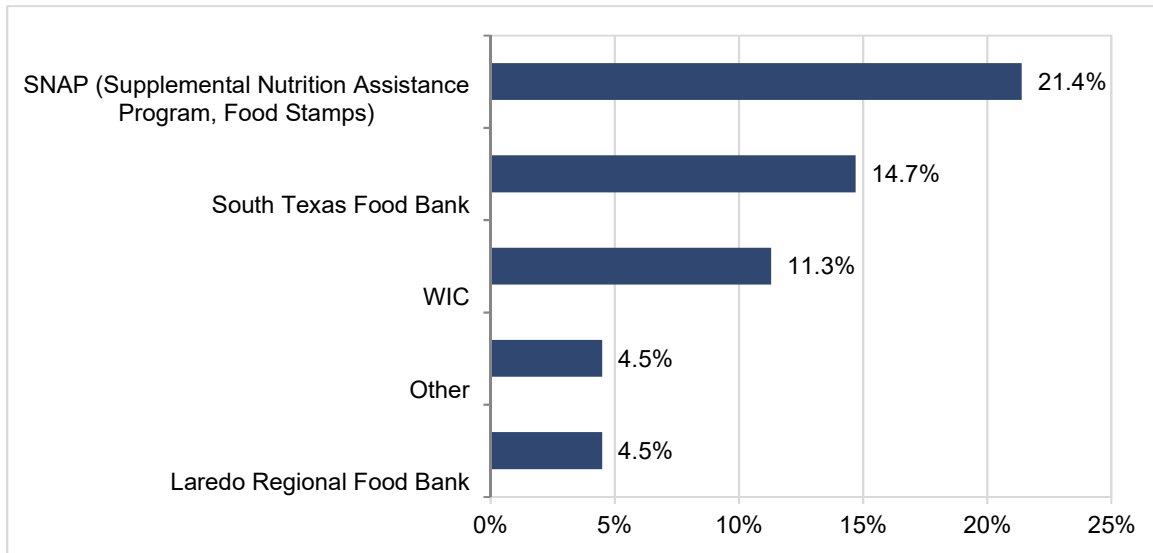
- Among survey respondents, **people who are ages 25-34 were the most likely to report experiencing food insecurity. People ages 55-64 were less likely to report experiencing food insecurity.**
- **People who reported being out of work for one year or more were more likely to indicate that they did not have enough food to eat due to lack of financial resources.**
- People who reported being unable to work or reported being a homemaker were more likely to report not having enough food to eat. Alternatively, people who indicated they are employed for wages were least likely to report not having enough food to eat.
- People living in ZIP codes 78040 and 78043 may be more likely to worry about not having enough food to eat due to a lack of financial resources. In contrast, people living in ZIP code 78045 were least likely to worry about having enough food to eat.

Survey respondents were asked to identify any community or government organizations that provided assistance with food during the last year. SNAP and the South Texas Food Bank were the most frequent responses. This is notable given the ending of emergency allotments for SNAP that temporarily increased benefits during the pandemic, helping low-income individuals and families deal with hardships. Per the United States Department of Agriculture: “The

Consolidated Appropriations Act of 2023 passed by Congress ended emergency allotments after the February 2023 issuance.”

Figure 39

Food Assistance Providers among Survey Respondents (n=1,254)



Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

Prior to the COVID pandemic, food insecurity in Webb County households was higher than in Texas households and United States households (16.2% vs 13.0% and 11.8%, respectively).

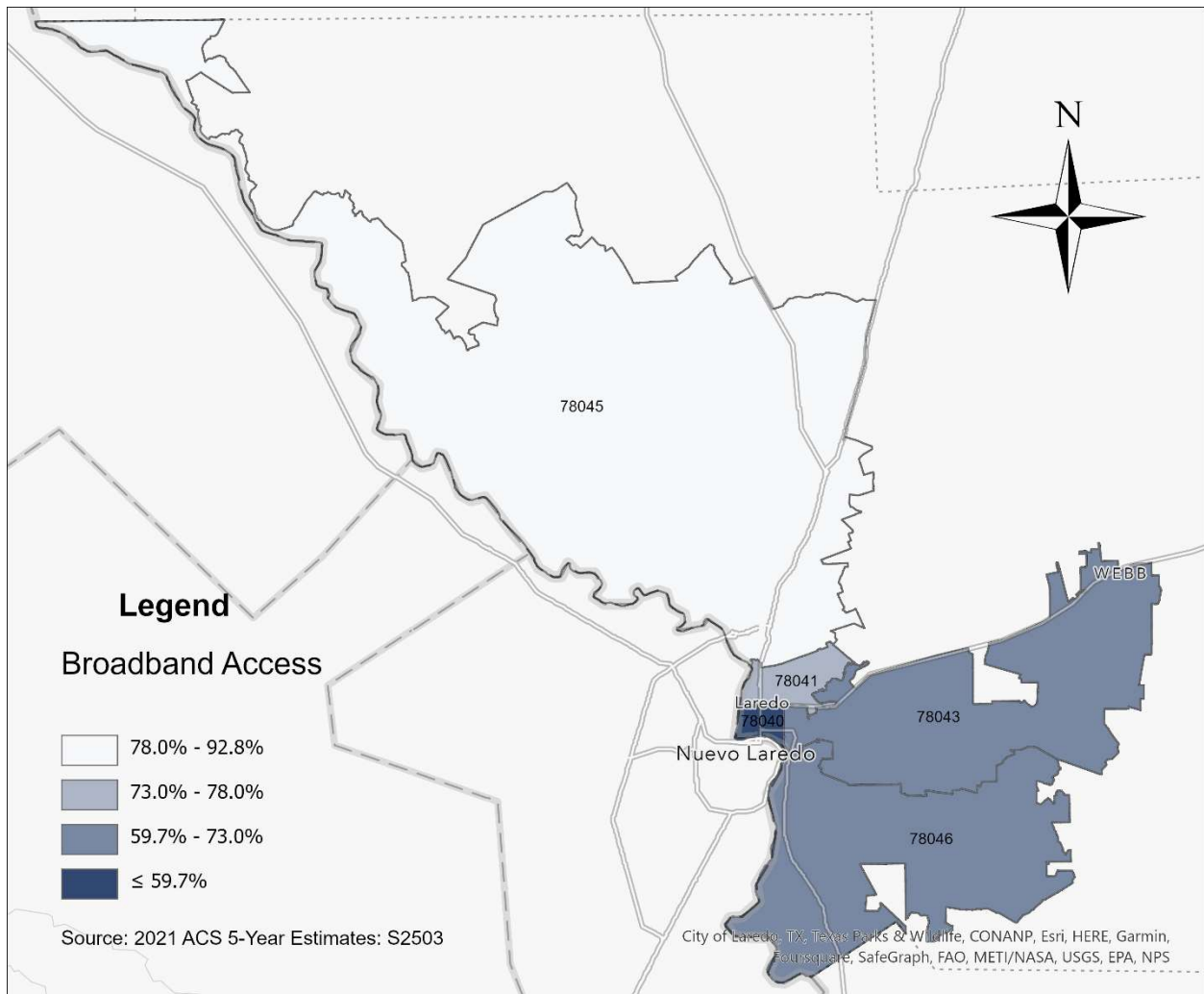


INTERNET ACCESS

SECONDARY DATA

It is estimated that 78.1% of Laredo residents have broadband internet access; this is lower than Texas and the United States (86.9% and 87.0%, respectively). Broadband internet access is lowest in Laredo ZCTA 78040 and highest in 78045 (59.7% and 92.8%, respectively).

Figure 40
Internet Access by ZCTAs, City of Laredo



Source. United States Census Bureau, American Community Survey, 2017-2021

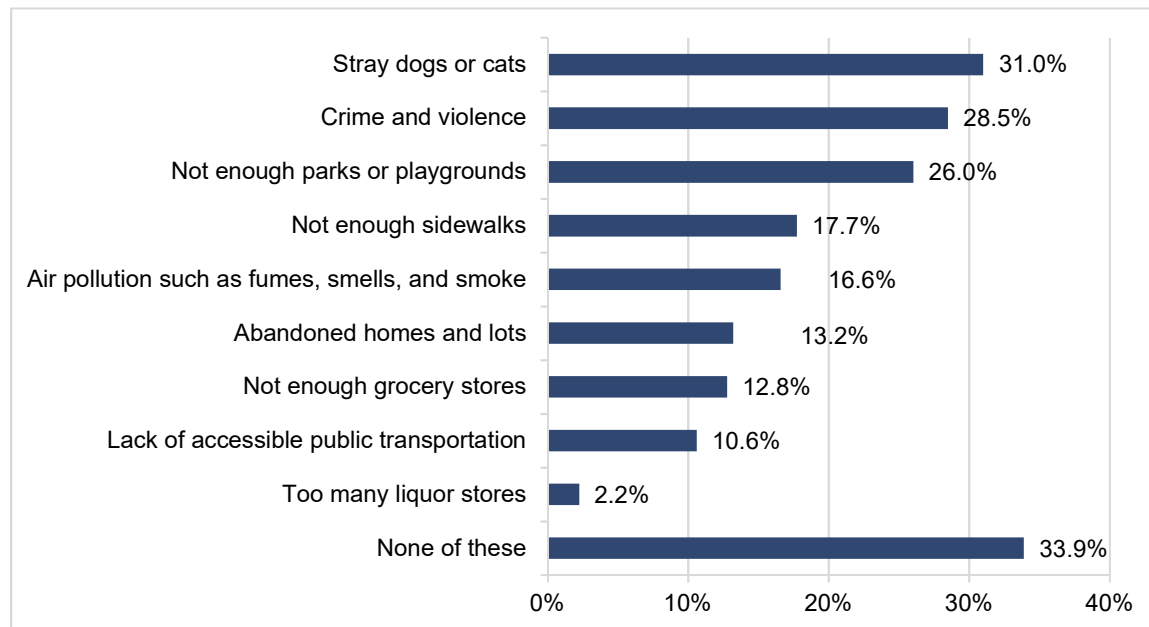
CRIME

COMMUNITY SURVEY

Over one quarter of respondents in the community survey (28.5%) indicated that crime and violence is a problem affecting their health or the health of those with whom they live. This was the second highest reported issue.

Figure 41

Survey respondents identified stray dogs or cats and crime and violence as the top concerns affecting their health (n=1,387).



Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

Violent Crime

The reported violent crime rate (offences per 100,000 population) was lower in Laredo compared to Texas and the United States in 2021 (310.4 vs. 446.5 and 398.5, respectively).⁶ Violent crime includes murder, manslaughter, rape (revised definition), robbery, and aggravated assault.

⁶ Federal Bureau of Investigation. (2022). Crime Data Explorer. <https://cde.ucr.cjis.gov/>

Property Crime

The reported property crime rate (offenses per 100,000 population) was lower in Laredo compared to Texas and the United States in 2020 (1227 vs. 2245 and 1958, respectively). Property crime includes burglary, larceny-theft, and motor vehicle theft.

TRANSPORTATION

COMMUNITY INPUT

“We drive everywhere. Nobody wants to walk. I don't want to walk to the health department from the food bank. I'll get run over. You have people visit from London, and they think they can just walk to a spot. You're not walking there. It's too hot. You'll get burnt here. You're not going to make it. This is just the inactivity of things.”

– Key Informant

Participants stated that with Laredo's climate and infrastructure, driving is a necessity for everyday life—walking and biking are simply untenable. However, with the cost of gas spiking significantly from 2020 through mid-2022, transportation was yet another area that became an issue for residents of Laredo, particularly for residents with lower incomes.

Transportation becomes even more of a barrier for residents seeking specialty care and mental health services. Focus group members shared that for health needs outside of routine care, they must travel to a major metropolitan area, most frequently San Antonio or Corpus Christi. For example, people undergoing surgery required other family members to take time off from work to travel with them.

COMMUNITY ASSETS AND STRENGTHS

Participants noted the close-knit border town and the community's continual desire to improve. The city of Laredo has many community assets and strengths that support the needs of the community and improve quality of life. Health and community-based organizations, nonprofits, and churches are key players, regularly assisting the community by providing health care services and resources to community members. In addition, participants also mentioned the City's beautiful parks and modern recreational centers.

Key informants praised collaborative efforts from nonprofit organizations and community-based organizations, as they constantly improve the quality of services and make it possible to reach those most in need. Services provided by the nonprofits and community-based organizations range from housing assistance, to workforce development, child abuse support, veteran support, and food pantry services, among others. These community assets and strengths have been instrumental in promoting health and wellness to the residents of Laredo.

Participants identified four categories of organizations as valuable resources in community: health care organizations; nonprofits and community organizations; churches and faith-based organizations; and parks and recreation centers.

HEALTH CARE ORGANIZATIONS

Laredo is home to one federally qualified health center (FQHC), Gateway Community Clinic, which provides comprehensive primary care and specialty care.

The city is also home to clinics that provide primary and specialty care. Focus group participants mentioned:

- Border Region Behavioral Health Center
- City of Laredo Health Department
- Laredo Medical Center

In addition, the Doctors Hospital of Laredo is also a community asset. The City of Laredo has five National Health Service Corps (NHSC) sites. This designation is given by the Health Resources and Services Administration for a clinical site, typically an FQHC, which is located within a designated Health Professional Shortage Area and can provide services to people without regard for their ability to pay. Of the five NHSC sites in the City of Laredo, all five are open to the public: Gateway Community Health Center, which has four locations, and Border Region Community Center.

NONPROFITS AND COMMUNITY ORGANIZATIONS

Nonprofits and community-based organizations in the city of Laredo play a vital role in building healthy communities by providing educational, health, and social services to community members. Focus group participants shared that these organizations in the area are essential to providing residents with basic needs and other important services. Participants specifically mentioned:

- Children’s Advocacy Center—Laredo
- Holding Institute
- Laredo Economic Development Corporation
- Operation Border Health Preparedness
- Laredo Housing Authority
- NeighborWorks Laredo
- Serving Children and Adults in Need
- South Texas Food Bank
- Laredo Webb County Food Bank
- Webb County Veterans Services

CHURCHES AND FAITH-BASED ORGANIZATIONS

Key informants also expressed the impact of churches and faith-based organizations that participate in community outreach, advocacy, and support for those experiencing homelessness. Participants mentioned the following churches and faith-based organizations as valuable resources for the community:

- Bethany House of Laredo
- Casa De Misericordia
- Mercy Ministries of Laredo

PARKS AND RECREATION CENTERS

COMMUNITY INPUT

Focus group participants identified the city’s parks and recreation centers as essential sites for the community. These spaces provide natural space, opportunities for physical activity, time in nature, and places to hold community events. These sites remain hubs of wellness and gathering for the residents of Laredo.

“Well, I think like the parks, I mean, they’re getting better. I think before like in the 90s, early 2000s there was a lack of parks, and I think in the last 10-15 years, the parks have been helping us, like—that’s my gym, you know? I do not go to any gym. That is my gym.”

– Focus Group Participant

COMMUNITY SURVEY

Over one quarter of respondents in the community survey (26.0%) indicated that a lack of parks or playgrounds is a problem affecting their health or the health of those with whom they live. Additionally, 17.7% indicated that a lack of sidewalks was a concern (see Figure 41).

The City of Laredo has many parks available for residents to use:

- Albert Ochoa/Nixon Park
- Aldo Tatangelo Walkway
- Andres “Andy” Ramos Jr. (East Central Park)
- Andrew Circle Park
- Andrew Trautmann Park
- Arturo N. Benavides Sr. Memorial Park
- Azteca Park
- Blas Castañeda Park
- Bruni Plaza
- Canizales Park
- Chacon Bat Park
- Chaparral Park
- Cheyenne Park
- Circle Drive Park
- Corner Park
- Cynthia Collazo Park
- Dr. Cecilia May Moreno Park
- Dr. Martha E. Villarreal (Ochoa Sanchez) Park
- Divine Mercy Park
- Dryden Memorial Park
- El Mercado
- Father McNaboe Park
- First Responder Park
- Freddie Benavides Sports Complex
- George Washington Park
- Geraldine Agredano (Century City) Park
- Houston Park
- Independence Hills Park
- Indian Sunset/Robert Muller Park
- Inner City Park
- Jarvis Plaza
- Juan Ramirez (El Cuatro) Park
- John Valls Park WWII Veteran at North Central
- John Peter & Consuelo Montalvo
- Johnny Rendon Park
- Jose & Alica Garza Park (Cielito Lindo)
- Jose Ortiz-Elida Valdez Park
- Jovita Idar’s El Progreso Park
- Lafayette Street Park
- Las Brisas Park
- Loma Alta Park
- Mario Tijerina Park
- Noon Lions Park
- Parque España (Santa Rita) Park
- Roberto De Llano Track
- San Agustin Plaza
- Santa Fe Park
- Santo Niño Park
- Seven Flags Park
- Shiloh Crossing
- St. Peter’s Plaza
- Slaughter Splash Park
- Three Points Park
- Uni-Trade Stadium
- Vietnam Veterans Memorial at North Central Park
- Villa Del Sol Park
- Vista Nueva Park

The City of Laredo has twelve recreation centers available:

- Barbara Fasken Recreation Center
- Canizales Boxing Gym
- Cigarroa Recreation Center
- East Hachar Recreation Center
- El Eden Recreation Center
- Fasken Senior Center
- Haynes Recreation Center
- La Ladrillera Adult Recreation Center
- Marcos J. Aranda Recreation & Boxing Gym
- Margarito Benavides, Jr. Recreation Center
- NE Hillside Recreation Center
- North Central Fitness Center



PRIORITY HEALTH NEEDS

The priority health issues and barriers to healthy lifestyles experienced by the residents of Laredo can be influenced through policy and system-level changes and collaboration with community partners.

DIABETES

COMMUNITY INPUT

The most common health conditions mentioned among key informants and focus group participants include **diabetes, hypertension, obesity, heart disease, and cancer**. Participants emphasized that each of these conditions are prominent in the Hispanic and Latino communities in Laredo.

Diabetes came up multiple times as something that runs in families, mostly Hispanic families. Participants indicated that diabetes is very common in their community. Several participants said there were robust educational resources available in the community but people did not access them for multiple reasons, from not knowing they exist to not understanding how these resources help people navigate the disease.

“But at least in in my family—I think a lot of Hispanic families are like this—diabetes and heart disease is very prevalent.”

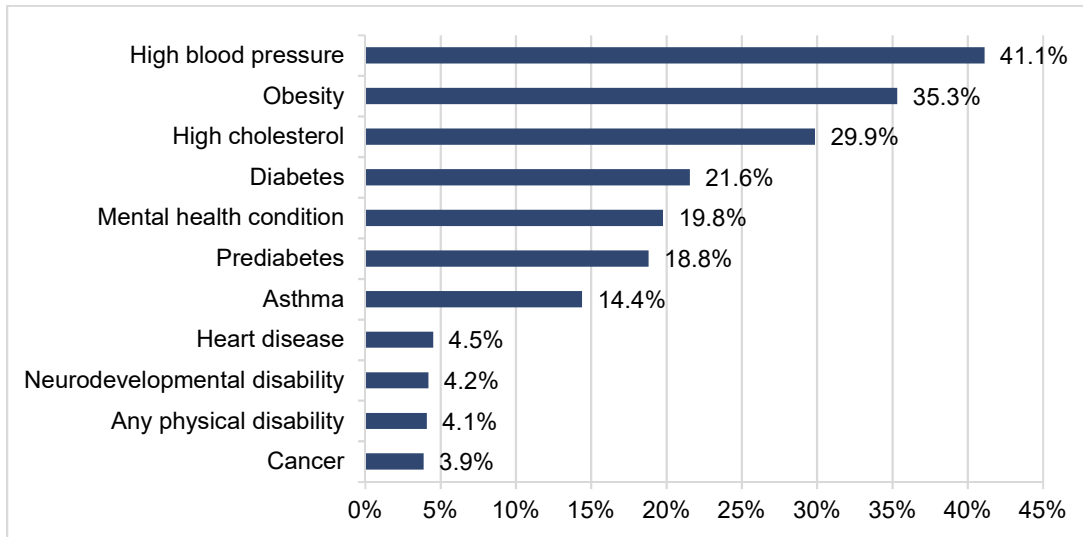
– Focus Group Participant

COMMUNITY SURVEY

Nearly one-fifth of survey participants (21.6%) reported a doctor or health care provider told them they have diabetes, and almost 19.0% reported a doctor or health care provider told them they have prediabetes. In addition, nearly 30.0% of the 305 survey participants indicated they had gestational diabetes during a previous pregnancy.

Figure 42

Laredo residents report high rates of health conditions, including chronic disease and mental health (as told by a doctor or health care provider) (n=951).



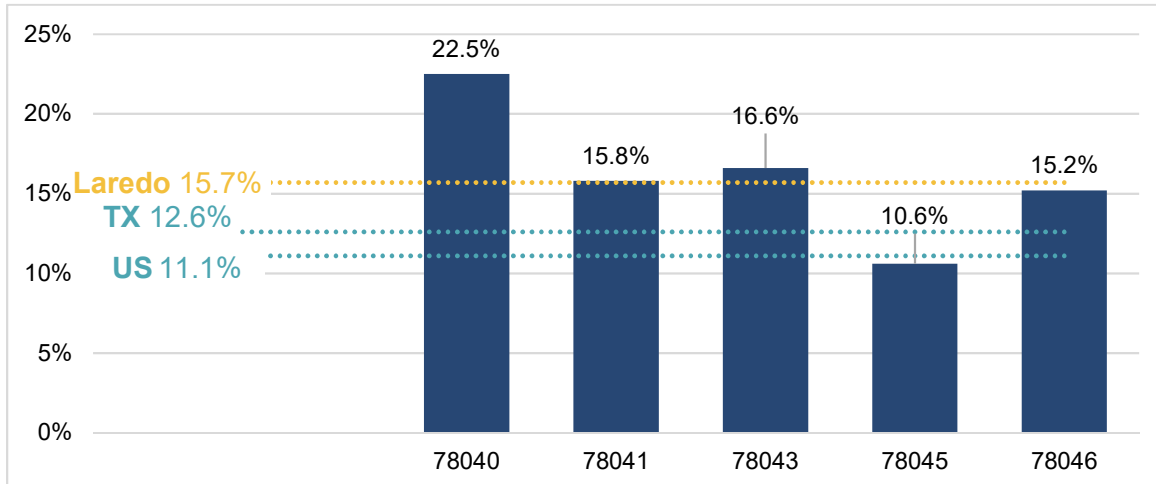
Source. Laredo CHNA Community Survey, 2022
Note. Results for substance use were omitted due to low numbers.

SECONDARY DATA

The estimated prevalence of diabetes in Laredo is higher than in Texas and the United States (15.7% vs 12.6% and 11.1%, respectively). Laredo ZCTAs 78040 and 78043 have the highest estimates (22.5% and 16.6%, respectively). Laredo ZCTA 78045 has the lowest estimates (10.6%).

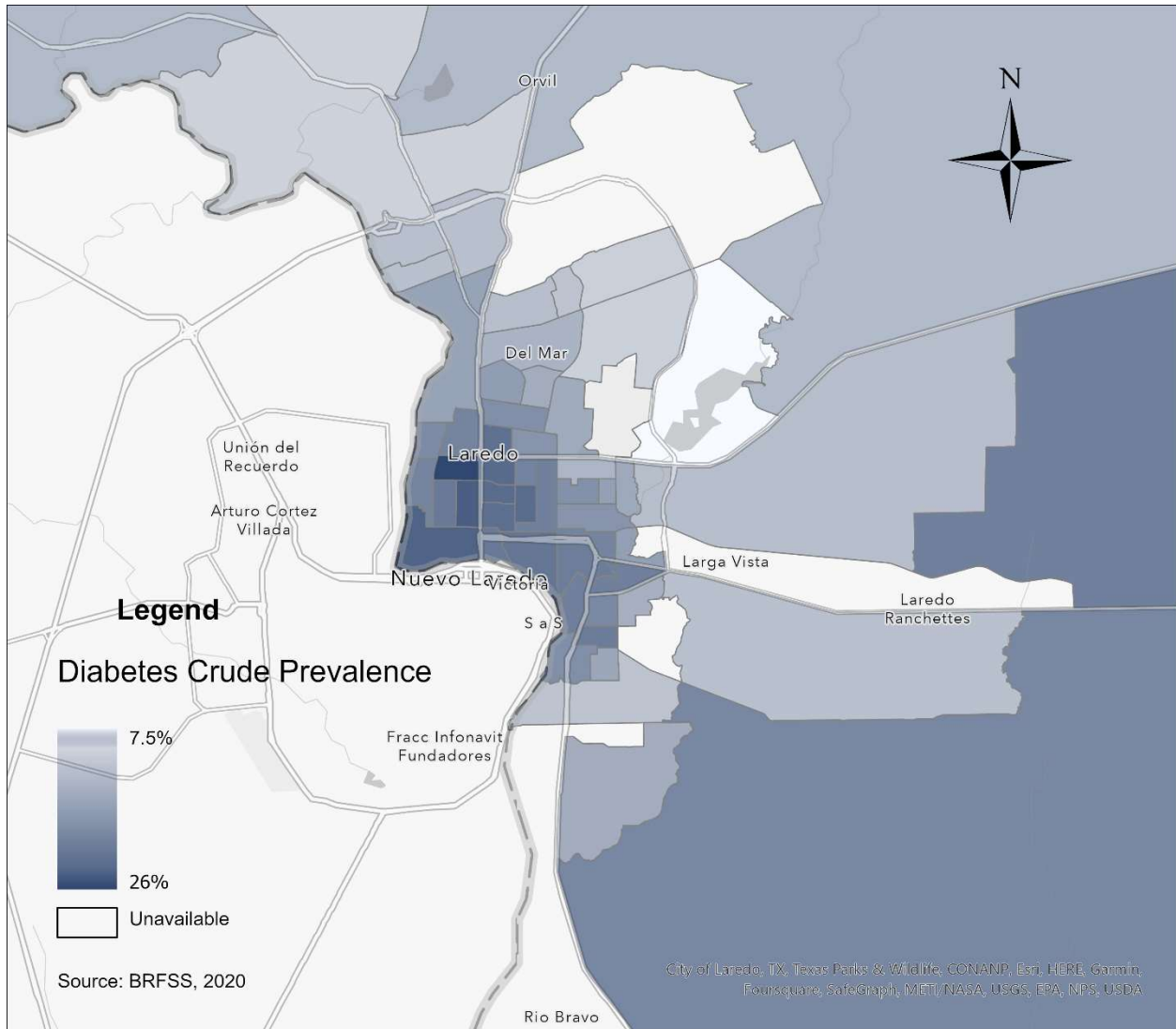
Figure 43

Estimated prevalence of diabetes among adults is higher in Laredo with highest estimates in 78040.



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 Data)

Figure 44
Estimated Prevalence of Diabetes Among Adults Aged 18 Years and Older by Census Tract, Webb County



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

OBESITY

COMMUNITY INPUT

Participants from focus groups and key informant interviews emphasized obesity as prominent in the Hispanic community. They shared several contributing factors such as inability to afford healthy food options, poor nutrition habits, and lack of nutrition education possibility linked to the Hispanic culture.

“Well, we’re just talking about earlier: the tamales come in. That’s part of our race and ethnicity, right? It starts getting chilly and like... We need these tamales, we need that hot cocoa, champurrado, and we eat like 3000 calories in one meal. We don’t care, like, but it’s part of our race and ethnicity. We like to have that bonding with our family, and that’s where it goes back to, like, the older generations. They have that, and they taught us that.”

– Focus Group Participant

COMMUNITY SURVEY

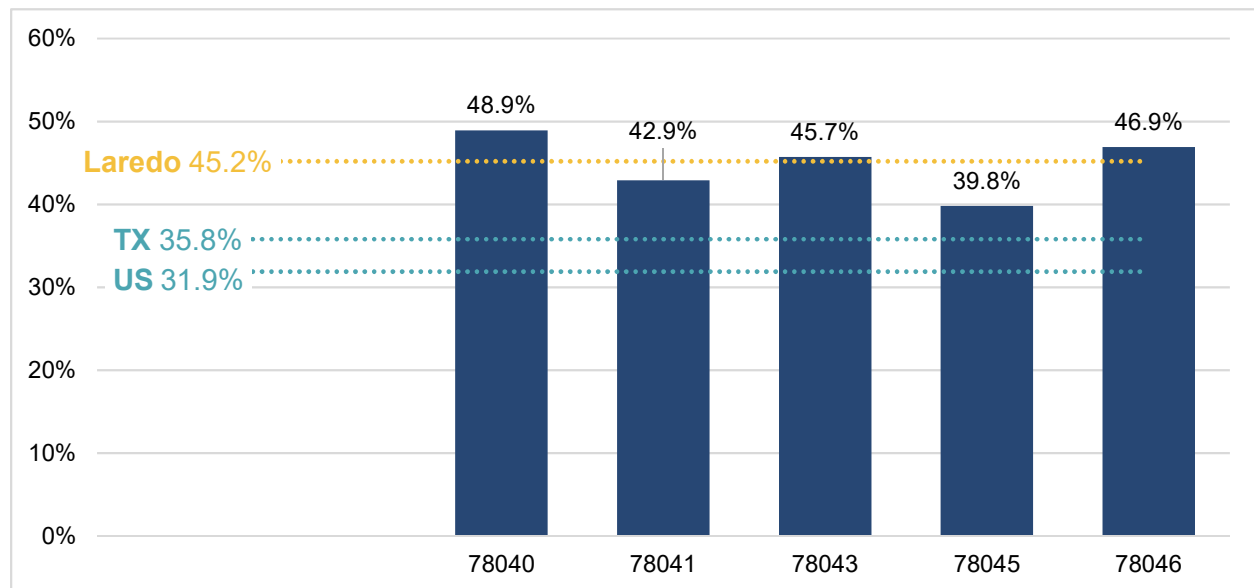
Among survey respondents (951), 35.3% reported a doctor or health care provider told them they have obesity (Figure 42).

SECONDARY DATA

The estimated prevalence of obesity in Laredo is higher than in Texas and the United States (45.2% vs 35.8% and 31.9%, respectively). Laredo ZCTAs 78040 and 78046 have the highest estimates (48.9% and 46.9%, respectively). Laredo ZCTA 78045 has the lowest estimates (39.8%).

Figure 45

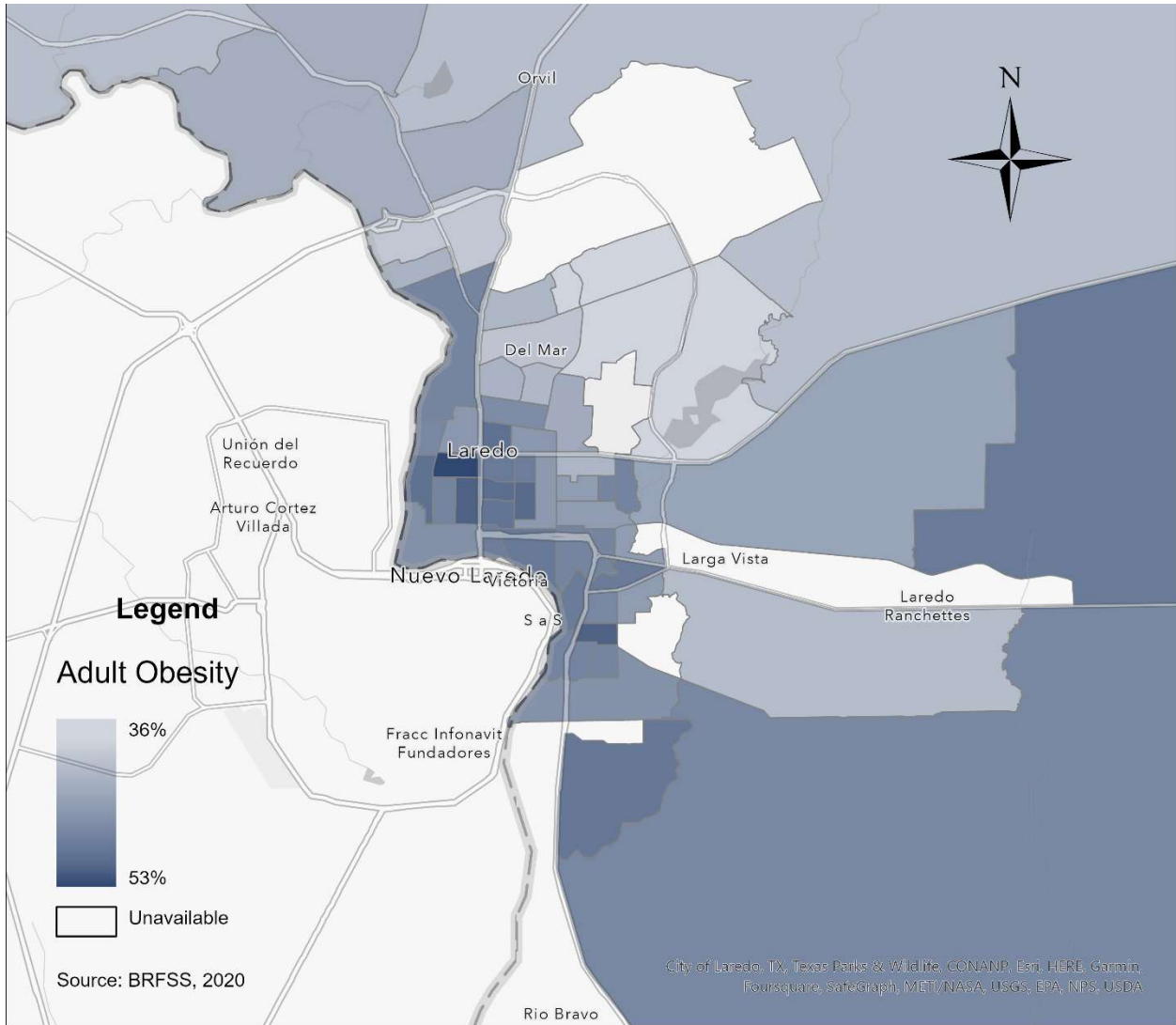
Estimated prevalence of obesity among adults is higher in Laredo with highest estimates in 78040 and 78046.



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

Figure 46

Estimated Prevalence of Obesity Among Adults Aged 18 Years and Older by Census Tract, Webb County



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

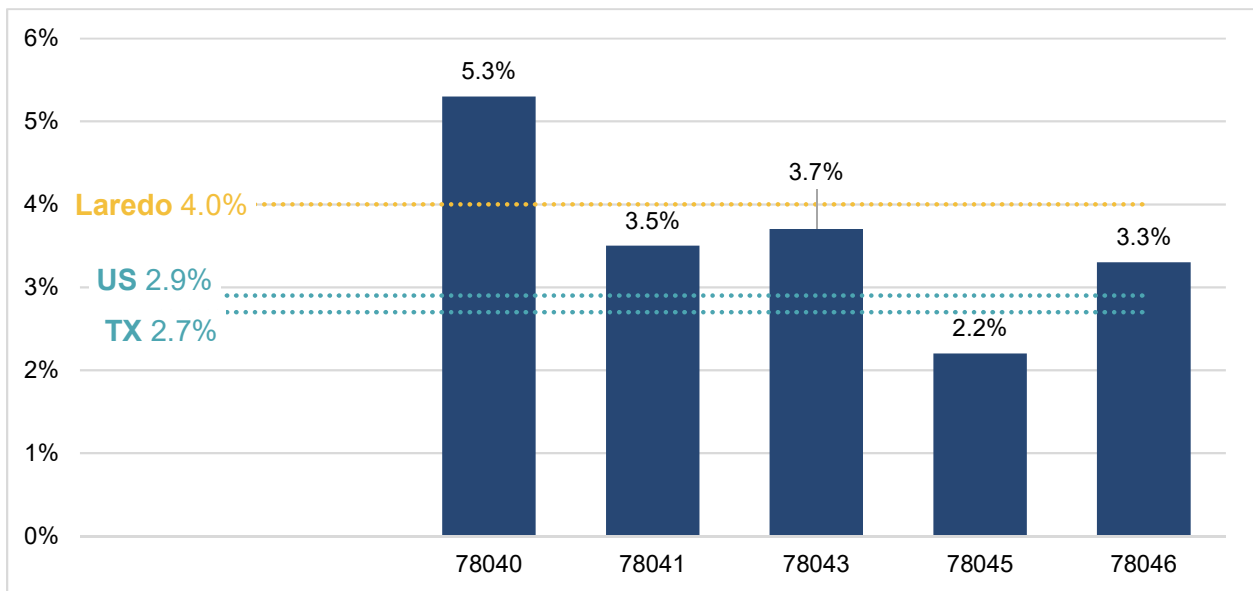
KIDNEY DISEASE

SECONDARY DATA

The estimated prevalence of chronic kidney disease among adults aged 18 years and older in Laredo is higher than in Texas and the United States (4.0% vs 2.7% and 2.9%, respectively). Laredo ZCTAs 78040 and 78043 have the highest estimates (5.3% and 3.7%, respectively). Laredo ZCTA 78045 has the lowest estimates (2.2%).

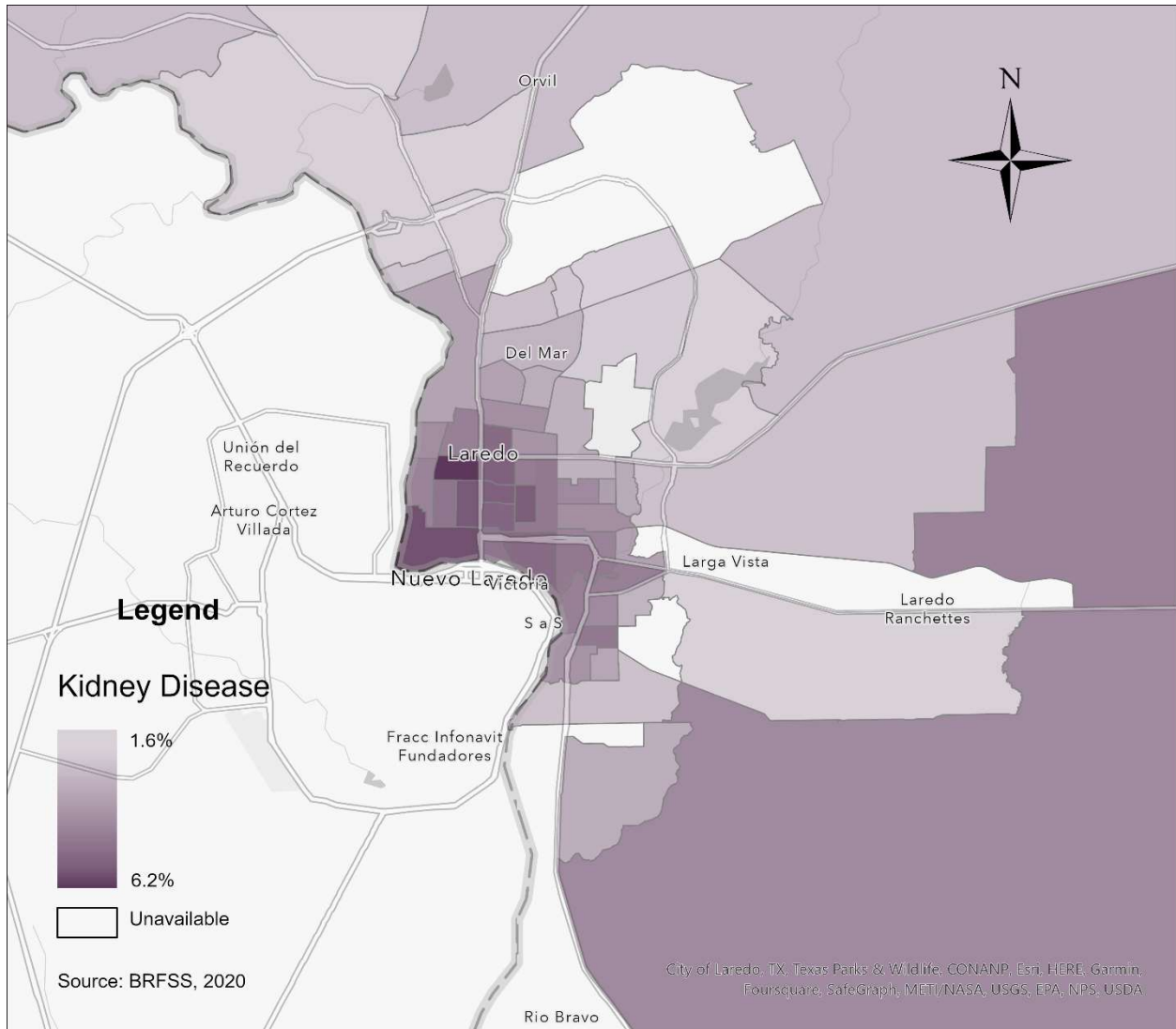
Figure 47

The estimated prevalence of chronic kidney disease among adults is higher in Laredo and ZIP code 78040.



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

Figure 48
Estimated Prevalence of Chronic Kidney Disease Among Adults Aged 18 Years and Older by Census Tract, Webb County



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

MENTAL HEALTH

COMMUNITY INPUT

Residents of Laredo feel there is a significant need for *local* mental health services. The prevalence of mental illness in Laredo has increased due to the impact of the COVID-19 pandemic, and so far, service providers have not been able to keep up.

Laredo residents face severe challenges with a lack of access to specialty care, especially psychiatry. Key informants and focus group participants stated that many residents struggle to find continuity of care for mental health after going through crisis management.

“We don’t have a lot of mental health services here. We don’t have a lot of psychiatrists here. There’s not a lot of continuity of care. The private sector doctors are overwhelmed with private practice.”

– Key Informant

The costs associated with traveling to other parts of the state to seek mental health services can make it expensive for residents to maintain treatment. Patients who do not travel outside of Laredo for mental health services only rely on their prescribed medication, which at times is only half of the required treatment for specific illnesses.

“Mental health issues. We have a lot of untreated mental health issues. And when they do try to seek help, there are so many barriers. So access to mental health resources in Laredo is nearly impossible to get.”

– Focus Group Participant

Community members frequently mentioned the increasing need for mental health services within the Laredo. Common mental health concerns discussed include a lack of psychiatrists and psychologists, an increase in substance abuse in youth and people experiencing homelessness, and having very little access to mental health services in general.

“One of the things that we definitely do not have enough access to is mental health, because there’s a lot of patients that are under-treated and lack access to mental health professionals.”

– Key Informant

Community members also mentioned a negative stigma in the Hispanic and Latino cultures associated with mental illness, which prevents individuals and families in these communities from seeking treatment and support.

“The issue here in Laredo is that because our population is majority Mexican American and is of Mexican descent, there is a stigma about mental health. So, people wait ‘til the last minute, after maybe a crisis situation arises, and they have to hospitalize a family member.... Sometimes the closest place is either San Antonio or Corpus Christi. And again, that’s only because of the fact that the facility that we have here for treatment services has a very low amount of availability for beds.”

– Key Informant

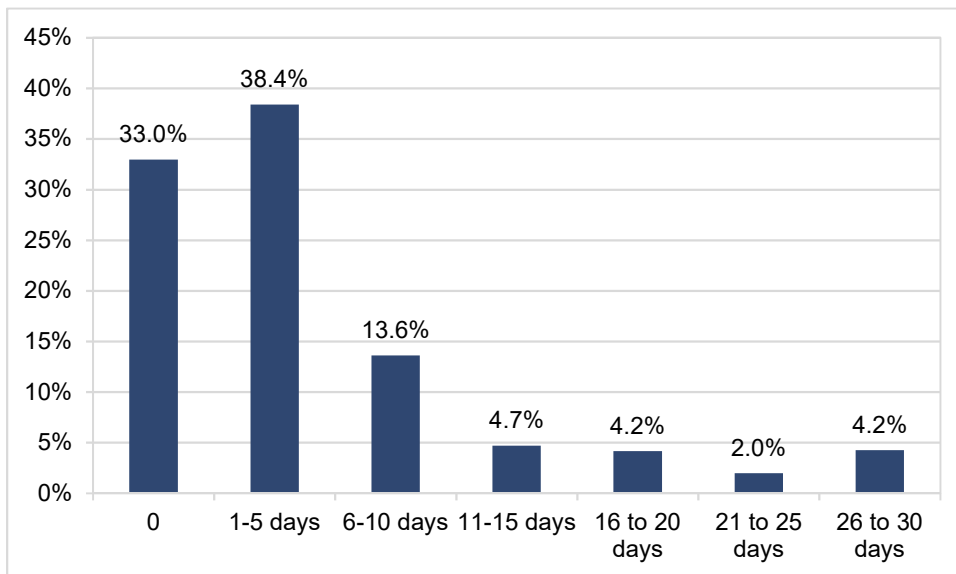
COMMUNITY SURVEY

Nearly one-fifth of respondents (19.8%) indicated that they had been told by a doctor or health care provider that they have a mental health condition, such as anxiety, schizophrenia, or other major emotional problem.

In addition, people indicated how many days within the last month their mental health was not good. The average number of days reported was 5.5, and the median number of days was three.

Figure 49

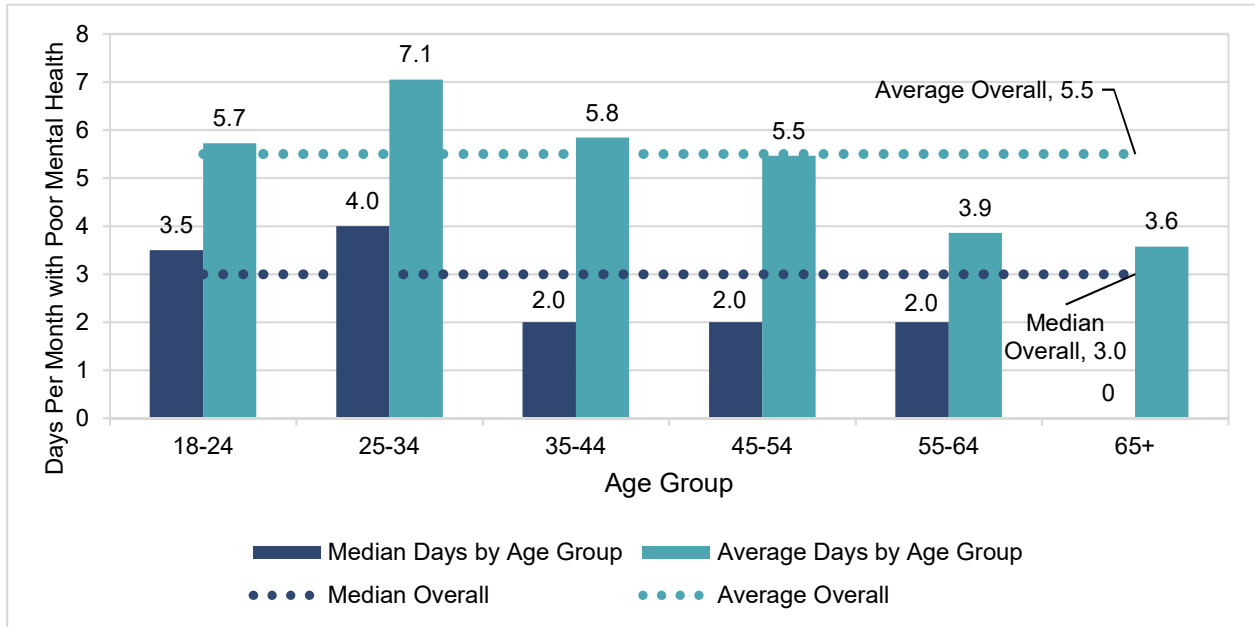
Number of Poor Mental Health Days During the Last 30 Days (n=1,371)



Source. Laredo CHNA Community Survey, 2022

Figure 50

Average and Median Number of Poor Mental Health Days Over the Last 30 Days by Age (n=1,149)

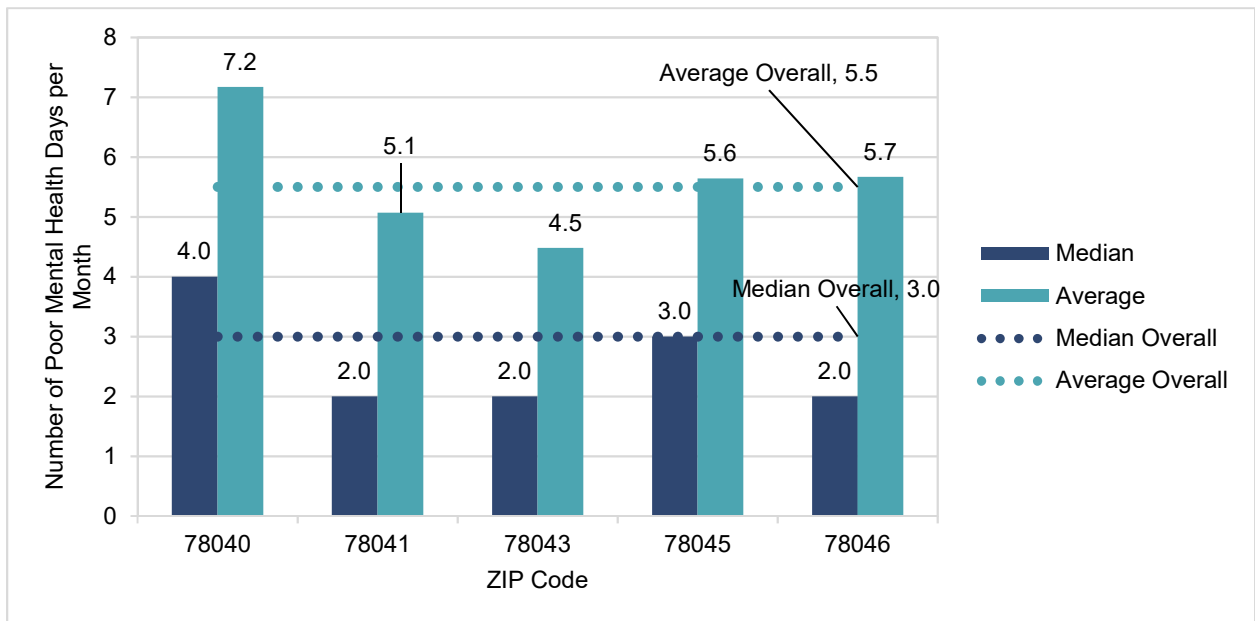


Source. Laredo CHNA Community Survey, 2022

According to the community survey, people living in ZIP code 78040 were slightly more likely to report having more poor mental health days, compared to other areas.

Figure 51

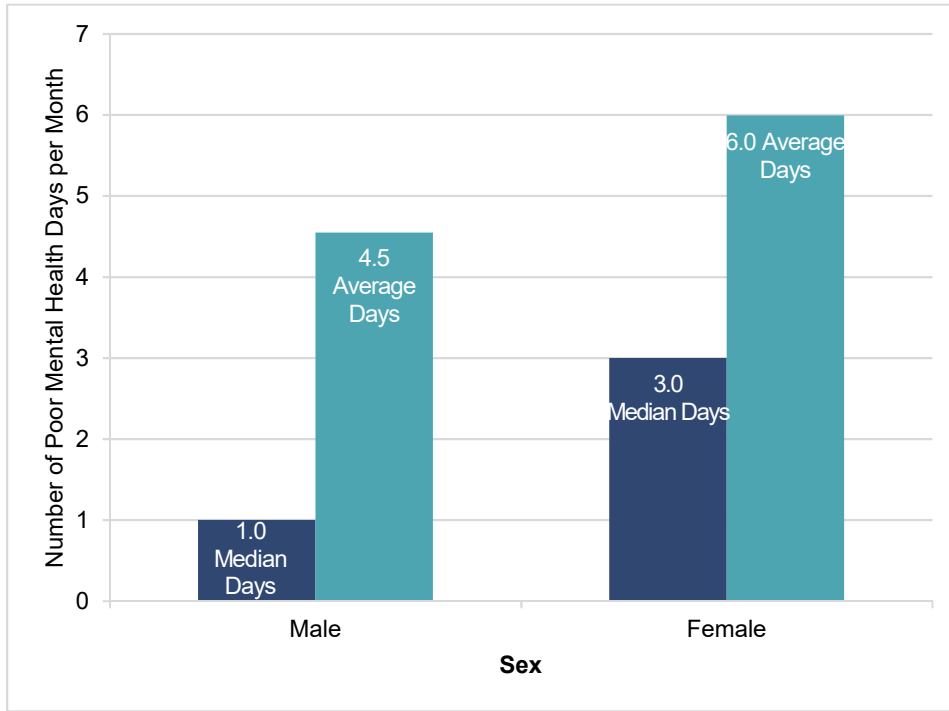
Median Number of Poor Mental Health Days by ZIP Code (n=1,323)



Source. Laredo CHNA Community Survey, 2022

Figure 52

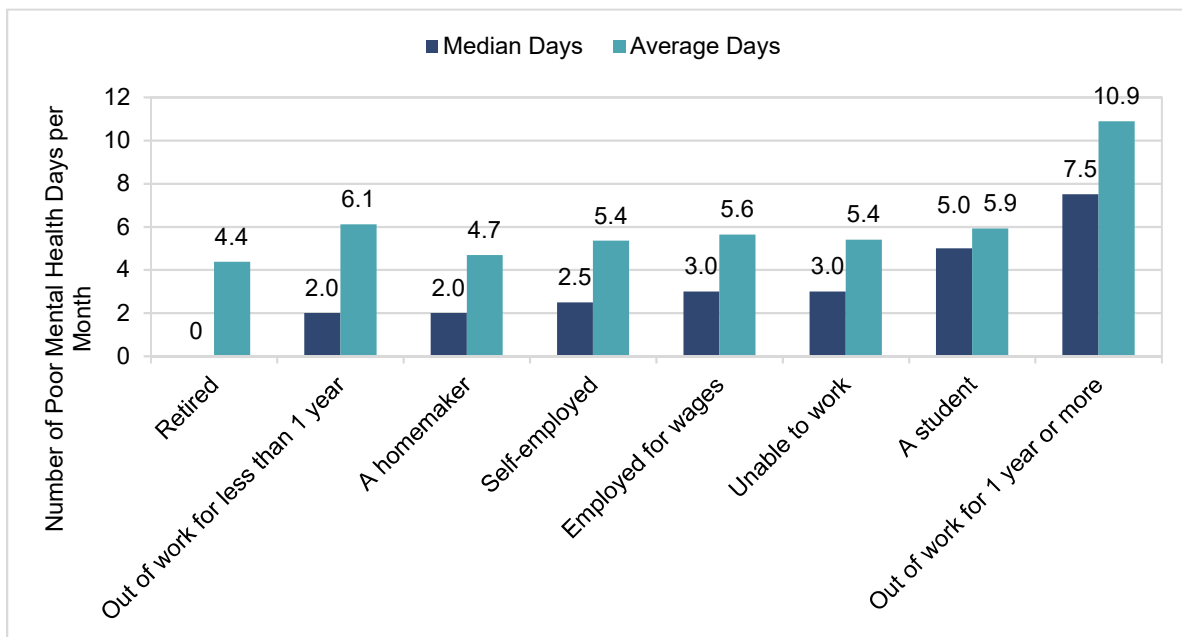
Females reported a higher number of poor mental health days than males (n=1,139)



Source: Laredo CHNA Community Survey, 2022

Figure 53

Number of Poor Mental Health Days by Employment Type (n=1,138)



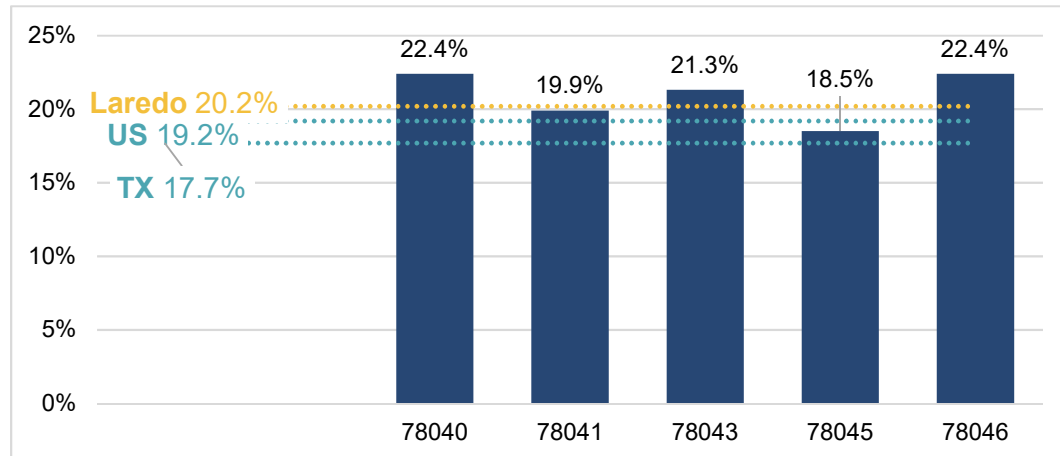
Source: Laredo CHNA Community Survey, 2022

SECONDARY DATA

The estimated prevalence of depression in Laredo is higher than in Texas and the United States (20.2% vs 17.7% and 19.2%, respectively). Laredo ZCTAs 78040 and 78046 have the highest estimates (22.4% and 22.4%, respectively). ZCTA 78045 has the lowest estimates (18.5%).

Figure 54

The estimated prevalence of depression among adults is higher in Laredo and ZIP 78040 and 78046.



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

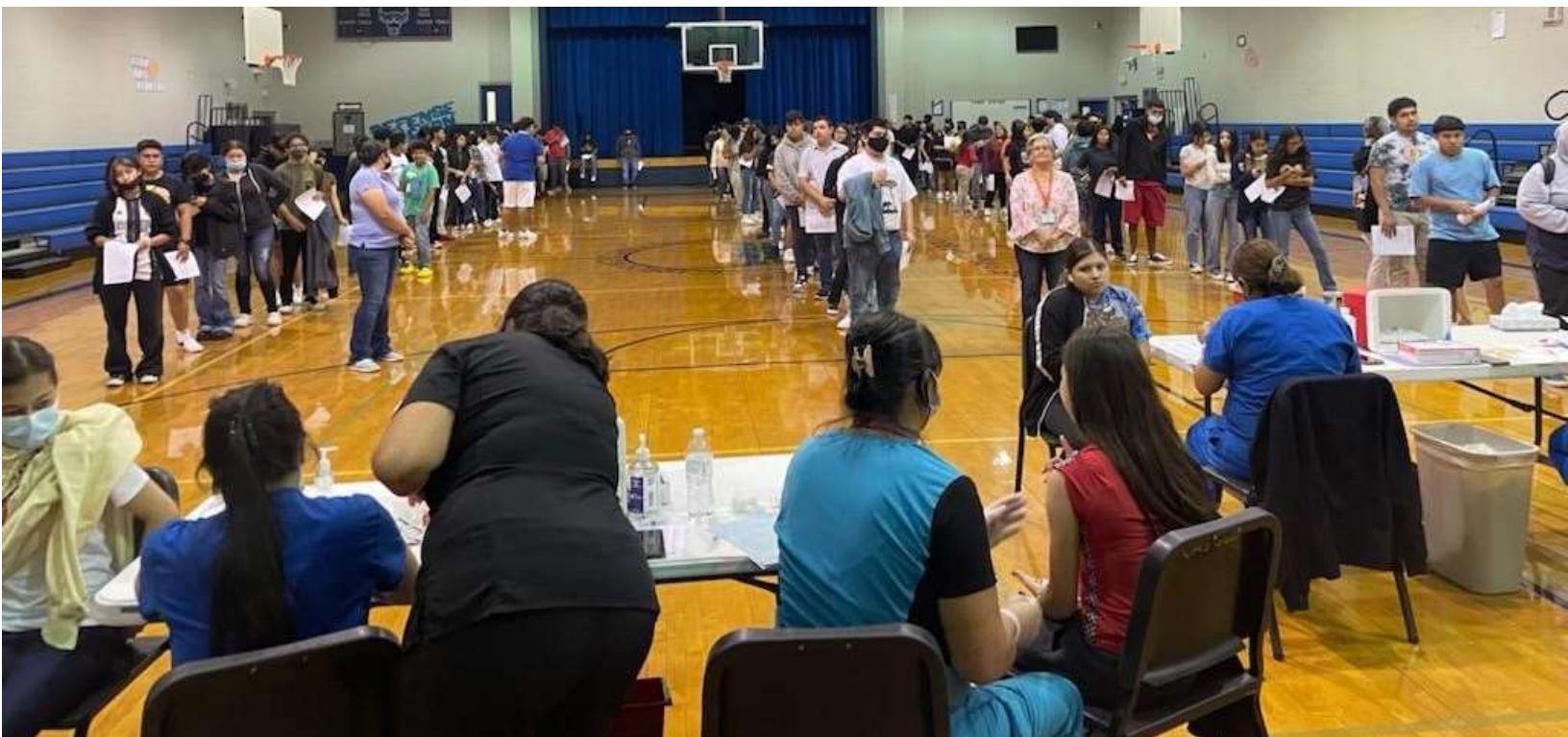
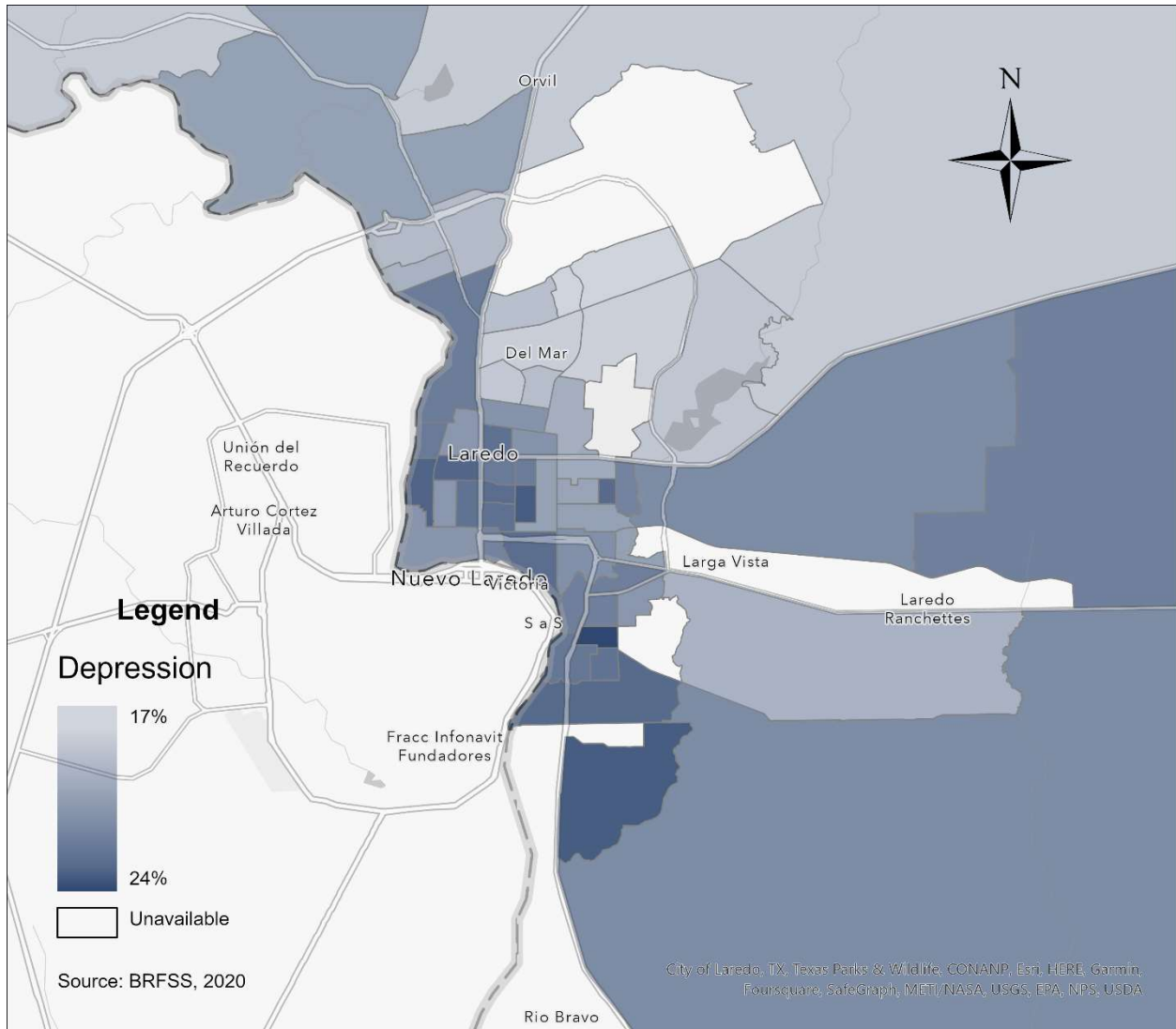


Figure 55
Estimated Prevalence of Depression Among Adults Aged 18 Years and Older by Census Tract, Webb County

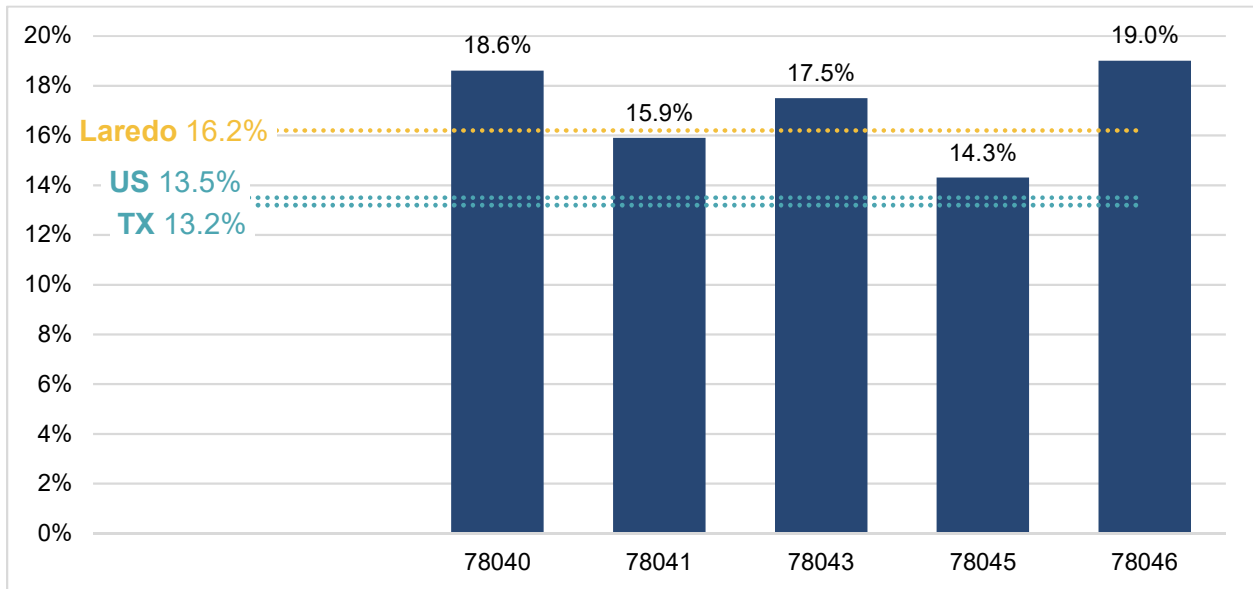


Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

The estimated prevalence of frequent mental health distress in Laredo is higher than in Texas and the United States (16.2% vs 13.2% and 13.5%, respectively). Laredo ZCTAs 78046 and 78040 have the highest estimates (19.0% and 18.6%, respectively). Laredo ZCTA 78045 has the lowest estimates (14.3%). Frequent mental health distress refers to residents who report mental health as “not good” for 14 days or more.

Figure 56

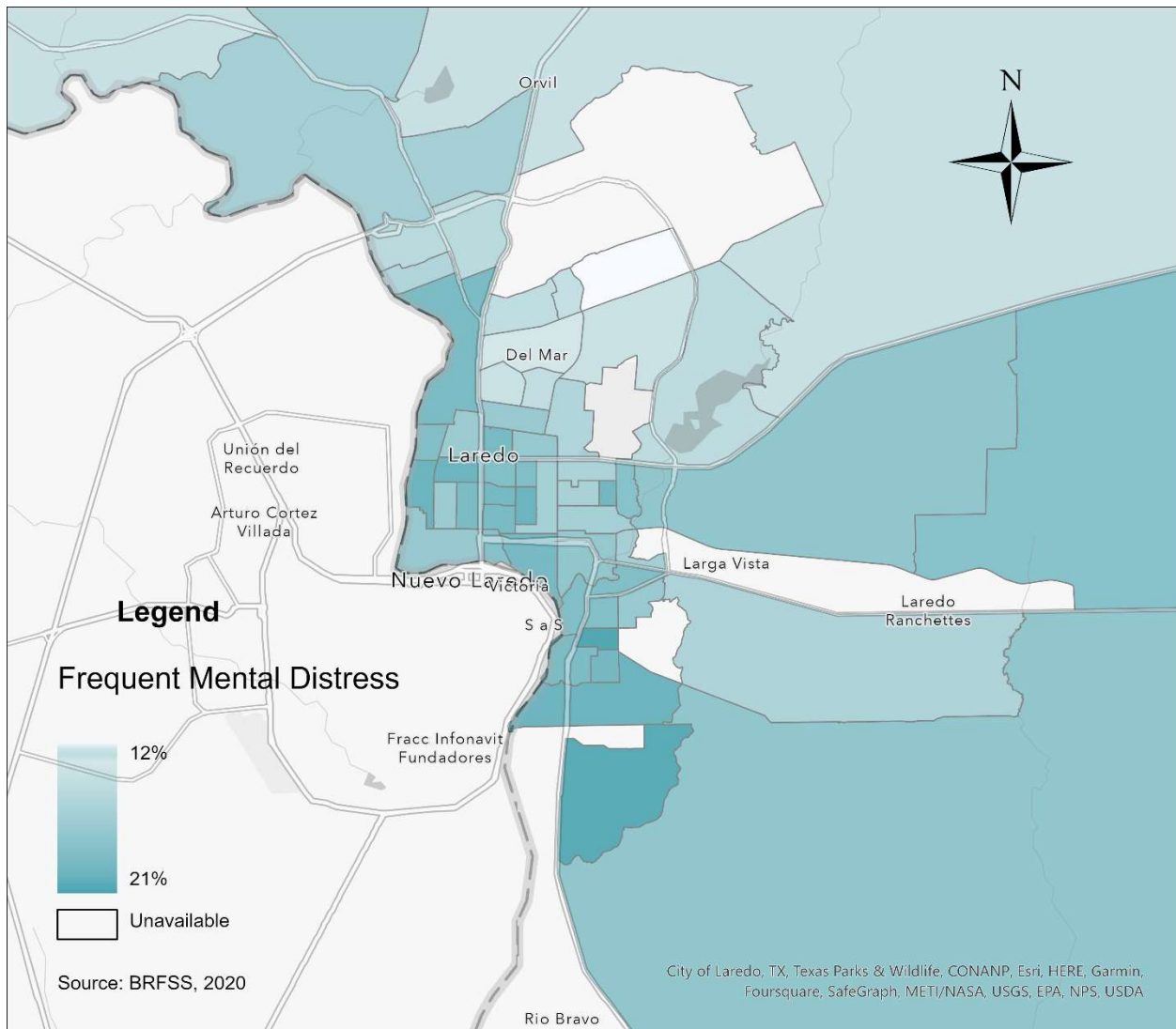
Estimated prevalence of frequent mental distress among adults is higher in Laredo and 78046.



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

Figure 57

Estimated Prevalence of Frequent Mental Distress Among Adults Aged 18 Years and Older by Census Tract, Webb County



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

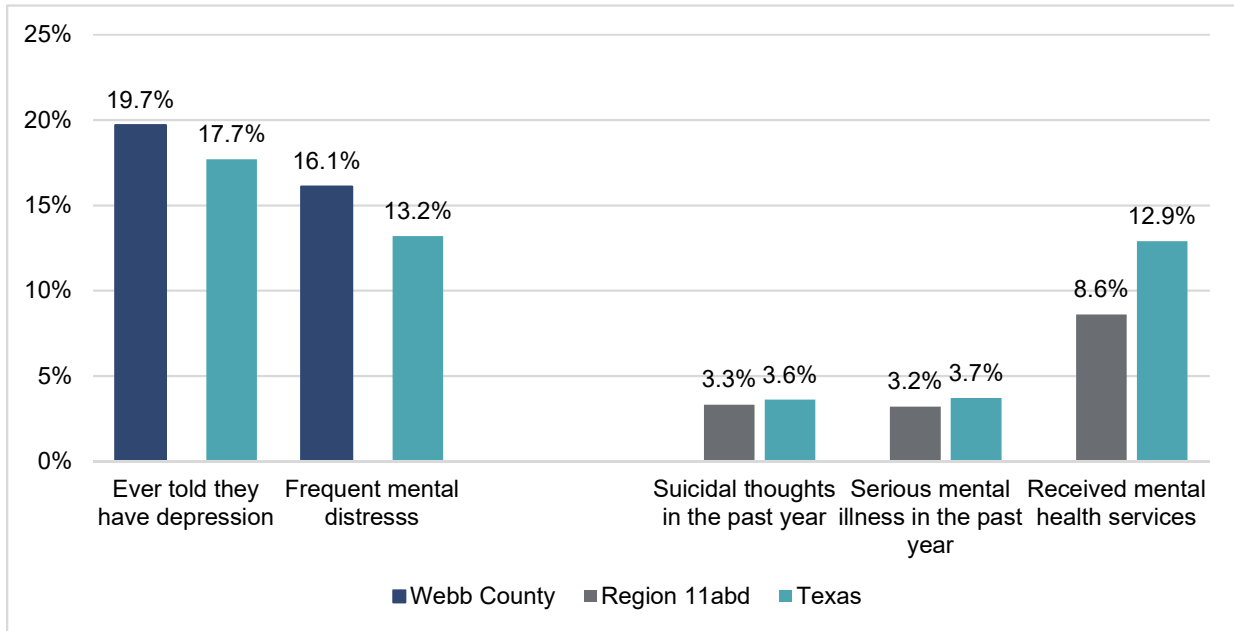
Webb County has higher depression compared to Texas (19.7% vs 17.7%) and higher frequent mental distress (16.1% vs 13.2%). Data for suicidal thoughts, serious mental illness, and mental health services received in the past year are available from the National Survey of Drug Use and Health (NSDUH) for Region 11abd, which includes Webb County and 17 other counties in south Texas.⁷ However, county-level data is not available due to recent updates in NSDUH’s methodology. The estimates for suicidal thoughts and serious mental illness are

⁷ NSDUH Region 11abd counties include Aransas, Bee, Brooks, Cameron, Duval, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, and Zapata.

slightly lower in Region 11abd than Texas. The Region 11abd estimate for receiving mental health services in the past year is lower than Texas (8.6% vs 12.9%).

Figure 58

Mental Health Estimates for Adults Aged 18 Years and Older in Webb County, Public Health Region 11abd and Texas



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release; Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey of Drug Use and Health 2016-18.

OVERALL HEALTH AND WELLBEING

COMMUNITY INPUT

Focus groups participants were asked about what health meant to them and why it was important to them. Many expressed that health was at the root of wellbeing and being successful in life.

“In the community, you can be wealthy, you can be poor, but if you have no health, it doesn’t matter.”

– Focus Group Participant

Several participants connected health to being an active and contributing member of the community.

“I think health is more than the lack of or the lack of illness, it’s more about being able to enjoy life and contribute, participate actively in the community and to—I think for me, it’s about being able to enjoy life and not be preoccupied with this condition and that condition.”

– Focus Group Participant

Health was also defined broadly by participants. They spoke about the different aspects of health and also some of the key contributors to healthy lifestyles such environment, food access, physical activity, and education.

“We’ve got physical health, mental health, emotional health, spiritual health, social health, financial health. So the moment you mentioned that’s what came to mind in mind. So there’s many aspects to that word. It’s not just the physical health itself.”

– Focus Group Participant

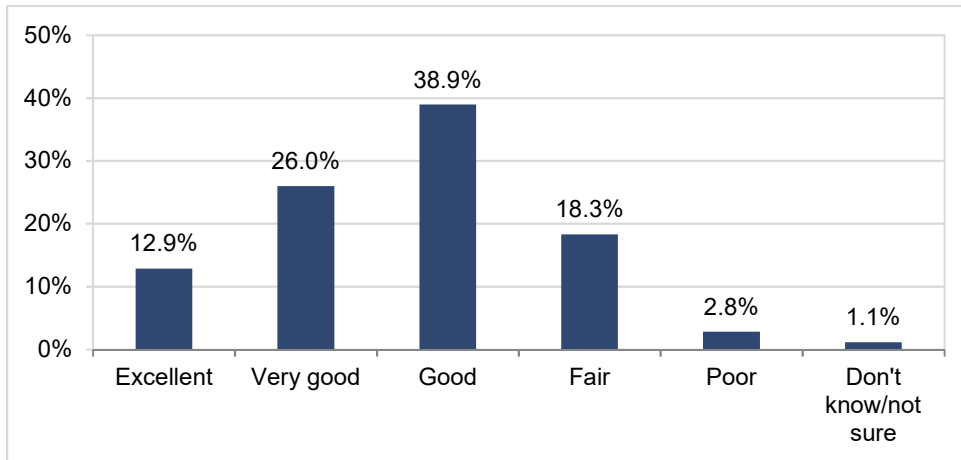
COMMUNITY SURVEY

A majority of survey respondents indicated that their health is generally “good,” “very good,” or “excellent,” 18.3% indicated their health was in “fair” condition, and only 12.9% indicated their health was in “excellent” condition.

Based on the survey responses, people living in ZIP code 78040 were more likely to report having poor health, whereas those living in ZIP code 78041 may be more likely to report having very good health. In addition, women were more likely to report fair health than men. Similarly, respondents who did not speak English were significantly more likely to report “fair” health (35.9%) (Appendix D).

Figure 59

The majority of survey respondents indicated that their general health was good, very good, or excellent. (n=1,579)



Source. Laredo CHNA Community Survey, 2022

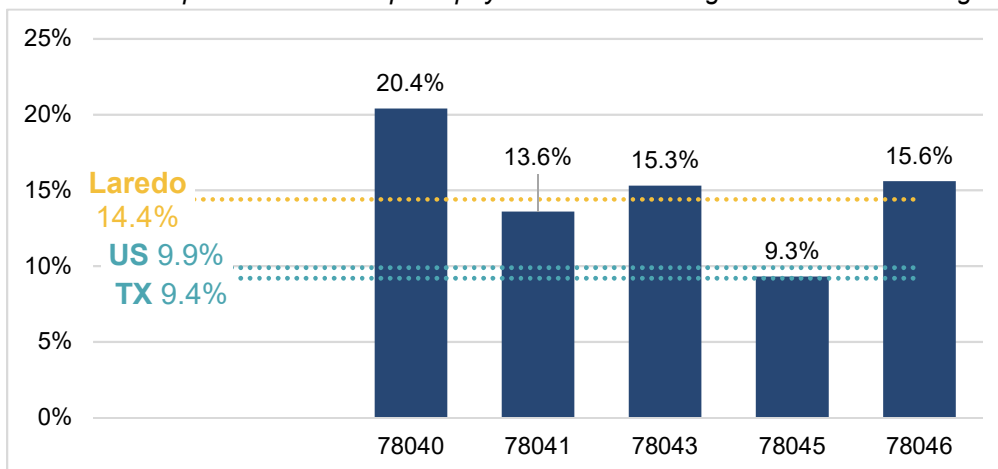
SECONDARY DATA

Physical Distress

The estimated prevalence of frequent physical distress in Laredo is higher than in Texas and the United States (14.4% vs 9.4% and 9.9%, respectively). Laredo ZCTAs 78040 and 78046 have the highest estimates of people reporting frequent physical distress (20.4% and 15.6%, respectively). ZCTA 78045 has the lowest estimates (9.3%). Frequent physical distress refers to residents who report physical health as “not good” for 14 days or more.

Figure 60

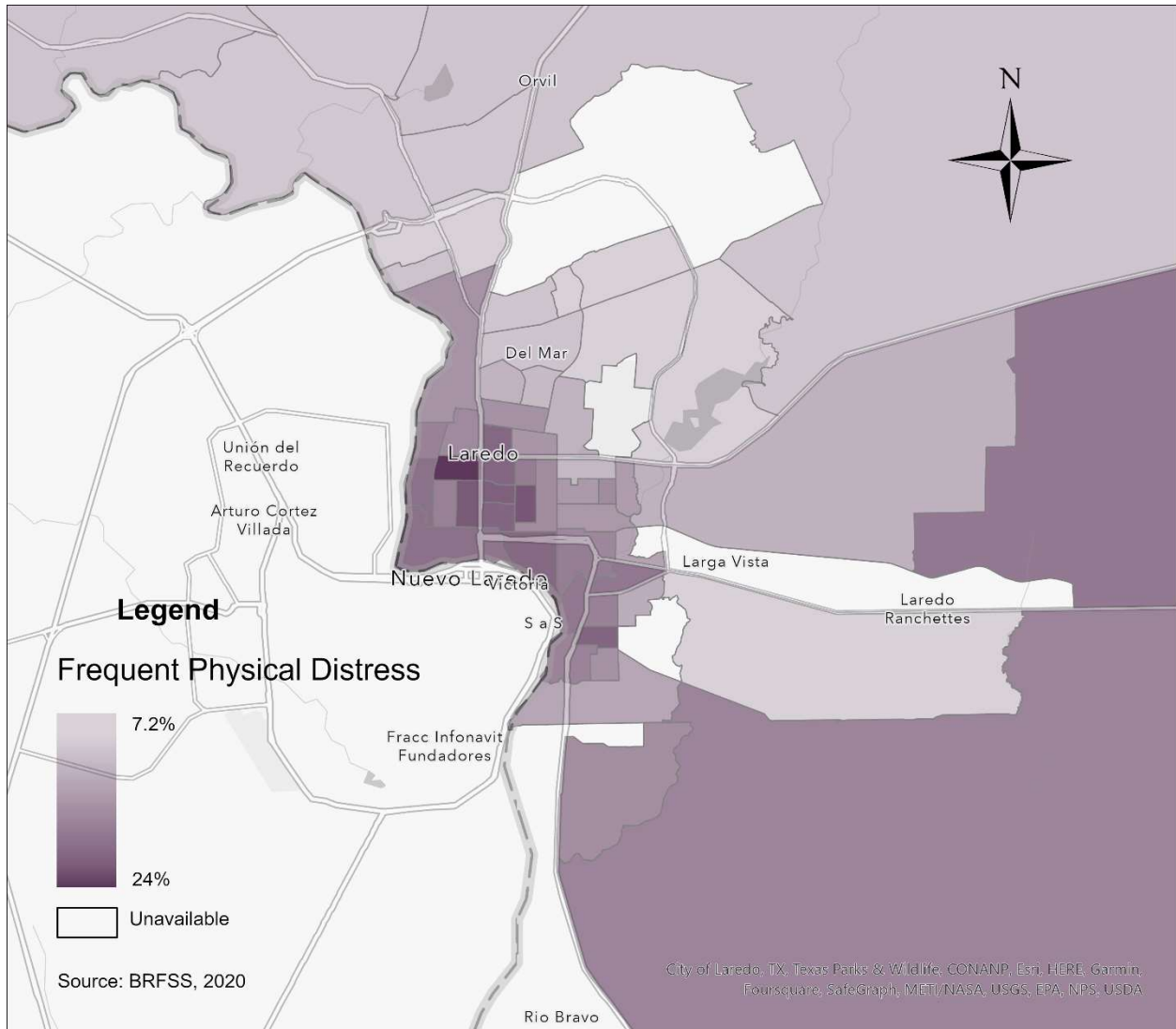
The estimated prevalence of frequent physical distress is higher in Laredo and highest in 78040



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

Figure 61

Estimated Prevalence of Frequent Physical Distress among Adults Aged 18 Years and Older by Census Tract, Webb County



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, Census Tract 2022 Release

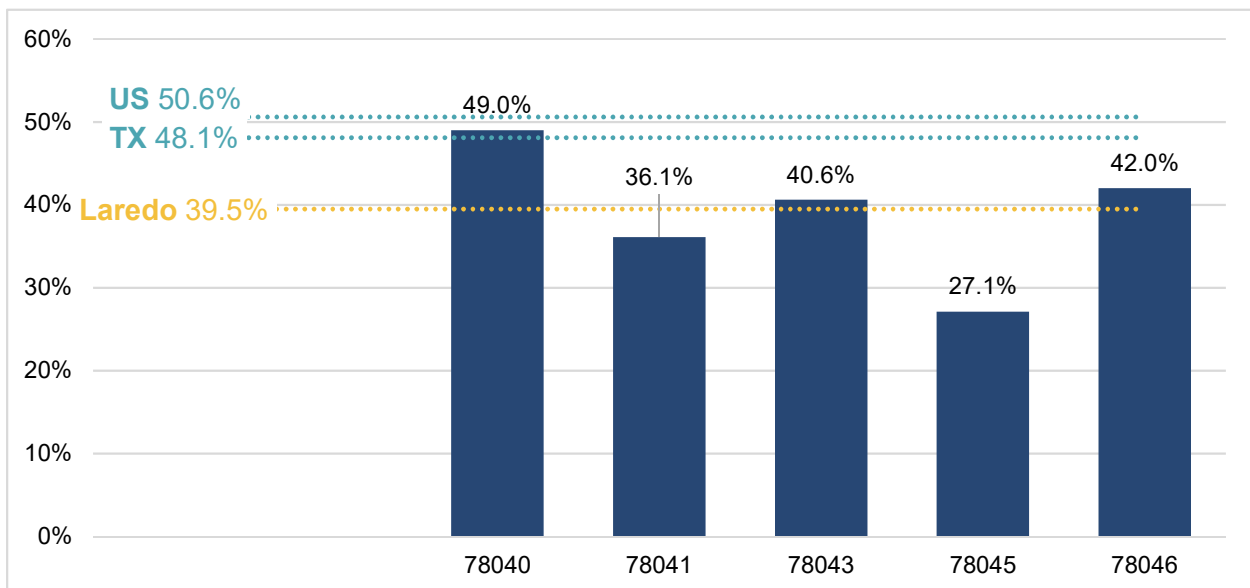
Overall Health Status

The estimated prevalence of “fair” or “poor” self-rated health status in Webb County (27.4%) is higher than in Texas and the United States (17.7% and 17.8%, respectively). When self-rating health, the difference between Laredo’s highest ZCTAs (78040 and 78046) is substantial. ZCTAs 78040 and 78046 have the highest estimates (40.2% and 31.1%, respectively), and ZCTA 78045 has the lowest estimates (16.7%).

Physical Inactivity

The estimated prevalence of physical inactivity is lower in Laredo (39.5%) than in Texas (48.1%) and the United States (50.6%). This indicates that overall, residents of Laredo are more physically active. However, there is significant variability between ZIP codes. Laredo ZCTAs 78040 and 78046 have the highest estimates of physical inactivity (49.0% and 42.0%, respectively) while ZCTA 78045 has the lowest estimates (27.1%). This indicates that residents of 78045 are the most physically active.

Figure 62
Rates of Physical Inactivity in Laredo and by ZIP Code



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 Data)

SUBSTANCE USE

COMMUNITY INPUT

Focus group participants and key informants reported concern regarding an increase in substance use and misuse in the community, particularly among young people.

Residents expressed a dire need for local substance use care centers because currently people have to go outside of Laredo to receive treatment.

“And anybody that I needed to send for treatment [or] I needed to send them for detox, I would have to send them [out] of Laredo.”

– Key Informant

Participants indicated that people experiencing homelessness continue to face ongoing challenges, especially mental illness and substance use disorders. Presently, there are no detox facilities and few halfway homes in Laredo, which heavily contributes to this ongoing issue of homelessness.

SECONDARY DATA

Smoking

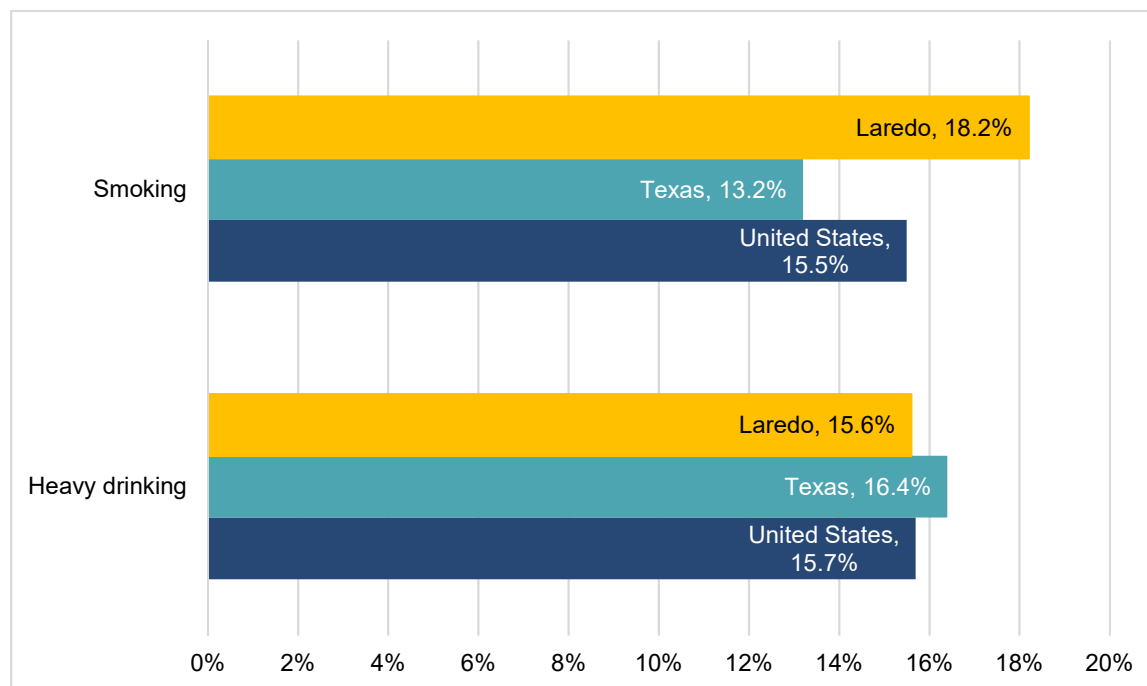
The estimated prevalence of smoking in Laredo is higher than in Texas and the United States (18.2% vs 13.2% and 15.5%, respectively) (Figure 63). Laredo ZCTAs 78040 and 78046 have the highest estimates (23.2% and 21.8%, respectively). ZCTA 78045 has the lowest estimates (12.4%).

Heavy Drinking

The estimated prevalence of heavy drinking in Laredo is lower than in Texas and the United States (15.6% vs 16.4% and 15.7%, respectively) (Figure 63). Laredo ZCTAs 78045 and 78046 have the highest estimates (19.1% and 17.2%, respectively). ZCTA 78040 has the lowest estimates (13.8%).

Figure 63

Estimated Prevalence of Smoking and Heavy Drinking Among Adults



Source. CDC Behavioral Risk Factor Surveillance System (BRFSS), Local Data for Better Health, ZCTA 2022 Release (2020 data)

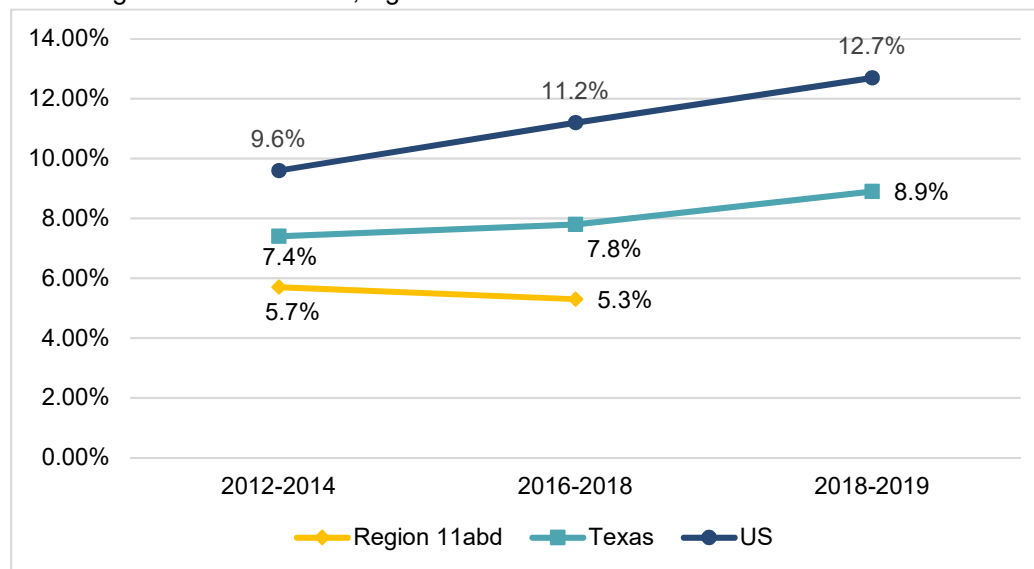
Illicit Substance Use and Overdose

The overdose death rate has more than doubled in Webb County over the last two decades. Webb County's overdose death rate was 19.38 in 2021, an increase from 5.63 in 2003. Overdose deaths in Texas and the United States have also been increasing during this same period, with 2020 estimates of 14.1 and 28.3, respectively.

The estimated prevalence of recent illicit substance use in the past month⁸ for the Webb County area (Region 11abd) is lower than in Texas and the United States (5.3% vs 7.8% and 11.2%, respectively).

Figure 64

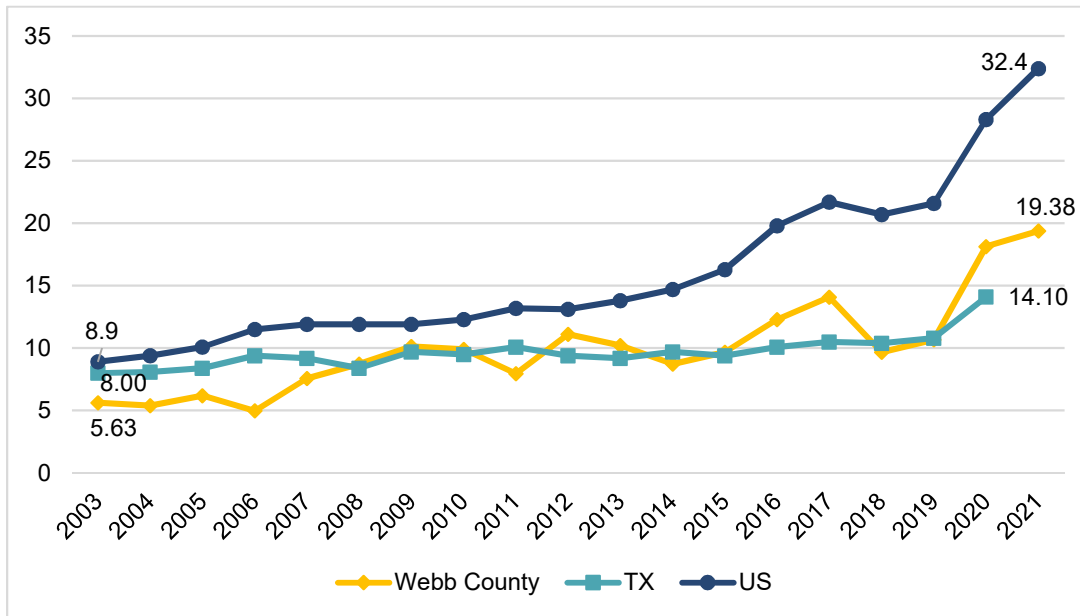
Illicit Drug Use in Past Month, Ages 12 and Over



Source. Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey of Drug Use and Health, 2020
Note. Region 11abd counties include Aransas, Bee, Brooks, Cameron, Duval, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

⁸ Illicit substance use includes the misuse of prescription psychotherapeutics or the use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine. Misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.

Figure 65
Crude Death Rates for Drug Overdose, All Ages



Source: CDC National Center for Health Statistics, county-level drug overdose mortality in the United States, 2003-2021, and drug poisoning mortality by state: United States, 1999-2016

CANCER

COMMUNITY INPUT

Focus group and key informants listed cancer as a common condition in the community. Specifically, childhood cancer was mentioned, which is addressed in a separate section.

COMMUNITY SURVEY

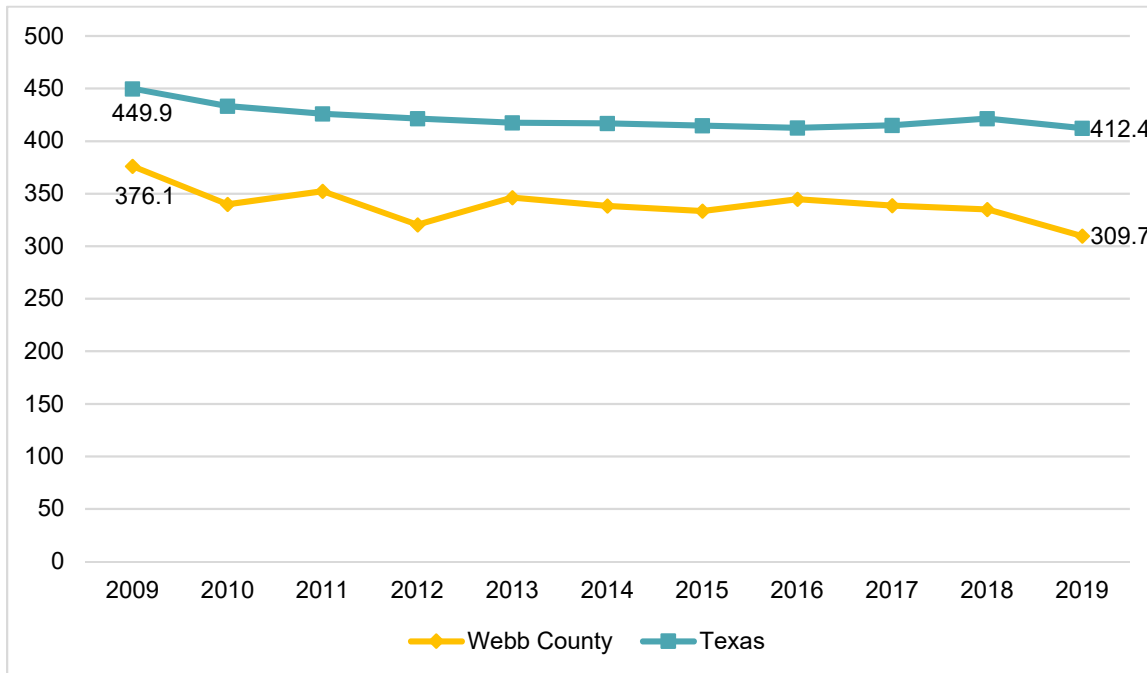
Among people surveyed (951), 3.9% reported a doctor or health care provider telling them they have cancer.

SECONDARY DATA

Over the past decade, the age-adjusted invasive cancer incidence rate for Webb County has been lower than Texas, with a slight decline (2019 rates per 100,000 are 309.7 vs 412.4, respectively).

Figure 66

Age-Adjusted Invasive Cancer Incidence Rates in Webb County and Texas, 2009-2019



Source. Texas Cancer Registry

CHILD HEALTH

COMMUNITY INPUT

Many community participants expressed their concerns about childhood obesity in Laredo. They commented that it is best to start health education on food early in life to be able to change cultural beliefs and limitations of food consumption.

“And if we start them off young understanding how nutrition works, understanding how their bodies works, showing them that, ‘Hey, when you’re eating fruits and vegetables, your body can work better and you can run faster, you can do all these things’— it leads to better choices in the kids and the kids will tell the parents. They’ll start changing the parents’ minds little by little, and it helps any little change from little ones to big ones.”

– Focus Group Participant

“I do not know, everyone has to be on the same page and it's very difficult to have children being taught something and then going home and then them just falling back on those bad behaviors.”

– Focus Group Participant

Participants stated that the lack of medical providers and specialists in Laredo affects youth and adults equally. Parents voiced the effects that children face when their parents are not in good socioeconomic standing; many families face food insecurity, need better access to health care, and lack specific community amenities and resources.

Participants also expressed a concern that many children in Laredo developed cancer in recent years. One participant suggested the cause might be environmental factors, specifically the release of harmful toxins into the air.

“Everyone knows a child who has cancer.”

– Focus Group Participant

One participant spoke of a specific factory and how this issue has been brought to the Laredo City Council. Residents formed the Clean Air Laredo Coalition to tackle the issue and find solutions. In general, participants observed that many children with cancer live within that area. They also mentioned a news article discussing this issue.⁹

“There was a news article of families expressing: ‘I live in this area. Is this the reason why my child had cancer from this time to this time?’ So there's now all these people that are vocalizing their family health because of this whole report, because I think it was a report that kind of spurred up all this stuff, and that's when families started to say, ‘Hey. So is this the reason why I got sick? Is this the reason why my child got sick?’ It's a big thing.”

– Focus Group Participant

Alongside this concern is the continued need for pediatricians and specialists in Laredo to provide specialty service. There is also a need to promote and offer preventive care early on. The lack of pediatricians in the area proves to be a barrier for children to receive yearly checkups and maintain a culture of prevention. Many low-income families find themselves farther away from services and resources.

⁹ Collier, K., Flynn, K. (2021, December 27). *A Plant That Sterilizes Medical Equipment Spews Cancer-Causing Pollution on Tens of Thousands of Schoolchildren*. ProPublica. <https://www.propublica.org/article/a-plant-that-sterilizes-medical-equipment-spews-cancer-causing-pollution-on-tens-of-thousands-of-schoolchildren>

“I feel parents should be more knowledgeable about what’s important for their health and their kid’s health as well for mental health, diet, nutrition, and just the ability to enhance developmentally. If they have these three core fundamentals of knowledge, they can be very proactive instead of waiting until the reactive mode. More costs are incurred because of the lack of tackling these problems at a young age.”

– Focus Group Participant

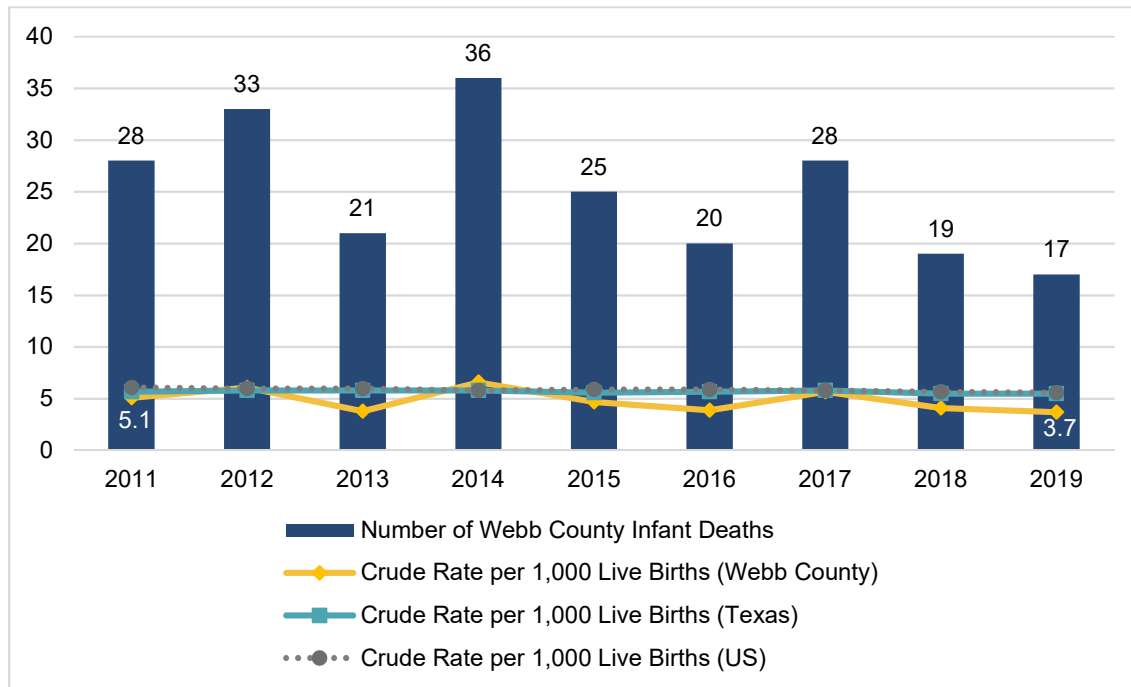
SECONDARY DATA

Infant Mortality Rate

The infant mortality rate (IMR) in Webb County is similar to the rate in Texas. In 2020, the Texas infant mortality rate reached a historic low of 5.3, slightly above the Healthy People 2030 target of 5.0 deaths per 1,000 live births. Webb County’s IMR was 3.7 in 2019, showing a decrease from 5.1 in 2011. Leading causes of infant deaths in Webb County include congenital anomalies, complications of pregnancy, and sudden infant death syndrome.

Figure 67

The crude rate of infant deaths to live infant births in Webb County is lower than Texas and the United States



Source. Texas Department of State Health Services, 2011-2019

Childhood Immunization

Texas requires public school districts and accredited private schools to annually submit a report of students' immunization status (Title 25 Health Services, Texas Administrative Code, §§97.61-97.72). The Annual Report of Immunization Status is a self-reported survey created by the Texas Department of State Health Services to measure immunization coverage among kindergarten and seventh grade students.

Similar to Texas's rates, vaccination coverage rates for Webb County kindergarteners improved from school year 2020-21 to 2021-22. Most schools in Webb County showed improvement (▲) in rates when compared to the previous school year; however, Laredo ISD reported a decline (▼) in vaccination coverage rates for kindergarteners over the same time period.

Table 3

Vaccination Coverage Rates among Kindergarteners in Webb County by School, 2021-2022

	DTP/DTaP/ DT/Td	Hepatitis A	Hepatitis B	MMR	Polio	Varicella
Texas	95.07% ▲	95.33% ▲	96.71% ▲	95.43% ▲	95.48% ▲	94.85% ▲
Webb County	99.09% ▲	98.79% ▲	99.53% ▲	99.31% ▲	99.31% ▲	98.73% ▲
Laredo ISD	98.75% ▼	98.05% ▼	99.69% ▼	99.61% ▼	99.37% ▼	99.06% ▼
United ISD	99.37% ▲	99.14% ▲	99.41% ▲	99.28% ▲	99.37% ▲	99.19% ▲
Blessed Sacrament School	100%	100%	100%	100%	100%	100%
Mary Help of Christians	100%	100%	100%	100%	100%	100%
St Augustine Elementary School	100%	100%	100%	100%	100%	100%
United Day School	100%	100%	100%	100%	100%	100%

Source. Texas Department of State Health Services, Vaccination Coverage Levels in Texas Schools, 2020-2021 and 2021-2022, Annual Report of Immunization Status

Note: List does not include schools with less than 5 students in kindergarten.

Vaccination coverage rates for Webb County seventh graders improved for TDaP/Td and meningococcal vaccines, a trend opposite of Texas's. However, vaccination coverage rates decreased for hepatitis A, hepatitis B, MMR, polio, and varicella. Most schools in Webb County showed improvement (▲) in rates when compared to the previous school year; however, Laredo ISD and United Day School reported a decline (▼) in vaccination coverage rates for seventh graders.

Table 4

Vaccination Coverage Rates among Seventh Grade Students in Webb County by School, 2021-2022

	Tdap/Td	Meningococcal	Hepatitis A	Hepatitis B	MMR	Polio	Varicella
Texas	95.41% ▼	95.31% ▼	98.42% ▲	98.66% ▲	98.58% ▲	98.51% ▲	97.79% ▲
Webb County	99.47% ▲	99.55% ▲	99.44% ▼	99.89% ▼	99.91% ▼	99.87% ▼	97.18% ▼
Laredo ISD	99.64% ▼	99.78% ▼	98.84% ▼	99.93% ▼	100%	99.71% ▼	99.85% ▼
United ISD	99.56% ▲	99.62% ▲	99.68% ▼	99.87% ▲	99.87% ▲	99.94% ▲	99.94% ▲
Blessed Sacrament School	100%	100%	100%	100%	100%	100%	100%
Mary Help of Christians	100%	100%	100%	100%	100%	100%	100%
St Augustine Elementary School	100%	100%	100%	100%	100%	100%	100%
United Day School	99.56% ▼	99.62% ▼	99.68% ▼	99.87% ▼	99.87% ▼	99.94% ▼	99.94% ▼

Source. Texas Department of State Health Services, Vaccination Coverage Levels in Texas Schools, 2020-2021 and 2021-2022 Annual Report of Immunization Status

Note. List does not include schools with less than 5 students in seventh grade.

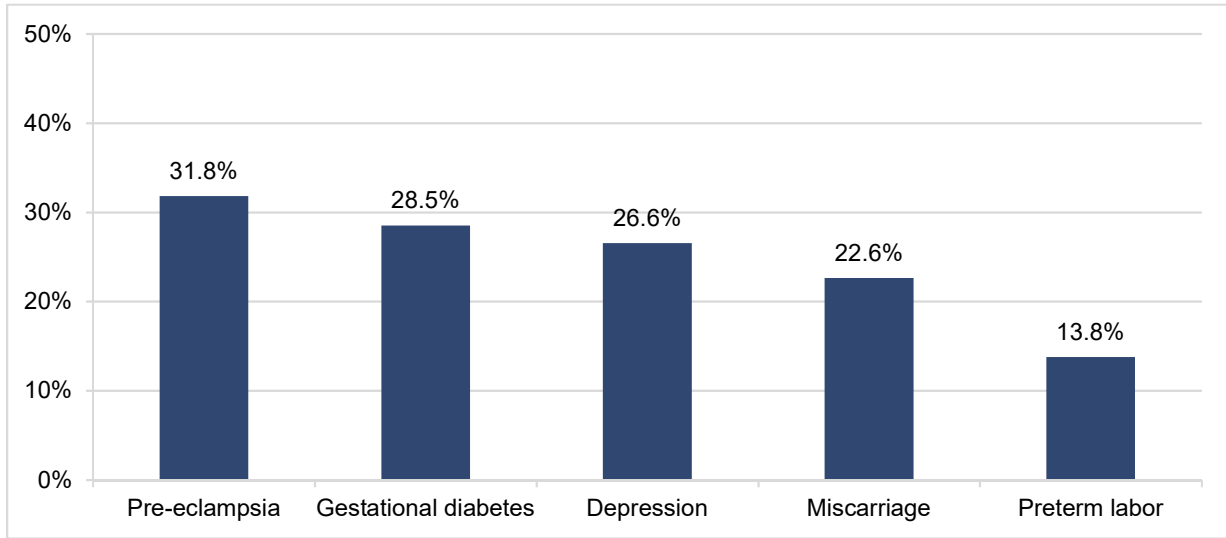
MATERNAL HEALTH

COMMUNITY SURVEY

In the community survey, 51.0% of respondents indicated having ever been pregnant (724 people). Of these, 304 respondents reported on health conditions during their most recent pregnancy. Respondents most frequently mentioned **pre-eclampsia (31.8%)**, followed by **gestational diabetes (28.5%)**, **depression (26.6%)**, **miscarriage (22.6%)**, and **preterm labor (13.8%)**.

Figure 68

Self-Reported Health Conditions of Respondents During Most Recent Pregnancy (n=304)



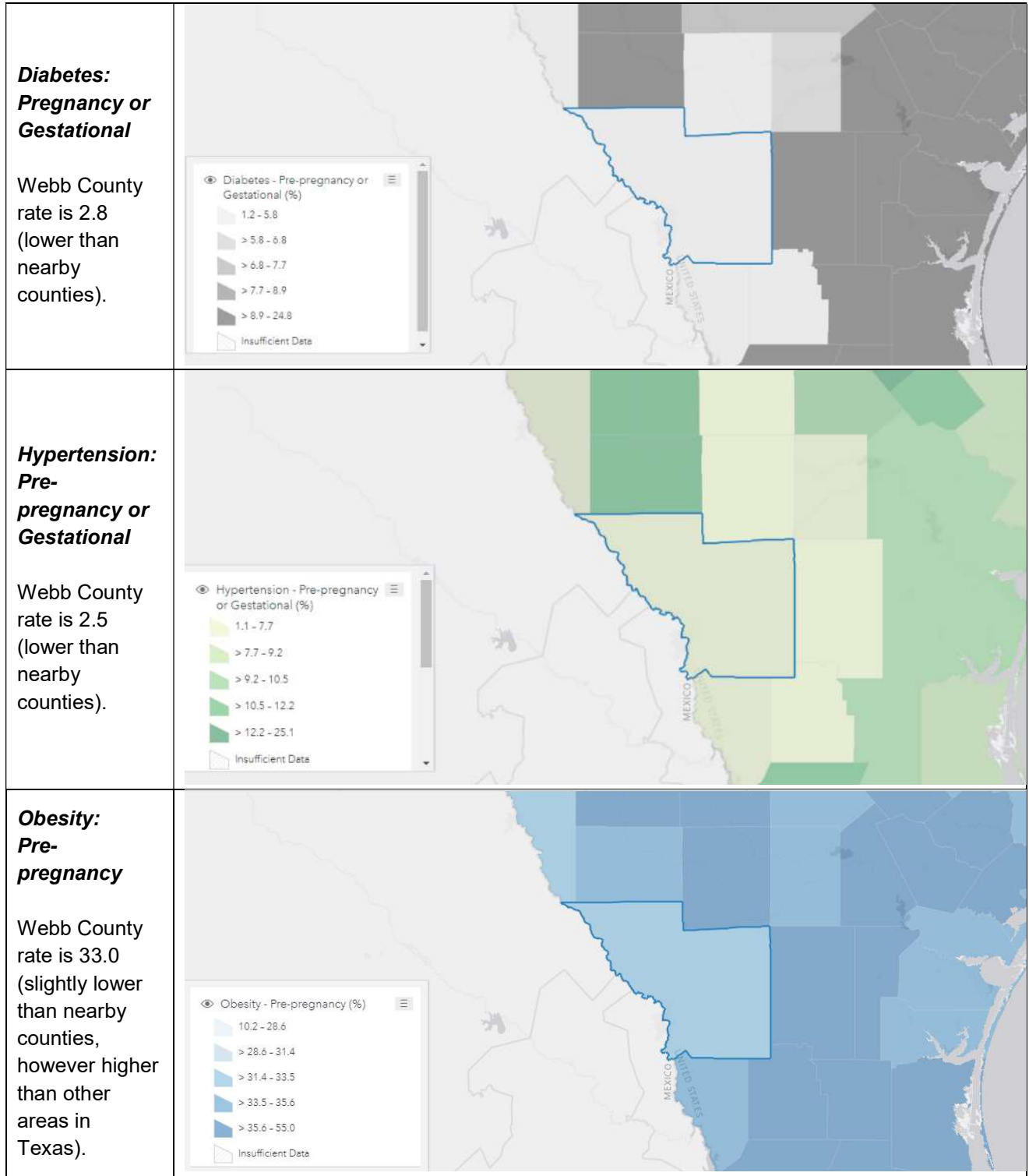
SECONDARY DATA

A higher percentage of patients in Webb County received prenatal care in the first trimester than in Texas (71.7% vs 66.1%). However, the percentage receiving prenatal care varies by ZIP code. Percentages are *lower* than Texas estimates in Laredo ZCTA 78040 (62.0%), while they are *higher* than Texas in all other ZCTAs: 78043 (69.1%), 78046 (70.0%), 78041 (72.8%), and 78045 (84.4%).



Figure 69

Pre-Pregnancy or Gestational Diabetes, Hypertension, and Obesity in Webb County

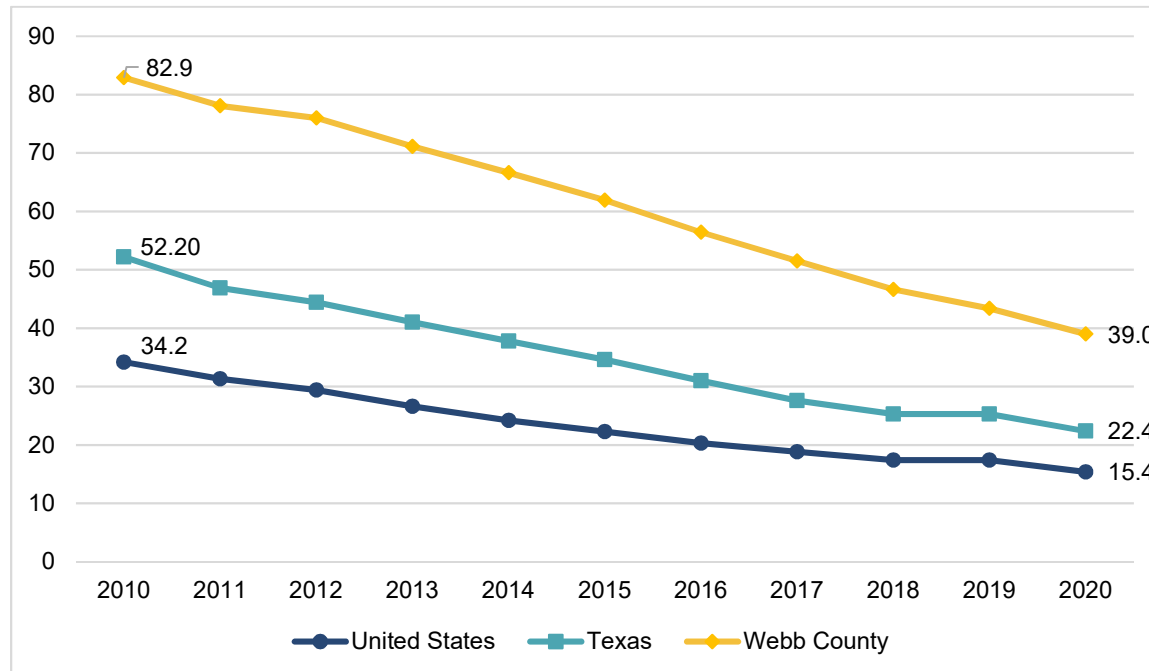


Source. HRSA Maternal & Child Health, Maternal and Infant Health Mapping Tool, 2017-2019

The teen birth rate in Webb County has decreased over the past decade, in line with similar trends in Texas and the United States. Despite this decrease, the teen birth rate in Webb County is higher than in Texas and the United States (39.0 vs 22.4 and 15.4 per 1,000 females, respectively). Webb County's teen birth rate decreased from 82.9 in 2010 to 39.0 in 2020. The rate is highest in 78040 (23.3) and lowest in 78045 (4.5).

Figure 70

The teen birth rate has declined over the past decade in Webb County, Texas, and United States (per 1,000 females between Ages 15-19).



Source. CDC National Center for Health Statistics, Teen Birth Rates for Age Group 15-19 in the United States by County, 2010-2020

PREVENTIVE HEALTH CARE

COMMUNITY INPUT

Focus group participants noted a pattern of avoidance of preventive care and seeking care at the last minute, attributing it in part to Hispanic or Latino culture. Participants also recognized that oftentimes, some cultural practices and values are not supportive of healthy lifestyles and become a generational problem.

“I’d say it’s not just in the machismo, but it’s also like—for example, in Mexico, preventive care is barely on the rise because we were always born with a mentality that to go to the doctor, you have to be sick.”

– Focus Group Participant

SECONDARY DATA

A lower percentage of adult residents in Webb County received a preventive, primary checkup in the last year (69.1%) than in Texas (72.6%) and the United States (75.7%). Rates of preventive, primary checkup for adults in Laredo ZCTAs are, in descending order: 78040 (70.2%), 78041 (69.4%), 78043 (68.5%), 78045 (67.3%), and 78046 (66.4%).

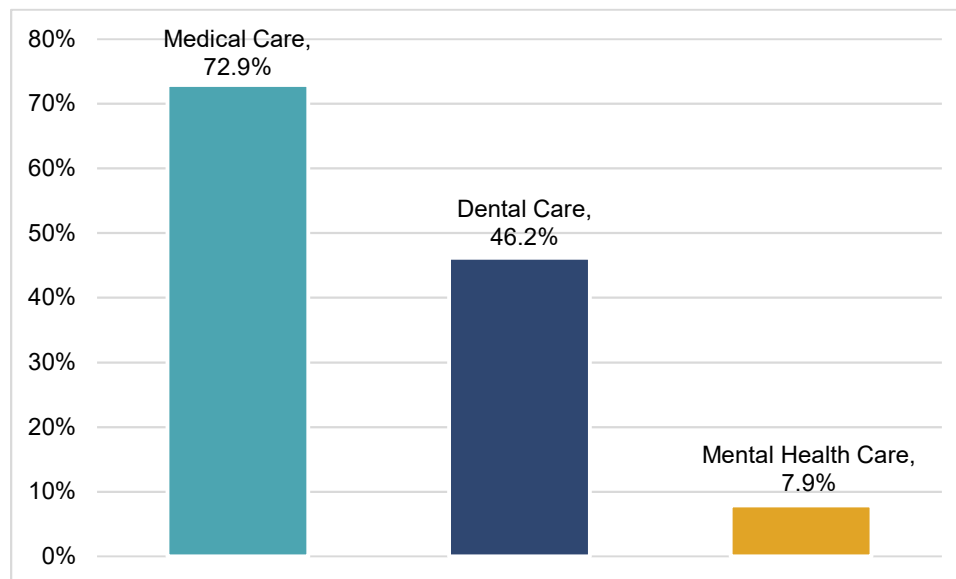
ORAL HEALTH CARE

COMMUNITY SURVEY

Over one-third (34.8%) of survey participants indicated that they have traveled outside of Laredo within the past year to receive medical, dental, or health care for themselves. Of these, nearly one-half (46.2%) traveled outside of Laredo for dental care.

Figure 71

Type of Care Sought Outside Laredo (n=506)



SECONDARY DATA

A much lower percentage of residents in Webb County receive a preventive, dental checkup (42.9%) than in Texas (57.5%) and the United States (66.3%). Rates of preventive, dental checkup in Laredo ZCTAs are, in descending order: 78045 (55.0%), 78041 (45.0%), 78043 (38.2%), 78046 (34.8%), and 78040 (30.5%).

PREMATURE DEATH

Estimates for premature death in Webb County are lower than in Texas and the United States (6,800 vs 7,000 and 7,300, respectively). In Webb County, 6,800 years of life were prematurely lost to deaths of people under age 75 (per 100,000 people). **Leading causes of death include malignant neoplasms, diseases of the heart, COVID, accidents, and diabetes mellitus.**

Life expectancy in Webb County is 78.4, similar to life expectancy in Texas and the United States (78.4 and 78.5 respectively). Webb County's life expectancy is lower for Hispanic residents compared to White residents (78.2 vs 84.8 years, respectively).

In Webb County, there were 360 deaths per 100,000 people age 75 and younger. The premature age-adjusted mortality rate in Webb County is the same as in Texas and the United States (360 in both). Webb County's premature age-adjusted mortality rate is higher for Hispanic residents compared to White residents (370 vs 210, respectively).



BARRIERS TO CARE

The affordability and availability of needed health care and mental health services and providers have a direct impact on access to health care. The following section discusses the use of health care and other services, barriers to accessing these services, and the current health professional landscape in the county.

HEALTH INSURANCE

COMMUNITY INPUT

Participants indicated that uninsured or underinsured community members often avoid preventive care due to cost, resulting in high emergency department utilization, as well as high utilization of services across the border.

Participants discussed contributing factors for chronic diseases, including diabetes, hypertension, heart conditions, and obesity, such as foregoing health care visits due to lack of insurance and not qualifying for any additional government assistance.

“Let's say they have a condition like diabetes, hypertension, heart disease, and they don't have the means to buy the medication. They're not going to care for themselves. So, they're dying younger when they should have an opportunity to last longer. But since there's no insurance for them, they don't qualify. Even for a penny, some people don't qualify, which is sad. There should be something that you can work with.”

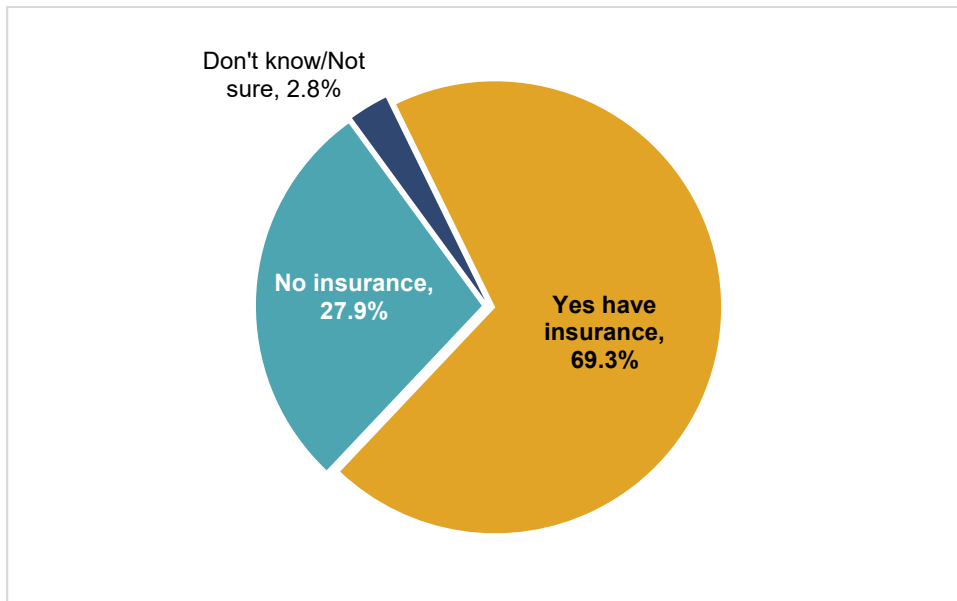
– Key Informant

COMMUNITY SURVEY

About 69.0% of survey respondents reported having health insurance.

Figure 72

Insurance Status Among Survey Respondents (n=1,568)

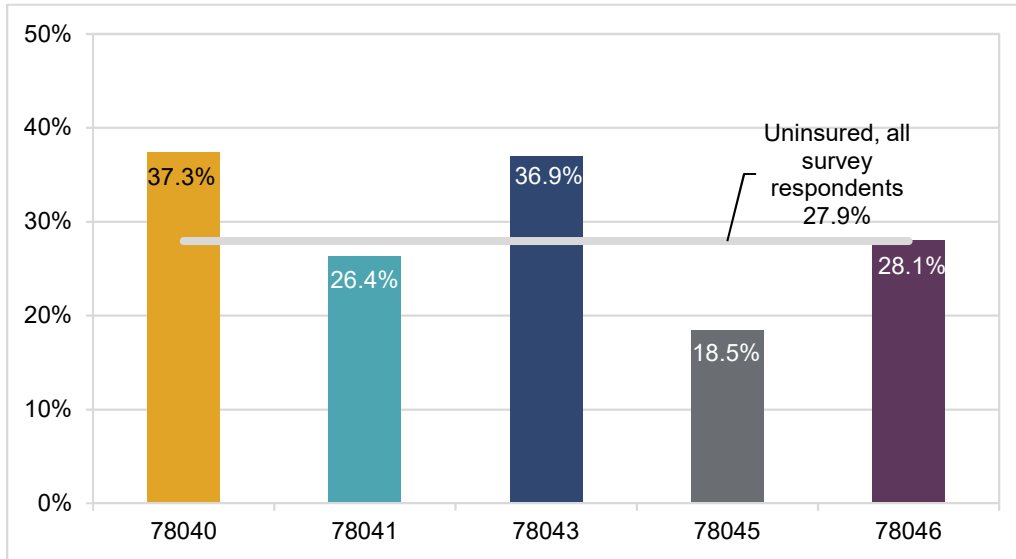


Source. Laredo CHNA Community Survey, 2022

Among those who have at least one child under 18 living in their home (799), 83.0% reported that all the children have health insurance, and 5.1% reported that some (but not all) of the children have insurance. Around 10% reported that none of the children have health insurance.

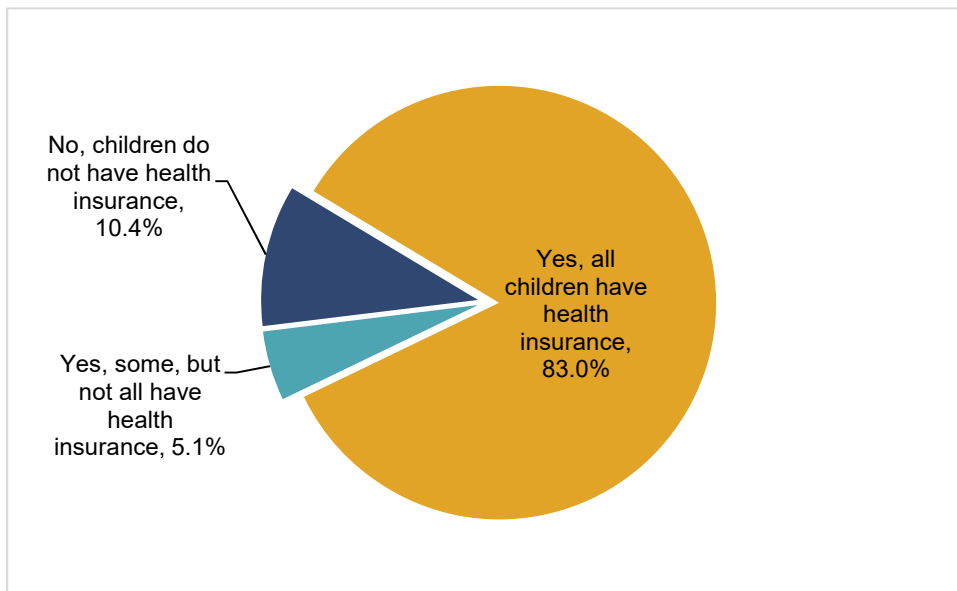
People living in ZIP codes 78040 and 78043 are less likely to have insurance, while those living in 78045 are more likely to have insurance.

Figure 73
 Survey Respondents Without Health Insurance by ZIP Code (n=1,568)



Source. Laredo CHNA Community Survey, 2022

Figure 74
 Reported Insurance Status of Children Under 18 (n=799)



Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

Rates of public health insurance coverage (Medicaid, Medicare) are highest among children and older adults over age 65. Insurance coverage improves access to care and care

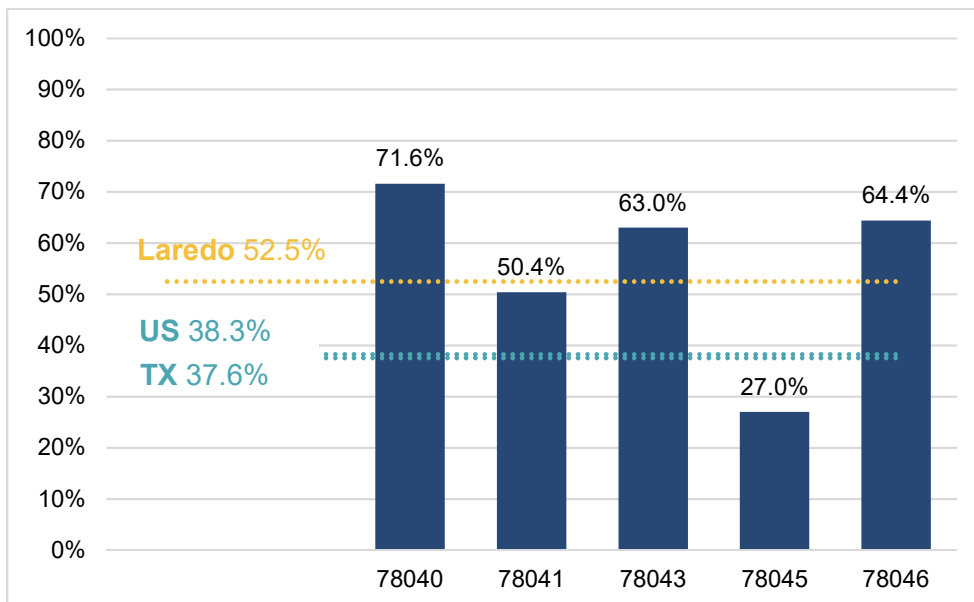
seeking by lowering out-of-pocket costs. Coverage also improves rates of preventive care (e.g., screenings and vaccinations). An estimated 82,077 residents of the city of Laredo have insurance coverage from a public source such as Medicare or Medicaid/CHIP. Estimates of public health insurance coverage are higher for children in Laredo (52.5%) than in Texas (37.6%) and lower for older adults in Laredo (91.9%) than in Texas (94.2%).

Most of the Laredo ZCTAs have higher percentages of children with public health insurance coverage compared to Texas and the United States (37.6% and 38.3%, respectively). Most ZCTAs have slightly lower percentages of older adults with public health insurance coverage compared to Texas and the United States (94.2% and 95.8%, respectively).

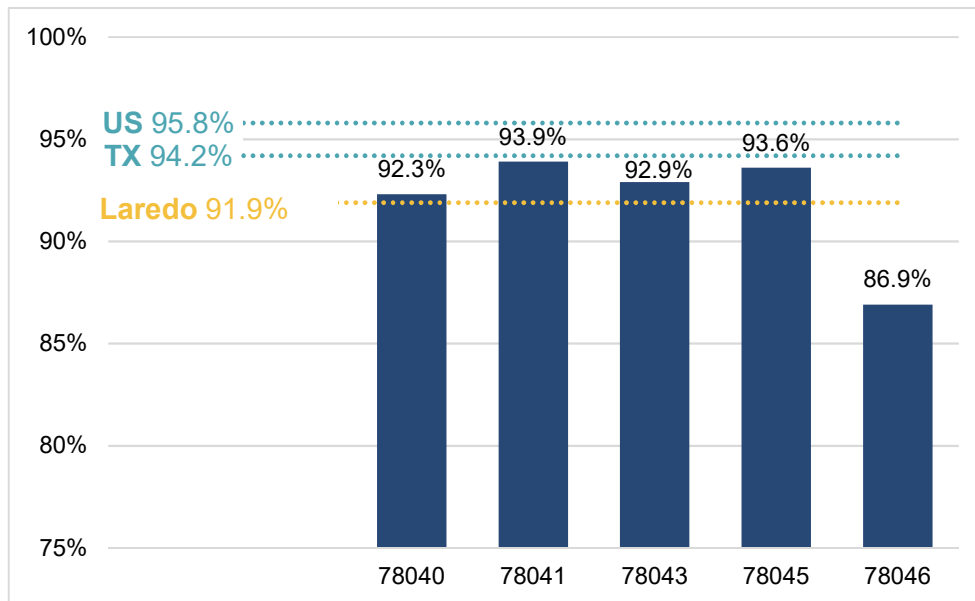
Figure 75

Public Health Insurance in Laredo by ZCTA Compared to City of Laredo and Texas 2021

a. Children



b. Older adults



Source. United States Census Bureau, American Community Survey, 2017-2021

ACCESS TO PRIMARY AND SPECIALTY CARE

COMMUNITY INPUT

Participants described regularly seeking health care outside of Laredo for a variety of reasons, including needing better quality care for more complex health conditions, such as obstetrics and gynecology, pediatrics, cardiology, and psychiatry. Residents must regularly travel to San Antonio, Dallas, Austin, Corpus Christi, Houston, and Nuevo Laredo in Mexico to seek these health services.

Participants identified root causes of inadequate access to primary and specialty care, including overburdened providers leaving Laredo or taking better opportunities where they are paid higher salaries (often at private systems) and a lack of residency programs in the Laredo area, meaning the area lacks a pool of residents to become future providers.

In addition, they expressed the need for more comprehensive care under one roof rather than fragmented and uncoordinated care. Fragmented care leads to fewer patients with continuous care. The lack of patient–provider relationships is due to the high cost of office visits and limited time with providers.

“We don’t have insurance. And so what happens is you fall under a plateau, that you’re not too poor, and you don’t have enough resources to have insurance. So, you don’t have the means to pay. A lot of the people go to Nuevo Laredo to receive services.”

– Key Informant

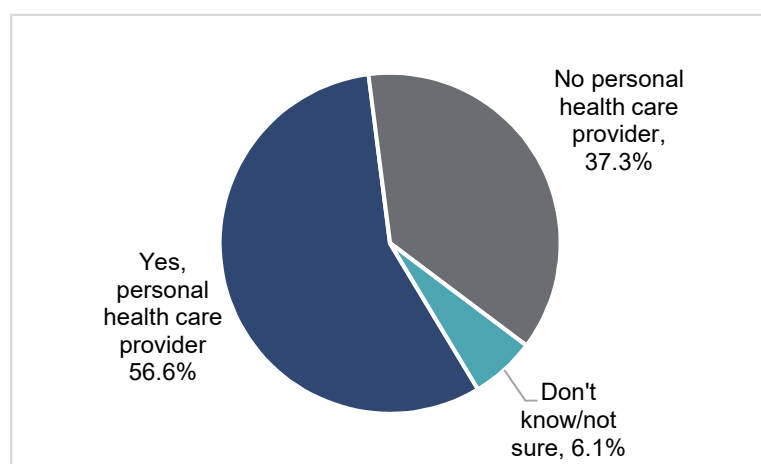
COMMUNITY SURVEY

Access to Health Care Providers

Among survey respondents, 56.6% indicated they had at least one person they think of as a personal doctor or health care provider (for example, primary care provider). Younger populations (age 18-34) are significantly less likely to have a personal health provider whereas people over 55 years are significantly more likely.

Figure 76

Over one-third of survey respondents do not have someone they think of as a personal doctor or health care provider (n=1,497).



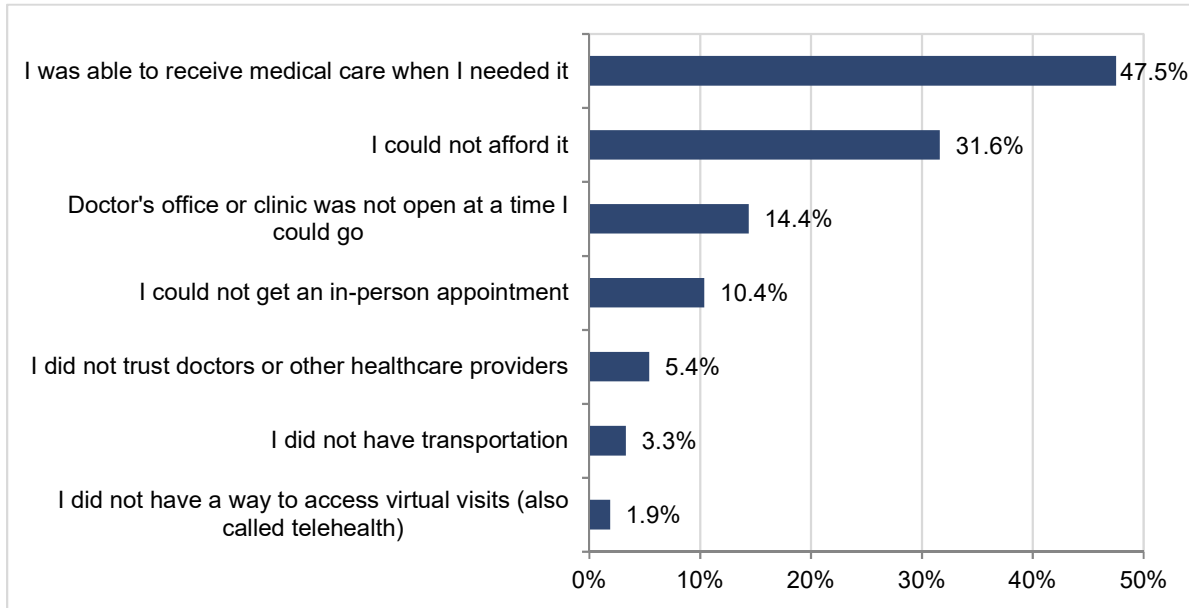
Source. Laredo CHNA Community Survey, 2022

Survey respondents were asked if there was any time in the last year when they needed medical care but did not get it. While nearly half (47.5%) indicated they were able to receive medical care when they needed it, almost one-third (31.6%) indicated they could not afford the care.

Other barriers to care included: the doctor's office or clinic was not open at the time they could go (14.4%), in-person appointments were not available (10.4%), they did not trust doctors or health care providers (5.4%), they lacked transportation (3.3%), or they were unable to access virtual visits (1.9%).

Figure 77

Reasons for Not Receiving Medical Care During Last 12 Months, Among Survey Respondents (n=1,328)

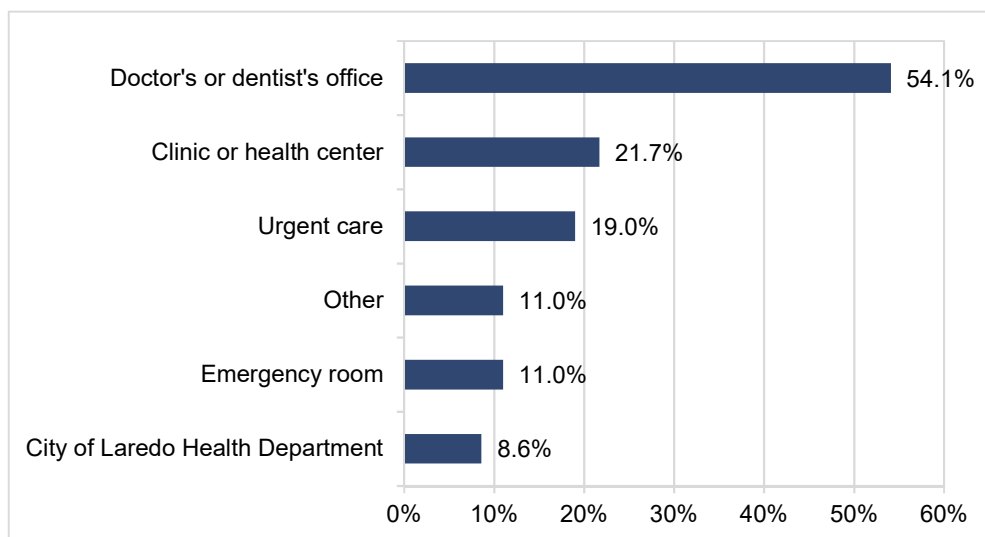


Source. Laredo CHNA Community Survey, 2022

When asked to indicate where they seek health care for physical, dental, or mental health, 54.1% of survey respondents reported going to a doctor's or dentist's office. Of 1,475 survey respondents, the second most common place of care was a clinic or health center, such as Gateway Community Health Center (21.7%).

Figure 78

Where Adult Survey Respondents Seek Health Care (n=1,475)



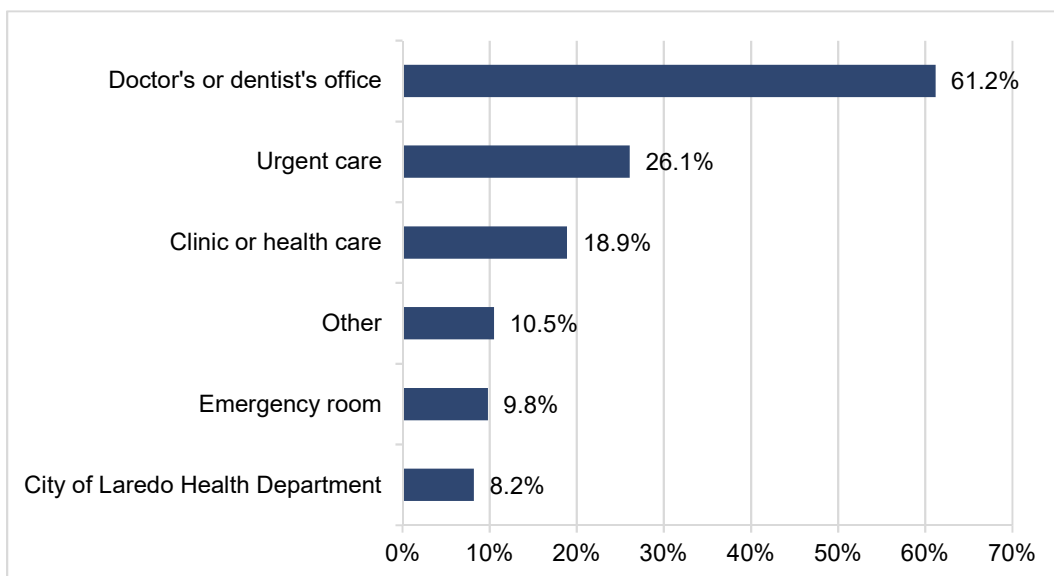
Source. Laredo CHNA Community Survey, 2022

Access to Health Care for Children

The majority (81.9%) of survey respondents who are the parent, guardian, or primary caregiver of at least one child under 18 living with them reported that their child(ren) all have a personal health care provider. Only 10.2% of respondents indicated that the child(ren) do not have a personal health care provider. In addition, nearly two-thirds (61.2%) reported that they go to a doctor's or dentist's office when their children need care. The second most common place of care reported was urgent care clinics (26.1%). Almost 10% of survey respondents who care for children reported taking the children to the emergency room when physical, dental, or mental health care is needed.

Figure 79

Where Parents, Guardians and Primary Caregivers of Children Under 18 Seek Health Care (n=783)



Source. Laredo CHNA Community Survey, 2022

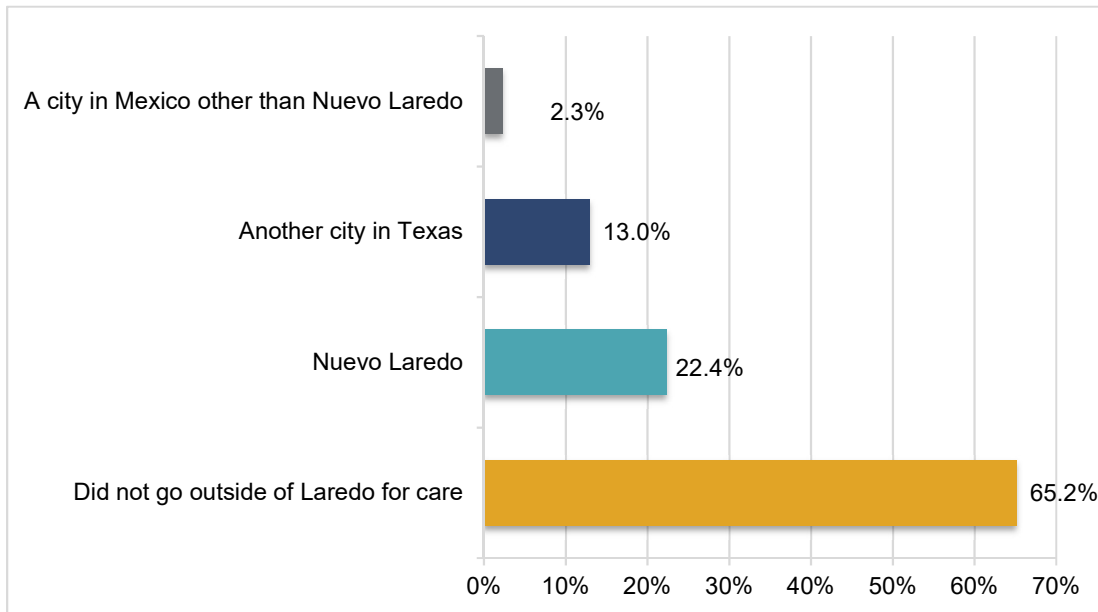
Travel outside of Laredo among Adults

Over one-third (34.8%) of survey participants indicated that they have traveled outside of Laredo within the past year to receive medical, dental, or health care for themselves.

Almost one-quarter (22.4%) reported going to Nuevo Laredo, Mexico, 13.0% reported going to another city in Texas, and 2.3% reported going to another city in Mexico besides Nuevo Laredo.

Figure 80

Percent of Survey Respondents Seeking Care Outside Laredo (n=1,512)



Source: Laredo CHNA Community Survey, 2022

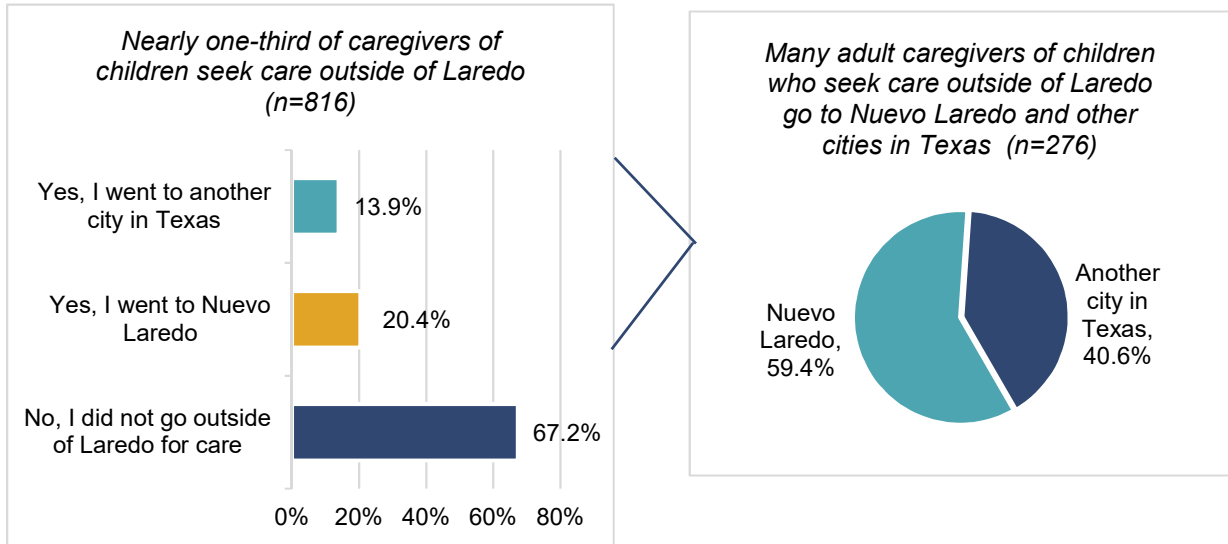
Among those survey respondents who reported seeking care outside Laredo (506), 72.9% reported seeking medical care, 46.2% reported seeking dental care, and 7.9% reported seeking mental health care.

Travel outside Laredo for Children

Over one-third (32.8%) of survey respondents who were parents, guardians, or caregivers reported traveling outside of Laredo in the last 12 months to receive medical, dental, or mental health care for children living in their home. Of these, 59.4% went to Nuevo Laredo, Mexico, and 40.6% went to another city in Texas.

Figure 81

Adult Caregivers Seeking Medical, Dental or Mental Health Care for Children Outside of Laredo

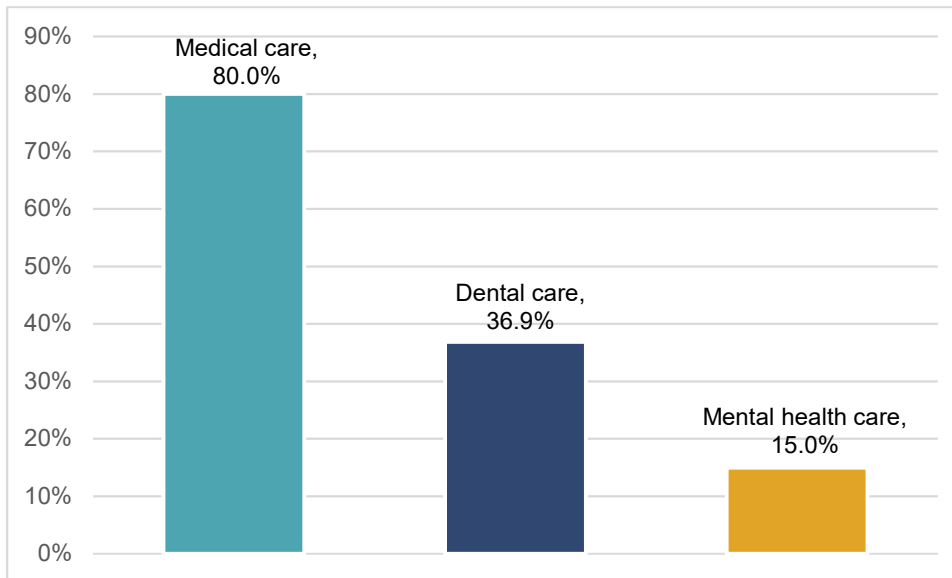


Source. Laredo CHNA Community Survey, 2022

The majority of people who sought care for children outside of Laredo (260) were seeking medical care (80.0%). The other types of care sought were dental care (36.9%) and mental health care (15.0%).

Figure 82

Type of Care Sought Outside Laredo for Children and Adolescents Under 18 (n=260)



Source. Laredo CHNA Community Survey, 2022



SECONDARY DATA

Health Professional Shortage Area (HPSA) scores are used to determine priorities for the assignment of clinicians (scores range from 1-25 for primary care and mental health; 1 to 26 for dental health). The higher the score, the greater the priority.

Table 5
Health Professional Shortage Area Score

	Webb County HPSA Score	Score Range
Primary Care	14	1-25
Dental Care	19	1-26

Source. Health Resources and Services Administration, 2022

ACCESS TO MENTAL HEALTH CARE

COMMUNITY INPUT

Community members frequently mentioned the increasing need for mental health services within the Laredo area. Common mental health concerns discussed include a lack of psychiatrists and psychologists, an increase in substance abuse in youth and people experiencing homelessness, and having very little access to mental health services in general.

“We don’t have a mental [health] facility. We have agencies that have received funding, but we don’t have specialists. My daughter suffers from mental health, and during COVID, it was really hard for her. And then there wasn’t a specialist.... There’s nobody locally. Very limited. So they were Zoomed with specialists. It’s not the same. They need a connection.”

– Focus Group Participant

“The people were not getting the care that they required [during COVID].... What do we do? Because we don’t have the facility. Even if we will talk about getting resources to do the brick and mortar, how are we going to attract the psychologists [and] psychiatrists?”

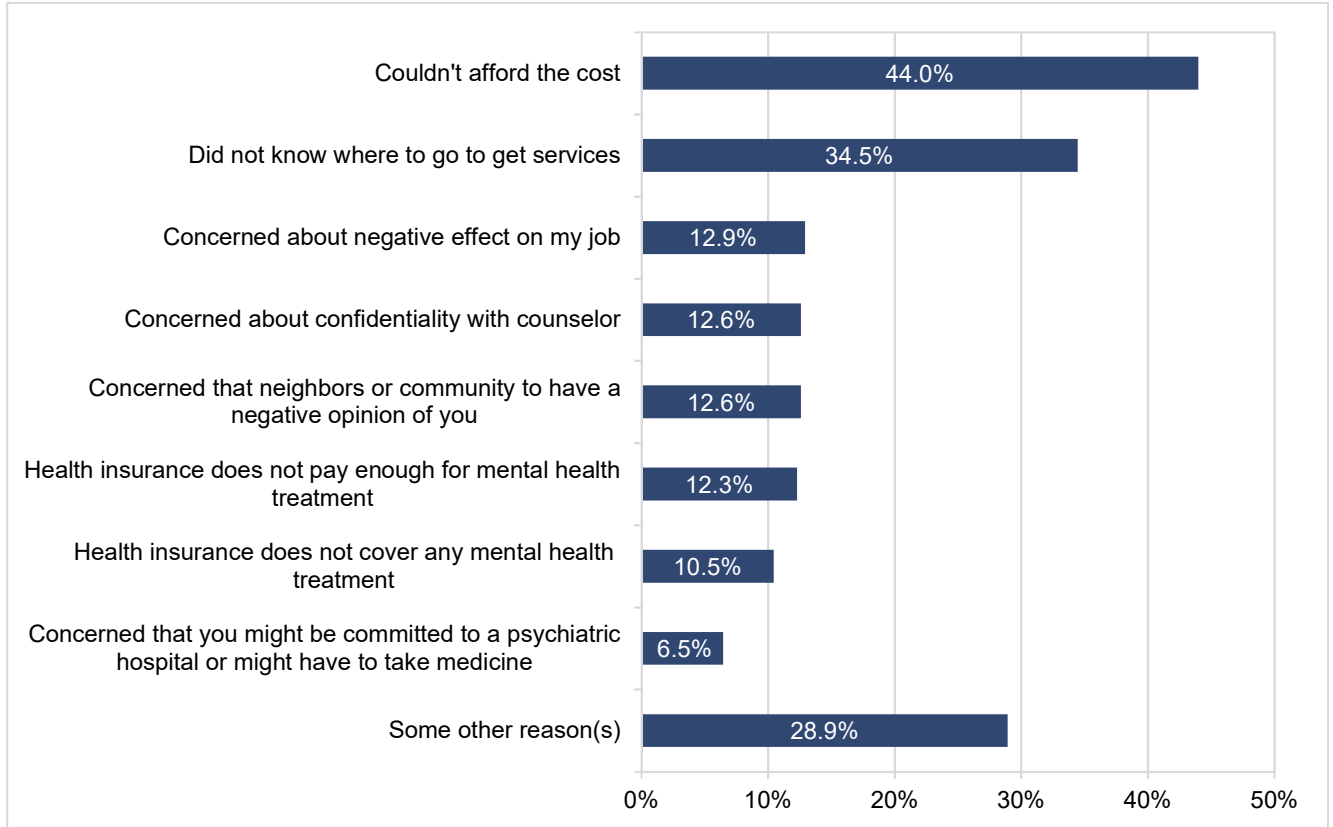
– Focus Group Participant

COMMUNITY SURVEY

Over one-fifth (21.9%) of survey respondents indicated that there was any time during the last 12 months that they needed mental health treatment or counseling for themselves but did not get it. The top reason provided was being unable to afford the cost (44.0%) followed by not knowing where to go to get mental health treatment (34.5%).

Figure 84

Survey respondents identified affordability and not knowing where to go for services as the top reasons



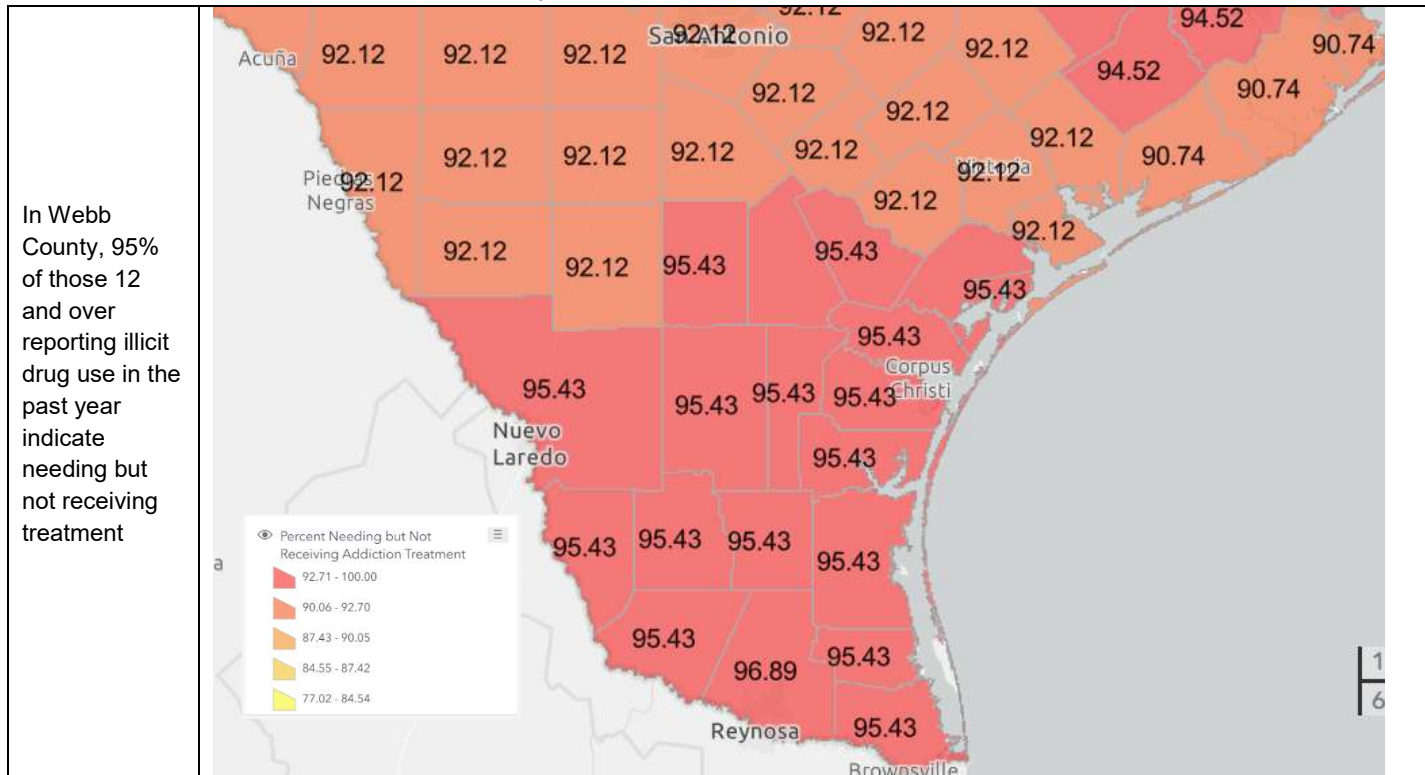
Source. Laredo CHNA Community Survey, 2022

Among survey respondents, people aged 25-34 were slightly more likely to report that they needed mental health treatment at some point in the last year, but did not get it. Conversely, people 55 and older were slightly less likely to report needing care but not getting it.

SECONDARY DATA

HPSA scores are used to determine priorities for the assignment of clinicians (scores range from 1-25 for primary care and mental health; 1 to 26 for dental health.) The higher the score, the greater the need. Webb County's HPSA Score is 18 for mental health care in 2021. In addition, Figure 86 highlights unmet need for addiction treatment in Webb County and the surrounding areas.

Figure 85
 Access to addiction treatment in Webb County



Source. Health Resources and Services Administration, 2014

ACCESS TO AFFORDABLE CARE

COMMUNITY INPUT

Participants reported affordability of care as another top barrier to health care access.

Key informants and focus group participants indicated that low-income families living in poverty, predominantly Hispanic and Latino community members, must make a choice between paying for basic necessities or insurance. As many residents do not receive full benefits or health insurance through their jobs, they seek care across the border for prescriptions and doctor’s visits.

“And you know, when families are receiving lower levels of income, sometimes they have to kind of prioritize where they are going to spend their money. I believe that insurance, unfortunately, is not one of the priorities for many of the lower-income families.”

– Key Informant

Key informants reported that about 40% of residents travel across the border to Nuevo Laredo, Mexico, to seek health services as it is less expensive.

MEDICALLY UNDERSERVED AREAS AND POPULATIONS

SECONDARY DATA

Webb County is designated as a Medically Underserved Area, with a score of 54.3 for primary care. Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) identify geographic areas and populations with a lack of access to primary care services, too few primary care providers, high infant mortality, high poverty, and/or high elderly populations. Each MUA and MUP 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.

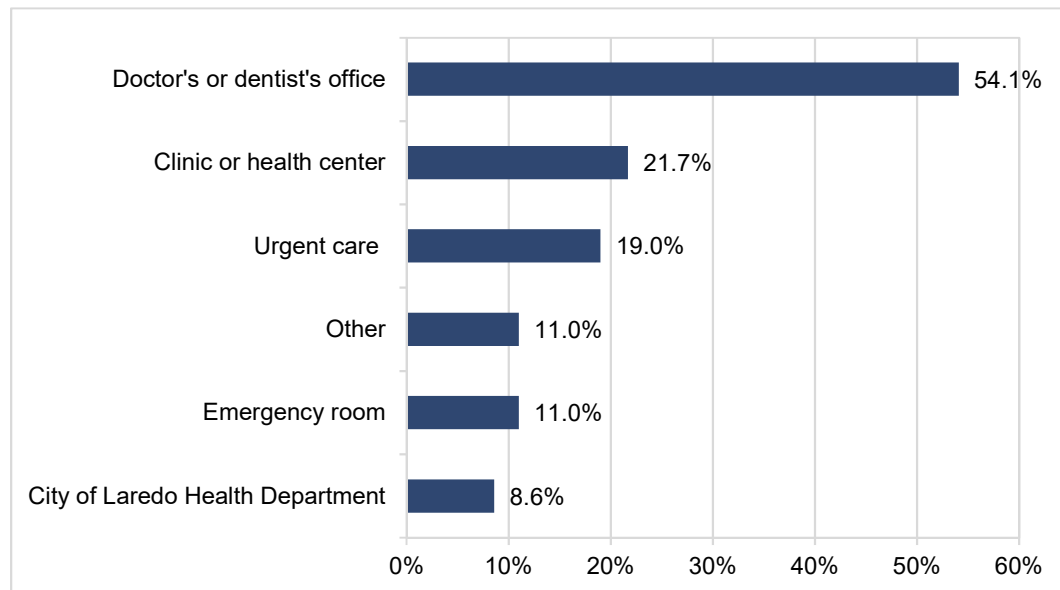
EMERGENCY ROOM VISITS AND PREVENTABLE HOSPITAL STAYS

COMMUNITY SURVEY

While the majority of survey respondents reported seeking care in a doctor's or dentist's office (54.1%), clinic or health center (21.7%), or urgent care center (19.0%), **11.0% reported that they seek care in the emergency room when they are sick.**

Figure 86

Where Survey Respondents Seek Health Care When They Are Sick (n=1,475)

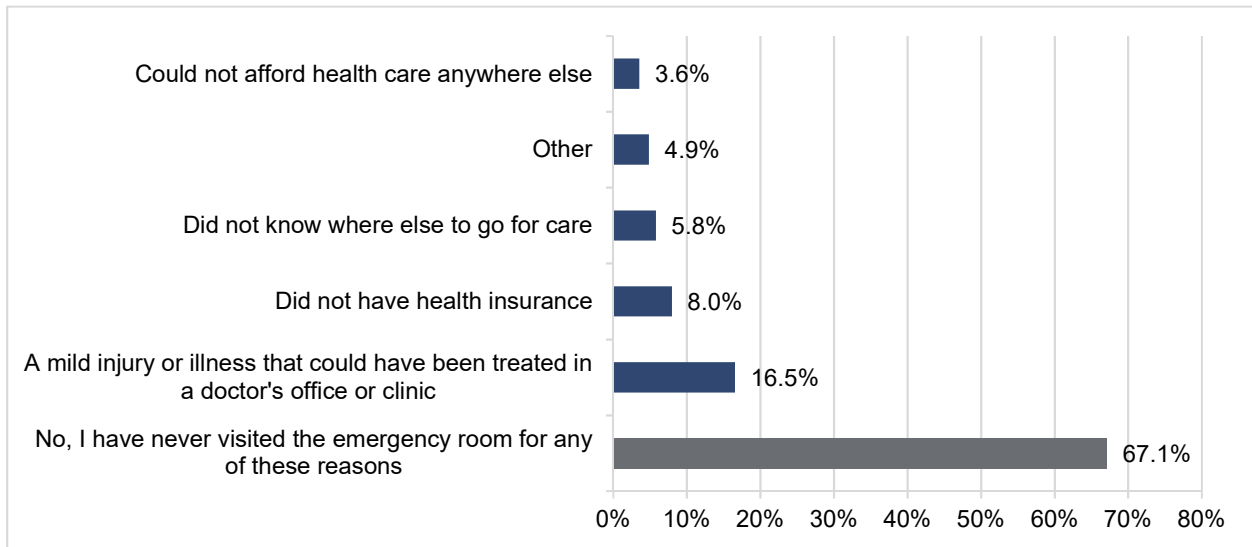


Source. Laredo CHNA Community Survey, 2022

Survey respondents were asked whether they visited an emergency room for themselves or a child at any time during the last year. While the majority (67.1%) said they had not visited the emergency room, 8.0% said they visited an emergency room because they did not have health insurance, and **16.5% reported that they visited an emergency room due to a mild injury or illness that could have been treated in a doctor's office or clinic.**

Figure 87

Reasons for Emergency Room Use Among Survey Respondents (n=1,378)

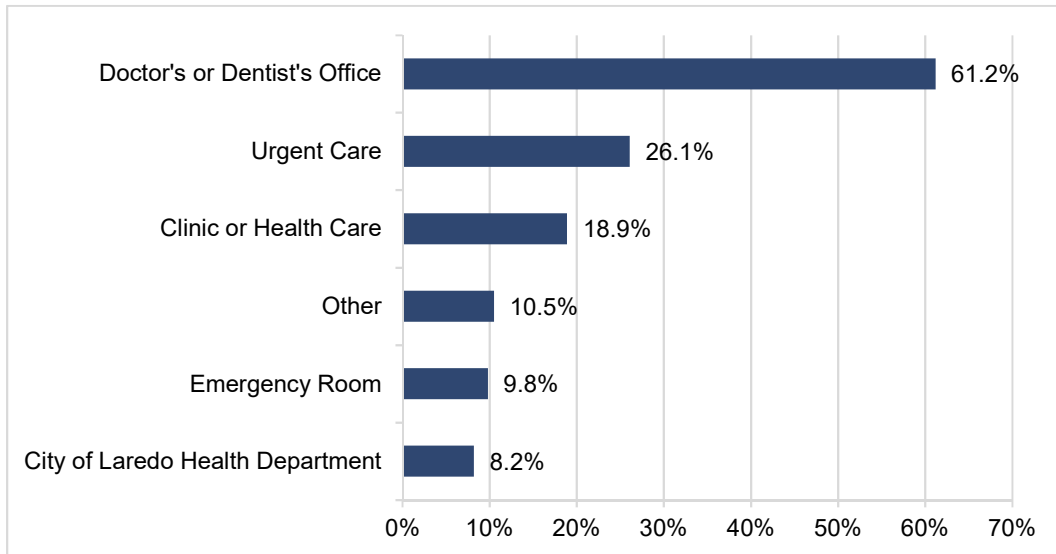


Source. Laredo CHNA Community Survey, 2022

In addition, while the majority of parents, caregivers, and guardians of children under 18 indicated that they go to a doctor's or dentist's office, urgent care, or clinic when children in their care are sick, **9.8% of the same reported taking the children to the emergency room when physical, dental, or mental health care is needed.**

Figure 88

Where Parents, Guardians and Caregivers of Children Seek Care When Sick, Among Survey Respondents (n=783)

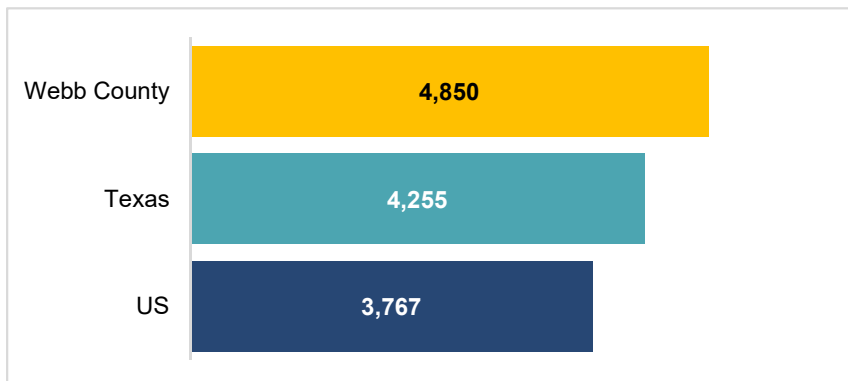


Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

Figure 89

Preventable Hospital Stays per 100,000 Medicare Enrollees Webb County, Texas, and United States



Source. Centers for Medicare and Medicaid Services, 2019

HEALTH LITERACY

COMMUNITY INPUT

Health literacy and insurance literacy are still major barriers for many residents of Laredo, especially for those who are undocumented. Participants indicated that as Laredo is

predominantly Hispanic or Latino, many people still feel there is a disconnect in understanding how to access, seek, and receive care. For example, having documents in English creates difficulties, as it takes longer for translation services, depleting time from the actual appointment.

More so, participants described how language on pamphlets, brochures, and official applications is often confusing and hard to understand. Participants agree that the health system should work to increase cultural competency and educate residents on health services and insurance to equip them to take control of their health.

“The impact of health literacy on their families and their lives is huge, because people are dying. They are dying just because they don't have the information that can help them get to the resources. I think it's so important that people become aware of how to take care of themselves and these types of illnesses.”

– Key Informant

Patients continue to face challenges in understanding insurance and health materials on pamphlets, brochures, and applications, as the medical terminology language is still difficult to follow. In addition, the frequency and accessibility of culturally and linguistically appropriate services is still a need in Laredo, as processes for translation and education are not streamlined.

SECONDARY DATA

As noted in Figure 91, a large portion of the population of Webb County has basic or below basic levels of health literacy. Specifically, the majority of ZCTAs 78041, 78042, 78043, and 78046 have between 50%-65% of the population that have basic or below basic levels of health literacy.¹⁰

¹⁰ National Health Literacy Mapping to Inform Health Care Policy (2014). Health Literacy Data Map. University of North Carolina at Chapel Hill. Retrieved June 1, 2015, from <http://healthliteracymap.unc.edu/#>.

Figure 90

Levels of Basic Health Literacy in Webb County Census tracts in red have basic or below basic levels of health literacy, based on the National Assessment of Adult Literacy (NAAL) health literacy results. Areas in green have above basic levels of health literacy.



Source: The University of North Carolina at Chapel Hill, Health Literacy Data Map, 2015

COMMUNITY AWARENESS AND TRUST RELATED TO HEALTH

COMMUNITY INPUT

“I think there's a lot of programs that the city offers that are excellent. However, there's a lot of disconnect as far as how information goes out there. I know the City tries to do as much as possible. But, a lot of people do not know about these programs, for whatever reason. And I think that's common throughout communities.”

– Focus Group Participant

While the City of Laredo Health Department offers a variety of health and screening programs, many residents forgo services due to a lack of awareness of available resources. This is especially true for undocumented residents who are unwilling to seek care or information due to the fear of deportation. Participants indicated that the City of Laredo should work to bring resources and programs to the community and raise awareness through advocacy and public service announcements.

Participants particularly described a lack of knowledge regarding the diagnosis, treatment, and management of chronic conditions such as diabetes and high blood pressure among residents of Laredo. For example, one focus group participant explained that the predominantly Hispanic community follows the advice of family and friends for disease management rather than seeking professional care. Community members agreed there is a lack of knowledge about chronic condition management and treatment among residents in Laredo. Many defer to their family and friends when seeking health advice rather than going to health care providers.

Many residents choose to self-medicate with antibiotics accessed across the border. This antibiotic use can become detrimental to the management of serious health conditions, leading to hospitalization or even death.

Residents who are undocumented commonly distrust the health care system due to fear of deportation. As a result, they often do not seek out health information.

Stigma in Hispanic and Latino culture keeps many from seeking preventative care; instead they wait until the last minute to seek medical attention, and many children in Laredo do not grow up seeing preventative care and best practices of wellness, which becomes a generational problem of avoiding care.

“When we talk about influence, we see children and young adults going into adulthood not knowing about their yearly checkup. That all starts with maternal health.... And now we are in the position of where there's a delay, and then it causes this ripple effect of health services. So it's just also, again, the influence of where these caregivers are coming from, and then their children having these same upbringings, and then them missing out. It's a ripple effect.”

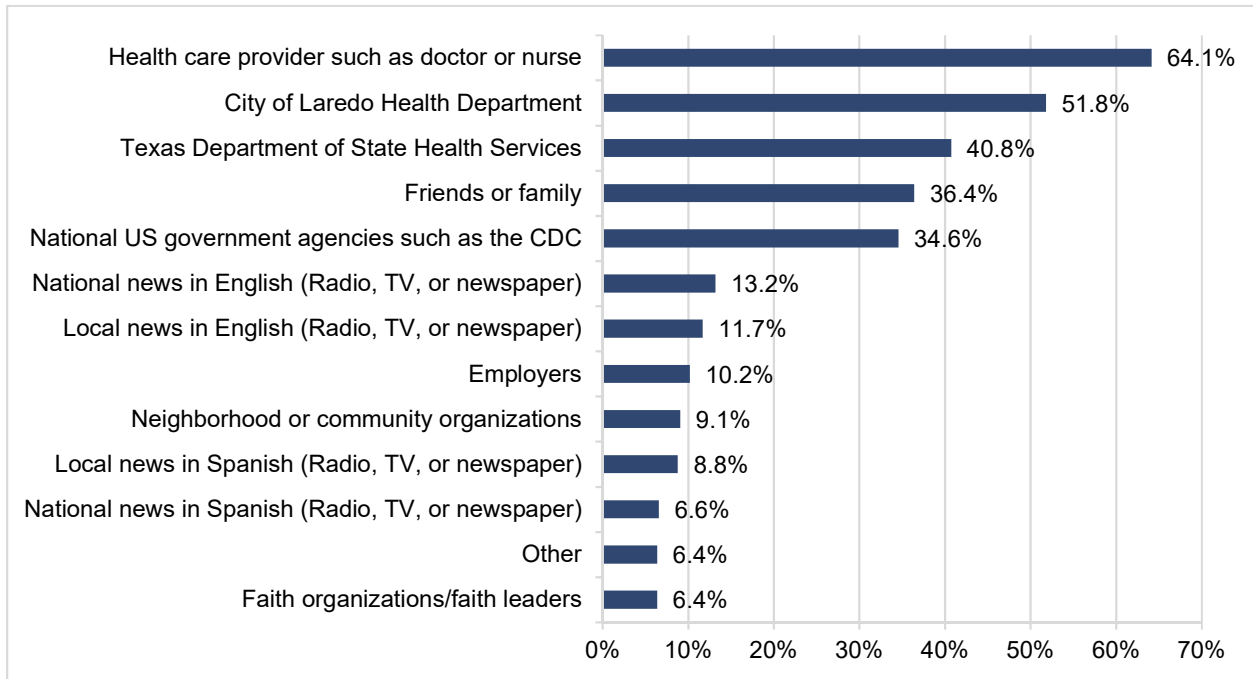
– Focus Group Participant

COMMUNITY SURVEY

Community members responding to the survey indicated that health care providers (64.1%) and the City of Laredo Health Department (51.8%) were the sources they trusted most to provide information on health, followed by the Texas Department of State Health Services (40.8%), and friends and family (36.0%).

Figure 91

Laredo residents indicate high levels of trust in health care providers and the City of Laredo Health Department for health information (n=1,411).



Source. Laredo CHNA Community Survey, 2022



OTHER HEALTH NEEDS

The following additional significant health needs emerged from a review of the publicly available quantitative data for the city of Laredo. While these topics did not specifically emerge as priority areas in the focus groups and key informant interviews, they are worth noting.

COMMUNITY CONCERNS

COMMUNITY INPUT

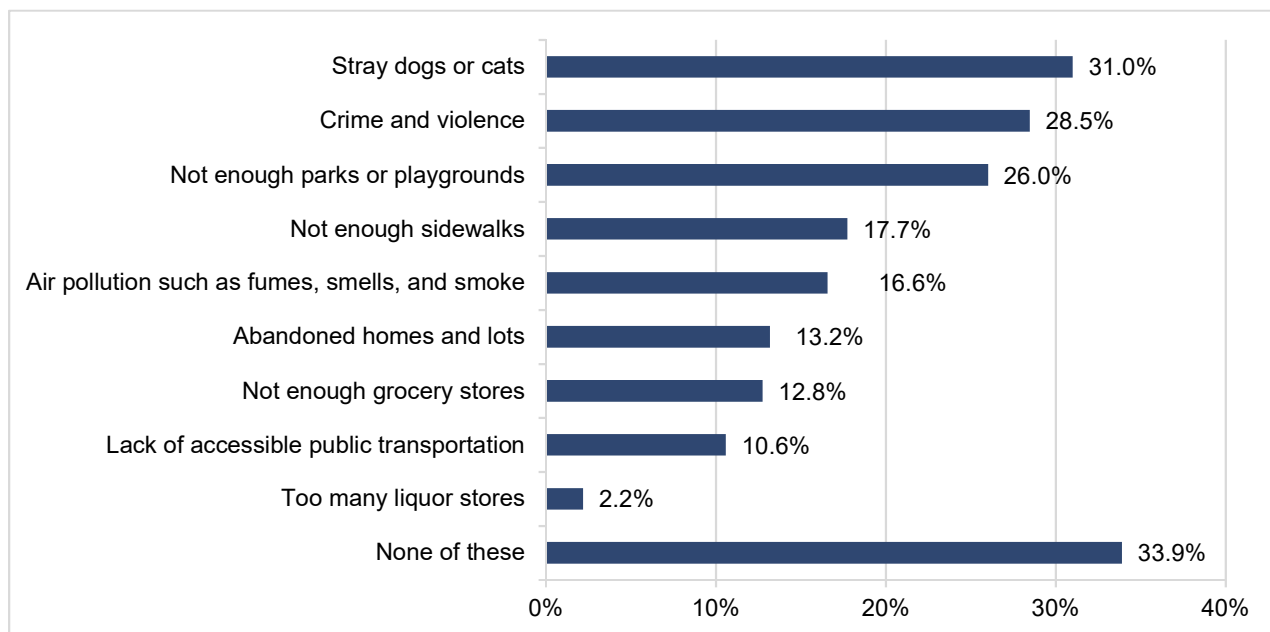
Focus group participants noted that the Laredo community has many assets and resources such as beautiful parks and ongoing community health classes to learn from, but they wonder if these resources could be more fairly distributed in and around Laredo, including the Colonias.

COMMUNITY SURVEY

Respondents identified “stray dogs or cats” (31.0%), “crime and violence” (28.5%), and “the lack of parks or playgrounds” (26.0%) as the top three things negatively affecting their health or the health of those with whom they live.

Figure 92

Top Community Concerns among Survey Respondents, as Related to Health (n=1,387)



ASTHMA

COMMUNITY SURVEY

Among survey respondents (951), 14.4% reported being told by a doctor that they have asthma.

NEURODEVELOPMENTAL DISABILITY

COMMUNITY SURVEY

Among survey respondents (951), 4.2% reported being told by a doctor that they have a neurodevelopmental disability (such as dyslexia, autism spectrum disorder, or another developmental diagnosis).

IMPACT OF COVID-19

COMMUNITY INPUT

Participants described how increasing rates of inflation combined with financial strain from the COVID-19 pandemic directly influenced their ability to purchase healthy foods. Key informants relayed an unusually large uptick in clientele struggling to make ends meet during COVID, specifically those who would not have needed support before the pandemic. Residents expressed intense frustration for facing food insecurity while working full-time jobs.

I think COVID really brought out a lot. It just took things to another level for a lot [of] people and everything that it brought with it.”

– Key Informant

Participants also expressed a shift in mental health due to COVID.

I feel like post COVID, during COVID, a lot of them were going through lot of mental health issues.

– Focus Group Participant

At the same time, some participants noted that although the pandemic left many negative impacts, the community managed to uplift itself in various ways. For example, there was a lot of collaboration between different community organizations to help provide resources and services to the community. Additionally, people became more aware of their health and how it affects their everyday life; for example, the community was more physically active. There was also more inclusivity during the pandemic since it was imperative to disseminate information to everyone.

“During COVID, we saw a lot of people going on walks way more than before in our neighborhood. We live in the Mines Road area, so during COVID, you would see tons of people on the sidewalk going for walks with their dog, with the kids, and we saw—it kind of trickled down a little bit, but people are still doing it more now than they were before.”

– Focus Group Participant

COMMUNITY SURVEY

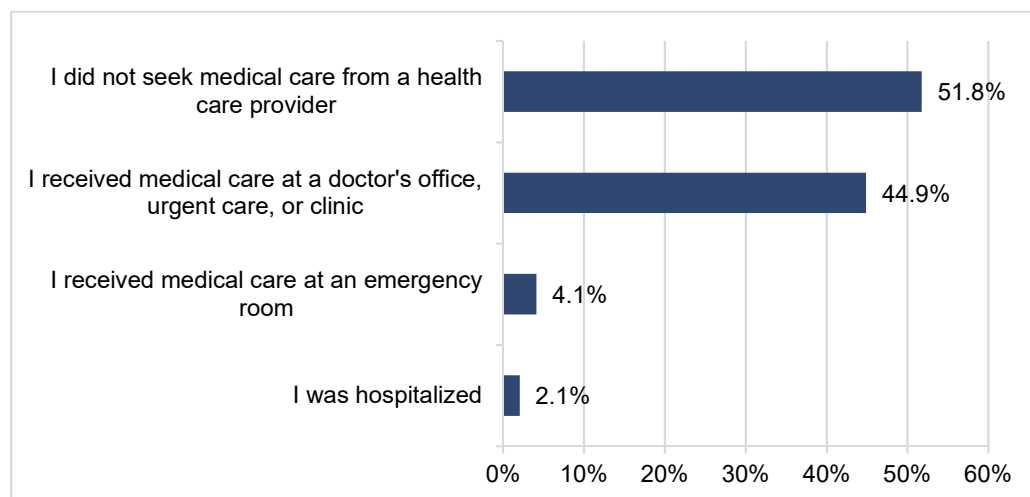
Nearly two-thirds of participants in the community survey (62.3%) reported that they have had COVID at least once since January 2020 (1,433 responses). About 40% of those reported testing positive using a PCR test (from a laboratory) and 18.6% reported testing positive with a home test. The remaining 3.3% reported that they believe they had COVID but did not take a test.

Of survey respondents, people aged 65 and older were less likely to report having COVID compared to other age groups. In addition, according to survey analyses, there was no significant relationship between ZIP code and self-reported COVID since January 2020.

When asked to describe the level of health care received while having COVID, **over half (51.8%) of respondents reported that they did not seek care**. Those who did seek care while having COVID largely sought care at a doctor’s office, urgent care, or clinic (44.9%), followed by an emergency room (4.1%), with 2.1% reporting being hospitalized.

Figure 93

Care Seeking Among Participants Who Indicated Having COVID Since January 2020 (n=871)

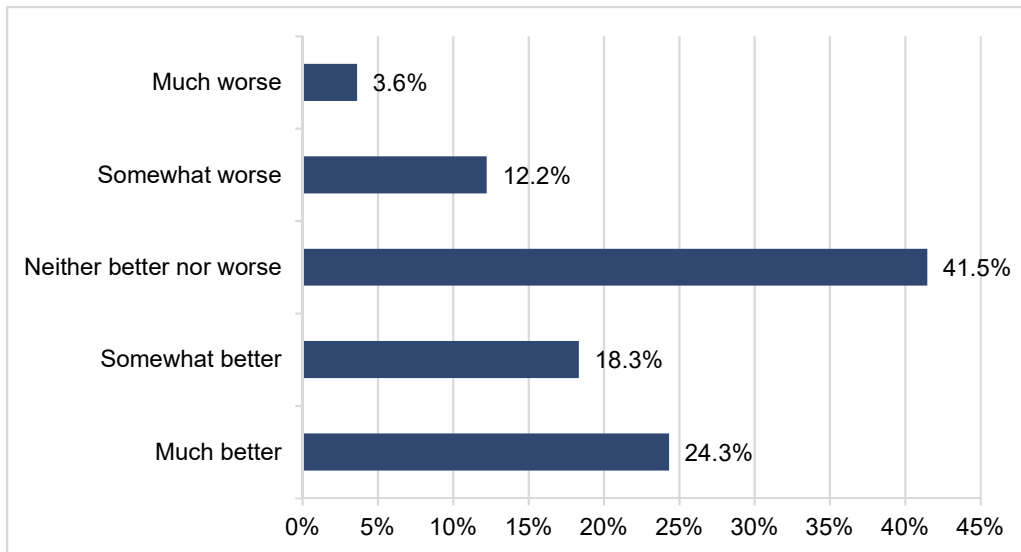


Source. Laredo CHNA Community Survey, 2022

The community survey also asked participants to indicate whether their mental health is better or worse than before the COVID pandemic. **Of 1,406 responses, the largest group (41.5%)**

indicated that their mental health was “neither better nor worse.” About one-quarter of respondents indicated that their mental health is “much better.” Only about 15% indicated that their mental health is either “somewhat worse” or “much worse” than prior to the pandemic.

Figure 94
Mental Health Compared to Pre-Pandemic Status (n=1,406)



Source. Laredo CHNA Community Survey, 2022

SECONDARY DATA

Table 6
COVID-19 statistics, March 1, 2020 through December 7, 2022

	Webb County	Texas	United States
COVID-19 cases weekly case rate (rate per 100,000 population)	117.48	105.7	29,892
COVID-19 deaths weekly death rate (rate per 100,000 population)	0	0.3	325
Completed primary series of COVID-19 vaccinations (percent of population ages 5 and up)	95.0%	67.5%	72.9%
Received updated booster dose of COVID-19 vaccination (percent of population ages 5 and up)	8.8%	8.4%	13.5%

Source. CDC COVID Tracker, dates March 1, 2020, through December 7, 2022

CONCLUSION

The City of Laredo Health Department contracted with THI to compile and analyze quantitative data for the city of Laredo for the 2022-2023 CHNA process. Additionally, THI conducted and analyzed 11 virtual key informant interviews, analyzed seven in-person focus groups facilitated by a local partner, and administered a robust community survey to understand the health priorities of the residents of the city of Laredo.

Both quantitative and qualitative data indicate Laredo has many significant assets and strengths, including a strong sense of community, a diverse network of local organizations championing for the health and wellbeing of all, and a strong community-based public health leader (City of Laredo Health Department).

Laredo is a border city and is the 11th most populous city in Texas. The city is growing, demonstrated by an increase in population of around 10% in the past decade. Most notably, the city is about 95% Hispanic and with this, the city has a unique context. For example, the city has a high population of foreign-born residents compared to the United States and Texas and a large population of residents who have limited English proficiency. In addition, many residents regularly seek health care outside of Laredo, including in Nuevo Laredo, other cities in Mexico, and other cities in Texas.

It is evident that many community members experience barriers to health care and healthy lifestyles. In addition, linguistically appropriate care, lack of disease and health awareness, and a shortage of specialty care are key drivers of health for Laredo residents.

It is possible to reduce many of these barriers through policy and system change, or via collaboration with community partners. Focus groups participants and key informants provided a number of recommendations about actions the community and community partners could take to address the concerns identified in Laredo. The recommendations focused on five primary outcomes: (a) improve health care access and affordability, (b) improve access to specialty care, (c) increase culturally relevant health care, (d) build trust and encourage partnerships to strengthen community, and (e) strengthen community engagement and outreach.

The recommendations below come directly from the community input gathered in this CHNA:

IMPROVE HEALTH CARE ACCESS AND AFFORDABILITY

Access to services: Establish mobile or satellite clinics with various health services and programs for primary care and specialty care throughout Laredo (North and South).

Quality health care: Focus on holistic, comprehensive care with a coordinated system of referral (both within Laredo and outside) to decrease the number of patients lost to follow-up. Increase the length of time patients spend with providers. Establish a centralized database system with easy access to patient information to allow for continuity of care.

Affordable health care: Offer lower-cost options for primary care and specialty health care, ideally at a level comparable to costs in Mexico.

Provider incentives: Strategize and build incentive programs and opportunities to attract and recruit more doctors, nurses, and clinical staff for publicly available programs in Laredo to increase the number of qualified providers in the area.

IMPROVE ACCESS TO SPECIALTY CARE

Specialty care: Increase availability of care for more complex health conditions, including obstetrics and gynecology, pediatrics, cardiology, and psychiatry.

Mental health services: Expand mental health facilities and services to meet the needs of the population in Laredo, especially for youth. Bring in more licensed clinical counselors to provide continuity of care.

INCREASE CULTURALLY RELEVANT HEALTH CARE

Language and translation services: Increase the availability and efficiency of Spanish translators during appointments and ensure translation of all materials into Spanish.

Culturally relevant treatment: Encourage providers to involve patients in their treatment decisions and take ownership of their health from their cultural perspective. Train hospital and clinic staff on culturally appropriate treatment and methods (e.g., nutrition, medicine).

BUILD TRUST AND ENCOURAGE PARTNERSHIPS TO STRENGTHEN COMMUNITY

Trust: Work through community champions and church leaders to engage community members to build trust. Hold more public events in the community to keep an open channel of communication with residents and be more visible in the community.

Partnership: Increase cross-sector collaboration and coordination by partnering with community-based organizations in Laredo. Bring together vital agencies to encourage system-wide change and to develop strategies for revenue income from health services and programs.

STRENGTHEN COMMUNITY ENGAGEMENT AND OUTREACH

Health literacy: Increase health literacy and awareness about health issues, especially for residents who are undocumented.

Education on health care and insurance: Increase knowledge and awareness of how health systems and insurance work. Provide education on navigating these systems, being mindful of culture and language.

Transportation: Increase the availability of transportation to health care appointments by collaborating with public transportation services and volunteers.

Knowledge and awareness: Promote available programs and resources in the community through dissemination of easy-to-understand information through pamphlets, booklets, and other culturally and linguistically appropriate materials at community events, schools, and other public places. Provide community education and classes on nutrition, behavior change, physical activity, disease management, cooking demonstrations, and healthy grocery shopping on a budget. Provide health and nutrition education in schools to help build healthy lifestyles.

A culture of health at community events: Offer health care and social service opportunities onsite during community events (e.g., community celebrations, health fairs, church events, school events). Provide healthier food options and activities at community events to encourage health and well-being.



APPENDIX A

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
Demographics	Total Population	266,963	28,862,581	329,725,481	CENSUS ACS	2017-2021	
	Pop by Sex				CENSUS ACS	2017-2021	
	Female	50.6%	50.1%	50.5%	CENSUS ACS	2017-2021	
	Male	49.4%	49.9%	49.5%	CENSUS ACS	2017-2021	
	Pop by Age				CENSUS ACS	2017-2021	
	Pop Under 18	32.7%	25.8%	22.5%	CENSUS ACS	2017-2021	
	Pop 18-64	57.9%	61.7%	61.5%	CENSUS ACS	2017-2021	
	Pop 65+	9.4%	12.5%	16.0%	CENSUS ACS	2017-2021	
	Pop by Race/Ethnicity				CENSUS ACS	2017-2021	
	Hispanic	95.5%	39.8%	18.4%	CENSUS ACS	2017-2021	
	White, NH	3.3%	40.7%	59.4%	CENSUS ACS	2017-2021	
	Black, NH	0.3%	11.8%	12.2%	CENSUS ACS	2017-2021	
	Asian, NH	0.5%	5.0%	5.6%	CENSUS ACS	2017-2021	
	AI/AN, NH	0.0%	0.2%	0.6%	CENSUS ACS	2017-2021	
	Age Dependency Ratio	72.7	62.2	62.7	CENSUS ACS	2017-2021	
	Child Dependency Ratio	56.4	41.8	36.6	CENSUS ACS	2017-2021	Number of children age 0-17 per 100 adults age 18-64
	Old-Age Dependency Ratio	16.2	20.3	26.1	CENSUS ACS	2017-2021	Number of older people age 65+ per 100 adults age 18-64
	Portion of Population Disabled	12.4%	11.4%	12.6%	CENSUS ACS	2017-2021	
Not Proficient in English, Population 5 Years and Up	37.3%	13.1%	8.2%	CENSUS ACS	2017-2021		
Medicaid Coverage	26.2%	16.4%	20.2%	CENSUS ACS	2017-2021		
Dentists to Population Ratio	3,120:1	1,660:1	1,400:1	CHR	2020		
Mental Health Providers Needed	11 Needed	702 Needed	7,871 Needed	HRSA	2022		
Dental Health Providers Needed	30 Needed	475 Needed	11,896 Needed	HRSA	2022		
Delayed Care Due to Cost		15.9%	8.8%	CDC BRFSS	2021		

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
Access	Preventable Hospital Stays	4,850	4,255	3,767	CMS /CHR	2019	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
	<i>Uninsured</i>				CENSUS ACS	2017-2021	
	Percentage of Children Under Age 19 w/o Health Insurance	15.0%	11.5%	5.3%	CENSUS ACS	2017-2021	
	Percentage of Adults Ages 19-64 w/o Health Insurance	40.9%	23.7%	12.3%	CENSUS ACS	2017-2021	
	Percentage of the Population Under Age 65 w/o Health Insurance	5.4%	1.8%	0.8%	CENSUS ACS	2017-2021	
	Health Literacy	217	254	264	UNC	2003	
	Drug/Alcohol Facility Received Mental Health Services in Past Year, Ages 18+	9 (Region 11abd) 8.7%	509 11.5%	16,066 14.7%	SAMHSA NSDUH	2020 2016--2018	Note: Region 11abd includes total of 18 counties; includes Webb County
Health Behaviors	Physical Inactivity	37.2%	48.1%	50.6%	CDC BRFSS	2020	No physical activity in past month (exercises such as running, calisthenics, golf, gardening, or walking for exercise, outside of regular job) among adults aged ≥18 years
	<i>Infant & Child Health</i>						
	Infant Mortality	3.7	5.5	5.6	TX DSHS	2019	
	Low Birthweight	8%	8%	8%	CDC WONDER/CHR	2014-2020	
	Child Mortality	54.4	48.9	48.4	CDC WONDER/CHR	2014-2020	
	<i>General Health</i>						
	Life Expectancy	78.5	78.4	78.5	CDC/CHR	2018-2020	
	Premature Mortality	360	360	360	CDC/CHR	2018-2020	
Premature Death	6,800	7,000	7,300	CDC/CHR	2018-2020		

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
Health Outcomes	<i>Chronic Disease</i>						
	Adult Obesity	43.9%	35.8%	31.9%	CDC BRFSS	2020	
	Diabetes Prevalance	16.0%	12.6%	11.1%	CDC BRFSS	2020	
	Frequent Physical Distress	13.8%	9.4%	9.9%	CDC BRFSS	2020	14+ days in past 30 that physical health was "not good"
	High Blood Pressure Awareness	31.4%	30.8%	38.7%	CDC BRFSS	2019	
	Poor or Fair Health	27.4%	17.7%	17.8%	CDC BRFSS	2020	
	New Cancer Cases	309.7	412.4	N/A	TX Cancer Statistics	2019	
	Ever Told Have Kidney Disease	3.5%	2.7%	2.9%	CDC BRFSS	2020	
	<i>Mental / Behavioral Health</i>						
	Depression <i>Ever Told</i>	19.7%	17.7%	19.2%	CDC BRFSS	2020	
	Frequent Mental Distress	16.1%	13.2%	13.5%	CDC BRFSS	2020	14+ days in past 30 that mental health was "not good"
	Drug Overdose Deaths	19.38	14.1	32.4	NCHS	2021	Drug poisoning deaths per 100,000 population
	Suicidal Thoughts, Ages 18+	(Region 11abd) 3.3%	3.6%	4.2%	NSDUH	2016--2018	Had serious thoughts of suicide in the past year among adults aged 18 or older
	Serious Mental Illness, Ages 18+	(Region 11abd) 3.2%	3.7%	4.5%	NSDUH	2016--2018	Serious mental illness in the past year among adults aged 18 or older
	Illicit Drug Use in Past Month, Ages 12 and Older	(Region 11abd) 5.3%	7.8%	11.2%	NSDUH	2016--2018	Illicit drug use in the past month among individuals aged 12 or older
	<i>Substance Use</i>						
	Heavy Drinking	16.5%	16.4%	15.7%	CDC BRFSS	2020	Binge drinking among adults 18+
	Smoking	16.4%	13.2%	15.5%	CDC BRFSS	2020	
	Opioid Prescription	16.233	37.9	43.3	CDC RX RATE	2020	
	<i>COVID-19</i>						
COVID-19 Cases	117.5	105.7	29,892	CDC COVID TRACKER	2020-2022	Weekly case rate per 100k as of data 01Mar2020 through 07Dec2022	
COVID-19 Deaths	0.0	0.3	325	CDC COVID TRACKER	2020-2022	Weekly death rate per 100k as of data 01Mar2020 through 07Dec2022	

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
	COVID-19 Vaccinations	95.0%	67.5%	72.9%	CDC COVID TRACKER	2020-2022	Percent of pop ages 5+ with completed primary series as of data through 07Dec2022
	COVID-19 Vaccinations	8.8%	8.4%	13.5%	CDC COVID TRACKER	2020-2022	Percent of pop ages 5+ with updated booster dose as of data through 07Dec2022
Housing	Severe Housing Cost Burden	32.8%	29.9%	30.3%	CENSUS ACS	2017-2021	Percentage of households that spend 30% or more of their household income on housing
	Broadband Access	77.0%	86.9%	87.0%	CENSUS ACS	2017-2021	
	Housing Stability	97%	N/A	N/A	ARGONNE NAT'L LIBRARY	2022	Stability score of 0.96 indicates 4% fewer households in that jurisdiction are stable (i.e., not at risk of eviction or foreclosure) than baseline period (Jan,2020)
Infrastructure	Food Insecurity	16.2%	13.0%	11.8%	FEEDING AMERICA	2020	
Socioeconomic	Education Attainment (BS or Higher)	19.4%	31.5%	33.7%	CENSUS ACS	2017-2021	
	Unemployment	3.5%	3.9%	3.7%	BLS	Dec-22	
	Percent Below Poverty Level	22.9%	14.0%	12.6%	CENSUS ACS	2017-2021	
	Households Below ALICE	59.0%	44.0%	28.0%	UNITED WAY	2018	Prevalence of households who struggle to afford essentials like food, housing, or health care, and yet do not meet income qualifications for public assistance programs
	Community Needs Index				CNI	2021	Score of 5.0 represents a ZIP with the most need compared to national average (score of 3.0)
	Median Household Income	\$ 54,618	\$ 67,321	\$ 69,021	CENSUS ACS	2017-2021	
	Graduation Rate	LISD: 96.2%; UISD 97.2%	90.3%		TEA TAPR	2020-2021	

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
Social Conditions	College Ready	LISD: 93.5%; UISD 69.5%	53.4%		TEA TAPR	2020-2021	
	2021 Violent Crime Offenses Per 100k Pop	(Laredo) 310.4	446.5	398.5	FBI CDE	2020	Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault Property crime includes the offenses of burglary, larceny-theft, and motor vehicle theft.
	2021 Property Crime Per 100k Pop	(Laredo) 1227	2,245	1,958	FBI CDE	2020	
Sexual Health	Teen Birth Rate, Ages 15-19	38.85	22.37	15.39	TDSHS / CDC NCHS	2020	
	Prenatal Care in First Trimester	71.7%	66.1%		TDSHS	2019	
	HIV - New Cases	6.1	14.5	11.1	TDSHS	2020	
	<i>Preventive Care</i>						
	Primary Check, Ages 18 and Up	69.1%	72.6%	75.7%	CDC BRFSS	2020	
	Dental Check, Ages 18 and Up	42.9%	57.5%	66.3%	CDC BRFSS	2020	
	HIV Test		39.6%	35.1%	CDC BRFSS	2021	
	<i>Immunizations</i>						
	Pneumonia		69.0%	70.9%	CDC BRFSS	2020	
	Flu Shot		66.0%	67.1%	CDC BRFSS	2020	
	HPV Up to Date, Ages 9-17		54.9%	58.6%	TX HHS	2020	
	DTP/DTaP/DT/Td Vaccination Coverage Among Kindergarteners	99.1%	95.1%		Tx DSHS	2021-2022 School Year	
	MMR Vaccination Coverage Among Kindergarteners	99.3%	95.4%		Tx DSHS	2021-2022 School Year	
	Tdap/Td Vaccination Coverage Among Seventh Grade Students	99.5%	95.4%		Tx DSHS	2021-2022 School Year	

Indicators for Webb County, Texas and US

	Indicator	Webb County	TX	US	Source	Measurement Period	Definitions
Preventive	MMR Vaccination Coverage Among Seventh Grade Students	99.9%	98.6%		Tx DSHS	2021-2022 School Year	
	<i>Preventive Cancer</i>						
	Colorectal Screening, Ages 50-75	56.9%	54.0%	64.3%	CDC BRFSS	2020	
	Cervical Cancer Screening, Ages 21-65	74.3%	75.0%	77.7%	CDC BRFSS	2020	
	Mammogram, Ages 50-74	69.5%	77.7%	78.3%	CDC BRFSS	2020	
	<i>Diabetes</i>						
	Diabetic Feet Check Daily		54.3%		TX BRFSS	2021	Diabetics, adults 18 years and up, feet checked daily for any sores or irritations
	Hemoglobin A1C		83.9%		TX BRFSS	2021	Diabetics, adults 18 years and up, had A1C test in past 12 months
Seeing Doctor		86.9%		TX BRFSS	2021	Diabetics, adults 18 years and up, seen a doctor/nurse/or other healthcare professional in past 12 months for diabetes	
Check Daily Blood Sugar		58.2%		TX BRFSS	2021	Diabetics, adults 18 years and up, blood checked daily for glucose or sugar	
Self-Management Course		46.4%		TX BRFSS	2021	Diabetics, adults 18 years and up, taken a course in how to manage your diabetes yourself	

Indicators for Texas, Laredo and Laredo ZIP Codes											
	Indicator	TX	Laredo	78040	78041	78043	78045	78046	Source	Measurement Period	Definitions
Demographics	Total Population	28,862,581	254,697	37,136	46,751	45,703	67,730	68,418	CENSUS ACS	2017-2021	
	Pop by Sex								CENSUS ACS	2017-2021	
	Female	50.1%	50.7%	51.9%	51.6%	50.7%	49.7%	50.3%	CENSUS ACS	2017-2021	
	Male	49.9%	49.3%	48.1%	48.4%	49.3%	50.3%	49.7%	CENSUS ACS	2017-2021	
	Pop by Age								CENSUS ACS	2017-2021	
	Pop Under 18	25.8%	32.6%	33.0%	29.0%	32.0%	32.1%	36.2%	CENSUS ACS	2017-2021	
	Pop 18-64	61.7%	58.1%	53.1%	58.6%	58.4%	61.1%	56.7%	CENSUS ACS	2017-2021	
	Pop 65+	12.5%	9.3%	13.9%	12.4%	9.6%	6.8%	7.1%	CENSUS ACS	2017-2021	
	Pop by Race/Ethnicity								CENSUS ACS	2017-2021	
	Hispanic	39.8%	95.5%	97.8%	93.9%	96.9%	93.2%	96.8%	CENSUS ACS	2017-2021	
	White, NH	40.7%	3.2%	1.6%	4.2%	2.1%	5.2%	2.4%	CENSUS ACS	2017-2021	
	Black, NH	11.8%	0.3%	0.4%	0.6%	0.3%	0.5%	0.0%	CENSUS ACS	2017-2021	
	Asian, NH	5.0%	0.5%	0.1%	0.7%	0.5%	0.8%	0.2%	CENSUS ACS	2017-2021	
	AI/AN, NH	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	CENSUS ACS	2017-2021	
	Age Dependency Ratio	62.2	72.1	88.3	70.7	71.1	63.8	76.6	CENSUS ACS	2017-2021	
	Child Dependency Ratio	41.8	56.1	62.1	49.5	54.8	52.6	64.0	CENSUS ACS	2017-2021	Number of children age 0-17 per 100 adults age 18-64
	Old-Age Dependency Ratio	20.3	16.0	26.2	21.2	16.3	11.1	12.6	CENSUS ACS	2017-2021	Number of older people age 65+ per 100 adults age 18-64
Portion of Population Disabled	11.5%	12.3%	21.3%	11.7%	11.4%	8.8%	12.2%	CENSUS ACS	2017-2021		
Not Proficient in English, Population 5 Years and Up	13.1%	37.2%	58.7%	34.4%	37.2%	26.6%	38.8%	CENSUS ACS	2017-2021		
Medicaid Coverage	16.4%	25.6%	37.2%	23.3%	29.7%	12.8%	33.4%	CENSUS ACS	2017-2021		
Access	Dentists to Population Ratio	1,660:1							CHR	2020	
	Mental Health Providers Needed	702 Needed							HRSA	2022	
	Dental Health Providers Needed	475 Needed							HRSA	2022	
	Delayed Care Due to Cost	15.9%							CDC BRFSS	2021	
	Preventable Hospital Stays	4,255							CMS /CHR	2019	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees
	<i>Uninsured</i> Percentage of Children Under Age 19 w/o Health Insurance	11.5%	15.1%	19.1%	13.0%	13.0%	15.6%	14.6%	CENSUS ACS	2017-2021	

Indicators for Texas, Laredo and Laredo ZIP Codes											
	Indicator	TX	Laredo	78040	78041	78043	78045	78046	Source	Measurement Period	Definitions
	Percentage of Adults Ages 19-64 w/o Health Insurance	23.7%	40.5%	57.2%	38.2%	45.3%	25.2%	48.7%	CENSUS ACS	2017-2021	
	Percentage of the Population Under Age 65 w/o Health Insurance	1.8%	5.4%	6.0%	3.8%	4.5%	3.4%	9.6%	CENSUS ACS	2017-2021	
	Health Literacy	254							UNC	2003	
	Drug/Alcohol Facility	509							SAMHSA	2020	
	Received Mental Health Services in Past Year, Ages 18+	11.5%							NSDUH	2016--2018	Note: Region 11abd includes total of 18 counties; includes Webb County
Health Behaviors	Physical Inactivity	48.1%	39.5%	49.0%	36.1%	40.6%	27.1%	42.0%	CDC BRFSS	2020	No physical activity in past month (exercises such as running, calisthenics, golf, gardening, or walking for exercise, outside of regular job) among adults aged ≥18 years
	<i>Infant & Child Health</i>										
	Infant Mortality	5.5							TX DSHS	2019	
	Low Birthweight	8%							CDC WONDER/CHR	2014-2020	
	Child Mortality	48.9							CDC WONDER/CHR	2014-2020	
	<i>General Health</i>										
	Life Expectancy	78.4							CDC/CHR	2018-2020	
	Premature Mortality	360							CDC/CHR	2018-2020	
	Premature Death	7,000							CDC/CHR	2018-2020	
	<i>Chronic Disease</i>										
	Adult Obesity	35.8%	45.2%	48.9%	42.9%	45.7%	39.8%	46.9%	CDC BRFSS	2020	
	Diabetes Prevalance	12.6%	15.7%	22.5%	15.8%	16.6%	10.6%	15.2%	CDC BRFSS	2020	
	Frequent Physical Distress	9.4%	14.4%	20.4%	13.6%	15.3%	9.3%	15.6%	CDC BRFSS	2020	14+ days in past 30 that physical health was "not good"
	High Blood Pressure Awareness	30.8%	30.4%	38.7%	30.9%	31.6%	24.0%	29.3%	CDC BRFSS	2019	
	Poor or Fair Health	17.7%	27.9%	40.2%	25.9%	30.0%	16.7%	31.1%	CDC BRFSS	2020	
	New Cancer Cases	412.40							TX Cancer Statistics	2019	
	Ever Told Have Kidney Disease	2.7%	4.0%	5.3%	3.5%	3.7%	2.2%	3.3%	CDC BRFSS	2020	
	<i>Mental / Behavioral Health</i>										
	Depression Ever Told	17.7%	20.2%	22.4%	19.9%	21.3%	18.5%	22.4%	CDC BRFSS	2020	

Indicators for Texas, Laredo and Laredo ZIP Codes												
	Indicator	TX	Laredo	78040	78041	78043	78045	78046	Source	Measurement Period	Definitions	
Health Outcomes	Frequent Mental Distress	13.2%	16.2%	18.6%	15.9%	17.5%	14.3%	19.0%	CDC BRFSS	2020	14+ days in past 30 that mental health was "not good"	
	Drug Overdose Deaths	14.1							NCHS	2021	Drug poisoning deaths per 100,000 population	
	Suicidal Thoughts, Ages 18+	3.6%							NSDUH	2016--2018	Had serious thoughts of suicide in the past year among adults aged 18 or older	
	Serious Mental Illness, Ages 18+	3.7%							NSDUH	2016--2018	Serious mental illness in the past year among adults aged 18 or older	
	Illicit Drug Use in Past Month, Ages 12 and Older	7.8%							NSDUH	2016--2018	Illicit drug use in the past month among individuals aged 12 or older	
	<i>Substance Use</i>											
	Heavy Drinking	16.4%	15.6%	13.8%	16.4%	16.1%	19.1%	17.2%	CDC BRFSS	2020	Binge drinking among adults 18+	
	Smoking	13.2%	18.2%	23.2%	16.2%	19.1%	12.4%	21.8%	CDC BRFSS	2020		
	Opioid Prescription	37.9							CDC RX RATE	2020		
	<i>COVID-19</i>											
	COVID-19 Cases	105.7							CDC COVID TRACKER	2020-2022	Weekly case rate per 100k as of data 01Mar2020 through 07Dec2022	
	COVID-19 Deaths	0.3							CDC COVID TRACKER	2020-2022	Weekly death rate per 100k as of data 01Mar2020 through 07Dec2022	
	COVID-19 Vaccinations	67.5%							CDC COVID TRACKER	2020-2022	Percent of pop ages 5+ with completed primary series as of data through 07Dec2022	
	COVID-19 Vaccinations	8.4%							CDC COVID TRACKER	2020-2022	Percent of pop ages 5+ with updated booster dose as of data through 07Dec2022	
Housing	Severe Housing Cost Burden	29.9%	33.3%	42.0%	33.8%	31.1%	27.2%	34.9%	CENSUS ACS	2017-2021	Percentage of households that spend 30% or more of their household income on housing	
	Broadband Access	86.9%	78.1%	59.7%	78.0%	72.0%	92.8%	73.0%	CENSUS ACS	2017-2021		
	Housing Stability	N/A							ARGONNE NAT'L LIBRARY	2022	Stability score of 0.96 indicates 4% fewer households in that jurisdiction are stable (i.e., not at risk of eviction or foreclosure) than baseline period (Jan,2020)	
Infrastructure	Food Insecurity	13.0%							FEEDING AMERICA	2020		
	Education Attainment (BS or Higher)	31.5%	20.0%	7.4%	25.8%	12.2%	34.8%	10.3%	CENSUS ACS	2017-2021		
	Unemployment	3.9%	3.7%						BLS	Dec-22		
	Percent Below Poverty Level	14.0%	22.2%	37.1%	21.1%	27.5%	8.1%	28.1%	CENSUS ACS	2017-2021		

Indicators for Texas, Laredo and Laredo ZIP Codes											
	Indicator	TX	Laredo	78040	78041	78043	78045	78046	Source	Measurement Period	Definitions
Socioeconomic	Households Below ALICE	44.0%		79.0%	56.0%	66.0%	43.0%	73.0%	UNITED WAY	2018	Prevalence of households who struggle to afford essentials like food, housing, or health care, and yet do not meet income qualifications for public assistance programs Score of 5.0 represents a ZIP with the most need compared to national average (score of 3.0)
	Community Needs Index			5	4.8	5	4	4.6	CNI	2021	
	Median Household Income	\$ 67,321	\$ 55,603	\$ 29,836	\$ 55,311	\$ 50,190	\$ 78,478	\$ 46,845	CENSUS ACS	2017-2021	
Social Conditions	Graduation Rate	90.3%							TEA TAPR	2020-2021	Violent crime includes the offenses of murder and nonnegligent manslaughter, rape (revised definition), robbery, and aggravated assault Property crime includes the offenses of burglary, larceny-theft, and motor vehicle theft.
	College Ready	53.4%							TEA TAPR	2020-2021	
	2021 Violent Crime Offenses Per 100k Pop	446.5	231.3						FBI CDE	2020	
	2021 Property Crime Offenses Per 100k Pop	2,245	1227						FBI CDE	2020	
Sexual Health	Teen Birth Rate, Ages 15-19	22.37		23.27	12.08	18.15	4.45	20.92	TDSHS / CDC NCHS	2020	Percent of births to mothers receiving prenatal care in first trimester
	Prenatal Care in First Trimester	66.1%		62.0%	72.8%	69.1%	84.4%	70.0%	TDSHS	2019	
	HIV - New Cases	14.5							TDSHS	2020	
	<i>Preventive Care</i>										
	Primary Check, Ages 18 and Up	72.6%		70.2%	69.4%	68.5%	67.3%	66.4%	CDC BRFSS	2020	
	Dental Check, Ages 18 and Up	57.5%		30.5%	45.0%	38.2%	55.0%	34.8%	CDC BRFSS	2020	
	HIV Test	39.6%							CDC BRFSS	2021	
	<i>Immunizations</i>										
	Pneumonia	69.0%							CDC BRFSS	2020	
	Flu Shot	66.0%							CDC BRFSS	2020	
	HPV Up to Date, Ages 9-17	54.9%							TX HHS	2020	
DTP/DTaP/DT/Td Vaccination Coverage Among Kindergarteners	95.1%							Tx DSHS	2021-2022 School Year		

Indicators for Texas, Laredo and Laredo ZIP Codes												
	Indicator	TX	Laredo	78040	78041	78043	78045	78046	Source	Measurement Period	Definitions	
Preventive	MMR Vaccination Coverage Among Kindergarteners	95.4%							Tx DSHS	2021-2022 School Year		
	Tdap/Td Vaccination Coverage Among Seventh Grade Students	95.4%							Tx DSHS	2021-2022 School Year		
	MMR Vaccination Coverage Among Seventh Grade Students	98.6%							Tx DSHS	2021-2022 School Year		
	<i>Preventive Cancer</i>											
	Colorectal Screening, Ages 50-75	54.0%	54.8%	50.9%	57.4%	53.7%	60.2%	49.7%	CDC BRFSS	2020		
	Cervical Cancer Screening, Ages 21-65	75.0%	74.3%	68.7%	74.9%	72.7%	80.7%	71.7%	CDC BRFSS	2020		
	Mammogram, Ages 50-74	77.7%	74.3%	72.4%	74.9%	74.1%	76.6%	73.6%	CDC BRFSS	2020		
	<i>Diabetes</i>											
	Diabetic Feet Check Daily	54.3%								TX BRFSS	2021	Diabetics, adults 18 years and up, feet checked daily for any sores or irritations
	Hemoglobin A1C	83.9%								TX BRFSS	2021	Diabetics, adults 18 years and up, had A1C test in past 12 months
Seeing Doctor	86.9%								TX BRFSS	2021	Diabetics, adults 18 years and up, seen a doctor/nurse/or other healthcare professional in past 12 months for diabetes	
Check Daily Blood Sugar	58.2%								TX BRFSS	2021	Diabetics, adults 18 years and up, blood checked daily for glucose or sugar	
Self-Management Course	46.4%								TX BRFSS	2021	Diabetics, adults 18 years and up, taken a course in how to manage your diabetes yourself	

APPENDIX B

Laredo Community Survey - English

Start of Block: Default Question Block

Introduction

The City of Laredo Health Department has partnered with Texas Health Institute to conduct a survey to learn more about what helps or prevents people in Laredo from achieving good health. The results of this survey will help the City of Laredo Health Department and other organizations in Laredo to better plan for and provide services that meet the health needs of our community. Your participation is voluntary. Your identity and your answers will remain anonymous and confidential. It will not affect your ability to access services in any way. We will not ask your name, where you live (aside from ZIP code), or about your citizenship. We are only interested in what you think affects your health and what helps and may help you lead a healthy life in the community. We are only surveying people living in the City of Laredo. If you meet this criteria, then we will ask you to complete the full survey which will take roughly 10-15 minutes.

Q1 Are you willing to participate in this survey?

- Yes (1)
- No (2)

Skip To: End of Survey If 1. Are you willing to participate in this survey? = No

Q2 Are you 18 years of age or older?

- Yes (1)
- No (2)

Skip To: End of Block If 2. Are you 18 years of age or older? = No

Q57 Do you live in one of the following zip codes in Laredo?

78040

78041

78043

78045

78046

- Yes (1)
- No (2)

Skip To: End of Block If Do you live in one of the following zip codes in Laredo? 78040 78041 78043 78045 78046 = No

Q4 In which of the following zip codes do you live in Laredo? If you live in more than one home, what zip code do you regularly spend most nights?

- 78040 (1)
- 78041 (2)
- 78043 (3)
- 78045 (4)
- 78046 (5)
- Other/None of these (6)

Skip To: End of Block If In which of the following zip codes do you live in Laredo? If you live in more than one home, wha... = Other/None of these

Q5 In general, would you say your health is...

- Excellent (1)
 - Very good (2)
 - Good (3)
 - Fair (4)
 - Poor (5)
 - Don't know/not sure (6)
-

Q6 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

▼ 0 (1) ... 30 (31)

Q7 During the last 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Skip To: Q8 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = Yes

Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = No

Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = Don't know/Not sure

Q8 Which of these statements explain why you did not get the mental health treatment or counseling you needed? [Select all that apply]

- You couldn't afford the cost. (1)
 - You did not know where to go to get services. (2)
 - You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you. (3)
 - You were concerned that getting mental health treatment or counseling might have a negative effect on your job. (4)
 - Your health insurance does not cover any mental health treatment or counseling. (5)
 - Your health insurance does not pay enough for mental health treatment or counseling. (6)
 - You were concerned that the information you gave the counselor might not be kept confidential. (7)
 - You were concerned that you might be committed to a psychiatric hospital or might have to take medicine. (8)
 - Some other reason or reasons. (9)
-

Q9 Do you currently have any kind of health insurance?

- Yes (1)
- No (2)
- Don't know/Not sure (3)

Skip To: Q10 If Do you currently have any kind of health insurance? = Yes

Skip To: Q11 If Do you currently have any kind of health insurance? = No

Skip To: Q11 If Do you currently have any kind of health insurance? = Don't know/Not sure

Q10 What kind of health insurance do you have? [Select all that apply]

- Insurance through my job or my family member's job (1)
 - Insurance through the Marketplace (www.healthcare.gov) (2)
 - A private insurance that I, or a family member, buys directly from an insurance company (3)
 - Medicaid (4)
 - Medicare (5)
 - Military related insurance (TRICARE, CHAMPUS, CHAMP-VA) (6)
 - Other government program for health insurance from the state, county or city (7)
 - Health insurance based in Mexico (8)
 - Indian Health Service (9)
 - Not sure (10)
-

Q11 Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in Laredo on a regular basis?

- Yes (1)
- No (2)

Skip To: Q17 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = No

Skip To: Q12 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = Yes

Q12 Do the children under 18 living in your home have health insurance?

- Yes, all have health insurance (1)
 - Yes, some, but not all have health insurance (2)
 - No, they do not have health insurance (3)
 - Don't know/not sure (4)
-

Q13 Do the children under 18 living in your home have one or more people you think of as their personal doctor or health care provider (for example, primary care provider, pediatrician)?

- Yes, all have a personal doctor (1)
 - Yes, some, but not all have a personal doctor (2)
 - No, they do not have a personal doctor (3)
 - Don't know/not sure (4)
-

Q14 When the children under 18 living in your home are sick and need health care, including dental care or mental health care, where do you take them for care in Laredo? [Select all that apply]

- Clinic or Health Care (for example Gateway Community Health Center) (1)
 - City of Laredo Health Department (2)
 - Border Region Behavioral Health (3)
 - Doctor's or Dentist Office (4)
 - Urgent Care (for example Doc-Aid or VitalMed) (5)
 - Emergency Room (6)
 - Spiritual Healer (7)
 - Other (please specify): (8) _____
-

Q15 In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for the children living in your home? [Select all that apply]

- Yes, I went to Nuevo Laredo (1)
 - Yes, I went to a city in Mexico other than Nuevo Laredo (2)
 - Yes, I went to another city in Texas (3)
 - No, I did not go outside of Laredo for care (4)
-

Page Break

Display This Question:

*If In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to a city in Mexico other than Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to another city in Texas*

Q16 Please indicate the type of health care you sought for the children in your home outside of Laredo.
[Select all that apply]

- Medical care (1)
- Mental Health (2)
- Dental care (3)

Q17 Do you have one or more people you think of as your personal doctor or health care provider (for example primary care provider)?

- Yes (1)
 - No (2)
 - Don't know/not sure (3)
-

Q18 When you are sick and need health care, including dental care or mental health care, where do you go in Laredo? [Select all that apply]

- Clinic or Health Center (for example Gateway Community Health Center) (1)
- City of Laredo Health Department (2)
- Border Region Behavioral Health (3)
- Doctor's or Dentist's Office (4)
- Urgent Care (for example Doc-Aid or VitalMed) (5)
- Emergency Room (6)
- Spiritual Healer (7)
- Other (please specify): (8) _____

Q19 In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for yourself? [Select all that apply]

- Yes, I went to Nuevo Laredo (1)
- Yes, I went to a city in Mexico other than Nuevo Laredo (2)
- Yes, I went to another city in Texas (3)
- No, I did not go outside of Laredo for care (4)

Page Break

Display This Question:

*If In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to a city in Mexico other than Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to another city in Texas*



Q20 Please indicate the type of health care you sought in Nuevo Laredo, another city in Mexico, or another city in Texas. [Select all that apply]

- Medical care (1)
 - Mental Health (2)
 - Dental care (3)
-

Q21 During the last 12 months, did you ever need medical care but not get it because of any of these reasons? [Select all that apply]

- I could not afford it (1)
 - I did not have transportation (2)
 - I could not get an in-person appointment (3)
 - Doctor's office or clinic was not open at a time I could go (4)
 - I did not have a way to access virtual visits (also called telehealth) (5)
 - I did not trust doctors or other healthcare providers (6)
 - There was not an instance where I needed medical care and could not get it in the last 12 months (7)
-

Q22 In the past 12 months, have you ever visited the emergency room for yourself or your child due to any of the following reasons? [Select all that apply]

- A mild injury or illness that could have been treated in a doctor's office or clinic (1)
 - Did not have health insurance (2)
 - Could not afford health care anywhere else (3)
 - Did not know where else to go for care (4)
 - Did not have transportation to go elsewhere (5)
 - Needed a safe place to stay or spend the night (6)
 - Needed access to food (7)
 - No, I have never visited the emergency room for any of these reasons (8)
 - Other (please specify): (9) _____
-



Q23 Whom do you trust the most to provide information on health? **[Select top 3]**

- Friends or family (1)
- Healthcare provider such as doctor or nurse (2)
- Neighborhood or community organizations (3)
- Faith organizations/faith leaders (4)
- Employers (5)
- City of Laredo Health Department (6)
- Texas Department of State Health Services (7)
- National US government agencies such as the CDC (8)
- Local news in Spanish (Radio, TV or newspaper) (9)
- Local news in English (Radio, TV or newspaper) (10)
- National news in Spanish (Radio, TV or newspaper) (11)
- National news in English (Radio, TV or newspaper) (12)
- Other (13) _____

Page Break

Q24 To your knowledge, have you had COVID-19 since January 2020?

- Yes, I tested positive with a PCR (1)
- Yes, I tested positive with a home test (2)
- Yes, I think so but did not take a PCR test or home test (3)
- No, I have not had COVID-19 (4)

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a PCR

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a home test

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I think so but did not take a PCR test or home test

Skip To: Q26 If To your knowledge, have you had COVID-19 since January 2020? = No, I have not had COVID-19

Q25 Describe the level of health care you received when you had COVID-19. If you have had COVID-19 more than once, describe the level of health care during the first time you had COVID-19. [Select all that apply]

- I did not seek medical care from a health care provider (1)
 - I received medical care at a doctor's office, urgent care or clinic (2)
 - I received medical care at an emergency room (3)
 - I was hospitalized (4)
-

Q26 Compared to before the COVID-19 pandemic, how would you describe your mental health now?

- Much better (1)
 - Somewhat better (2)
 - Neither better nor worse (3)
 - Somewhat worse (4)
 - Much worse (5)
-

Q27 Please indicate below if a doctor or health care provider has ever told you that you have the following medical conditions. [Select all that apply]

- Asthma (1)
 - Cancer (2)
 - Mental health condition (for example depression, anxiety, schizophrenia, or other major emotional problem) (3)
 - Prediabetes (4)
 - Diabetes (5)
 - Heart Disease (6)
 - High blood pressure (7)
 - High cholesterol (8)
 - Obesity (9)
 - Substance use disorder (alcohol or drugs) (10)
 - Any physical disability (11)
 - Neurodevelopmental disability (for example Dyslexia, Autism Spectrum Disorder, ADHD, developmental disability) (12)
-

Q28 Have you ever been pregnant?

- Yes (1)
- No (2)

Skip To: Q29 If Have you ever been pregnant? = Yes

Skip To: Q32 If Have you ever been pregnant? = No

Q29 During your most recent pregnancy, did you have any of the following health conditions? [Select all that apply]

- High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia (1)
- Miscarriage (2)
- Gestational diabetes (diabetes that started during the pregnancy) (3)
- Depression (4)
- Preterm labor (5)

Page Break

Q32 Now I would like to ask you more specific questions about issues that may affect your health.

Q30 Including yourself, how many individuals currently live in your home?

▼ 1 (1) ... More than 15 (16)

Q31 What is your housing situation today?

- I have permanent housing (living in a house alone or with others, an apartment or mobile home) (1)
- I have temporary housing with family or friends (2)
- I have temporary housing in a hotel or shelter (3)
- I do not have housing (living outside, on the street, in a car, or in a park) (4)
- Other (please specify): (5) _____

Q32 To what extent is it a financial burden or struggle for you or those you live with to pay for housing costs every month? This includes monthly rent or mortgage, and utilities such as electricity, water and gas.

- A large struggle (1)
 - Somewhat of a struggle (2)
 - Not a struggle at all (3)
 - Don't know/not sure (4)
-

Q33 Do you have any of the following concerns about your current living situation, like housing conditions, safety, or costs? [Select all that apply]

- Condition of housing (1)
 - Housing is temporary and I do not have permanent housing (2)
 - Ability to pay for housing or utilities (3)
 - Feeling safe (4)
 - Other (please specify): (5) _____
 - I do not have any of these concerns about my current living situation (6)
-



Q34 Below is a list of problems that can affect health and mental health. Thinking about your neighborhood, please indicate which of these are currently negatively affecting your health or the health of those that live with you. **Pick up to 3 choices.**

- Abandoned homes and lots (1)
 - Air pollution such as fumes, smells, and smoke (2)
 - Crime and violence (3)
 - Too many liquor stores (4)
 - Not enough grocery stores (5)
 - Not enough sidewalks (6)
 - Not enough parks or playgrounds (7)
 - Stray dogs or cats (8)
 - Lack of accessible public transportation (9)
 - None of these (10)
-
-

Page Break

Q35 During the past 12 months, was there a time when, because of lack of money or other resources, you were worried you would not have enough food to eat?

- Yes (1)
 - No (2)
 - Don't know/not sure (3)
-
-

Q36 During the last 12 months, was there a time when, because of a lack of money or other resources, that you were unable to eat healthy or nutritious food such a fruit or vegetables?

- Yes (1)
 - No (2)
 - Don't know/not sure (3)
-
-

Q37 During the past 12 months, have any of the following community organizations assisted you with food? Select all that apply.

- South Texas Food Bank (1)
- Laredo Regional Food Bank (2)
- Bethany House of Laredo (3)
- WIC (4)
- SNAP (Supplemental Nutrition Assistance Program, Food Stamps) (5)
- Salvation Army (6)
- Other (please specify): (7) _____
- None of these organizations have assisted me with food. (8)

Page Break

Q38 What is your age?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 55-64 (5)
- 65+ (6)

Q39 What is your ethnicity? Are you Hispanic, Latino/a, or Spanish origin?

- Hispanic or Latino(a) (1)
- Not Hispanic or Latino(a) (2)

Q40 What is your race? [Select all that apply]

- American Indian or Alaska Native (1)
 - Asian (examples: Chinese, Japanese, Korean, South Asian, Filipino, etc) (2)
 - Black or African American (3)
 - Native Hawaiian or Pacific Islander (4)
 - White (5)
 - Other (6)
-

Q41 How do you identify? Are you...

- Male (1)
 - Female (2)
 - Non-binary (3)
 - Other (4)
 - Prefer not to answer (5)
-

Q42 Which of the following best represents how you think of yourself?

- Gay or Lesbian (1)
 - Straight (2)
 - Bisexual (3)
 - Something else (4)
 - I don't know the answer (5)
 - Prefer not to answer (6)
-

Q43 Do you consider yourself transgender?

- No (1)
 - Yes, transgender, male-to-female (2)
 - Yes, transgender, female-to-male (3)
 - Yes, transgender, gender non-conforming (4)
-

Q44 What language do you primarily speak at home?

- English (1)
 - Spanish (2)
 - Other (please specify): (3) _____
-

Q45 How well would you say you speak English?

- Very well (1)
 - Well (2)
 - Not well (3)
 - Not at all (4)
-

Q46 What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten (1)
 - Grades 1-8 (Elementary) (2)
 - Grades 9-11 (Some high school) (3)
 - Grades 12 or GED (High school graduate/finished high school) (4)
 - College or technical training - 1 year to 3 years (5)
 - College graduate - 4 years or more (6)
-

Q47 What is your current work situation?

- Employed for wages (1)
- Self-employed (2)
- Out of work for less than 1 year (3)
- Out of work for 1 year or more (4)
- A homemaker (5)
- A student (6)
- Retired (7)
- Unable to work (8)

End of Block: Default Question Block

APPENDIX C

Laredo Community Survey - Spanish

Start of Block: Default Question Block

Introducción

El Departamento de Salud de la Ciudad de Laredo se ha asociado con el Instituto de Salud de Texas para realizar una encuesta para obtener más información sobre lo que ayuda o impide que las personas en Laredo alcancen una buena salud. Los resultados de esta encuesta ayudarán al Departamento de Salud de la Ciudad de Laredo y otras organizaciones en Laredo a planificar mejor y brindar servicios que satisfagan las necesidades de salud de nuestra comunidad. Su participación es voluntaria. Su identidad y sus respuestas permanecerán anónimas y confidenciales. No afectará su capacidad para obtener a los servicios de ninguna manera. No le preguntaremos su nombre, dónde vive (aparte del código postal) o su ciudadanía. Solo nos interesa lo que usted cree que afecta su salud y lo que le ayuda y puede ayudarle a llevar una vida saludable en la comunidad. Solo estamos encuestando a personas que viven en la Ciudad de Laredo. Si cumple con este requisito, le pediremos que complete la encuesta completa, lo que le llevará aproximadamente entre 10 y 12 minutos.

Q1 1. ¿Está dispuesto a participar en esta encuesta?

- Sí (1)
- No (2)

Skip To: End of Survey If 1. Are you willing to participate in this survey? = No

Q2 2. ¿Tiene 18 años o más?

- Sí (1)
- No (2)

Skip To: End of Block If 2. Are you 18 years of age or older? = No

Q57 ¿Vive en uno de los siguientes códigos postales en Laredo?

78040
78041
78043
78045
78046

- Sí (1)
- No (2)

Skip To: End of Block If Do you live in one of the following zip codes in Laredo? 78040 78041 78043 78045 78046 = No

Q4 ¿En cuál de los siguientes códigos postales vive en Laredo? Si vive en más de una casa, ¿en qué código postal pasa regularmente la mayoría de las noches?

- 78040 (1)
- 78041 (2)
- 78043 (3)
- 78045 (4)
- 78046 (5)
- Otro/Ninguno de estos (6)

Skip To: End of Block If In which of the following zip codes do you live in Laredo? If you live in more than one home, wha... = Other/None of these

Q5 En general, diría que su salud es...

- Excelente (1)
- Muy buena (2)
- Buena (3)
- Regular (4)
- Mala (5)
- No sé/no estoy seguro(a) (6)

Q6 Con respecto a su estado de salud mental, lo que incluye estrés, depresión, y problemas emocionales, en los últimos 30 días ¿durante cuántos días su estado de salud mental no fue bueno?

▼ 0 (1) ... 30 (31)

Q7 Durante los últimos 12 meses, ¿hubo algún momento en que necesitó tratamiento de salud mental o terapia para usted pero no lo recibió?

- Sí (1)
- No (2)
- No sé/No estoy seguro(a) (3)

Skip To: Q8 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = Yes

Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = No

Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counseli... = Don't know/Not sure

Q8 ¿Cuál de estas declaraciones explica por qué no recibió el tratamiento o la terapia de salud mental que necesitaba? [Seleccione todas las opciones que correspondan]

- No podía pagar el costo. (1)
- No sabía a dónde ir para obtener servicios. (2)
- Le preocupaba que recibir tratamiento o consejería de salud mental pudiera causar que sus vecinos o la comunidad tuvieran una opinión negativa de usted. (3)
- Le preocupaba que recibir tratamiento o asesoramiento de salud mental pudiera tener un efecto negativo en su trabajo. (4)
- Su seguro de salud no cubre ningún tratamiento o asesoramiento de salud mental. (5)
- Su seguro de salud no paga lo suficiente por el tratamiento o la consejería de salud mental. (6)
- Le preocupaba que la información que le dio al consejero no se mantuviera confidencial. (7)
- Le preocupaba que lo internaran en un hospital psiquiátrico o que tuviera que tomar medicamentos. (8)
- Alguna otra razón o razones. (9)

Q9 ¿Cuenta actualmente con algún tipo de seguro médico?

- Sí (1)
- No (2)
- No sé/No estoy seguro(a) (3)

Skip To: Q10 If Do you currently have any kind of health insurance? = Yes

Skip To: Q11 If Do you currently have any kind of health insurance? = No

Skip To: Q11 If Do you currently have any kind of health insurance? = Don't know/Not sure

Q10 ¿Qué tipo de seguro médico tiene? [Seleccione todas las opciones que correspondan]

- Seguro a través de mi trabajo o el trabajo de mi familiar (1)
 - Seguro a través del Mercado Libre (como Obamacare) (www.healthcare.gov) (2)
 - Un seguro privado que yo, o un miembro de mi familia, compramos directamente de una compañía de seguros (3)
 - Medicaid (4)
 - Medicare (5)
 - Seguro relacionado con el ejército (TRICARE, CHAMPUS, CHAMP-VA) (6)
 - Otro programa gubernamental para seguro médico del estado, condado o ciudad (7)
 - Seguro de salud con sede en México (8)
 - Servicio de salud indio (Indian Health Service) (9)
 - No estoy seguro(a) (10)
-

Q11 ¿Es usted padre, guardián o cuidador principal de uno o más niños menores de 18 años que viven en Laredo regularmente?

- Sí (1)
- No (2)

Skip To: Q17 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = No

Skip To: Q12 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = Yes

Q12 ¿Los niños menores de 18 años que viven en su hogar tienen seguro médico?

- Sí, todos tienen seguro médico. (1)
 - Sí, algunos, pero no todos tienen seguro médico (2)
 - No, no tienen seguro médico. (3)
 - No sé/no estoy seguro(a) (4)
-

Q13 ¿Los niños menores de 18 años que viven en su hogar tienen una o más personas a las que considera su médico personal o proveedor de atención médica (por ejemplo, proveedor de atención primaria, pediatra)?

- Sí, todos tienen un médico personal. (1)
 - Sí, algunos, pero no todos tienen un médico personal. (2)
 - No, no tienen médico personal. (3)
 - No sé/no estoy seguro(a) (4)
-

Q14 Cuando los niños menores de 18 años que viven en su hogar están enfermos y necesitan atención médica, incluyendo atención dental o atención de salud mental, ¿a dónde los lleva para recibir atención en Laredo? [Seleccione todas las opciones que correspondan]

- Clínica o atención médica (por ejemplo, Gateway Community Health Center) (1)
- Departamento de Salud de la Ciudad de Laredo (2)
- Salud conductual de la región fronteriza (Border Region Behavioral Health) (3)
- Consultorio médico o dentista (4)
- Atención de urgencia (por ejemplo, Doc-Aid o VitalMed) (5)
- Sala de emergencias (6)
- Sanador espiritual (7)
- Otros (especificar): (8) _____

Q15 En los últimos 12 meses, ¿salió de Laredo para recibir atención médica, dental o de salud mental para los niños que viven en su hogar? [Seleccione todas las que correspondan]

- Sí, fui a Nuevo Laredo (1)
- Sí, fui a una ciudad en México que no es Nuevo Laredo (2)
- Sí, fui a otra ciudad en Texas (3)
- No, no salí de Laredo para recibir atención. (4)

Page Break

Display This Question:

*If In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to a city in Mexico other than Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo...
= Yes, I went to another city in Texas*

Q16 Indique el tipo de atención médica que buscó para los niños en su hogar fuera de Laredo.
[Seleccione todas las opciones que correspondan]

- Atención médica (1)
- Salud mental (2)
- Cuidado dental (3)

Q17 ¿Tiene una o más personas a las que considera su médico personal o proveedor de atención médica (por ejemplo, proveedor de atención primaria)?

- Sí (1)
- No (2)
- No sé/no estoy seguro(a) (3)

Q18 Cuando usted está enfermo y necesita atención médica, incluyendo atención dental o atención de salud mental, ¿a dónde va en Laredo? [Seleccione todas las opciones que correspondan]

- Clínica o centro de salud (por ejemplo, Gateway Community Health Center) (1)
- Departamento de Salud de la Ciudad de Laredo (2)
- Salud conductual de la región fronteriza (Border Region Behavioral Health) (3)
- Consultorio médico o dentista (4)
- Atención de urgencia (por ejemplo, Doc-Aid o VitalMed) (5)
- Sala de emergencias (6)
- Sanador espiritual (7)
- Otros (especificar): (8) _____

Q19 En los últimos 12 meses, ¿salió de Laredo para recibir atención médica, dental o de salud mental ? [Seleccione todas las opciones que correspondan]

- Sí, fui a Nuevo Laredo (1)
- Sí, fui a una ciudad en México que no es Nuevo Laredo (2)
- Sí, fui a otra ciudad en Texas (3)
- No, no salí de Laredo para recibir atención (4)

Page Break

Display This Question:

*If In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to a city in Mexico other than Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental or mental health care for...
= Yes, I went to another city in Texas*



Q20 Indique el tipo de atención médica que buscó en Nuevo Laredo, otra ciudad de México u otra ciudad de Texas. [Seleccione todas las opciones que correspondan]

- Atención médica (1)
- Salud mental (2)
- Cuidado dental (3)

Q21 Durante los últimos 12 meses, ¿alguna vez necesitó atención médica pero no la obtuvo por alguna de estas razones? [Seleccione todas las opciones que correspondan]

- No podía pagar el costo. (1)
- No tenía transporte (2)
- No pude conseguir una cita en persona (3)
- El consultorio médico o la clínica no estaban abiertos a la hora a la que podía ir (4)
- No tenía forma de atender a las visitas virtuales (también llamadas telesalud) (5)
- No confiaba en los médicos u otros proveedores de atención médica. (6)
- No hubo un caso en el que necesitara atención médica y no pudiera obtenerla en los últimos 12 meses (7)

Q22 En los últimos 12 meses, ¿alguna vez visitó la sala de emergencias para usted o su hijo debido a alguna de las siguientes razones? [Seleccione todas las opciones que correspondan]

- Una lesión o enfermedad leve que podría haberse tratado en el consultorio de un médico o en una clínica (1)
- No tenía seguro médico (2)
- No podía pagar la atención médica en ningún otro lugar. (3)
- No sabía a dónde más ir para recibir atención. (4)
- No tenía transporte para ir a otro lado. (5)
- Necesitaba un lugar seguro para quedarse o pasar la noche (6)
- Acceso necesario a los alimentos (7)
- No, nunca he visitado la sala de emergencias por ninguna de estas razones (8)
- Otros (especificar): (9) _____



Q23 ¿En quién confía más para brindar información sobre salud? **[Seleccione las 3 opciones más importantes para usted]**

- Amigos o familia (1)
- Proveedor de atención médica, como un médico o una enfermera (2)
- Organizaciones vecinales o comunitarias (3)
- Organizaciones religiosas/líderes religiosos (4)
- Empleadores (5)
- Departamento de Salud de la Ciudad de Laredo (6)
- Departamento Estatal de Servicios de Salud de Texas (7)
- Agencias gubernamentales nacionales de EE. UU., como la CDC (8)
- Noticias locales en español (Radio, TV o periódico) (9)
- Noticias locales en inglés (Radio, TV o periódico) (10)
- Noticias nacionales en español (Radio, TV o periódico) (11)
- Noticias nacionales en inglés (Radio, TV o periódico) (12)
- Otro (especificar) (13) _____

Page Break

Q24 Que usted sepa, ¿ha tenido COVID-19 desde enero de 2020?

- Sí, di positivo con una PCR (una prueba de laboratorio) (1)
- Sí, di positivo con una prueba casera. (2)
- Sí, creo que sí, pero no hice una prueba de PCR o una prueba casera. (3)
- No, no he tenido COVID-19 (4)

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a PCR

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a home test

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I think so but did not take a PCR test or home test

Skip To: Q26 If To your knowledge, have you had COVID-19 since January 2020? = No, I have not had COVID-19

Q25 Describa el nivel de atención médica que recibió cuando tuvo COVID-19. Si ha tenido COVID-19 más de una vez, describa el nivel de atención médica durante la primera vez que tuvo COVID-19. [Seleccione todas las opciones que correspondan]

- No busqué atención médica de un proveedor de salud (1)
 - Recibí atención médica en el consultorio de un médico, atención de urgencia o clínica (2)
 - Recibí atención médica en una sala de emergencia (3)
 - Yo estaba hospitalizado(a) (4)
-

Q26 En comparación con antes de la pandemia de COVID-19, ¿cómo describiría su salud mental ahora?

- Mucho mejor (1)
 - Un poco mejor (2)
 - Ni mejor ni peor (3)
 - Algo peor (4)
 - Mucho peor (5)
-

Q27 Indique si un médico o proveedor de atención médica le ha dicho alguna vez que tiene alguna de las siguientes afecciones médicas. [Seleccione todas las opciones que correspondan]

- Asma (1)
 - Cáncer (2)
 - Condición de salud mental (por ejemplo, depresión, ansiedad, esquizofrenia u otro problema emocional importante) (3)
 - Prediabetes (4)
 - Diabetes (5)
 - Enfermedad del corazón (6)
 - Alta presión sanguínea (7)
 - Colesterol alto (8)
 - Obesidad (9)
 - Trastorno por uso de sustancias (alcohol o drogas) (10)
 - Cualquier discapacidad física (11)
 - Discapacidad del desarrollo neurológico (por ejemplo, dislexia, trastorno del espectro autista, TDAH, discapacidad del desarrollo) (12)
-

Q28 ¿Alguna vez has estado embarazada?

- Sí (1)
- No (2)

Skip To: Q29 If Have you ever been pregnant? = Yes

Skip To: Q32 If Have you ever been pregnant? = No

Q29 Durante su embarazo más reciente, ¿tuvo alguna de las siguientes condiciones de salud?
[Seleccione todas las opciones que correspondan]

- Presión arterial alta (que comenzó durante este embarazo), preeclampsia o eclampsia (1)
- Aborto espontáneo (2)
- Diabetes gestacional (diabetes que comenzó durante el embarazo) (3)
- Depresión (4)
- Trabajo prematuro (5)

Page Break

Q32 Ahora me gustaría hacerle preguntas más específicas sobre temas que pueden afectar su salud.

Q30 Incluido usted mismo, ¿cuántas personas viven actualmente en su hogar?

▼ 1 (1) ... más de 15 (16)

Q31 ¿Cuál es su situación de vivienda hoy?

- Tengo vivienda permanente (vivo en una casa solo o con otros, un apartamento o casa móvil) (1)
- Tengo vivienda temporal con familiares o amigos (2)
- Tengo vivienda temporal en un hotel o albergue (3)
- No tengo vivienda (vivo afuera, en la calle, en un auto o en un parque) (4)
- Otro (especificar): (5) _____

Q32 ¿Hasta qué punto es una carga financiera o le causa dificultad para usted o para las personas con las que vive pagar los costos de vivienda todos los meses? Esto incluye alquiler mensual o hipoteca, y servicios públicos como electricidad, agua y gas.

- Una gran lucha (1)
- Algo de una lucha (2)
- No es una lucha en absoluto (3)
- No sé/no estoy seguro(a) (4)

Q33 ¿Tiene alguna de las siguientes preocupaciones sobre su situación de vivienda actual, como las condiciones de vivienda, la seguridad o los costos? [Seleccione todas las opciones que correspondan]

- Estado de la vivienda (1)
- La vivienda es temporal y no tengo vivienda permanente (2)
- Capacidad para pagar la vivienda o los servicios públicos (3)
- Sentirse a salvo (4)
- Otro (especificar): (5) _____
- No tengo ninguna de estas preocupaciones sobre mi situación de vivienda actual (6)



Q34 A continuación se muestra una lista de problemas que pueden afectar la salud y la salud mental. Pensando en su colonia, indique cuáles de estos están afectando negativamente su salud o la salud de quienes viven con usted. **Elija hasta 3 opciones.**

- Casas y lotes abandonados (1)
- Contaminación del aire como vapores, olores y humo. (2)
- Crimen y violencia (3)
- Demasiadas tiendas de licores (4)
- No hay suficientes tiendas de comestibles (5)
- No hay suficientes banquetas (6)
- No hay suficientes parques o áreas de juego (7)
- Perros o gatos callejeros (8)
- Falta de transporte público accesible. (9)
- Ninguno de esos (10)

Page Break

Q35 Durante los últimos 12 meses, ¿hubo algún momento en que, debido a la falta de dinero u otros recursos, le preocupaba no tener suficientes alimentos para comer?

- Sí (1)
- No (2)
- No sé/no estoy seguro(a) (3)

Q36 Durante los últimos 12 meses, ¿hubo algún momento en que, debido a la falta de dinero u otros recursos, no pudo comer alimentos saludables o nutritivos, como frutas o verduras?

- Sí (1)
 - No (2)
 - No sé/no estoy seguro(a) (3)
-

Q37 Durante los últimos 12 meses, ¿alguna de las siguientes organizaciones comunitarias le han ayudado con alimentos? Seleccione todas las opciones que correspondan.

- Banco de alimentos del sur de Texas (South Texas Food Bank) (1)
 - Banco Regional de Alimentos de Laredo (Laredo Regional Food Bank) (2)
 - Casa Betania de Laredo (Bethany House of Laredo) (3)
 - WIC (4)
 - SNAP (Programa de Asistencia Nutricional Suplementaria, Cupones, estampillas para Alimentos) (5)
 - Ejército de Salvación (6)
 - Otro (especificar): (7) _____
 - Ninguna de estas organizaciones me ha ayudado con comida. (8)
-

Page Break

Q38 ¿Cual es su edad?

- 18-24 (1)
- 25-34 (2)
- 35-44 (3)
- 45-54 (4)
- 55-64 (5)
- 65+ (6)

Q39 ¿Cuál es su grupo étnico? ¿Eres Hispano, Latino/a o de origen español?

- Hispano o Latino(a) (1)
 - No Hispano o latino(a) (2)
-

Q40 ¿Cuál es su raza? [Seleccione todas las opciones que correspondan]

- Indio americano o nativo de Alaska (1)
 - Asiático (ejemplos: chino, japonés, coreano, sudasiático, filipino, etc.) (2)
 - Negro o afroamericano (3)
 - Nativo de Hawái o de las islas del Pacífico (4)
 - Blanco (5)
 - Otro (6)
-

Q41 ¿Cómo se identifica? Es...

- Masculino (1)
 - Femenino (2)
 - No binario (3)
 - Otro (4)
 - Prefiero no responder (5)
-

Q42 ¿Cuál de las siguientes opciones representa mejor lo que piensa de usted?

- Heterosexual (ni gay, ni lesbiana) (1)
 - Gay o lesbiana (Homosexual) (2)
 - Bisexual (3)
 - Algo distinto (4)
 - No se la respuesta (5)
 - Prefiero no responder (6)
-

Q43 ¿Se considera transgénero?

- No (1)
 - Sí, transgénero, de hombre a mujer (2)
 - Sí, transgénero, de mujer a hombre (3)
 - Sí, transgénero, género no conforme (4)
-

Q44 ¿Qué idioma habla principalmente en casa?

- Inglés (1)
 - Español (2)
 - Otros (especificar): (3) _____
-

Q45 ¿Qué tan bien diría que habla inglés?

- Muy bien (1)
 - Bien (2)
 - Mal (3)
 - No lo hablo (4)
-

Q46 ¿Cuál es el nivel de educación o grado escolar más alto que ha completado?

- Nunca asistió a la escuela o solo asistió al jardín de niños (1)
 - Grados 1-8 (Primaria) (2)
 - Grados 9-11 (algunos de la escuela secundaria) (3)
 - Grados 12 o GED (graduado de escuela secundaria/escuela secundaria terminada) (4)
 - Formación universitaria o técnica - 1 año a 3 años (5)
 - Graduado universitario - 4 años o más (6)
-

Q47 ¿Cual es tu situación laboral actual?

- Empleado (1)
- Trabajadores por cuenta propia (2)
- Sin trabajo por menos de 1 año (3)
- Sin trabajo por 1 año o más (4)
- Un ama de casa (5)
- Un estudiante (6)
- Jubilado (7)
- Incapaz de trabajar (8)

End of Block: Default Question Block

APPENDIX D



LAREDO COMMUNITY HEALTH SURVEY RESULTS

BACKGROUND

Texas Health Institute (THI) developed and—jointly with the City of Laredo Health Department—disseminated a community survey in fall 2022. The survey was completed by 1,635 residents of the city of Laredo living in ZIP codes 78040, 784041, 78043, 78045, and 78046 between November 18 and December 9, 2022. All residents completing the survey were 18 or older. One-fifth of survey respondents (20.4%) completed the survey in Spanish, and 79.6% in English. The process of development and dissemination of the survey is detailed below.

THI developed a preliminary version of the community survey instrument by referencing other validated state and national surveys. For example, the CHNA survey tool has questions adapted from surveys such as the Behavior Risk Factor Surveillance System, American Community Survey, the National Survey on Drug Use and Health, and the Census. In addition, THI created community-specific questions that were of interest to the health department and translated the final draft into Spanish. Team members from the City of Laredo Health Department reviewed, pilot tested, and refined the survey in English and Spanish. The refinement process was particularly important as the community survey needed to reflect local language and knowledge. The team from the City of Laredo Health Department spent numerous hours consulting with local leaders to ensure the language used in the survey was aligned to the language used and recognized in the community, both in English and Spanish. The final survey instrument reflects the community of Laredo.

The community survey included 47 questions pertaining to health status and conditions, mental health, health insurance, health-seeking behaviors and services, COVID-19, housing status, neighborhood concerns, food access, and demographics (e.g., age, race, ethnicity). The survey also had two screening questions to ensure responses were from residents 18 years or older that resided within the identified ZIP codes in Laredo. The majority of questions did not require a response from the survey participant, allowing respondents to skip some questions. As a result, the number of responses varies by question.

The survey was built and disseminated in Qualtrics, a web-based survey platform that allows people to take the survey on a computer, laptop, or mobile device, including situations without internet access.

The City of Laredo Health Department and THI tested the survey in Qualtrics in English and Spanish, paying careful attention to functionality, clarity of language, and usability on different device types (e.g., desktop, mobile, tablet).

The City of Laredo Health Department disseminated the community survey from November 18 to December 9, 2022. The health department sent an anonymous link to Qualtrics to community partner organizations and the health department's community outreach team. The City of Laredo Health Department played a key role in the dissemination of the survey, meeting with promotional specialists who then went to multiple locations throughout the city to engage community members to complete the survey. The promotional specialists worked during daytime working hours as well as after-hours events. In addition, the staff of the City of Laredo Health Department collaborated to promote the survey with:

- Promos on local television stations, including a morning show and on live online news feeds
- Promos on local radio stations
- Posts on all of the health department's social media platforms
- Survey link emailed to city employees
- Survey QR code and flyers on multiple digital billboards located at various City of Laredo offices
- In-person visits to Laredo organizations to engage and provide flyers with survey QR code to managers and service providers with direct customer interaction, including at City of Laredo buildings, recreation centers, public libraries, nonprofit organizations, and food banks
- In-person survey recruitment at local health care facilities, including the health department, Gateway Community Clinics, and five WIC clinics across the city

While the survey was a convenience sample, THI and the City of Laredo Health Department worked to ensure that it captured a representative sample of Laredo residents by monitoring several key indicators:

- Age
- Educational level
- Insurance status
- Primary language

- Sex
- Type of Insurance
- ZIP code distribution

THI provided regular updates to the City of Laredo Health Department, and the health department staff fine-tuned community outreach to achieve a representative sample. In addition, THI worked with the Area Health Education Center of the Mid Rio Grande Border Area of Texas to do targeted outreach in ZIP codes with lower initial responses rates and community members who were uninsured, enrolled in Medicaid or over 65 years of age.

ANALYSIS

During analysis, THI weighted the community survey data in order to make the survey sample more representative of population-level data. The survey data were weighted by age, education, gender identity, sex, and ZIP code. Staff used Qualtrics to conduct univariate and bivariate analyses on questions with single and multiple-choice answers. Questions that included an open-ended answer option were analyzed using Excel, in order to identify the most common themes among the responses.

The survey findings in this report were included if they were *statistically significant*, meaning there is mathematical reason to believe the findings are not due to random chance and there is a true difference between groups. In some cases, the analyses yielded a small or medium effect size. Even with a small effect size, there were notable patterns among the findings that emerged across variables. Additionally, the survey had a relatively large sample (1,635). In combination, this suggests that the differences between groups are significant. Finally, results with less than 20 responses were suppressed to safeguard confidentiality.

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City of Laredo Health Department

Richard A. Chamberlain, DrPH, MPH, CPHA, CPM, CHW, RS

Erika Martinez, MBA, SHRM-SCP, CHW, CTCM

Jaime Lara, BBA

Ryan P. Logan, BS, BA

Elizabeth Guerra, BA

Texas Health Institute

Rachelle Johnsson Chiang, DrPH, MPH

Susana M. Morales, MA

Blair Williams, MPA, MBA

Emily Peterson Johnson, LMSW

Cristal Romero, MPP

Cody Price, MPH

Afrida Faria, MPH

Jessica Cargill, MPH

SURVEY RESULTS

Introduction to Survey in Qualtrics:

The City of Laredo Health Department has partnered with Texas Health Institute to conduct a survey to learn more about what helps or prevents people in Laredo from achieving good health. The results of this survey will help the City of Laredo Health Department and other organizations in Laredo to better plan for and provide services that meet the health needs of our community. Your participation is voluntary. Your identity and your answers will remain anonymous and confidential. It will not affect your ability to access services in any way. We will not ask your name, where you live (aside from ZIP code), or about your citizenship. We are only interested in what you think affects your health and what helps and may help you lead a healthy life in the community. We are only surveying people living in the City of Laredo. If you meet this criteria, then we will ask you to complete the full survey which will take roughly 10-15 minutes.

Q1 Are you willing to participate in this survey?

- Yes (1,683)
- No (12)

Skip To: End of Survey if "Are you willing to participate in this survey?" = No

Q2 Are you 18 years of age or older?

- Yes (1,667)
- No (14)

Skip To: End of Block "Are you 18 years of age or older?" = No

Q57 Do you live in one of the following zip codes in Laredo?

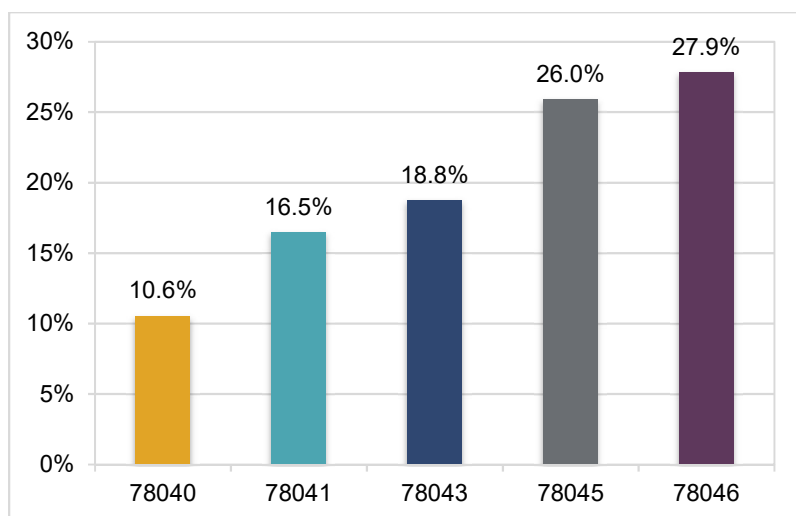
- 78040
- 78041
- 78043
- 78045
- 78046
- Yes (1,635)
- No (28)

Skip To: End of Block If Do you live in one of the following zip codes in Laredo? 78040 78041 78043 78045 78046 = No

Q4 In which of the following zip codes do you live in Laredo? If you live in more than one home, what zip code do you regularly spend most nights?

- 78040
- 78041
- 78043
- 78045
- 78046
- Other/None of these

Figure 1
ZIP Code of Survey Respondents (n=1,631, unweighted)



Note: "Other/None of these" included 6 responses but is omitted from the graph as the survey ended if survey participants lived in ZIP codes other than those listed.

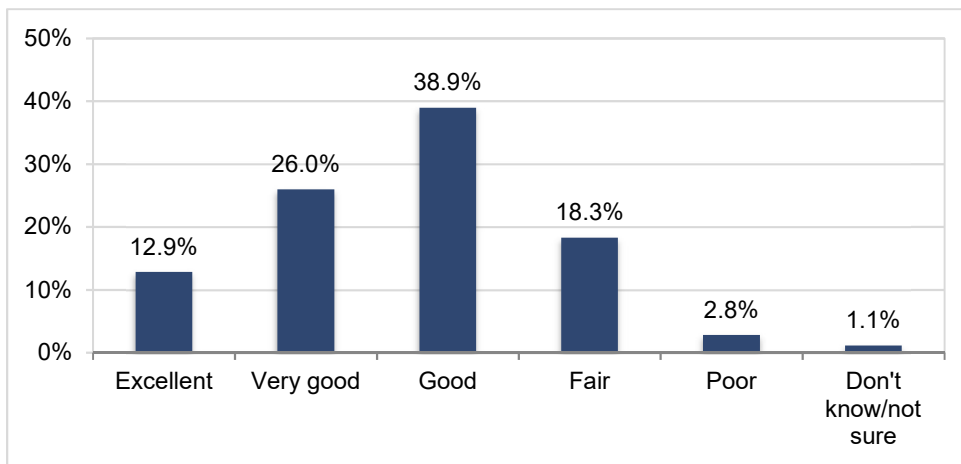
Skip To: End of Block If In which of the following zip codes do you live in Laredo? If you live in more than one home, wha... = Other/None of these

Q5 In general, would you say your health is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know/not sure

Figure 2

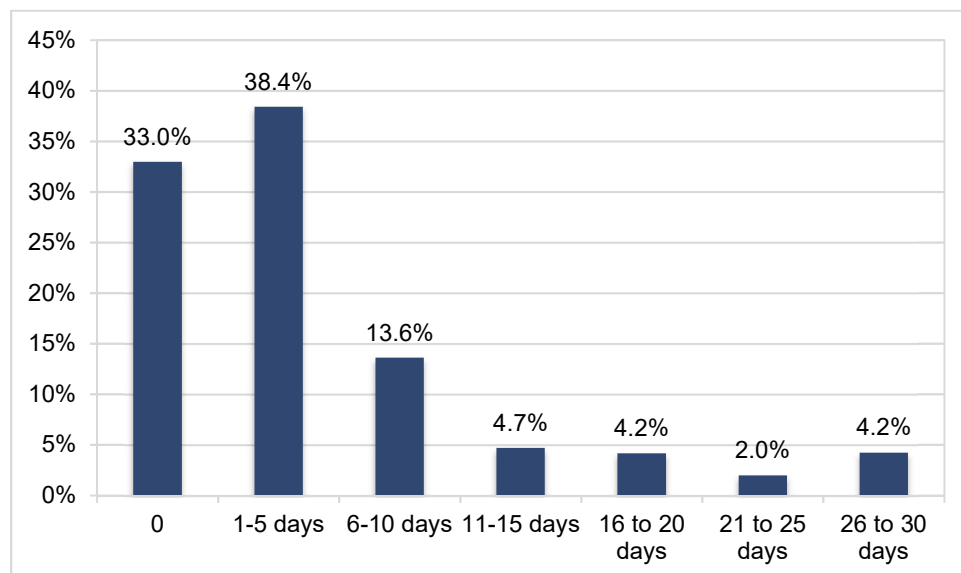
General Health Among Survey Respondents (n=1,579)



Q6 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (Dropdown with selection of 0-30)

Figure 3

Average Number of Poor Mental Health Days During the Last 30 Days (n=1,371)

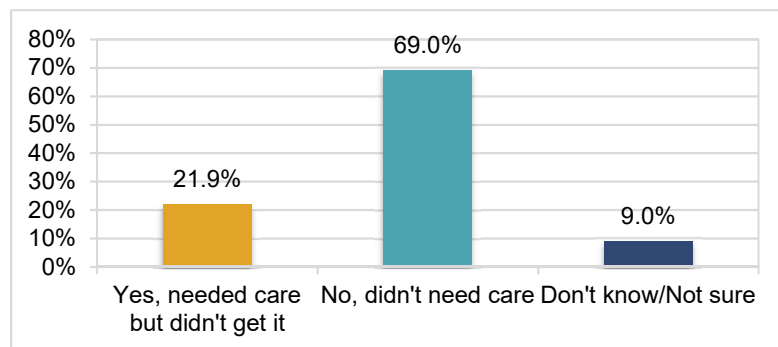


Q7 During the last 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

- Yes
- No
- Don't know/Not sure

Figure 4

Needed, but Did Not Get Mental Health Treatment or Counseling During Last 12 Months (n=1,582)



Skip To: Q8 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = Yes

Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = No

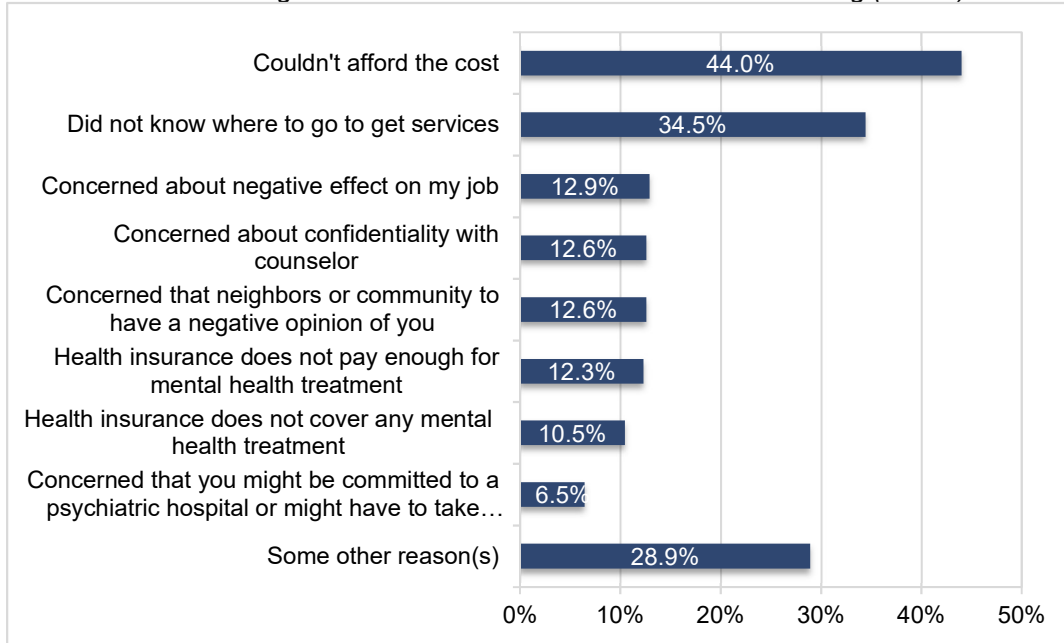
Skip To: Q9 If During the last 12 months, was there any time when you needed mental health treatment or counsel... = Don't know/Not sure

Q8 Which of these statements explain why you did not get the mental health treatment or counseling you needed? [Select all that apply]

- You couldn't afford the cost.
- You did not know where to go to get services.
- You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
- Your health insurance does not cover any mental health treatment or counseling.
- Your health insurance does not pay enough for mental health treatment or counseling.
- You were concerned that the information you gave the counselor might not be kept confidential.
- You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
- Some other reason or reasons.

Figure 5

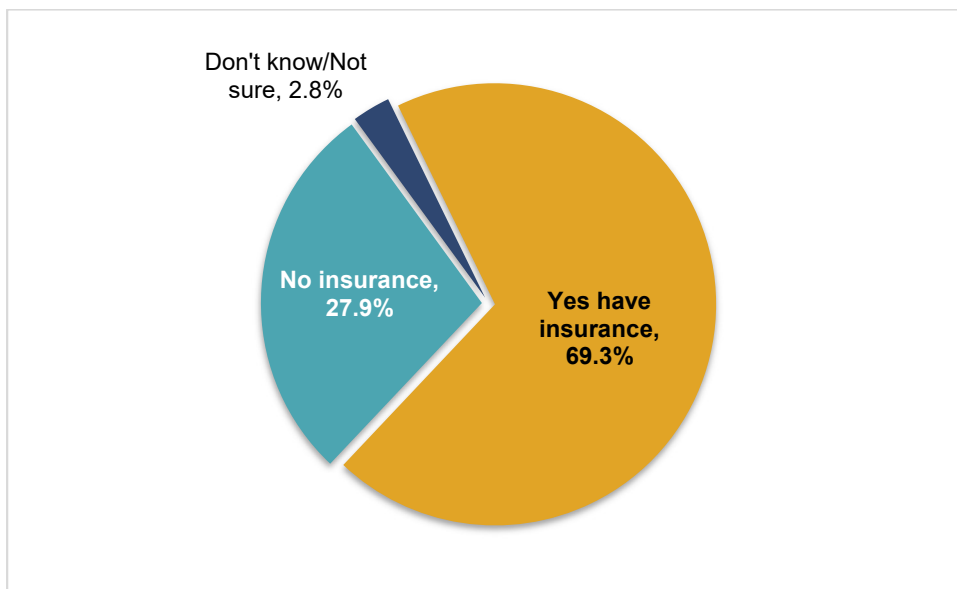
Reasons for Not Getting Needed Mental Health Treatment or Counseling (n=325)



Q9 Do you currently have any kind of health insurance?

- Yes
- No
- Don't know/Not sure (3)

Figure 6
Insurance Status Among Survey Respondents (n=1,568)



Skip To: Q10 If Do you currently have any kind of health insurance? = Yes

Skip To: Q11 If Do you currently have any kind of health insurance? = No

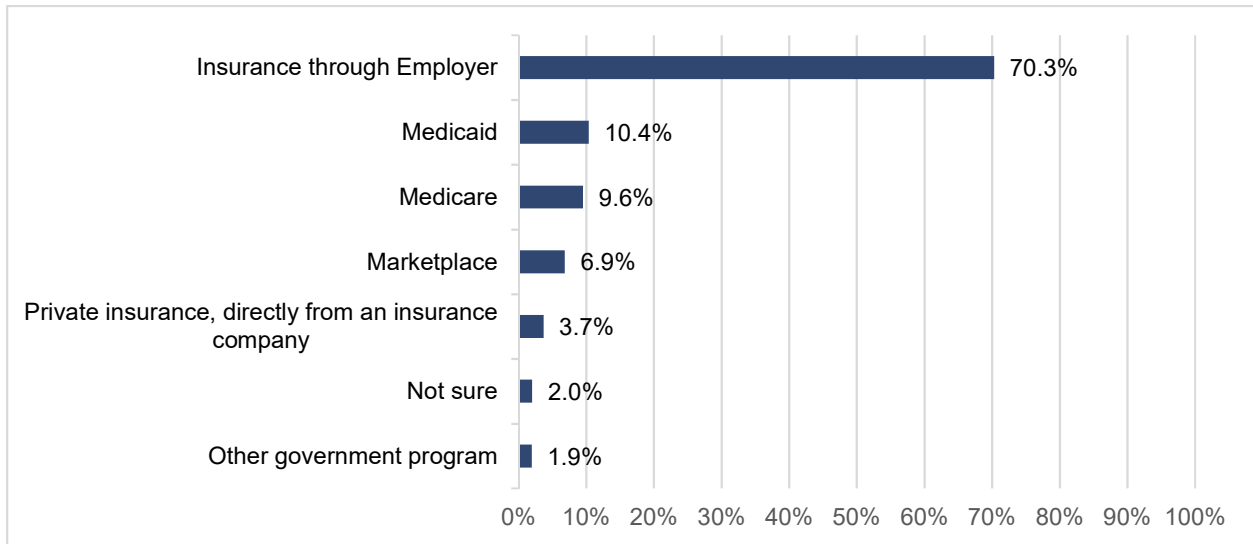
Skip To: Q11 If Do you currently have any kind of health insurance? = Don't know/Not sure

Q10 What kind of health insurance do you have? [Select all that apply]

- Insurance through my job or my family member's job
- Insurance through the Marketplace (www.healthcare.gov)
- A private insurance that I, or a family member, buys directly from an insurance company
- Medicaid
- Medicare
- Military related insurance (TRICARE, CHAMPUS, CHAMP-VA)
- Other government program for health insurance from the state, county or city
- Health insurance based in Mexico
- Indian Health Service
- Not sure

Figure 7

Type of Health Insurance Among Survey Respondents (n=1,078)



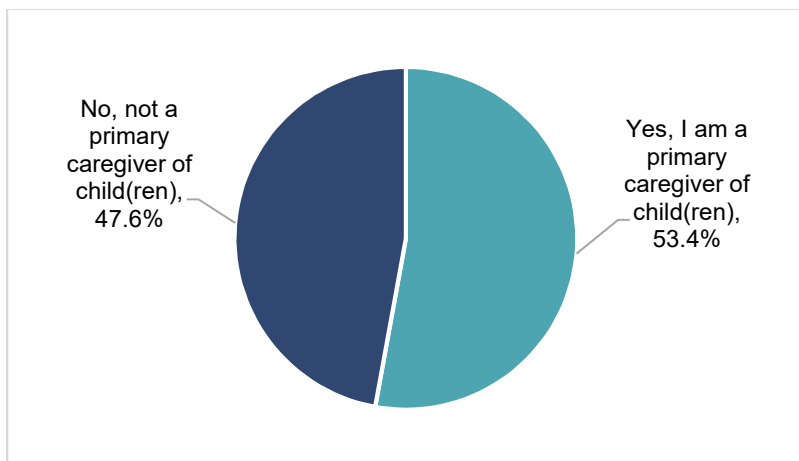
Note: Some results have been suppressed due to having fewer than 20 responses.

Q11 Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in Laredo on a regular basis?

- Yes
- No

Figure 8

Survey Respondents Who Are a Parent, Guardian, or Primary Caregiver of Child(ren) Regularly Living in Laredo (n=1,563)



Skip To: Q17 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = No

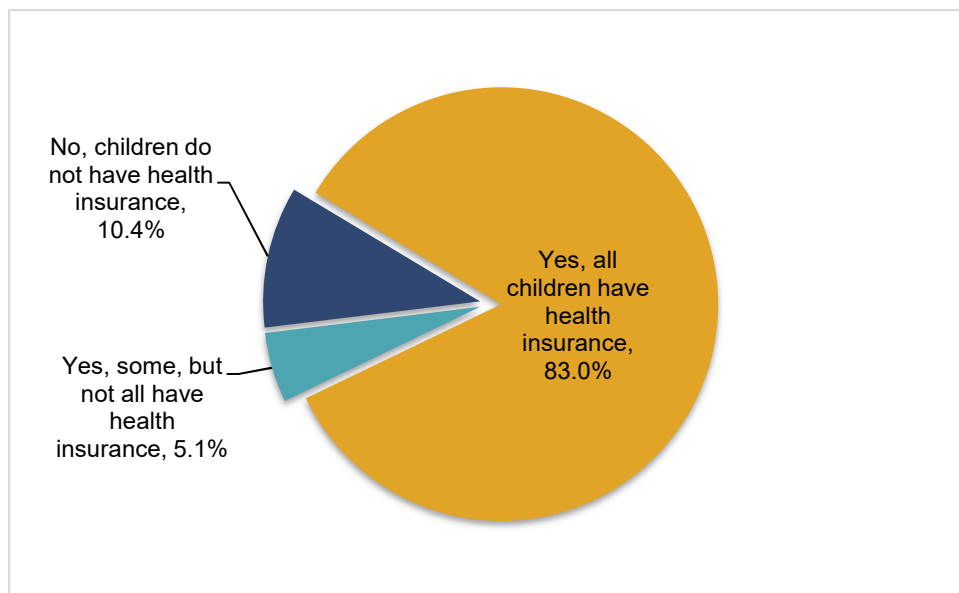
Skip To: Q12 If Are you a parent, guardian, or primary caregiver of one or more children under 18 that live in La... = Yes

Q12 Do the children under 18 living in your home have health insurance?

- Yes, all have health insurance
- Yes, some, but not all have health insurance
- No, they do not have health insurance
- Don't know/not sure

Figure 9

Insurance Status of Children <18 Among Survey Respondents (n=799)



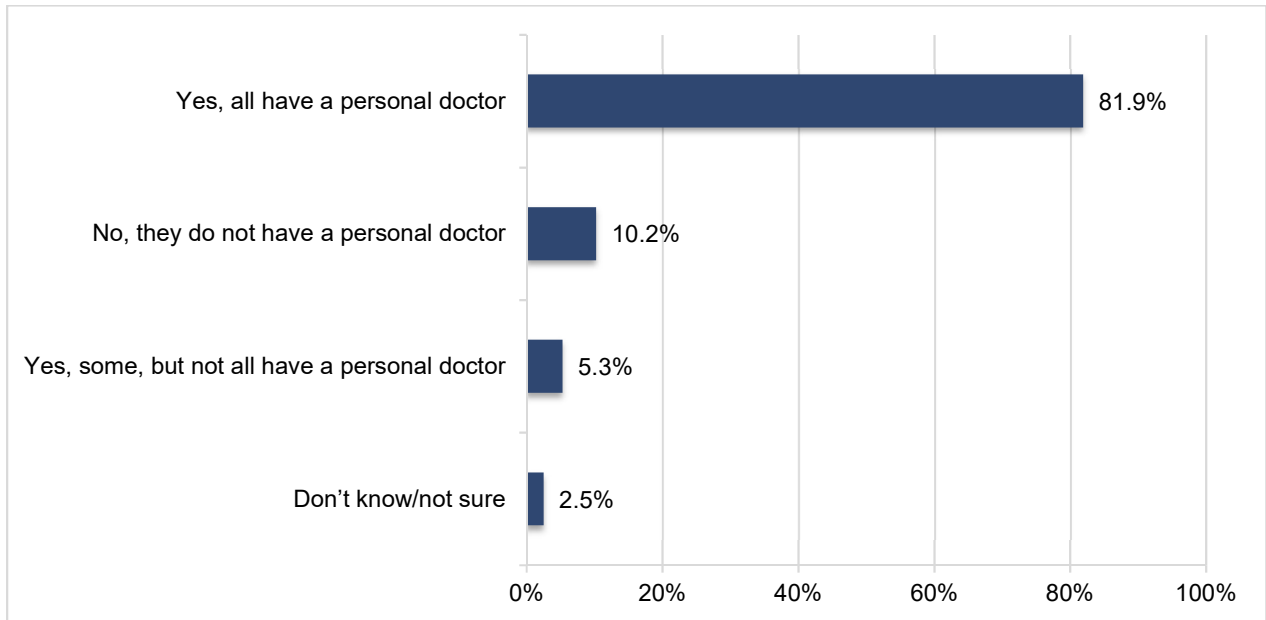
Note: Results for "Don't know/Not sure" have been suppressed due to having fewer than 20 responses.

Q13 Do the children under 18 living in your home have one or more people you think of as their personal doctor or health care provider (for example, primary care provider, pediatrician)?

- Yes, all have a personal doctor
- Yes, some, but not all have a personal doctor
- No, they do not have a personal doctor
- Don't know/not sure

Figure 10

Children Under 18 Living in Home with Personal Health Care Provider (n=791)

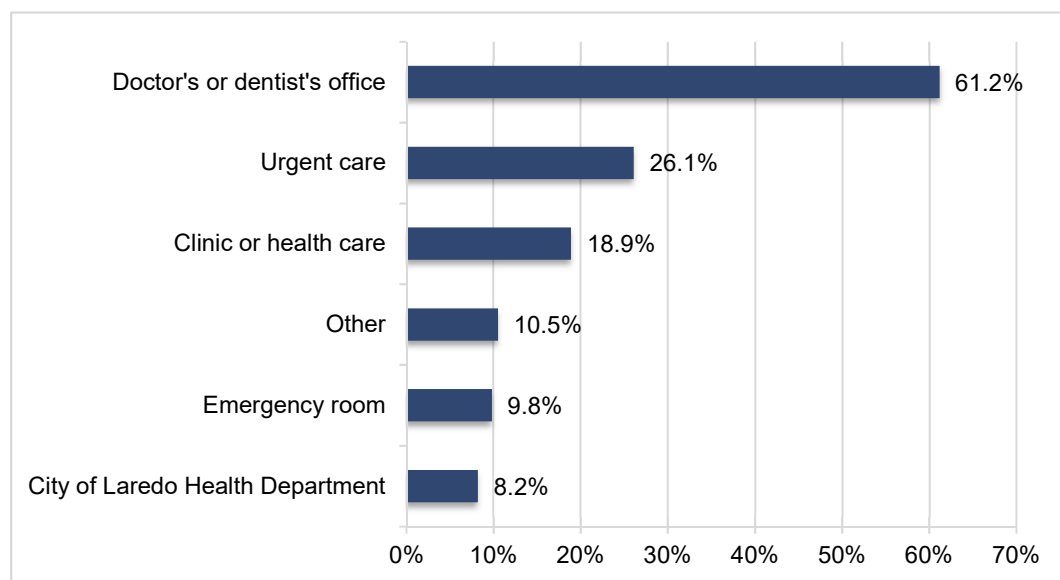


Q14 When the children under 18 living in your home are sick and need health care, including dental care or mental health care, where do you take them for care in Laredo? [Select all that apply]

- Clinic or health care (for example Gateway Community Health Center) (1)
- City of Laredo Health Department
- Border Region Behavioral Health
- Doctor's or dentist office
- Urgent care (for example Doc-Aid or VitalMed)
- Emergency room
- Spiritual healer
- Other (please specify):

Figure 11

Where Parents, Guardians' and Primary Caregivers of Children under 18 Seek Health Care (n=783)



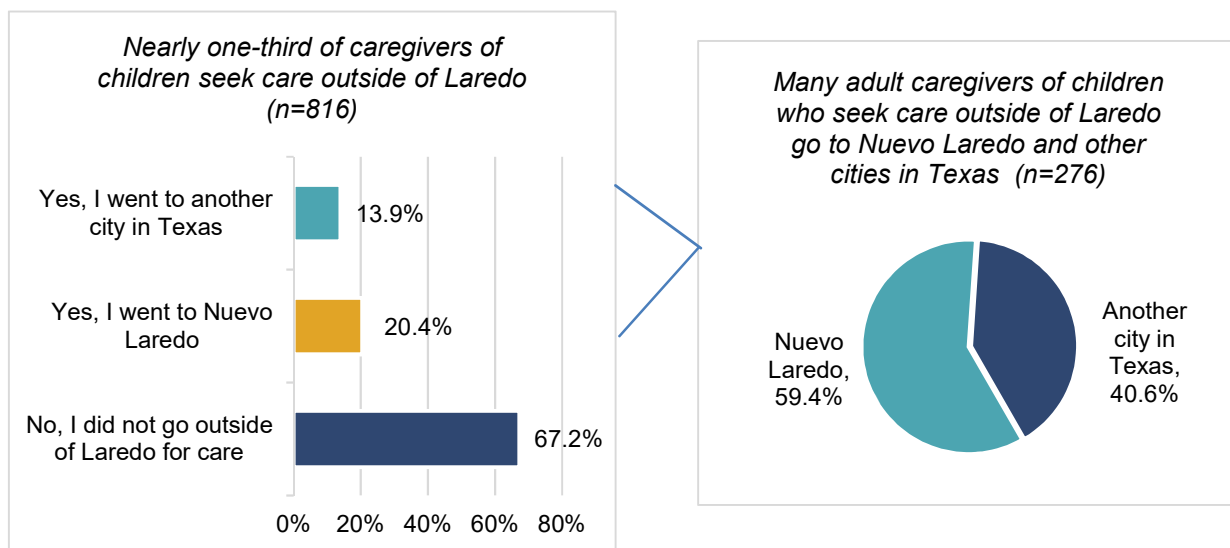
Note: "Spiritual healer" results were suppressed due to low numbers. 60 respondents indicated "Other" and provided additional details. The top three responses were Nuevo Laredo or Mexico (40%), doctor or dentist office (25%), and clinic or health care (13%). Additional locations mentioned include the pharmacy, TAMIU Counseling, employee health and wellness, telehealth, out of town, and another country other than Mexico.

Q15 In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for the children living in your home? [Select all that apply]

- Yes, I went to Nuevo Laredo
- Yes, I went to a city in Mexico other than Nuevo Laredo
- Yes, I went to another city in Texas
- No, I did not go outside of Laredo for care

Figure 12

Adult Caregivers Seeking Medical, Dental, or Mental Health Care for Children Outside of Laredo (n=816)



Note: Some results were suppressed due to low numbers.

Display This Question:

If In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo... = Yes, I went to Nuevo Laredo

Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo... = Yes, I went to a city in Mexico other than Nuevo Laredo

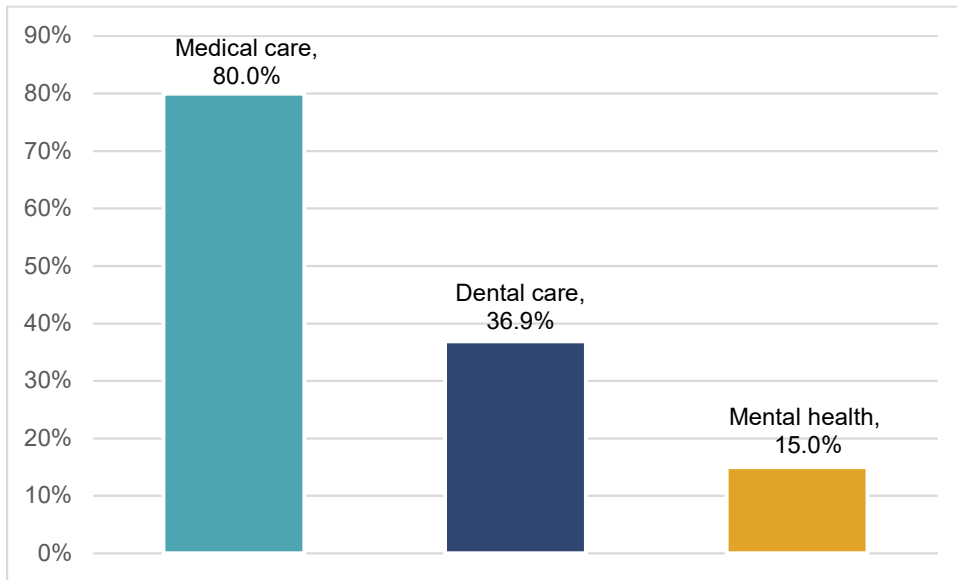
Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care fo... = Yes, I went to another city in Texas

Q16 Please indicate the type of health care you sought for the children in your home outside of Laredo. [Select all that apply]

- Medical care
- Mental health
- Dental care

Figure 13

Type of Care Sought Outside Laredo for Children and Adolescents Under 18 (n=260)

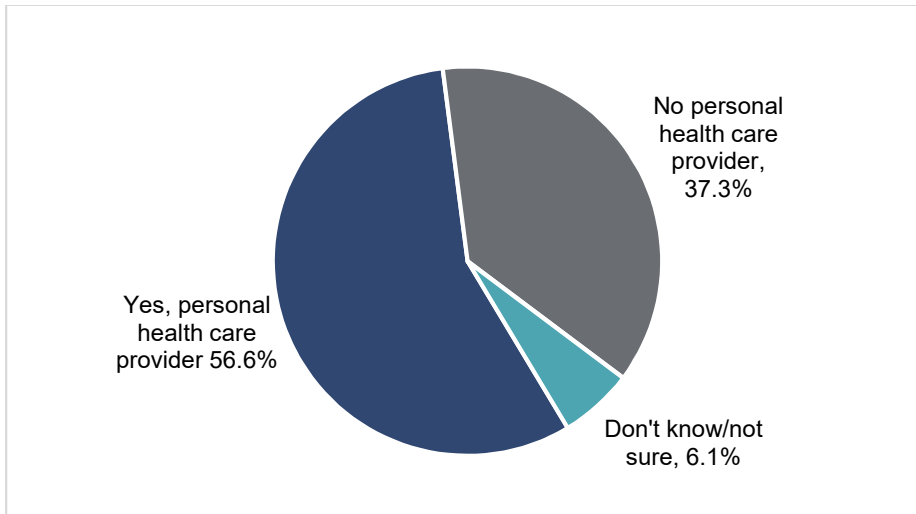


Q17 Do you have one or more people you think of as your personal doctor or health care provider (for example primary care provider)?

- Yes
- No
- Don't know/not sure

Figure 14

Adults with personal doctor or health care provider (n=1,497)

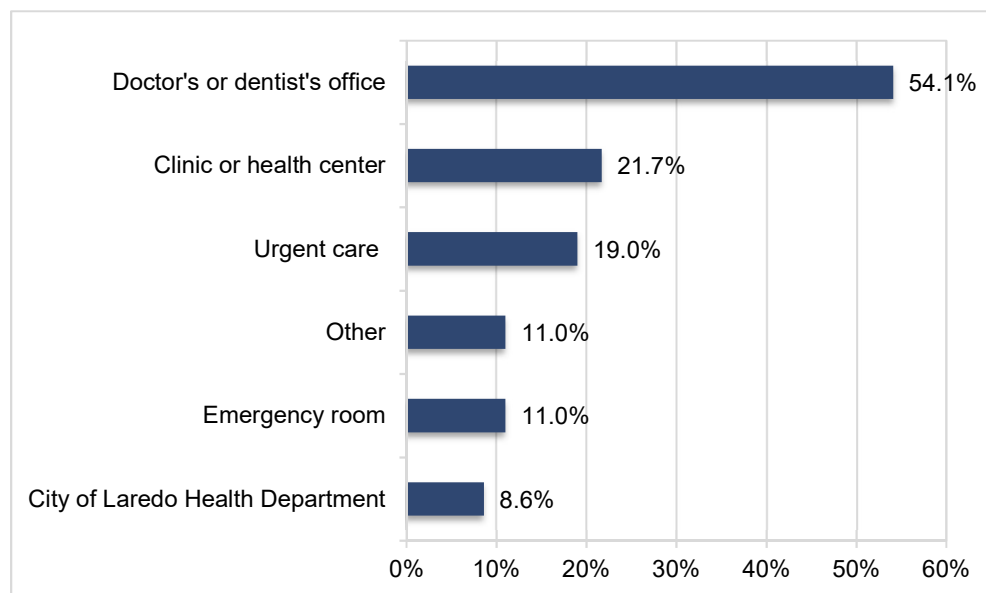


Q18 When you are sick and need health care, including dental care or mental health care, where do you go in Laredo? [Select all that apply]

- Clinic or health center (for example Gateway Community Health Center)
- City of Laredo Health Department
- Border Region Behavioral Health
- Doctor's or dentist's office
- Urgent care (for example Doc-Aid or VitalMed)
- Emergency room
- Spiritual healer
- Other (please specify): _____

Figure 15

Where Survey Respondents Seek Health Care When They Are Sick (n=1,475)



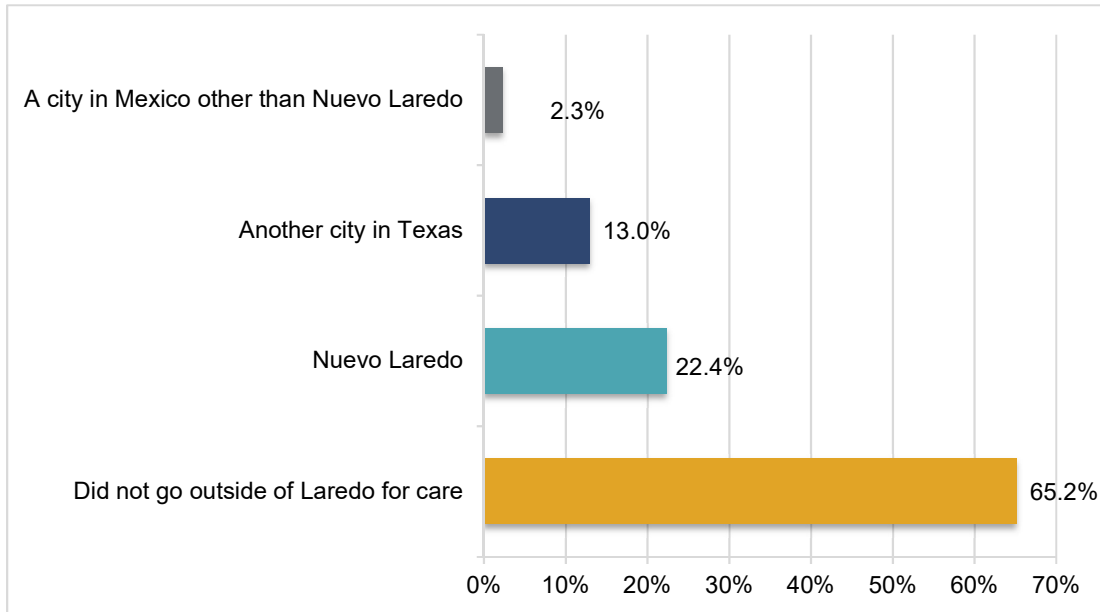
Note: Some results have been suppressed due to having fewer than 20 responses. 134 respondents selected "Other" and provided additional details. The top three responses were Nuevo Laredo or Mexico (43%), doctor or dentist's office (11%), and employee health and wellness (7%). Other locations mentioned included the City Health Clinic, La Familia Health Clinic, Laredo Medical Center, Laredo Premier Care, Laredo VA Clinic, Nuestra Salud Family Health Clinic, Pharmacy, Pillar Strong, TAMIU Counseling, Webb County Clinic, Mercy Clinic Laredo, and Valley Day Clinic.

Q19 In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for yourself? [Select all that apply]

- Yes, I went to Nuevo Laredo
- Yes, I went to a city in Mexico other than Nuevo Laredo
- Yes, I went to another city in Texas
- No, I did not go outside of Laredo for care

Figure 16

Percent of Survey Respondents Seeking Care Outside of Laredo (n=1,512)



Display This Question:

*If In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for... =
Yes, I went to Nuevo Laredo*

*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for... =
Yes, I went to a city in Mexico other than Nuevo Laredo*

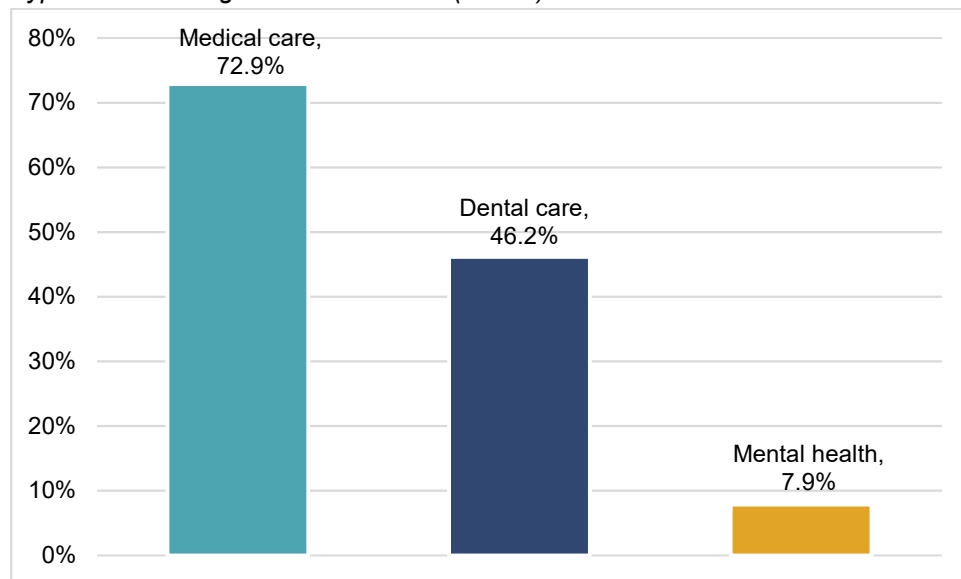
*Or In the past 12 months, did you go outside of Laredo for medical, dental, or mental health care for... =
Yes, I went to another city in Texas*

Q20 Please indicate the type of health care you sought in Nuevo Laredo, another city in Mexico, or another city in Texas. [Select all that apply]

- Medical care (1)
- Mental health (2)
- Dental care (3)

Figure 17

Type of Care Sought Outside Laredo (n=506)

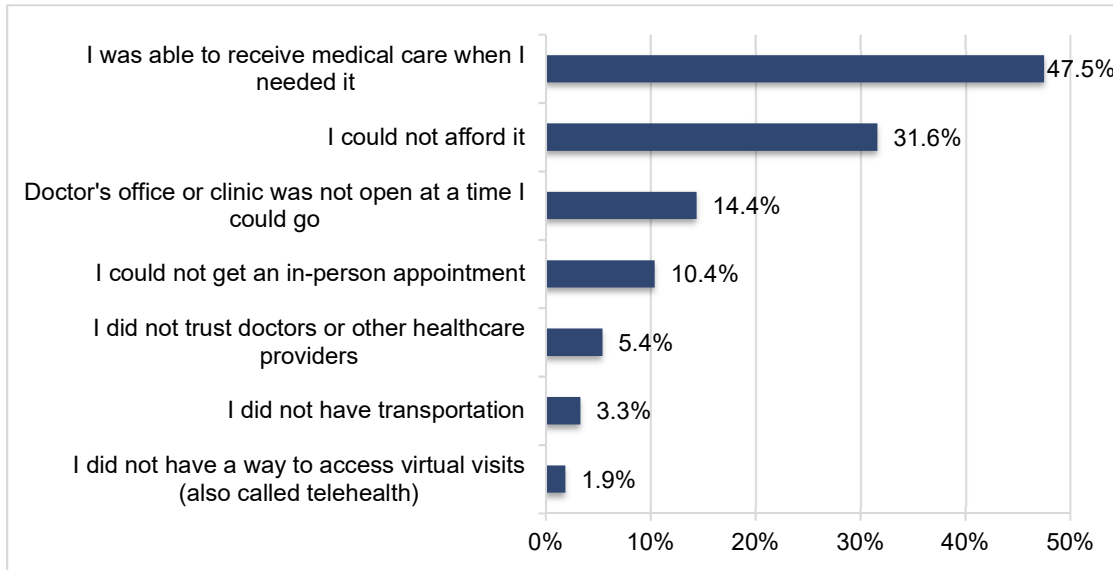


Q21 During the last 12 months, did you ever need medical care but not get it because of any of these reasons? [Select all that apply]

- I could not afford it
- I did not have transportation
- I could not get an in-person appointment
- Doctor's office or clinic was not open at a time I could go
- I did not have a way to access virtual visits (also called telehealth)
- I did not trust doctors or other healthcare providers
- There was not an instance where I needed medical care and could not get it in the last 12 months

Figure 18

Reasons for Not Receiving Medical Care during Last 12 Months, Among Survey Participants (n=1,328)

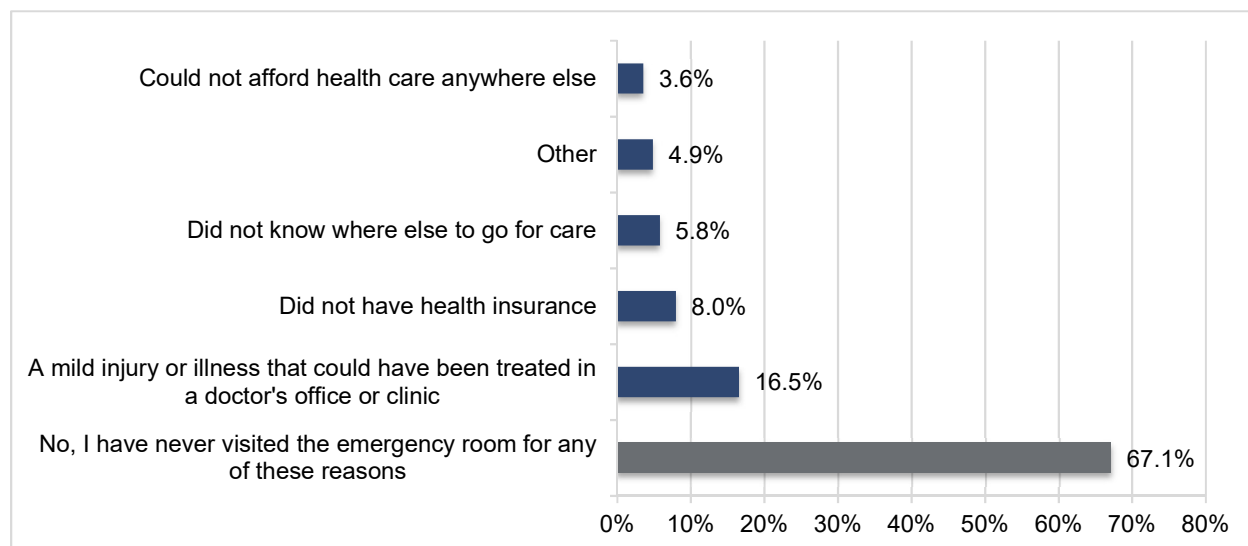


Q22 In the past 12 months, have you ever visited the emergency room for yourself or your child due to any of the following reasons? [Select all that apply]

- A mild injury or illness that could have been treated in a doctor's office or clinic
- Did not have health insurance
- Could not afford health care anywhere else
- Did not know where else to go for care
- Did not have transportation to go elsewhere
- Needed a safe place to stay or spend the night
- Needed access to food
- No, I have never visited the emergency room for any of these reasons
- Other (please specify): _____

Figure 19

Reasons for Emergency Room Use Among Survey Respondents (n=1,378)

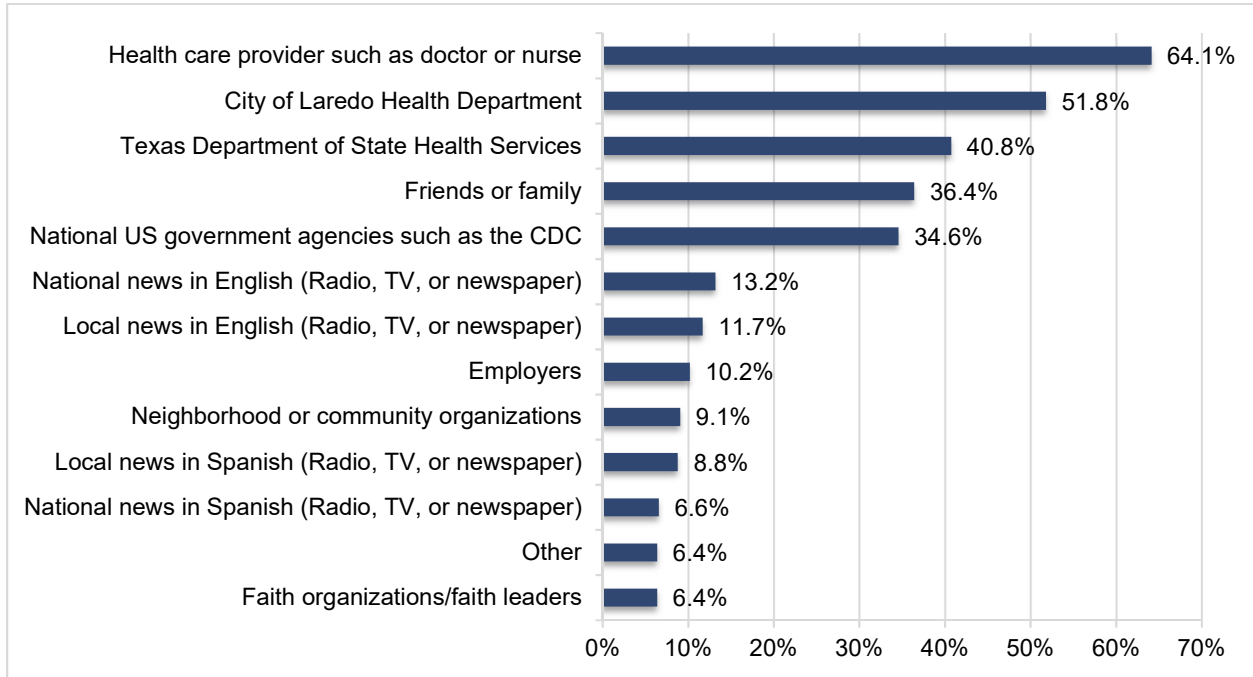


Note: Some results have been suppressed due to having fewer than 20 responses. 54 respondents indicated "Other" and provided additional details. The top four responses were N/A (30%), "accident or injury" (13%), and "other health care facilities not open" (13%).

Q23 Whom do you trust the most to provide information on health? [Select top 3]

- Friends or family (1)
- Healthcare provider such as doctor or nurse (2)
- Neighborhood or community organizations (3)
- Faith organizations/faith leaders (4)
- Employers (5)
- City of Laredo Health Department (6)
- Texas Department of State Health Services (7)
- National US government agencies such as the CDC (8)
- Local news in Spanish (Radio, TV or newspaper) (9)
- Local news in English (Radio, TV or newspaper) (10)
- National news in Spanish (Radio, TV or newspaper) (11)
- National news in English (Radio, TV or newspaper) (12)
- Other (13) _____

Figure 20
Sources of Trust for Health Information (n=1,411)



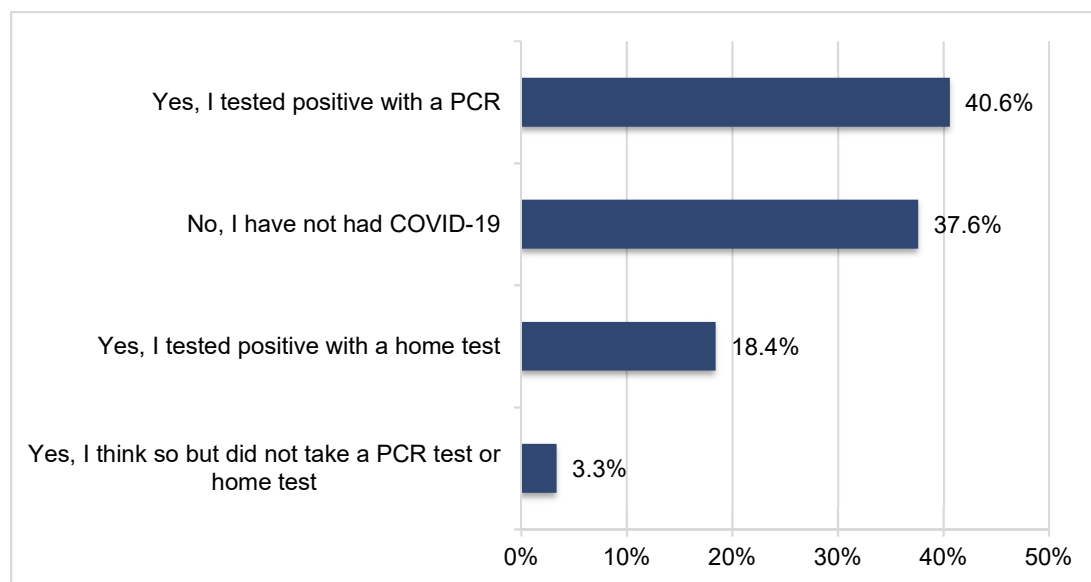
Note: 55 respondents indicated “Other” and provided additional details. The top two responses were “online resources” (18%) and “medical professional” (18%). The remainder included “myself,” “none,” “do not see outside information,” “family/friend,” and “scientific research,” along with specific mentions of research from governmental institutions and clinics based in Laredo.

Q24 To your knowledge, have you had COVID-19 since January 2020?

- Yes, I tested positive with a PCR
- Yes, I tested positive with a home test
- Yes, I think so but did not take a PCR test or home test
- No, I have not had COVID-19

Figure 21

Survey Respondents who have had COVID-19 since January 2020 (n=1,433)



Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a PCR

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I tested positive with a home test

Skip To: Q25 If To your knowledge, have you had COVID-19 since January 2020? = Yes, I think so but did not take a PCR test or home test

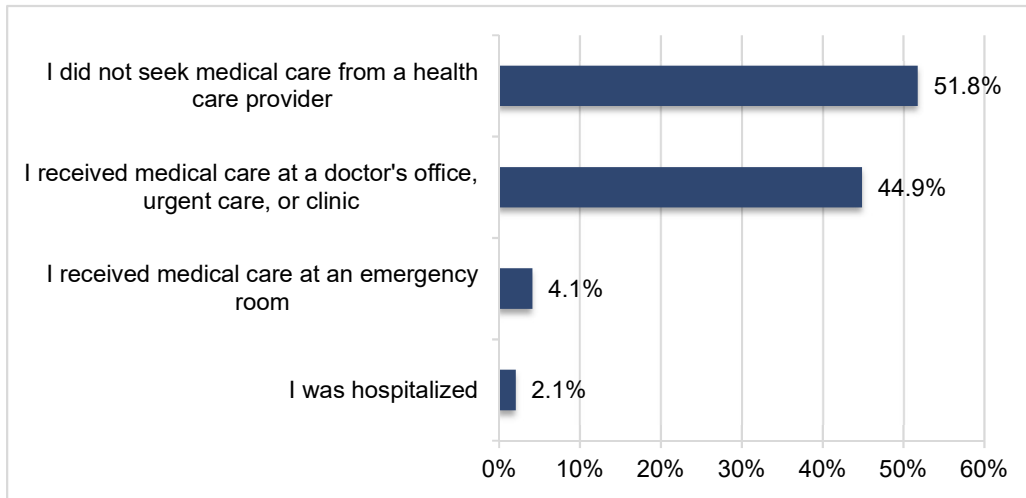
Skip To: Q26 If To your knowledge, have you had COVID-19 since January 2020? = No, I have not had COVID-19

Q25 Describe the level of health care you received when you had COVID-19. If you have had COVID-19 more than once, describe the level of health care during the first time you had COVID-19. [Select all that apply]

- I did not seek medical care from a health care provider (1)
- I received medical care at a doctor's office, urgent care or clinic (2)
- I received medical care at an emergency room (3)
- I was hospitalized (4)

Figure 22

Care Seeking Among Participants Who Indicated Having COVID Since January 2020 (n=871)

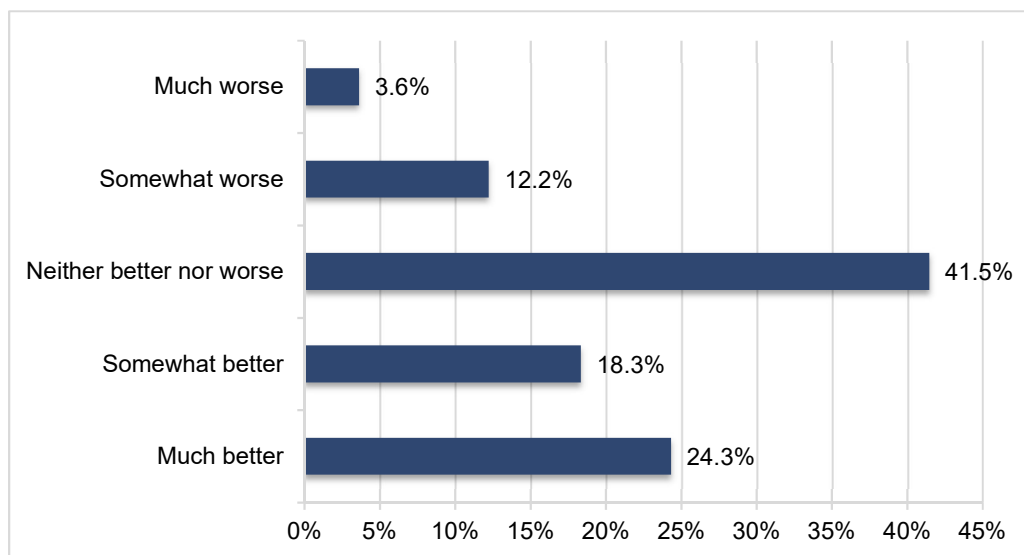


Note: Results for "I was hospitalized" were suppressed due to having fewer than 20 responses.

Q26 Compared to before the COVID-19 pandemic, how would you describe your mental health now?

- Much better
 - Somewhat better
 - Neither better nor worse
 - Somewhat worse
 - Much worse
-

Figure 23
Mental Health Compared to Pre-Pandemic Status (n=1,406)

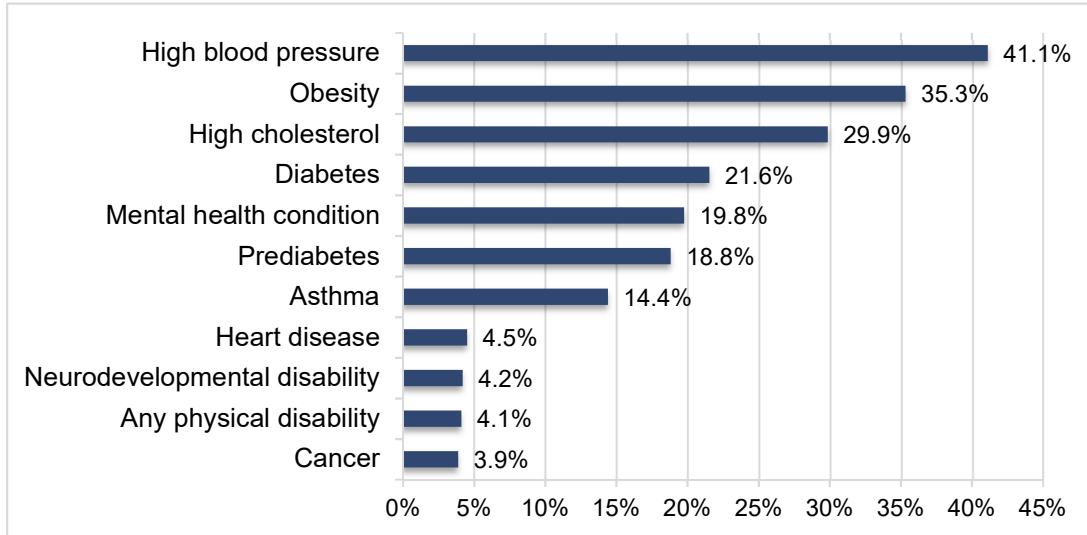


Q27 Please indicate below if a doctor or health care provider has ever told you that you have the following medical conditions. [Select all that apply]

- Asthma
- Cancer
- Mental health condition (for example depression, anxiety, schizophrenia, or other major emotional problem)
- Prediabetes
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Obesity
- Substance use disorder (alcohol or drugs)
- Any physical disability
- Neurodevelopmental disability (for example Dyslexia, Autism Spectrum Disorder, ADHD, developmental disability)

Figure 24

Self-reported health conditions (as told by a doctor or health care provider) (n=951)



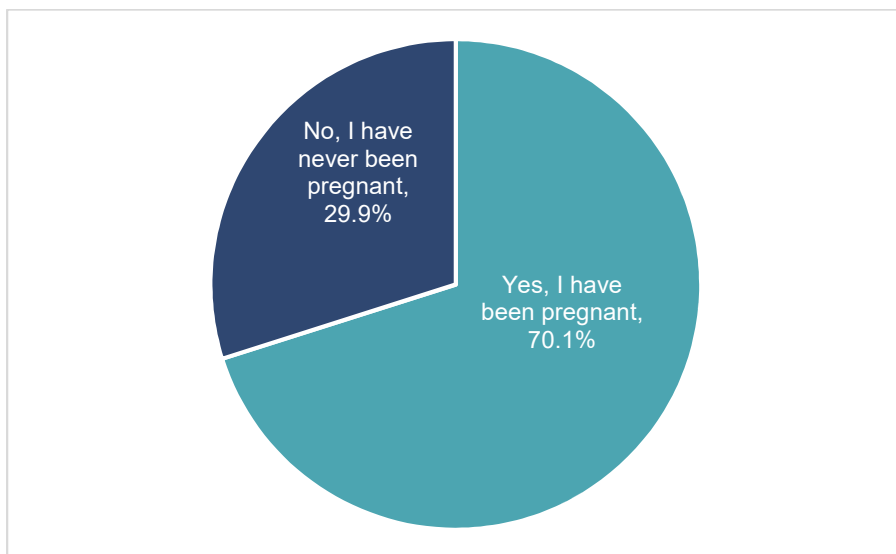
Note: Results for substance use were suppressed due to low numbers.

Q28 Have you ever been pregnant?

- Yes
- No

Figure 25

Prevalence of Pregnancy Among Female Survey Respondents (n=963)



Skip To: Q29 If Have you ever been pregnant? = Yes

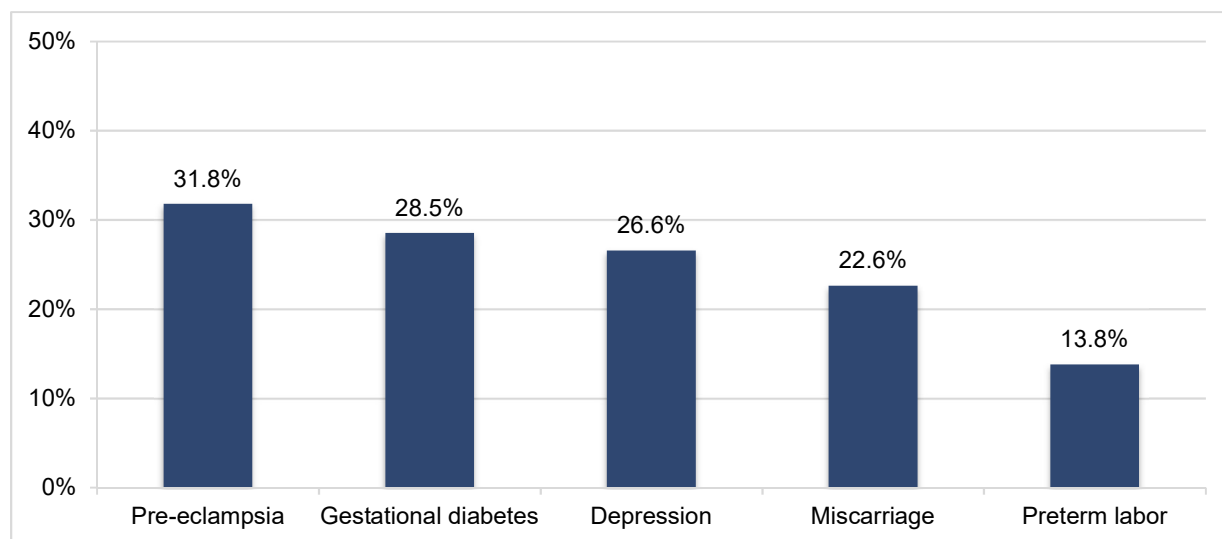
Skip To: Q32 If Have you ever been pregnant? = No

Q29 During your most recent pregnancy, did you have any of the following health conditions? [Select all that apply]

- High blood pressure (that started during this pregnancy), pre-eclampsia or eclampsia
- Miscarriage
- Gestational diabetes (diabetes that started during the pregnancy)
- Depression
- Preterm labor

Figure 26

Self-Reported Health Conditions of Respondents During Most Recent Pregnancy (n=305)

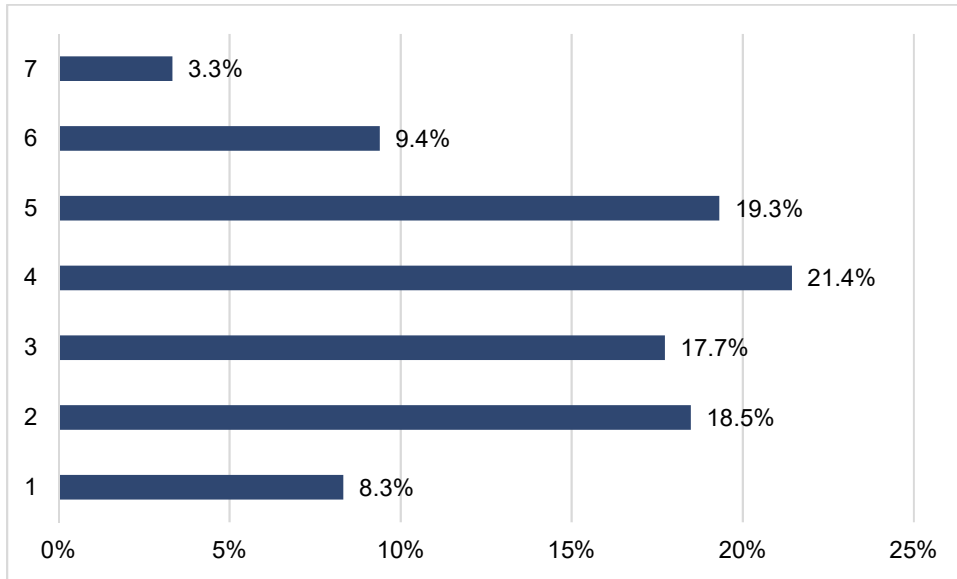


Q32 Now I would like to ask you more specific questions about issues that may affect your health.

Q30 Including yourself, how many individuals currently live in your home?

▼ 1 (1) ... More than 15 (16)

Figure 27
Individuals Living in Home, Including Respondent (n=1,320)

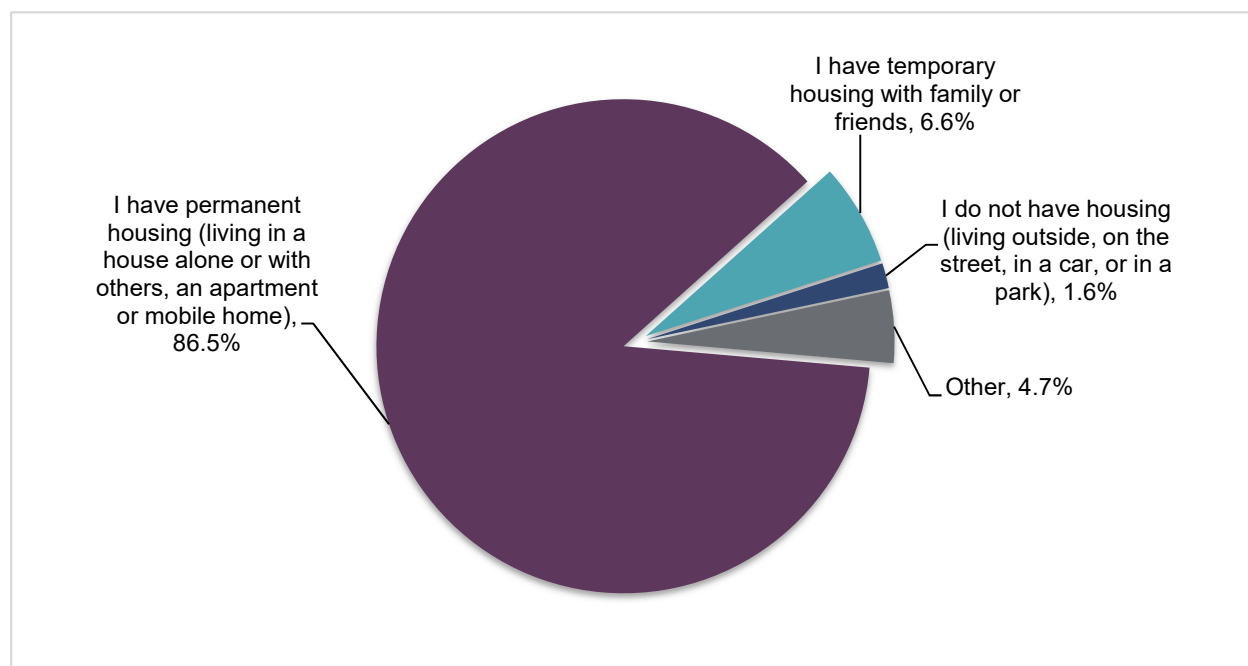


Q31 What is your housing situation today?

- I have permanent housing (living in a house alone or with others, an apartment or mobile home)
- I have temporary housing with family or friends
- I have temporary housing in a hotel or shelter
- I do not have housing (living outside, on the street, in a car, or in a park)
- Other (please specify):

Figure 28

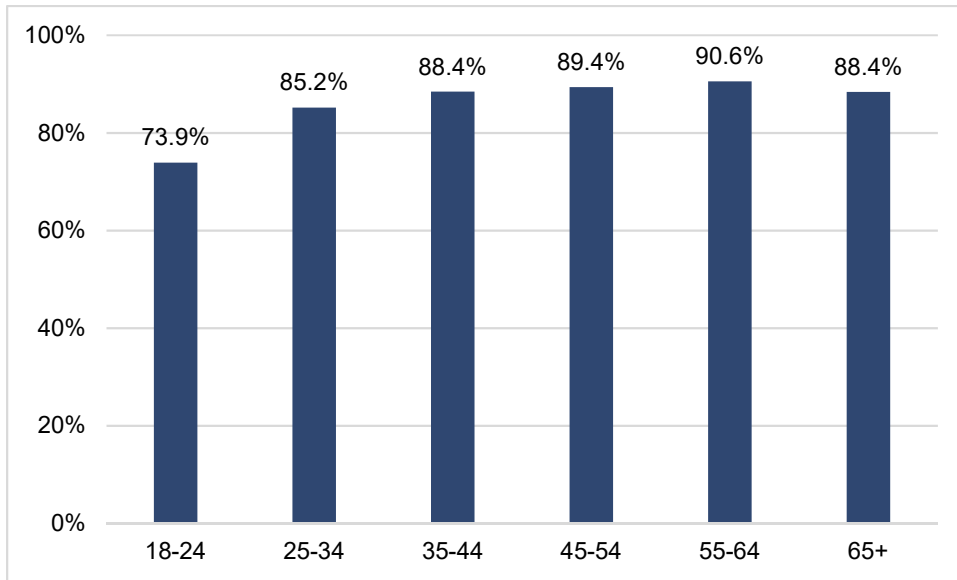
Housing Status of Survey Respondents (n=1,345)



Note: Fifty (50) respondents indicated “Other” and provided additional details. The top two responses were “home owner” (38%) and “rent property” (32%).

Figure 29

Respondents Indicating that They Have Permanent Housing, by Age (n=1,345)

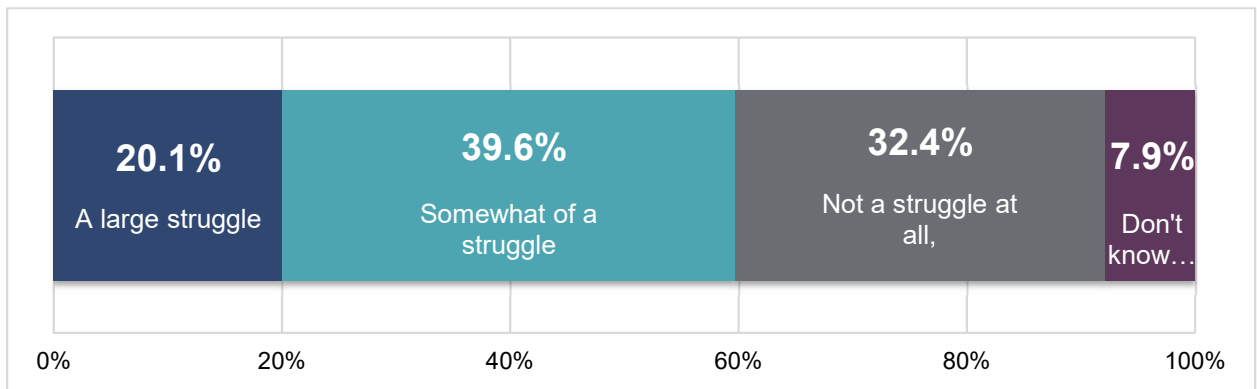


Q32 To what extent is it a financial burden or struggle for you or those you live with to pay for housing costs every month? This includes monthly rent or mortgage, and utilities such as electricity, water and gas.

- A large struggle
- Somewhat of a struggle
- Not a struggle at all (3)
- Don't know/not sure (4)

Figure 30

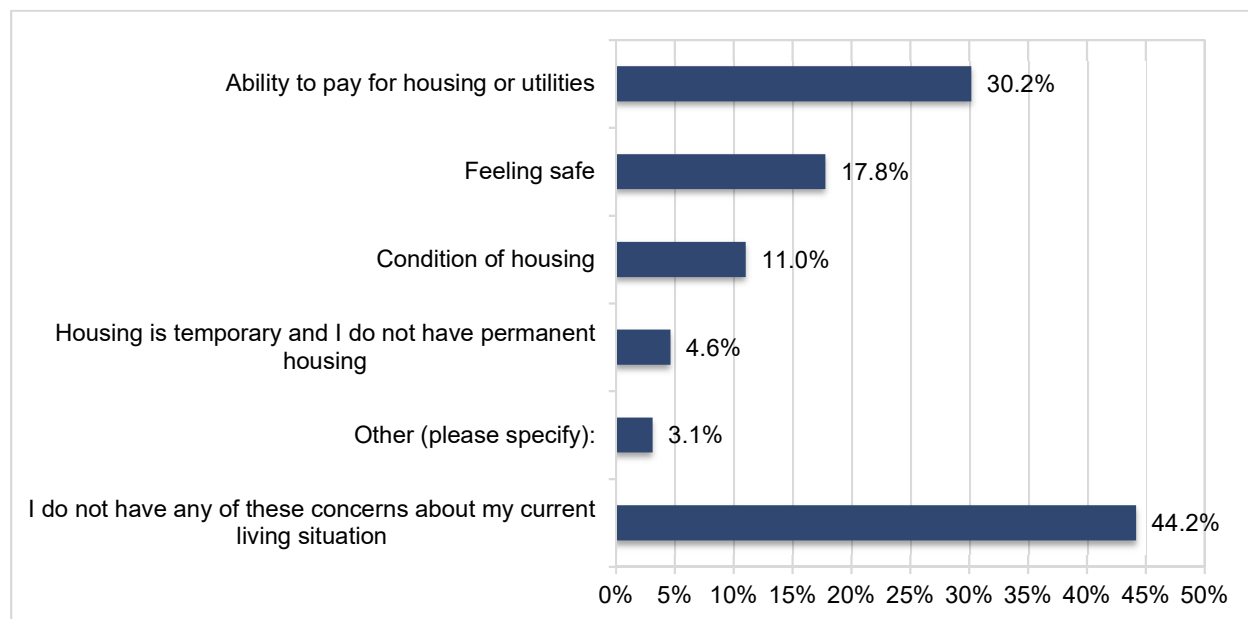
A majority of respondents identified housing costs as a struggle (n=1,355)



Q33 Do you have any of the following concerns about your current living situation, like housing conditions, safety, or costs? [Select all that apply]

- Condition of housing
- Housing is temporary and I do not have permanent housing
- Ability to pay for housing or utilities
- Feeling safe
- Other (please specify): _____
- I do not have any of these concerns about my current living situation

Figure 31
Concerns Related to Housing (n=1,315)



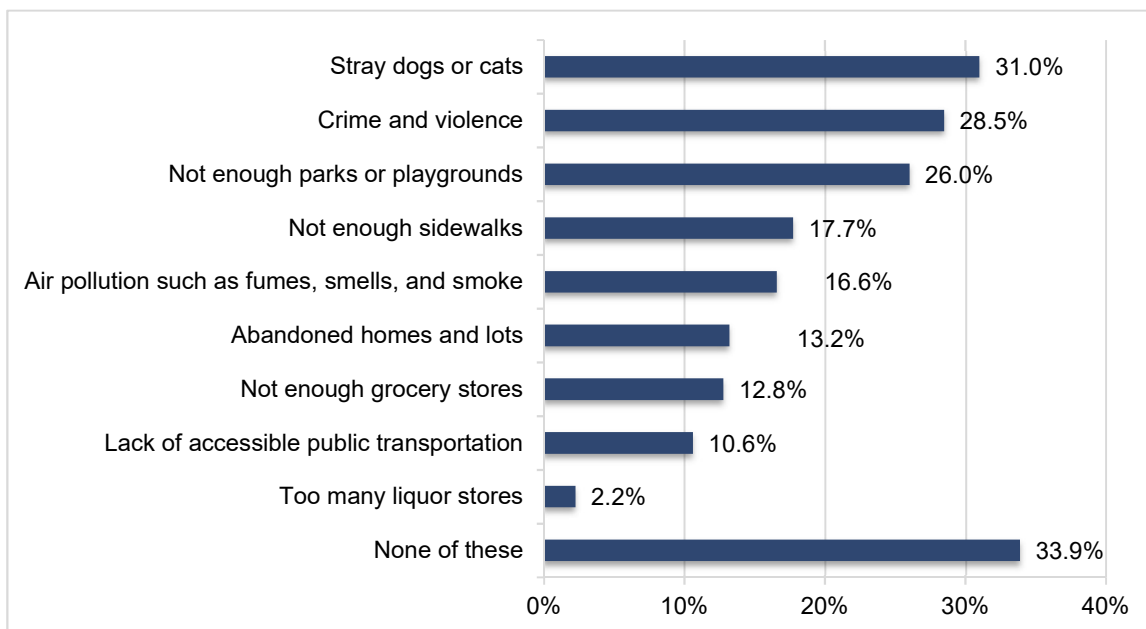
Note: 36 respondents indicated “Other” and provided additional details. The top three responses were general high cost of living (28%), food cost (14%), and no concerns (14%).

Q34 Below is a list of problems that can affect health and mental health. Thinking about your neighborhood, please indicate which of these are currently negatively affecting your health or the health of those that live with you. **Pick up to 3 choices.**

- Abandoned homes and lots
- Air pollution such as fumes, smells, and smoke
- Crime and violence
- Too many liquor stores
- Not enough grocery stores
- Not enough sidewalks
- Not enough parks or playgrounds
- Stray dogs or cats
- Lack of accessible public transportation
- None of these

Figure 32

Top Community Concerns among Survey Respondents, as Related to Health (n=1,387)

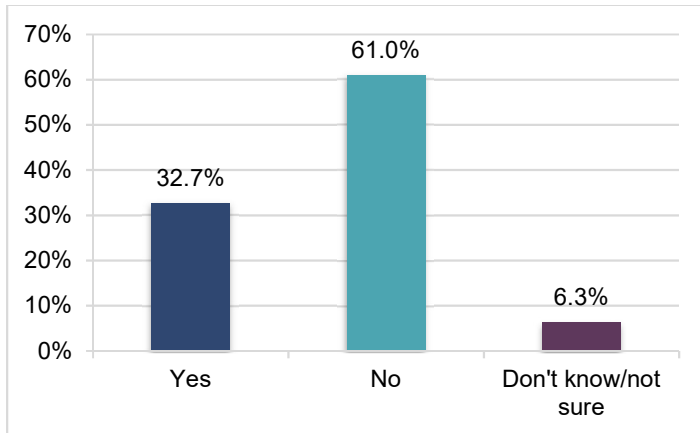


Q35 During the past 12 months, was there a time when, because of lack of money or other resources, you were worried you would not have enough food to eat?

- Yes (1)
- No (2)
- Don't know/not sure (3)

Figure 33

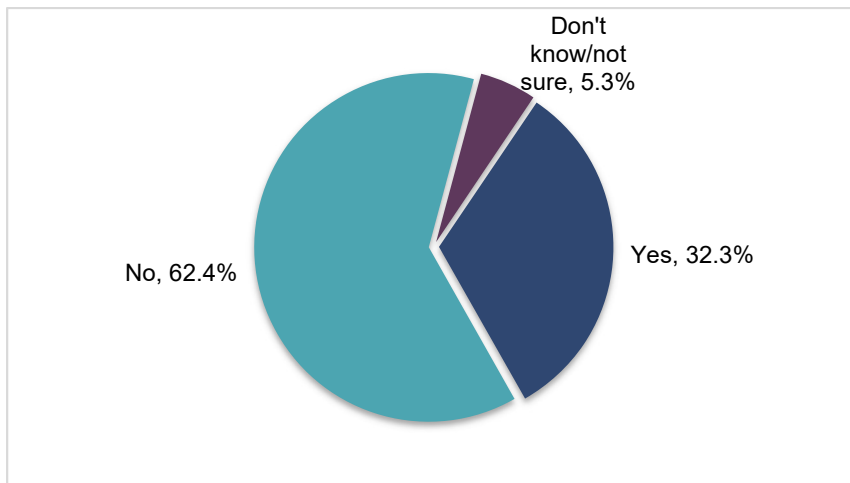
Food Insecurity in Last 12 Months Among Survey Respondents (n=1,349)



Q36 During the last 12 months, was there a time when, because of a lack of money or other resources, that you were unable to eat healthy or nutritious food such a fruit or vegetables?

- Yes
- No
- Don't know/not sure

Figure 34
Food Insecurity for Healthy or Nutritious Food (n=1,348)

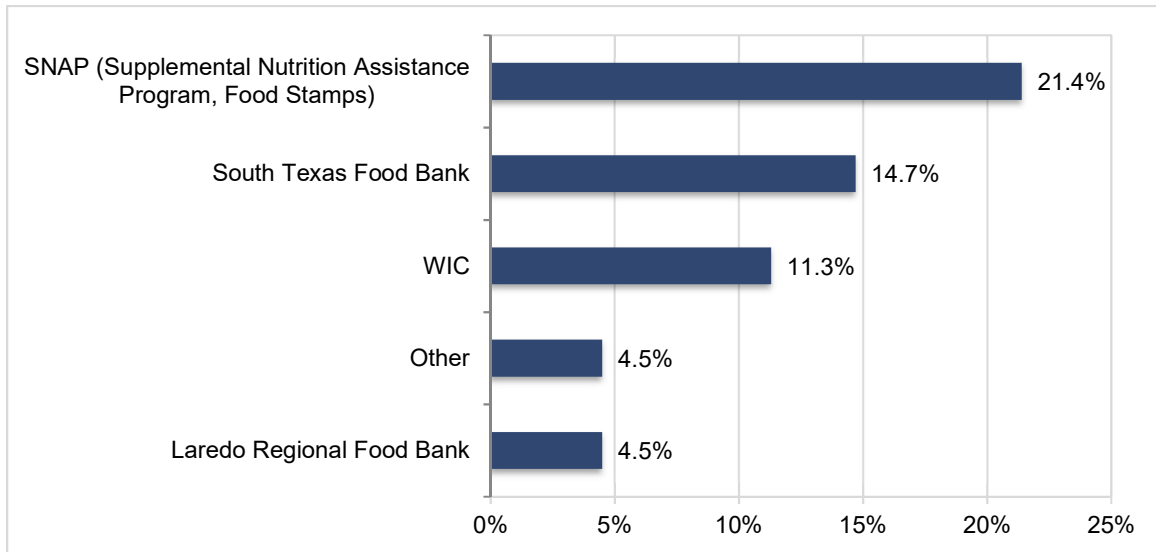


Q37 During the past 12 months, have any of the following community organizations assisted you with food? Select all that apply.

- South Texas Food Bank
- Laredo Regional Food Bank
- Bethany House of Laredo
- WIC
- SNAP (Supplemental Nutrition Assistance Program, Food Stamps)
- Salvation Army
- Other (please specify): _____
- None of these organizations have assisted me with food.

Figure 35

Food Assistance Providers among Survey Respondents (n=1,254)



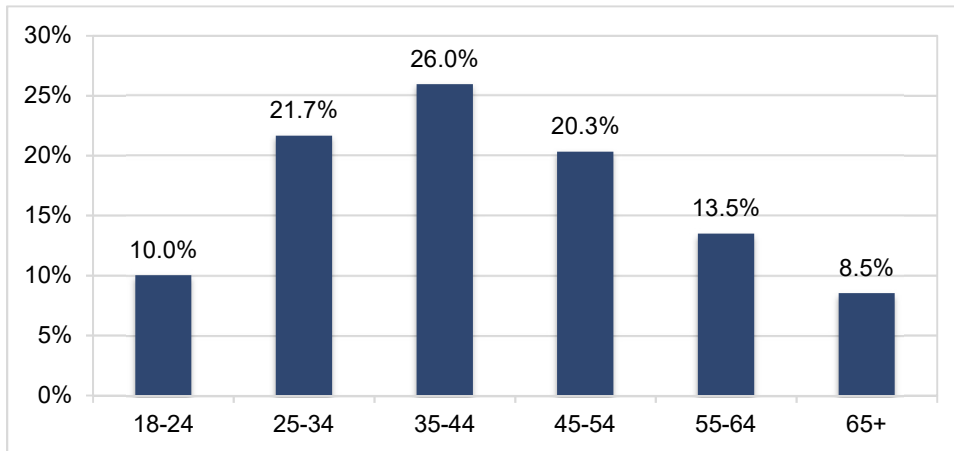
Note: All demographic questions are displayed as unweighted results from survey.

Q38 What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

Figure 36

Community Survey Respondents by Age (n=1,348)

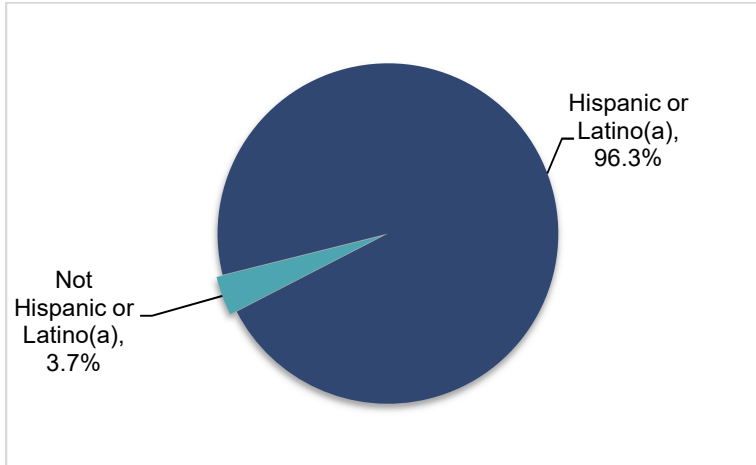


Q39 What is your ethnicity? Are you Hispanic, Latino/a, or Spanish origin?

- Hispanic or Latino(a)
- Not Hispanic or Latino(a)

Figure 37

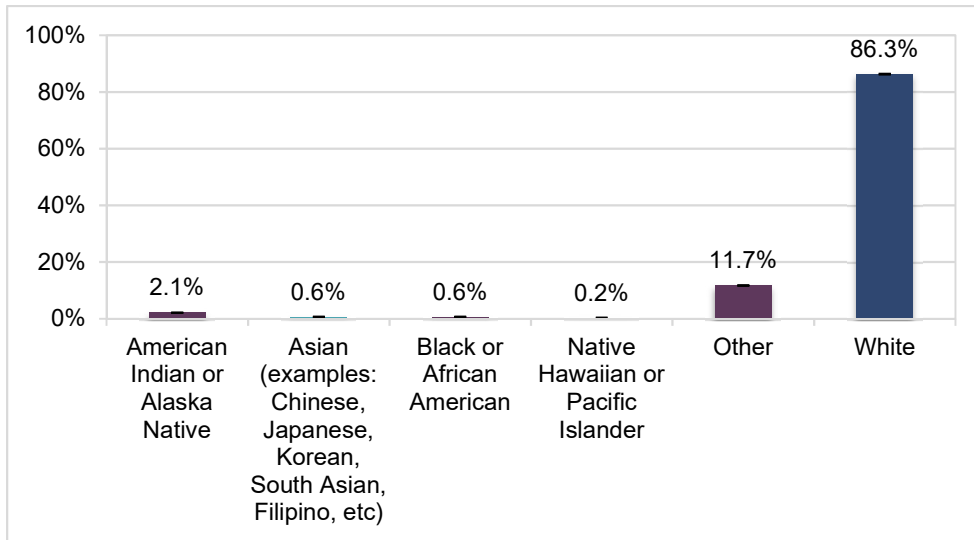
Ethnicity of Survey Respondents (Hispanic or Latino(a) (n=1,334)



Q40 What is your race? [Select all that apply]

- American Indian or Alaska Native
- Asian (examples: Chinese, Japanese, Korean, South Asian, Filipino, etc.)
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other

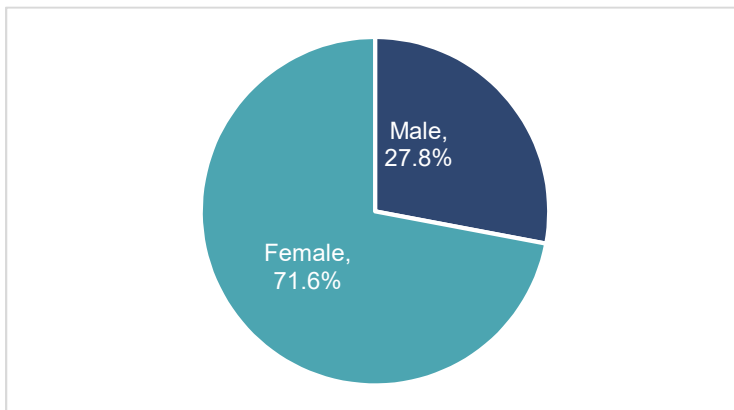
Figure 38
Race of Survey Respondents (n=1,257)



Q41 How do you identify? Are you...

- Male
- Female
- Non-binary
- Other
- Prefer not to answer

Figure 39
Sex of Survey Respondents (n=1,345)

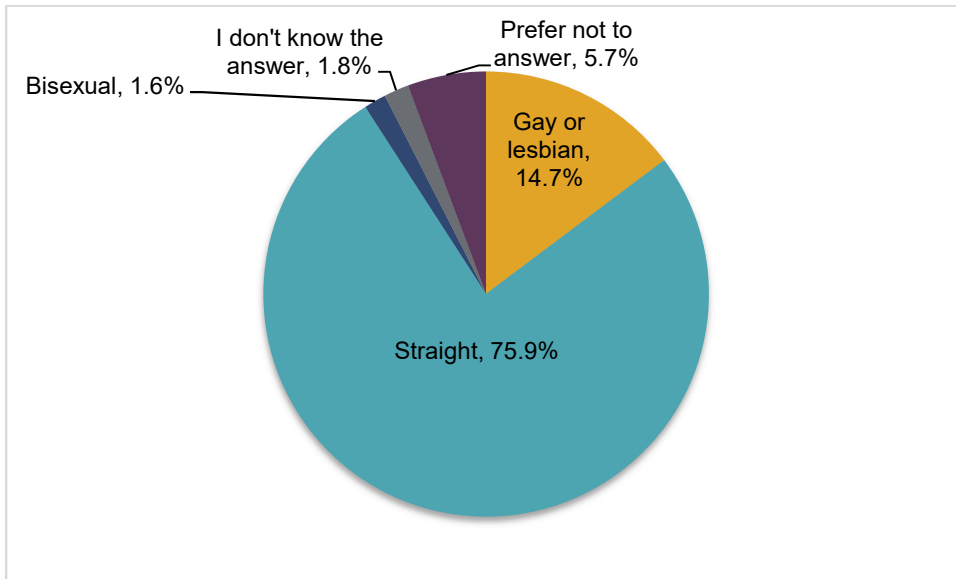


Note: Survey respondents were also able to report identifying as “Binary” or “Prefer not to say” however these were suppressed and excluded from the figure due to data suppression rules.

Q42 Which of the following best represents how you think of yourself?

- Gay or Lesbian
- Straight
- Bisexual
- Something else
- I don't know the answer
- Prefer not to answer

Figure 40
Gender Identity Among Survey Respondents (n=1,309)



Q43 Do you consider yourself transgender?

- No
- Yes, transgender, male-to-female
- Yes, transgender, female-to-male
- Yes, transgender, gender non-conforming

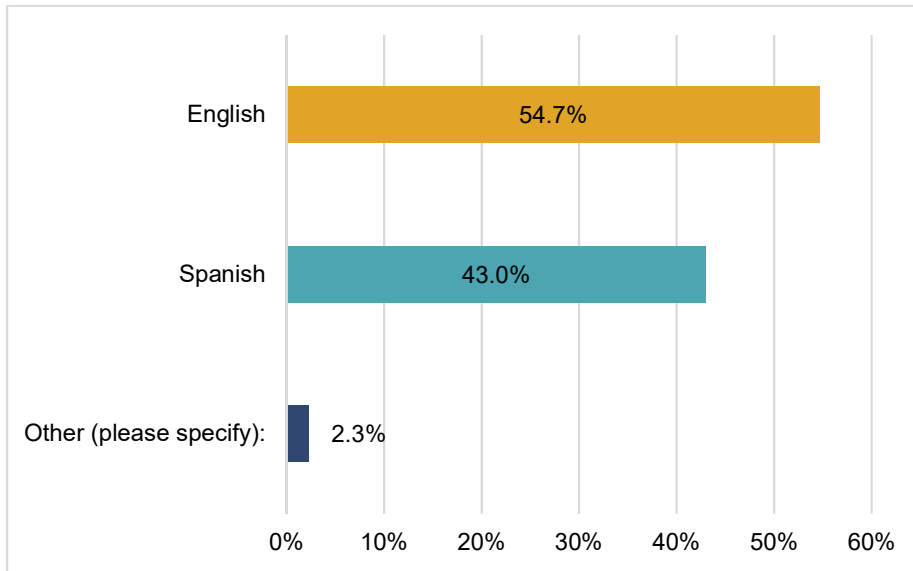
Responses omitted due to low numbers.

Q44 What language do you primarily speak at home?

- English
- Spanish
- Other (please specify):

Figure 41

Primary Language Spoken at Home of Survey Respondents (n=1,329)

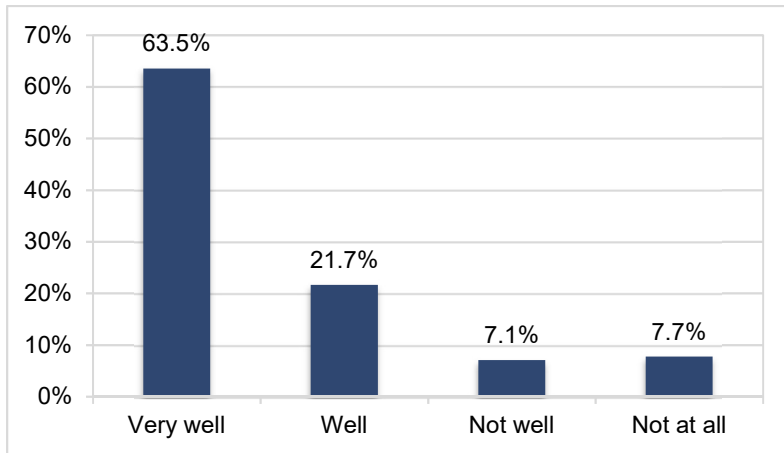


Q45 How well would you say you speak English?

- Very well
- Well
- Not well
- Not at all

Figure 42

Most survey respondents reported speaking English “very well” or “well” (n=1,344)

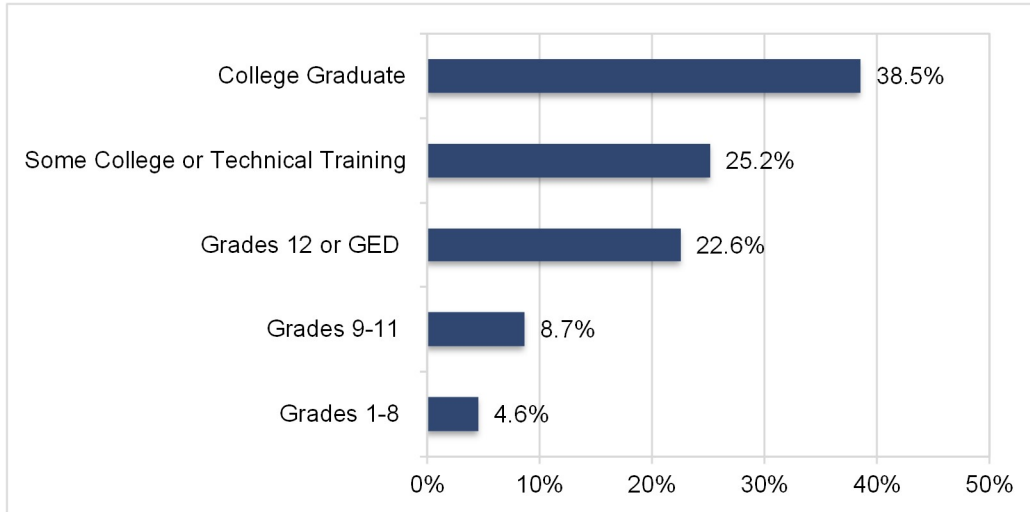


Q46 What is the highest grade or year of school you completed?

- Never attended school or only attended kindergarten
- Grades 1-8 (Elementary)
- Grades 9-11 (Some high school)
- Grades 12 or GED (High school graduate/finished high school)
- College or technical training - 1 year to 3 years
- College graduate - 4 years or more

Figure 43

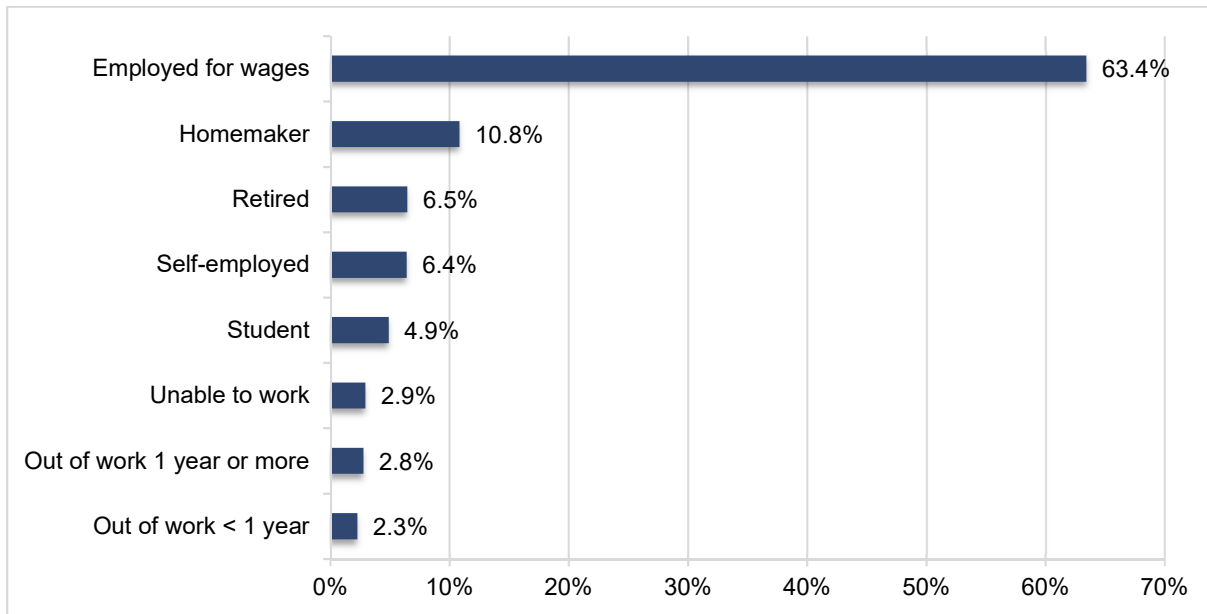
Educational Level of Survey Respondents (n=1,339)



Q47 What is your current work situation?

- Employed for wages
- Self-employed
- Out of work for less than 1 year
- Out of work for 1 year or more
- A homemaker
- A student
- Retired
- Unable to work

Figure 44
Employment Status of Survey Respondents (n=1,329)



End of Block: Default Question Block

ADDITIONAL ANALYSES

GENERAL HEALTH

Figure 45
General Health Among Survey Respondents by ZIP Code (n= 1,579)

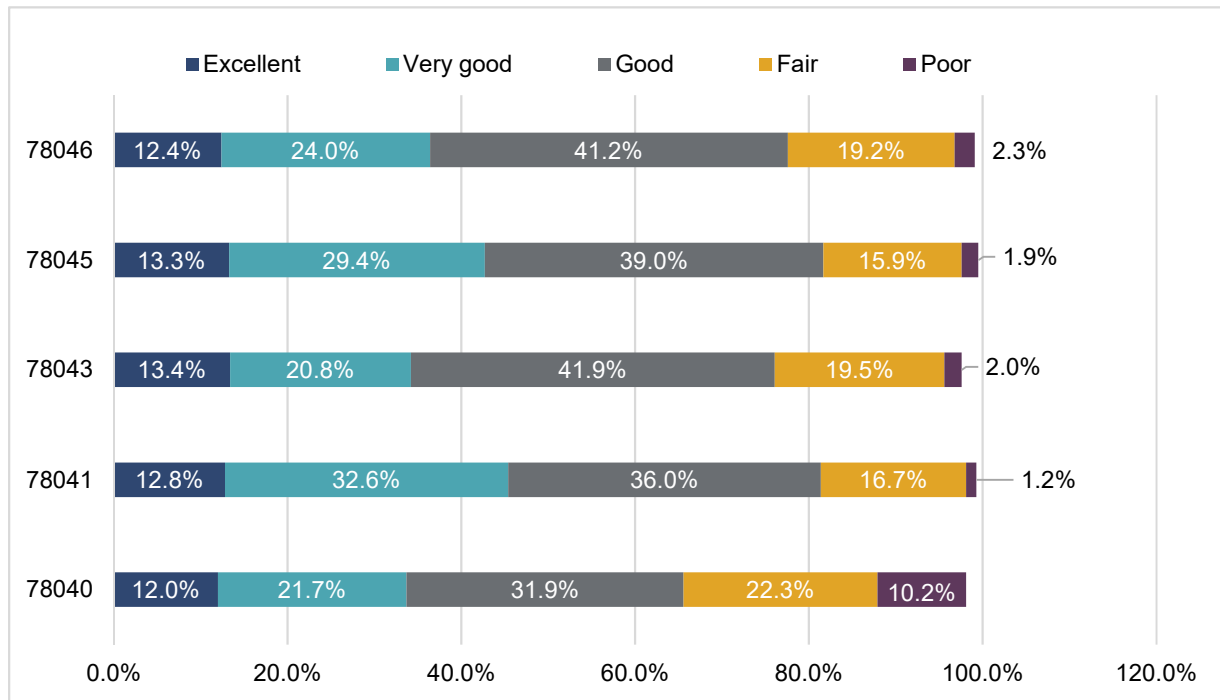


Figure 46
 General Health Among Survey Respondents by Sex (n=1,334)

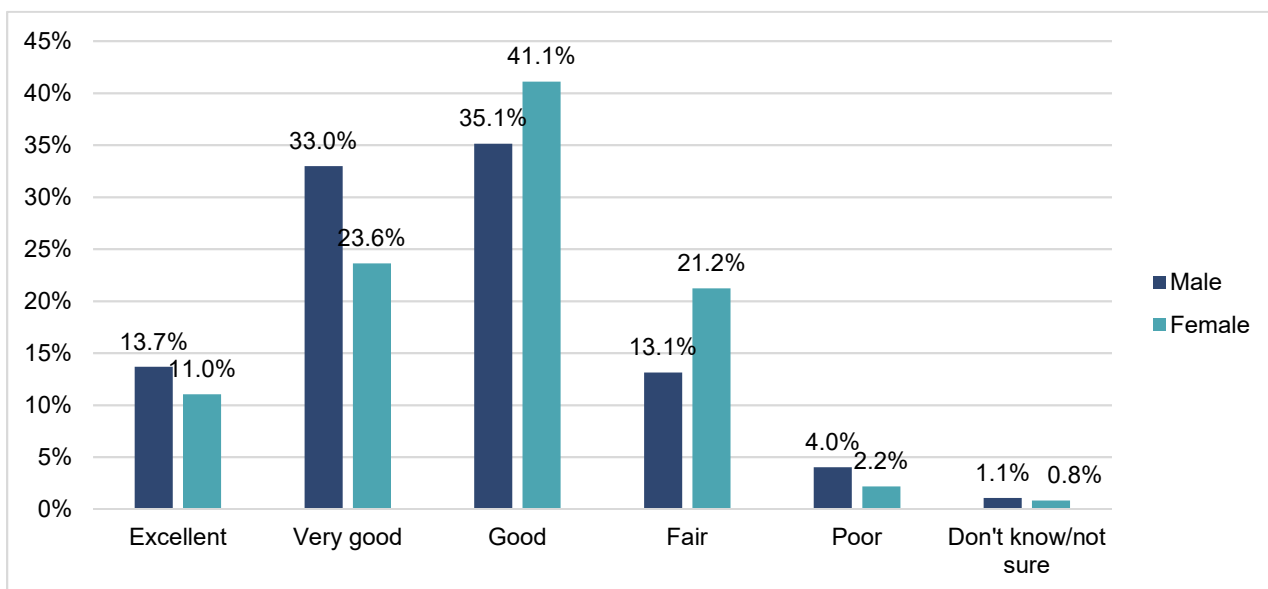
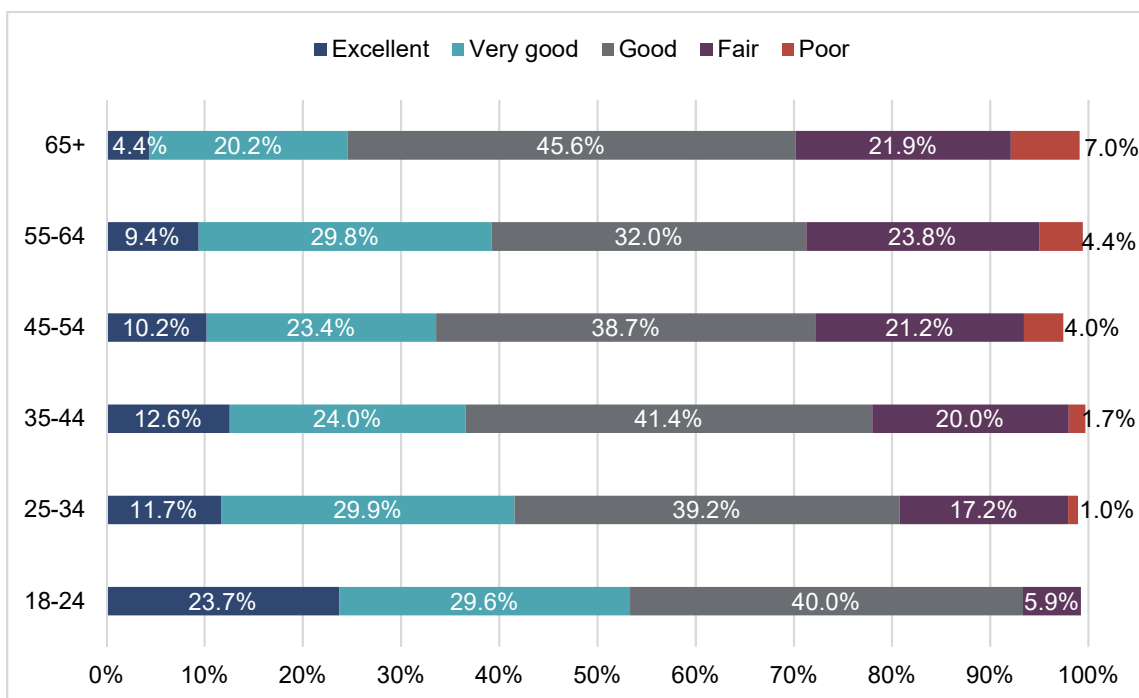


Figure 47
 General Health among Survey Respondents by Age (n=1,345)



MENTAL HEALTH

Figure 48

Average and Median Number of Poor Mental Health Days by Sex (n=1,139)

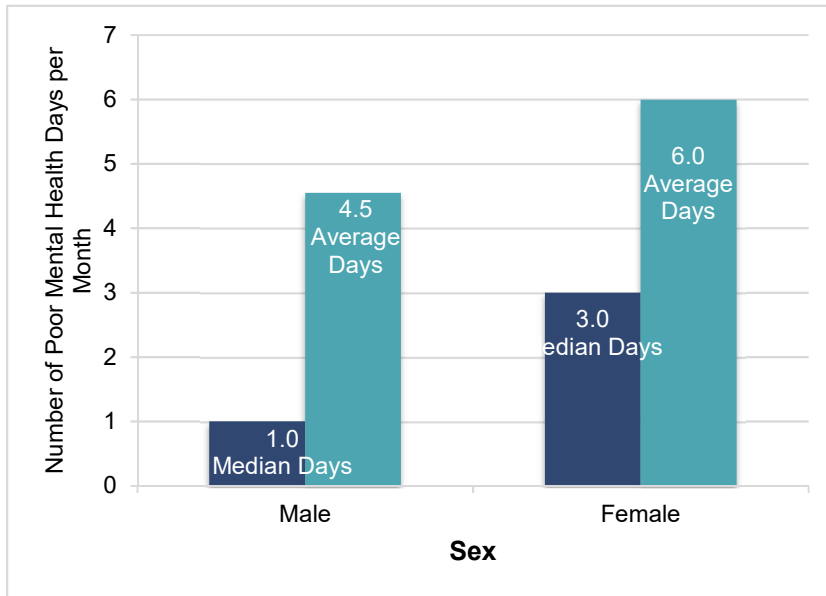


Figure 49

Number of Poor Mental Health Days by Employment Type (n=1,138)

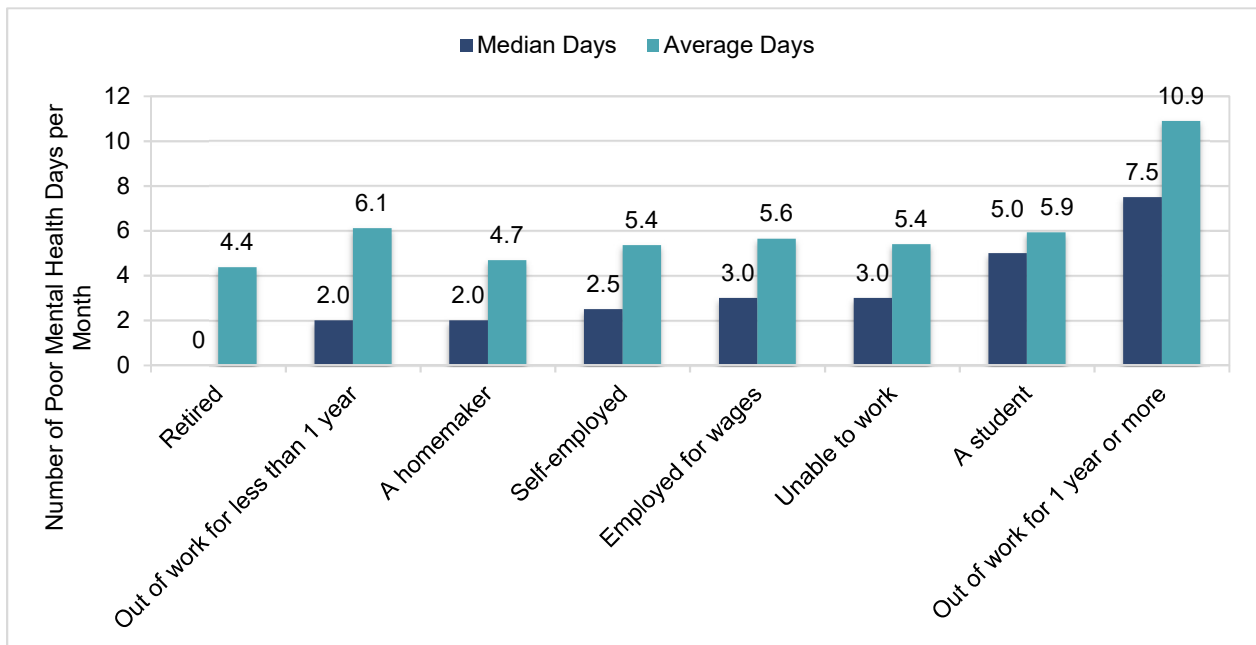


Figure 50

Average and Median Number of Poor Mental Health Days Over the Last 30 Days by Age (n=1,149)

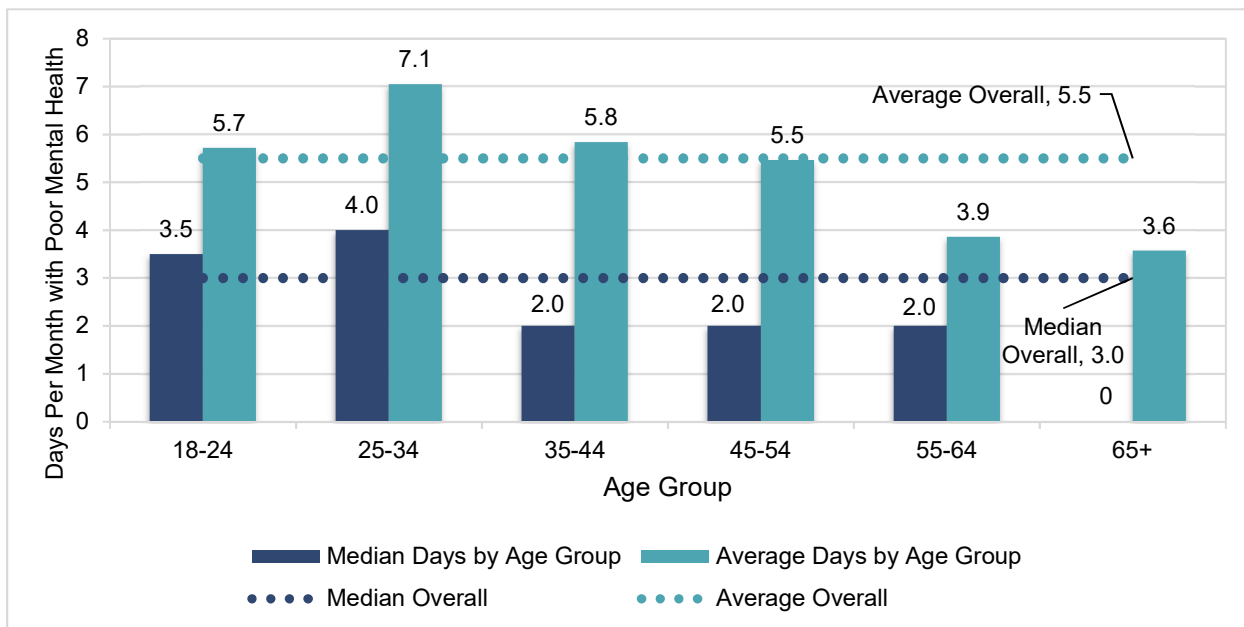


Figure 51

Median Number of Poor Mental Health Days by ZIP Code (n=1,323)

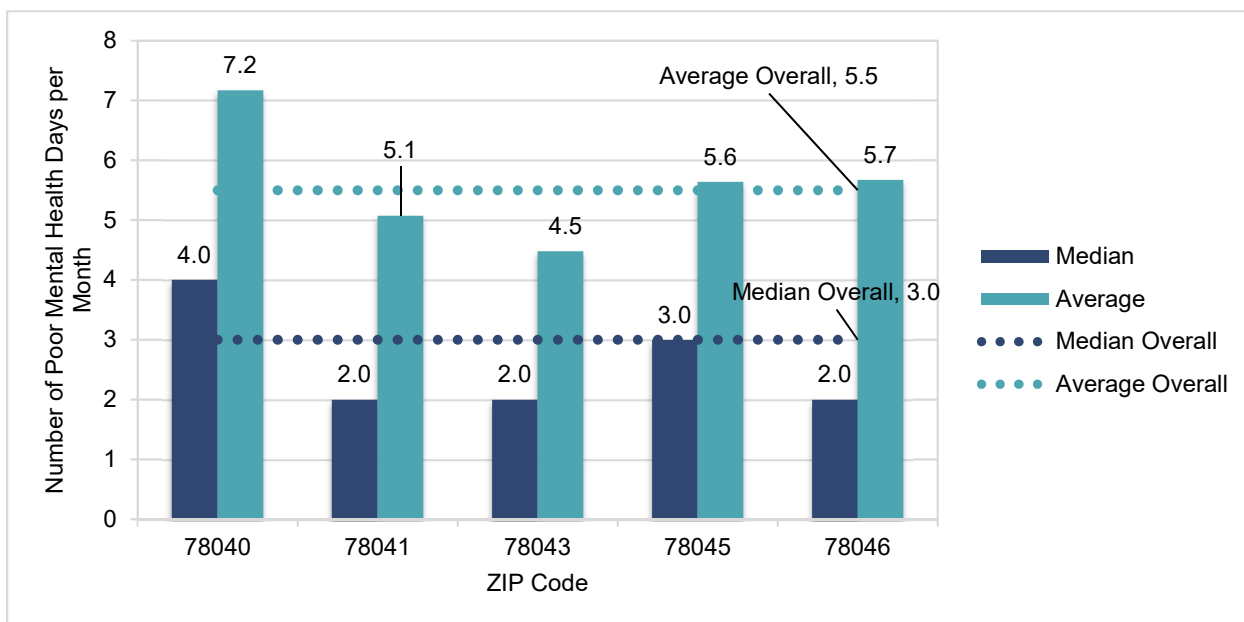


Figure 52

Needed but Did Not Get Mental Health Treatment or Counseling During Last 12 Months by Age (n=1,348)

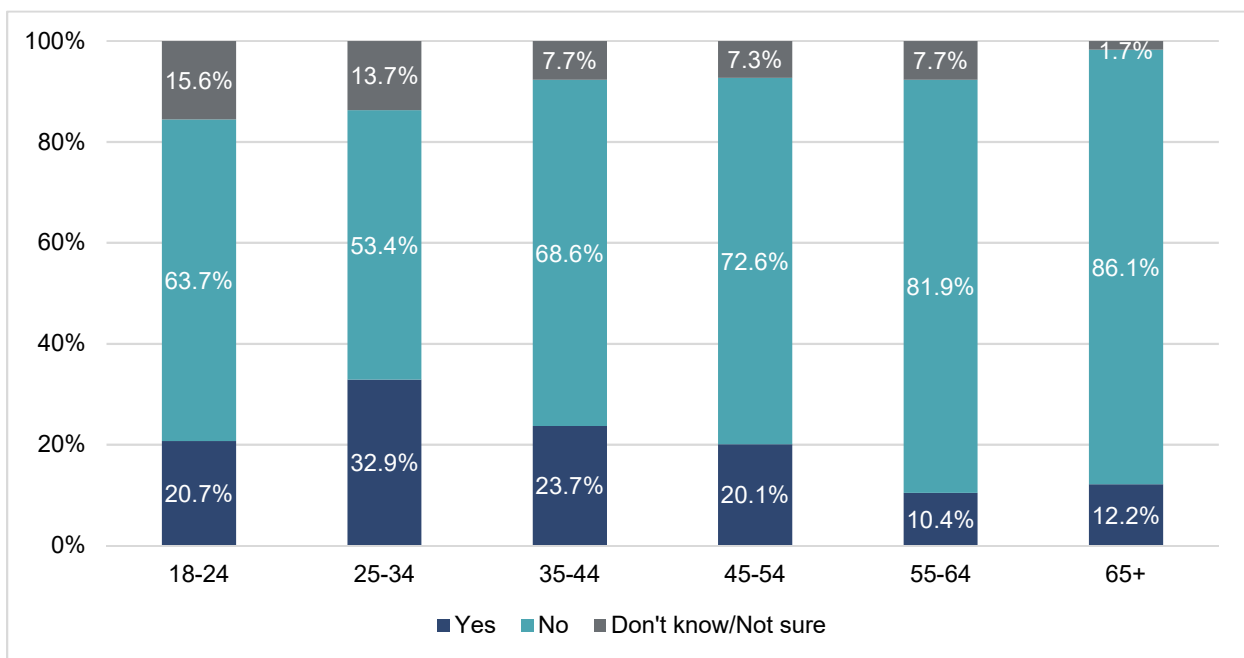
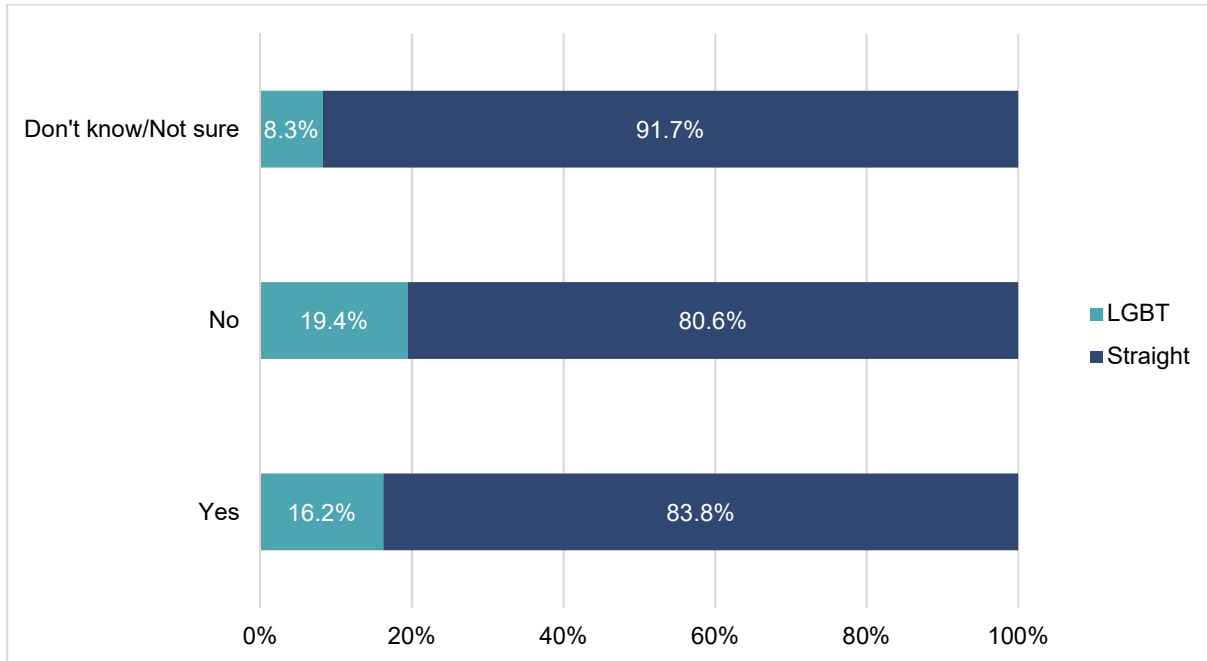


Figure 53

Needed but Did Not Get Mental Health Treatment or Counseling During Last 12 Months, by Gender Identity (n=1,208)



HEALTH CARE ACCESS

Figure 54

Reported Health Insurance Status of Uninsured, Respondents by ZIP code (n=1,568)

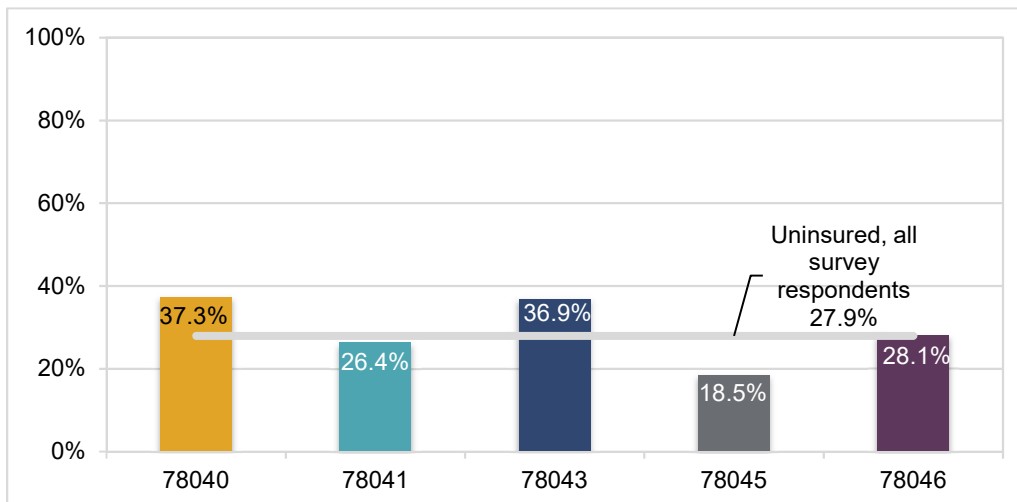


Figure 55

Percent of People with Personal Health Care Provider by ZIP Code (n=1,497)

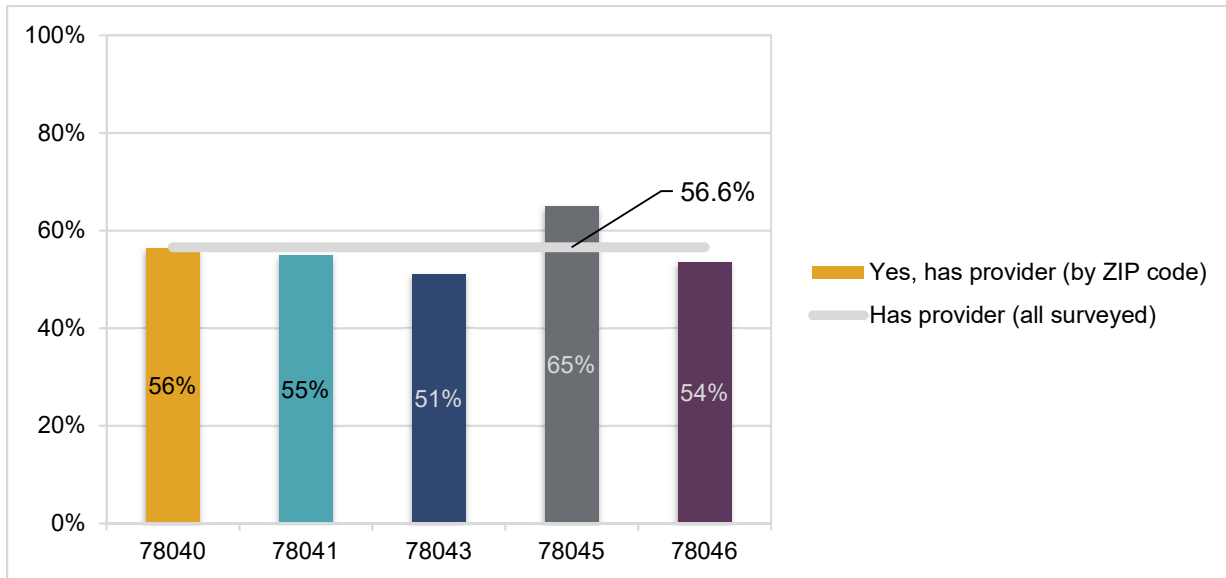


Figure 56

Personal Health Care Provider, by Language Spoken (n=1,318)

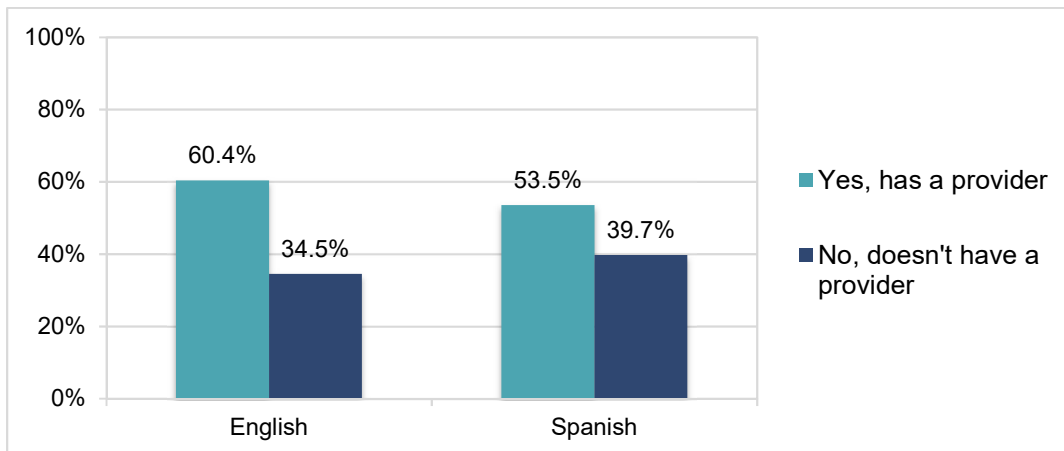


Figure 57
 Health Insurance Status Among Survey Respondents by ZIP code (n=1,568)

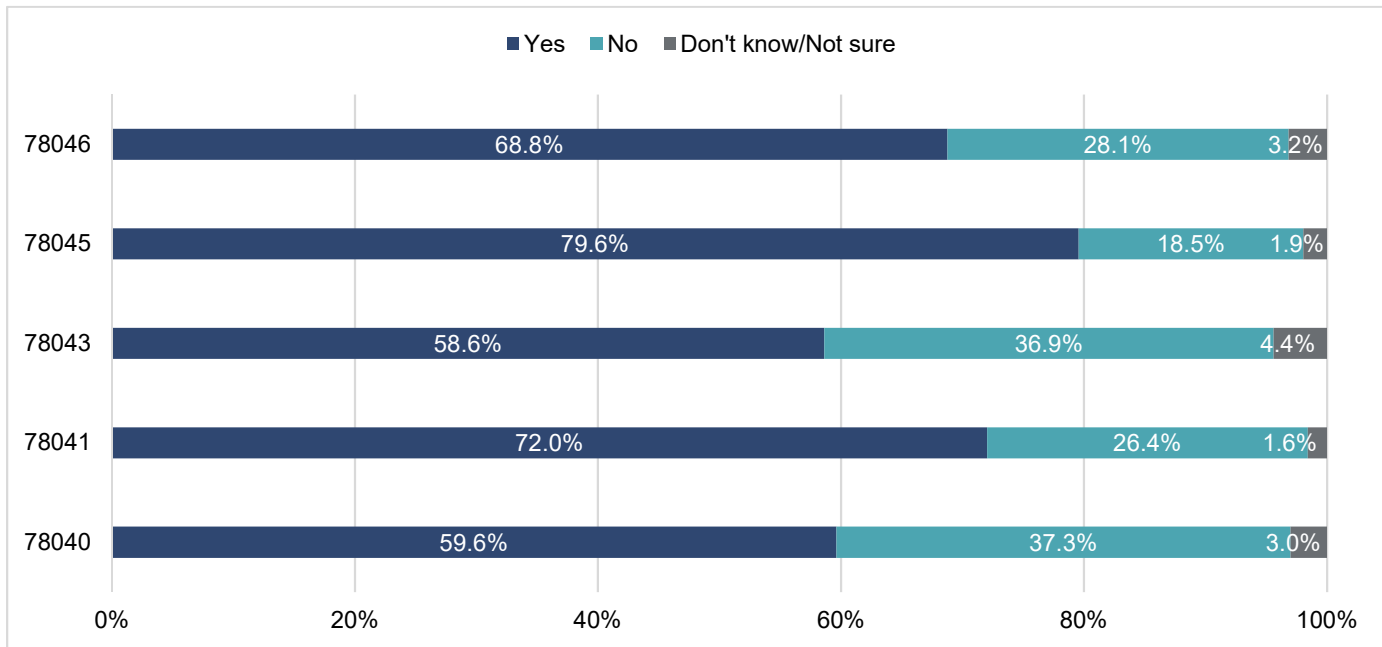


Figure 58
 Respondents with a Personal Doctor or Health Care Provider by Age (n=1,336)

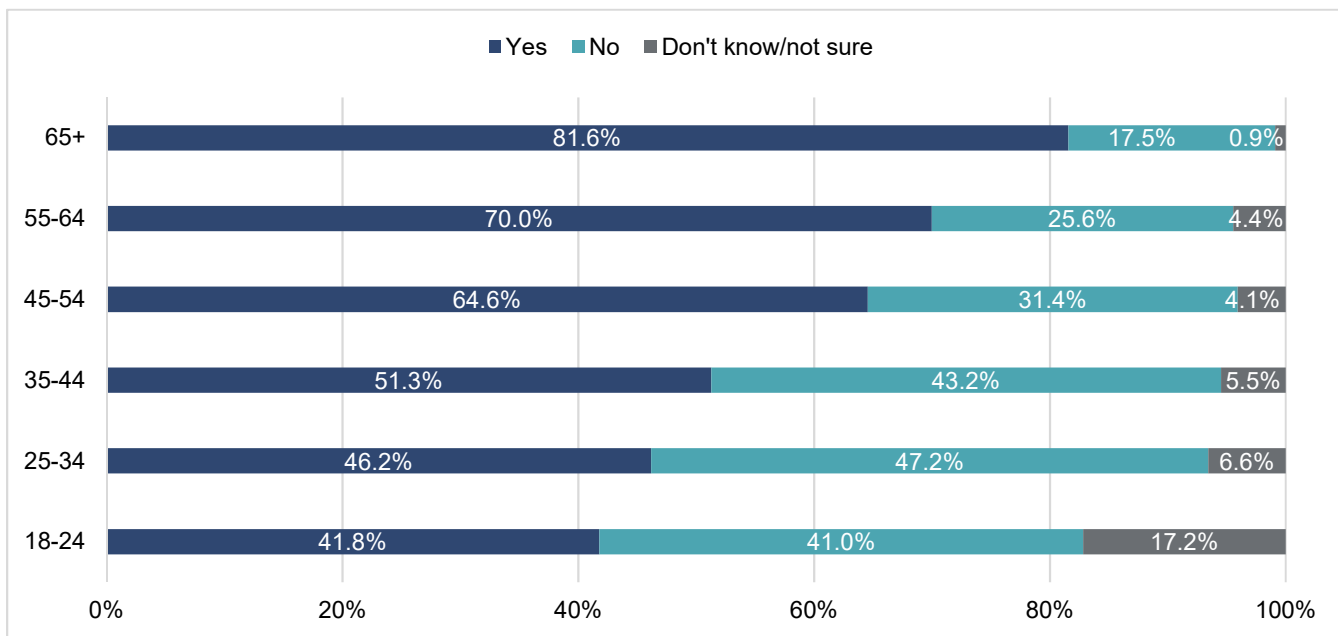


Figure 59

Respondents with a Personal Doctor or Health Care Provider by Primary Language (n= 1,318)

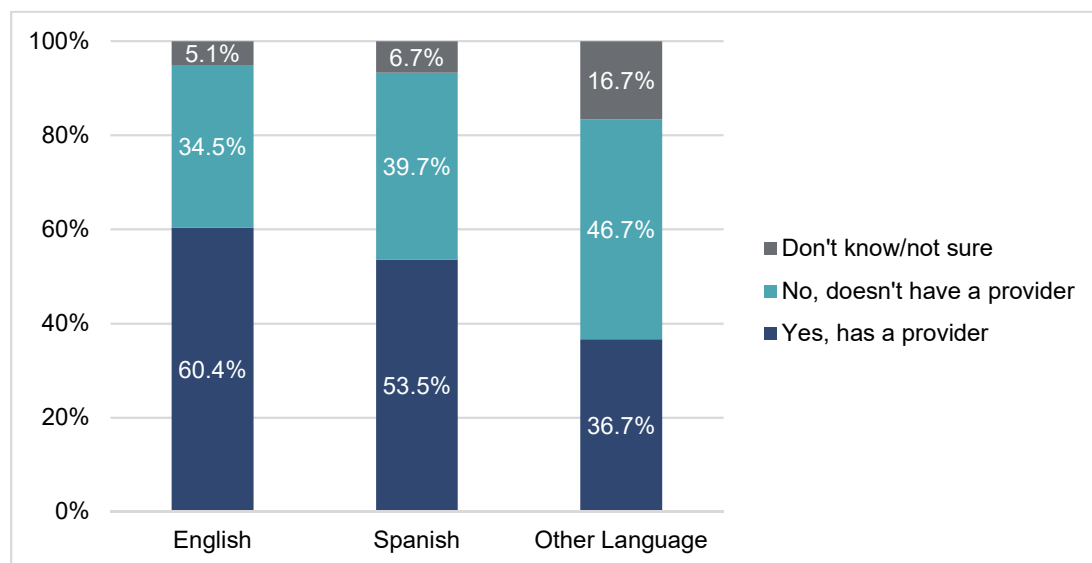
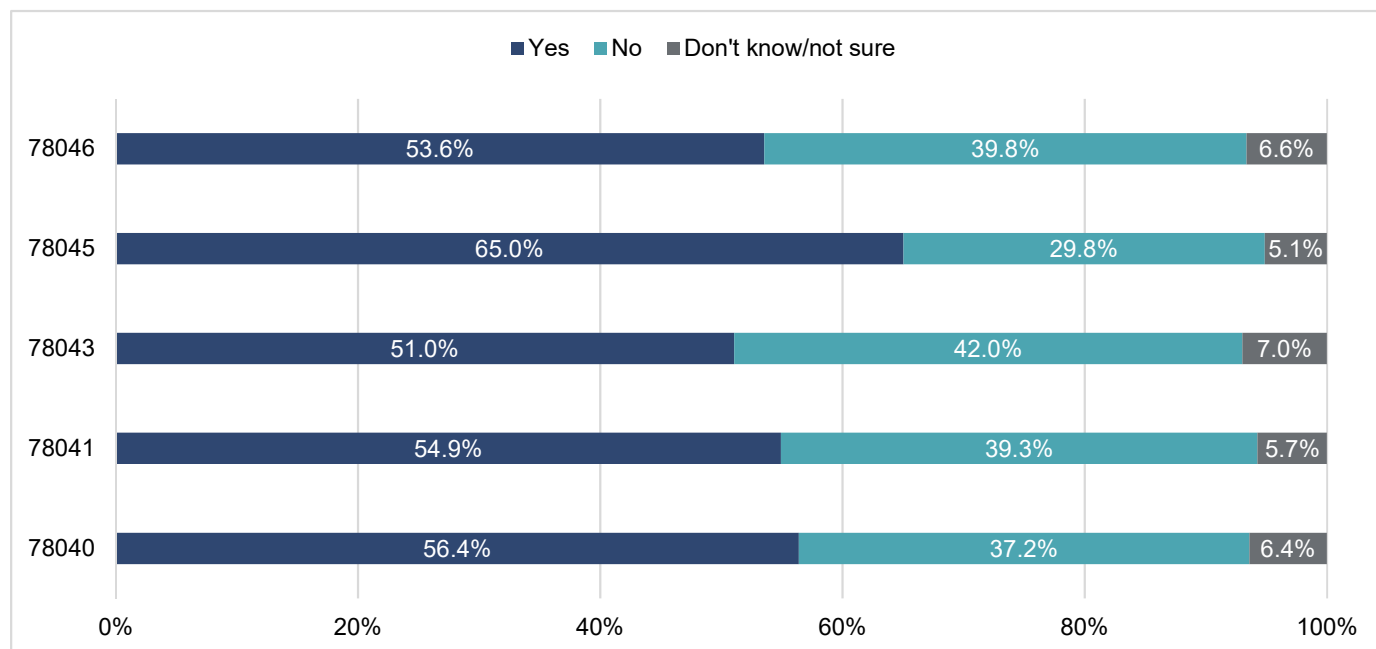


Figure 60

Respondents with a Personal Doctor or Health Care Provider by ZIP code (n=1,497)



CHILD AND ADOLESCENT HEALTH

Figure 61

Parents, Guardians, and Caretakers Reporting that Children Under 18 in Their Care and Residing in Laredo Have a Personal Health Care Provider, by Language (n=676)

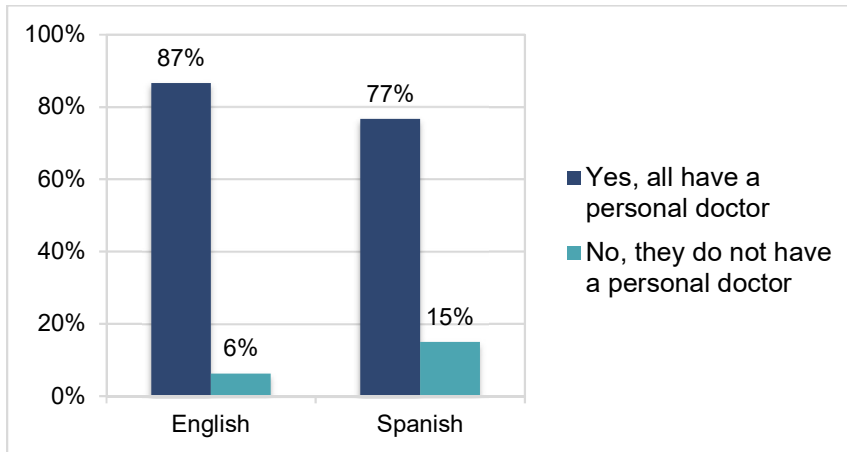
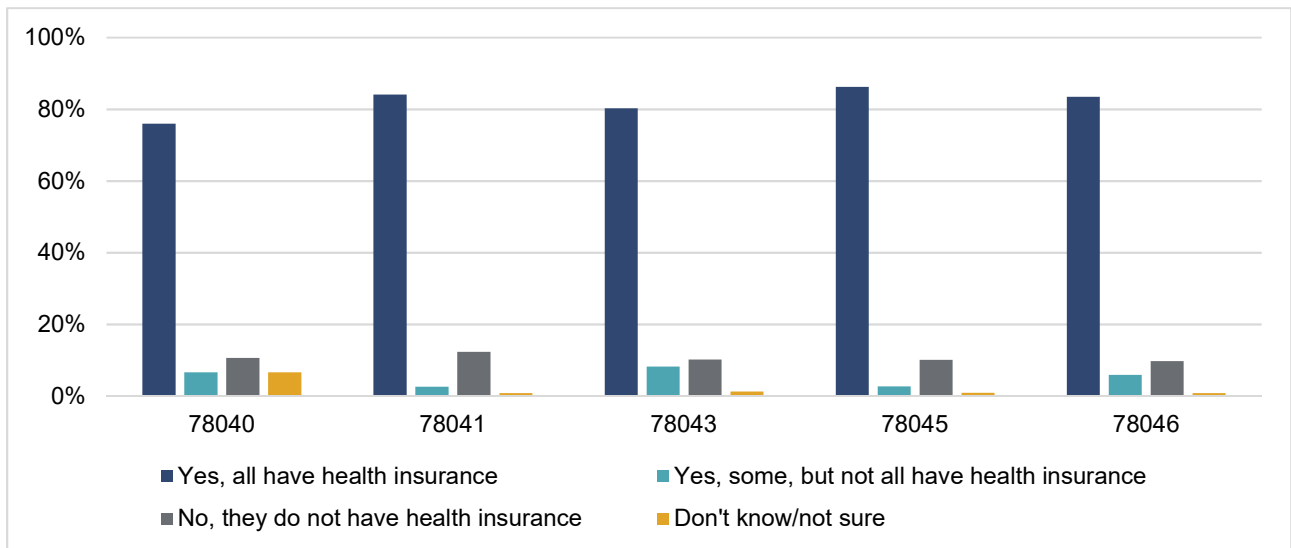


Figure 62

Insurance Status of Children <18 Among Survey Respondents by ZIP code (n=799)



FOOD INSECURITY

Question from survey: During the past 12 months, was there a time when, because of lack of money or other resources, you were worried you would not have enough food to eat?

Figure 63

Survey Respondents Worried about Not Having Enough Food to Eat, by ZIP code (n= 1,349)

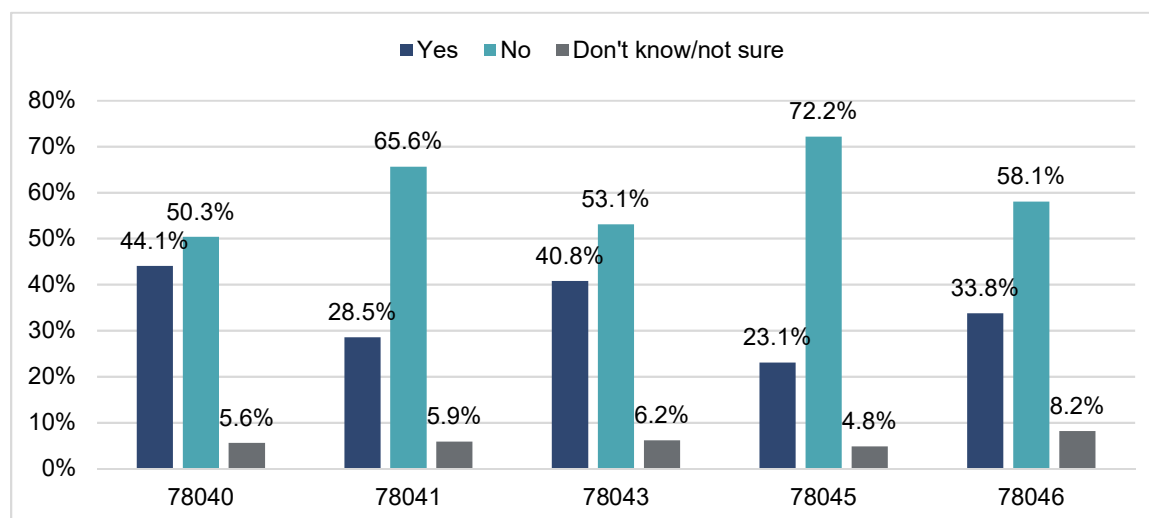


Figure 64

Survey Respondents Worried about Not Having Enough Food to Eat, by Current Work Status (n=1,317)

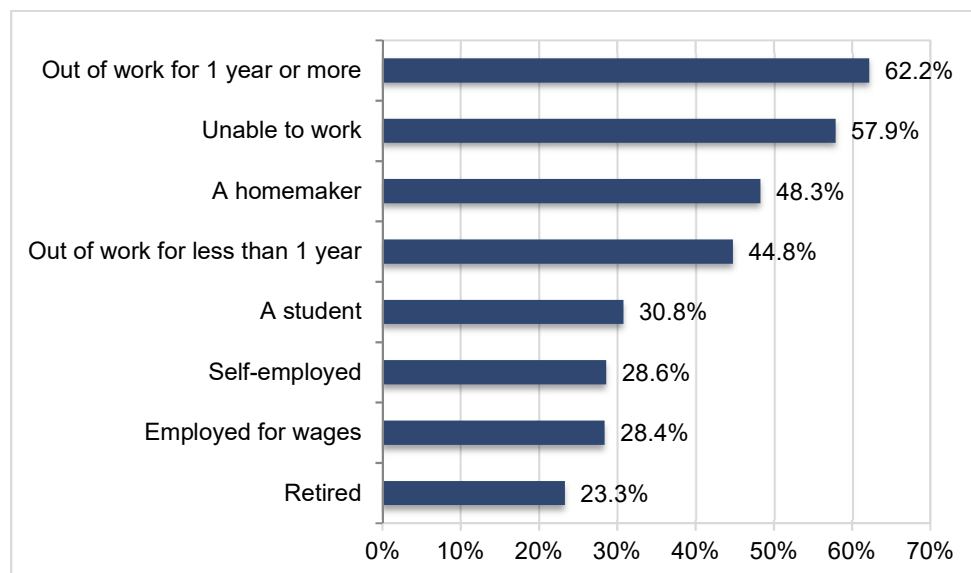
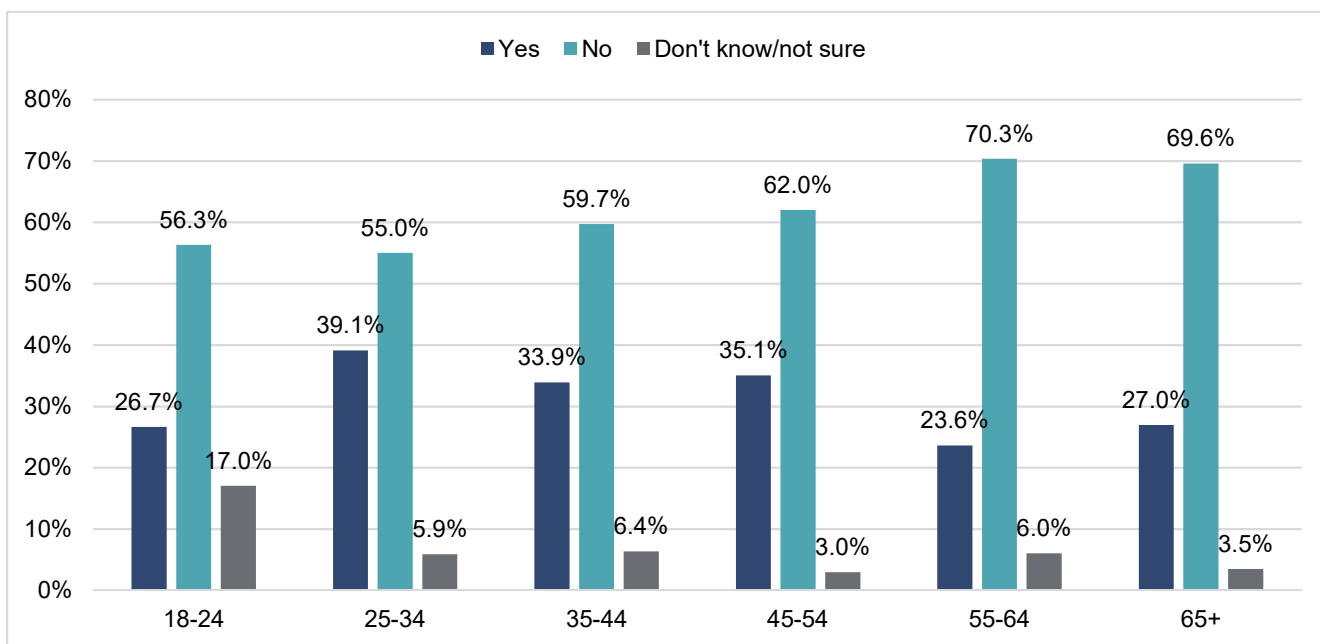
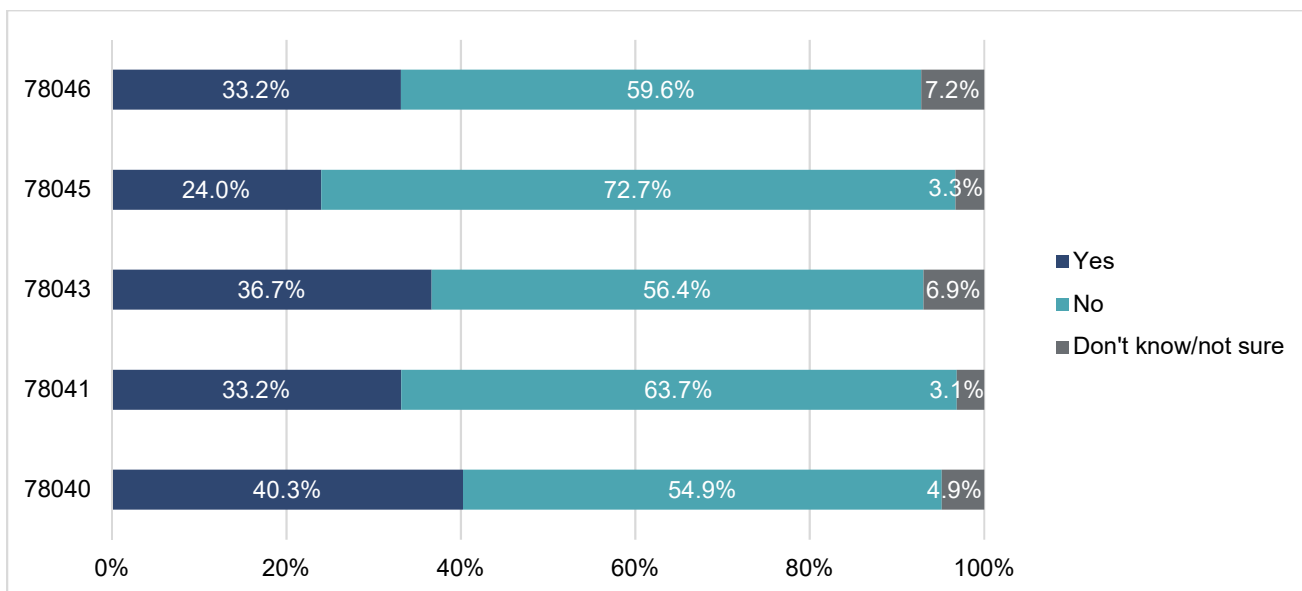


Figure 65
Worried about Not Having Enough Food to Eat, by Age (n=1,337)



Question: During the last 12 months, was there a time when, because of a lack of money or other resources, that you were unable to eat healthy or nutritious food such a fruit or vegetables?

Figure 66
Ability to Eat Healthy or Nutritious Food, by ZIP Code (n=1,348)



HOUSING

Figure 67
Survey Respondents Indicating Having Permanent Housing, by ZIP code (n=1,345)

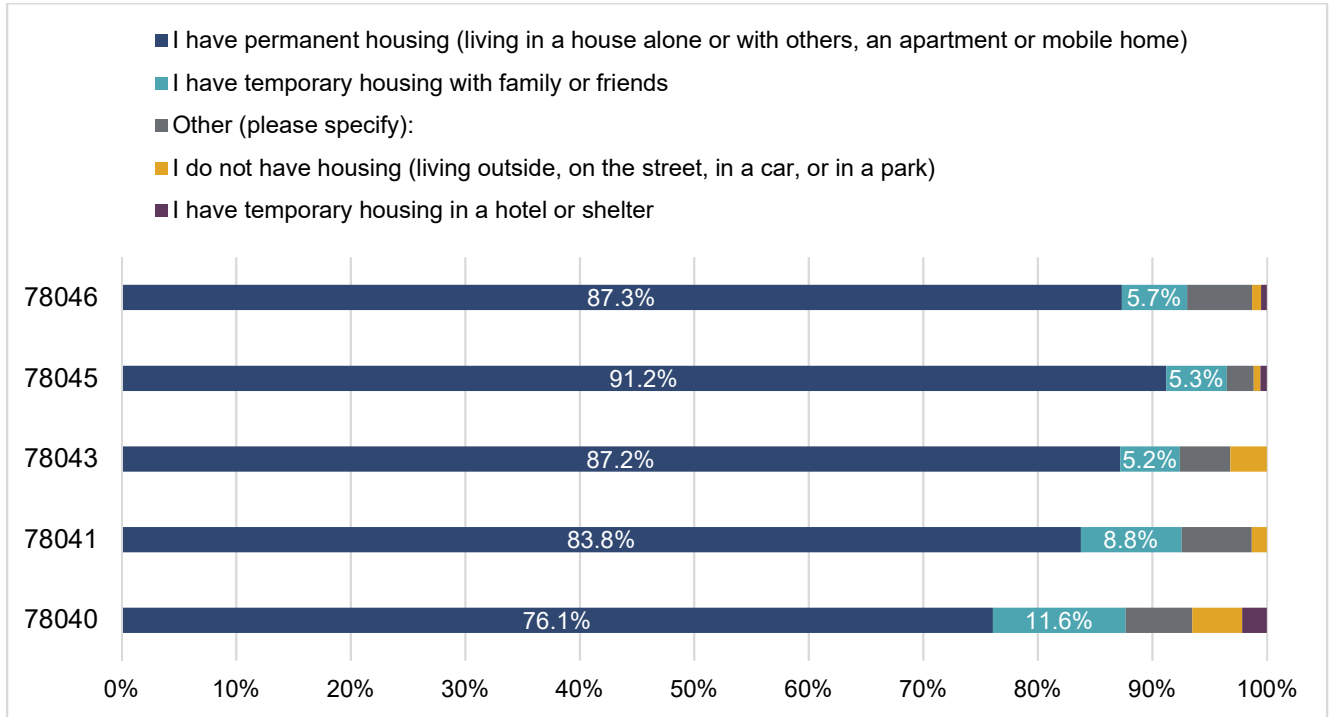
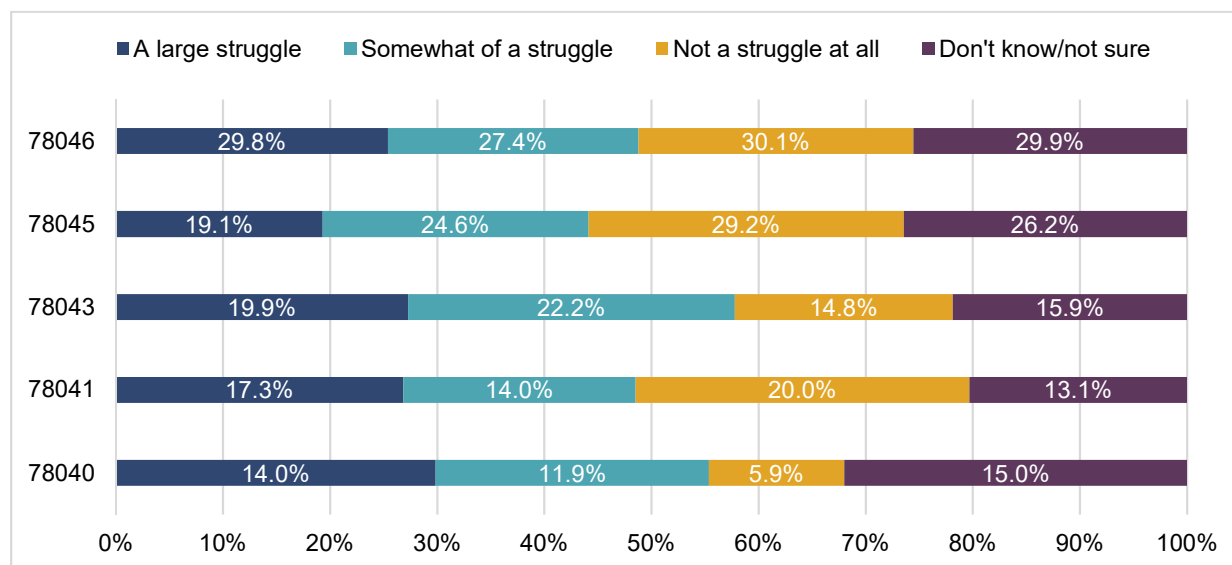


Figure 68
 Survey Respondents Indicating Monthly Housing Costs Are a Struggle (n=1,355)



DEMOGRAPHICS

Figure 69
 ZIP Code Where Respondents Spend Each Night, by Primary Language Spoken at Home (n=1,329)

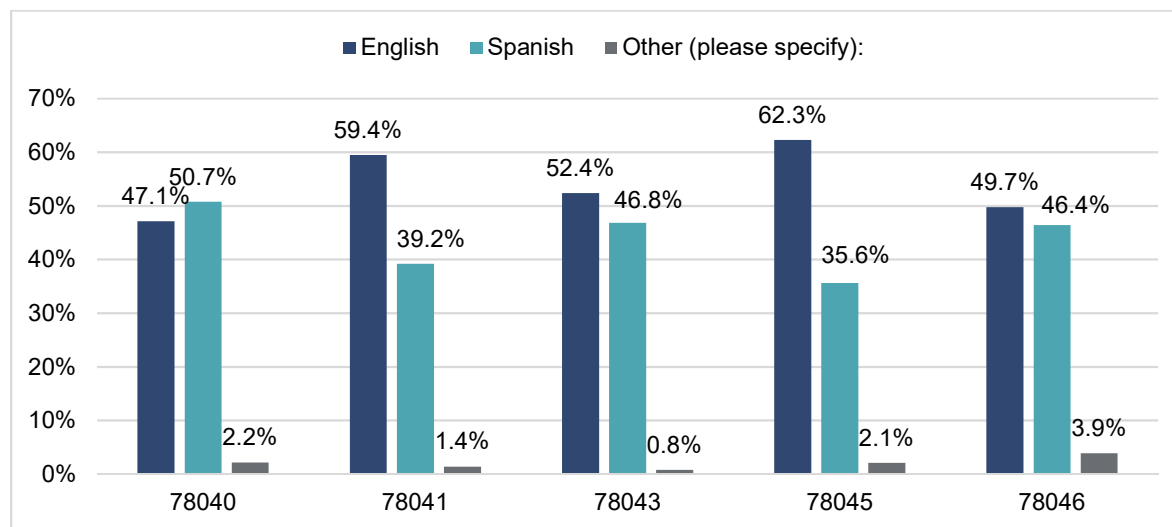
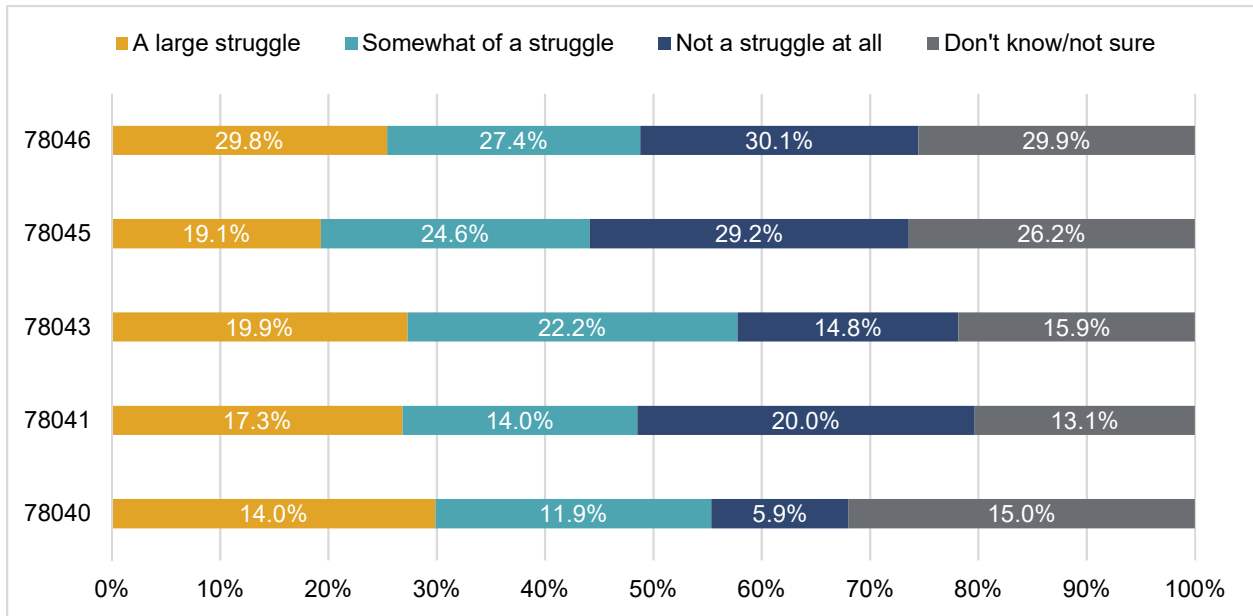


Figure 70

Respondents Indicating Housing Costs as Struggle, by ZIP Code (n=1,355)



COVID-19

Figure 71
Survey Respondents Who Have Had COVID-19 Since January 2020 by Age (n=1,348)

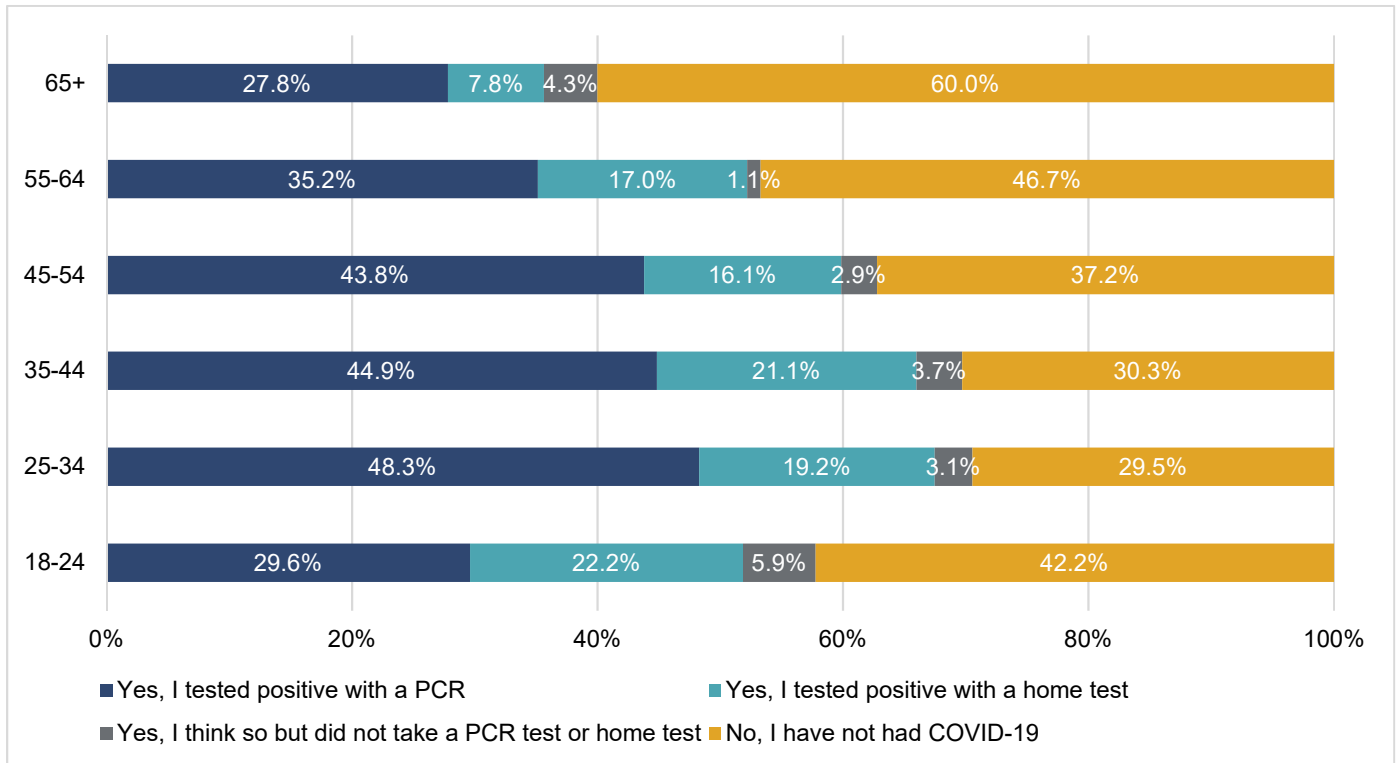
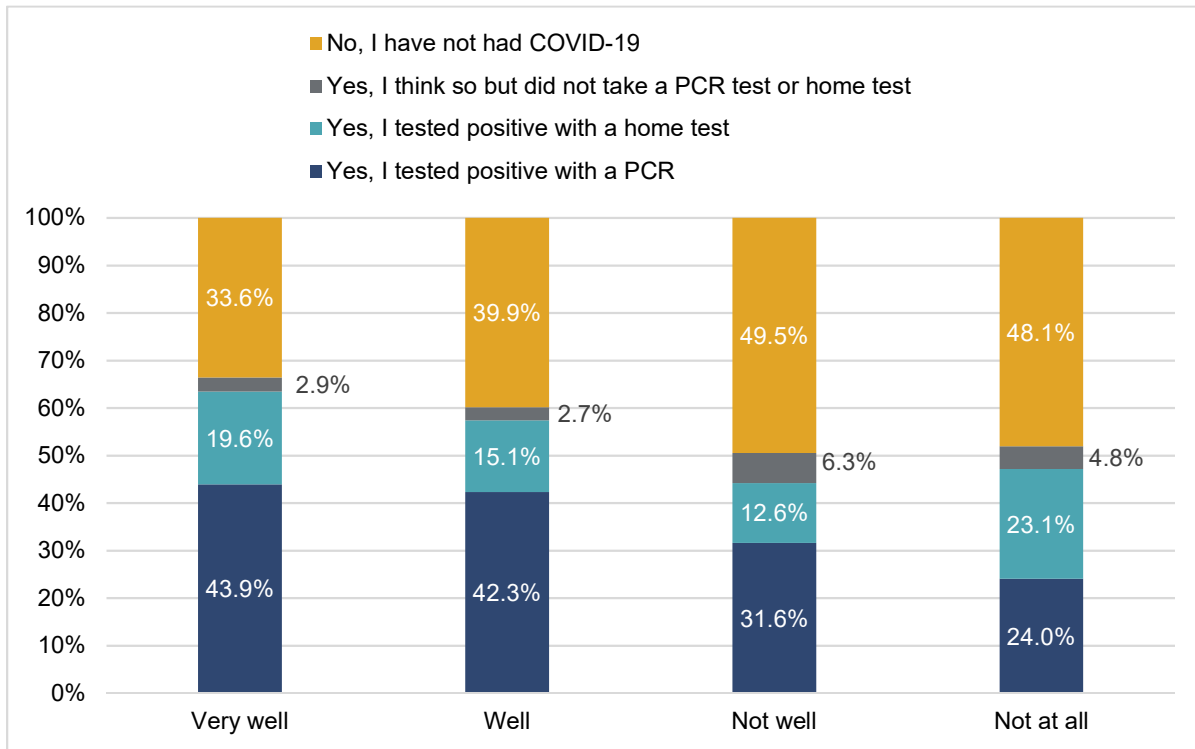


Figure 72
Survey Respondent's COVID-19 Status Since January 2020 by How 'Well' or 'Not Well' They Speak English (n= 1,344)



APPENDIX E

COMMUNITY INPUT SUMMARY REPORT

**For the
City of Laredo Health Department**

*In support of the 2022-2023 City of Laredo
Community Health Needs Assessment*



ABOUT TEXAS HEALTH INSTITUTE

Texas Health Institute is a nonprofit, nonpartisan public health institute with the mission of advancing the health of all. Since 1964, we have served as a trusted, leading voice on public health and health care issues in Texas and the nation. Our expertise, strategies, and nimble approach makes us an integral and essential partner in driving systems change. We work 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. For more information, visit texashealthinstitute.org and follow us on Twitter, Facebook, and LinkedIn.

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Susana Morales, MA

Afrida Faria, MPH

Cody Price, MPH

Cristal Romero, MPP

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THI	Texas Health Institute
CHNA	Community Health Needs Assessments
CBO	Community-Based Organizations
AHEC	Area Health Education Center
PSA	Public Service Announcement

BACKGROUND AND METHODS

The City of Laredo Health Department contracted with Texas Health Institute (THI) to conduct the 2022-2023 Community Health Needs Assessment (CHNA). As part of the CHNA, THI staff used key informant interviews and focus groups to explore critical health issues in Laredo and how these issues are affected by COVID-19, structural factors, underlying causes, and community assets.

METHODS

Between August and September of 2022, THI virtually conducted eleven key informant interviews and seven in-person community focus groups in the City of Laredo. THI staff members conducted all of the virtual interviews. THI collaborated with two local organizations to conduct the focus groups: Area Health Education Center (AHEC) of the Mid Rio Grande Border and Texas A&M International University (TAMIU). AHEC managed the logistics of the focus groups including recruitment of participants, location, and scheduling. TAMIU facilitated the six focus groups. The City of Laredo Public Health Department facilitated one focus group.

All focus groups and key informant interviews were recorded, and audio recordings of the key informant interviews were automatically transcribed using Otter.ai. Focus group recordings were transcribed using a transcription service. THI staff verified and cleaned transcripts for accuracy. Transcripts were coded and analyzed using Atlas.ti qualitative software.

Key Informant Interviews

The City of Laredo Health Department helped identify potential key informants based on their leadership roles and experience working with medically underserved and low-income populations in the Laredo area. THI contacted and recruited key informants via email with an explanation of the project. The key informants for this project ([Table 1](#)) included representatives from health care organizations, community-based organizations (CBOs), and local government.

The key informant interview guide for organizational leaders covered critical health issues in the city, the impact of COVID-19 on these issues, structural factors that contribute to the critical health issues, assets and strengths of the community, and possible solutions ([Appendix A](#)). Each key informant interview was conducted virtually via Zoom and lasted one hour.

Focus Groups

For the focus groups, THI collaborated with the Area Health Education Center (AHEC) of the Mid Rio Grande Border to identify and recruit residents that reflect Laredo's population, including variety in:

- Age groups (parents of children aged 5-11 years and people over the age of 65 years)
- Socioeconomic status
- Other factors (geographic representation, gender, race/ethnicity, and language)

Focus groups included up to 10 people and were offered in both English and Spanish. After community members expressed an interest in participating, AHEC coordinated with the participants to arrange meeting details. Upon the conclusion of each focus group, THI honored attendees' time through a \$40 electronic gift card. A faculty member from TAMU facilitated and recorded the focus groups for reference purposes (with participant consent with records being maintained confidentially). The City of Laredo Health Department conducted the focus group consisting of city employees.

The focus group guide included questions about participants' health concerns, underlying root causes of health issues they see in their communities, community assets, proposed solutions, and specific strategies for addressing critical health needs ([Appendix B](#)). Each focus group was approximately 75-90 minutes.

HEALTH EQUITY

THI applied a health equity lens to the focus groups and key informant interviews by incorporating specific questions into the interview guides, including the following:

Key informant interview guide:

- Who do the top most critical health issues affect the most? (e.g., age groups, racial and ethnic groups, socioeconomic groups, geographic subsets, etc.)
- What factors contribute to the critical health issues?
- How does the critical health issue identified specifically impact low-income, underserved, or uninsured populations?
- What are some of the community's greatest strengths and assets? How could these be leveraged to address the health issues identified?
- What are your suggestions for ways to engage and build trust with community members, particularly low-income, underserved populations, ethnic and racial minorities, and limited English proficient residents to address the critical health issues of the city?

Focus group guide:

- How does your race or ethnicity impact your ability to be healthy, if at all?
- Are there health services that you need but do not receive currently?
- What are some resources in the community that seem to be working to address health-related issues?

Additionally, THI used the following reflective questions to frame the analysis of the transcripts in order to draw out considerations of health equity:

- Who is disproportionately affected and impacted by critical health issues and by potential solutions?
- Who is included, and who is excluded?
- What are the root causes and causal factors contributing to the community health needs?
- Are there assumptions taking place? If so, what are they?
- Who is potentially benefiting, and who is being harmed?
- What are the interviews and focus groups telling us about what data might be missing? About who is and is not at the decision-making table?
- What changes are needed in the community, and what could be done differently?

THEMES

Among the focus groups and key informant interviews, three primary thematic categories emerged. The order presented below does not indicate priority or frequency of needs.

- Access to health care
- Structural and social determinants of health
- Priority health needs

In all interview contexts, participants identified barriers within the health care system that inhibit their ability to receive accessible and affordable care including specialty services and care for more complex health conditions. The participants also identified various social and structural barriers community members face that impact their wellness. Finally, critical health needs emerged as participants described the most commonly occurring chronic conditions present in the City of Laredo. Several sub-themes are explored under each main theme.

ACCESS TO HEALTH CARE

Key informants and focus group participants indicated several key factors that create barriers to health care access in Laredo, including provider shortage, affordability of health care, residents' knowledge and awareness of disease and resources, and health and insurance literacy.

Primary and Specialty Care Provider Accessibility

“We are really short if you look at our providers for population and the severity of our illnesses. We don't have enough pediatricians, internal medicine doctors, family medicine doctors, or OBGYN[s], which in Texas is considered a primary care service.”

– Key Informant

The top barrier identified in the focus groups and key informant interviews **is the lack of access to primary care and specialty care providers in the area**. With a growing population, Laredo faces challenges with provider capacity to meet the needs of the increasing rates of chronic conditions among residents. The provider shortage worsened with the onset of the pandemic.

As the vast majority of residents **do not have a regular primary care provider**, the emergency room tends to be the first point of care for many, leading to high rates of emergency department utilization. Participants reported that even individuals with primary care providers do not receive the proper time and attention needed due to the overwhelming patient volume.

Laredo residents face severe challenges with **a lack of access to specialty care, especially psychiatry and pediatrics**. Key informants and focus group participants stated that many residents struggle to find continuity of care for mental health after going through crisis management. The costs associated with traveling to other parts of the state to seek mental health services can become expensive for individuals to maintain treatment. With most specialty care and complex conditions such as cancer, heart disease, mental health, and pediatric care, people must regularly travel to San Antonio, Houston, Austin, Dallas, Corpus Christi, or Nuevo Laredo in Mexico to receive care.

“We don’t have a lot of mental health services here. We don’t have a lot of psychiatrists here. There’s not a lot of continuity of care. The private sector doctors are overwhelmed with private practice.”

– Key Informant

Sub-themes:

- With a growing population, Laredo faces a shortage of primary care and specialty care providers to meet residents’ needs due to increasing rates of chronic conditions.
- Participants indicated a need to focus on a culture of prevention. Due to the lack of patient–provider relationships, many residents wait until symptoms worsen to seek care, which is usually at the ER.
- Participants described needing better quality care for more complex health conditions, including obstetrics and gynecology, pediatrics, cardiology, and psychiatry. Residents must regularly travel to San Antonio, Dallas, Austin, Corpus Christi, Houston, and Nuevo Laredo in Mexico to seek these health services.
- Key informants indicated that overburdened providers often leave Laredo or take better opportunities where they are paid higher salaries (often at private systems).
- A lack of residency programs in the Laredo area is also a barrier as there is not a pool of residents to become future providers.

“It seems like getting a doctor’s appointment is a challenge when you get in. There is a whole line of people, your doctor comes in, and it’s like a drive-through. The easy patch is sometimes to prescribe medication. Rather than working with a patient, whether you are looking for the road to a better or a healthier lifestyle (which is sometimes the root of all problems), they just give you an easy fix.”

– Key Informant

Affordability of Health Care

Participants reported affordability of care as another top barrier to health care access. Key informants and focus group participants indicated that low-income families living in poverty, predominantly Hispanic/Latino community members, must make a choice between affording their basic necessities and insurance. As many residents do not receive full benefits or health insurance through their jobs, they seek care across the border for prescriptions and doctor’s visits.

“And you know, when families are receiving lower levels of income, sometimes they have to kind of prioritize where they are going to spend their money. I believe that insurance, unfortunately, is not one of the priorities for many of the lower-income families.”

– Key Informant

Sub-themes:

- Uninsured or underinsured community members often avoid preventive care due to cost, resulting in high emergency department utilization.
- Key informants reported that about 40% of residents travel across the border to Nuevo Laredo, Mexico, to seek health services, as it is less expensive.
- Participants indicated the need for more comprehensive care under one roof rather than fragmented and uncoordinated care. Fragmented care leads to higher patients being lost to care.
- The lack of patient–provider relationships is due to the high cost of office visits and quick turnaround time.

“We don’t have insurance. And so, what happens is you fall under a plateau, that you’re not too poor, and you don’t have enough resources to have insurance. So, you don’t have the means to pay. A lot of the people go to Nuevo Laredo to receive services.”

– Key Informant

Disease and Resource Awareness

“I think there's a lot of programs that the city offers that are excellent. However, there's a lot of disconnect as far as how information goes out there. I know the City tries to do as much as possible. But, a lot of people do not know about these programs, for whatever reason. And I think that's common throughout communities.”

– Focus Group Participant

While the City of Laredo and the Health Department offer a variety of health and screening programs, many residents forgo services due to a lack of awareness of available resources. This is especially true for undocumented residents who are unwilling to seek care or information due to the fear of deportation. Participants indicated that the City of Laredo should work to bring resources and programs to the community and raise awareness through advocacy and public service announcements (PSA).

Participants particularly described a lack of knowledge regarding the diagnosis, treatment, and management of chronic conditions such as diabetes and high blood pressure among residents of Laredo. For example, one focus group participant explained that the predominantly Hispanic community follows the advice of family and friends for disease management rather than seeking professional care. Many tend to self-medicate with antibiotics accessed across the border. This can become detrimental to the management of serious health conditions leading to hospitalization or even death. Furthermore, focus group participants attributed the avoidance of preventative care and waiting to seek care at the last minute to Hispanic/Latino culture. Participants recognized that oftentimes, some cultural practices and values are not supportive of healthy lifestyles and become a generational problem.

“I'd say it's not just in the machismo, but it's also like—for example, in Mexico, preventive care is barely on the rise because we were always born with a mentality that to go to the doctor, you have to be sick.”

– Focus Group Participant

Sub-themes:

- Many programs, screenings, and health resources are available through the City of Laredo and the health department, but many residents are unaware.
- Undocumented residents commonly distrust the health care system due to fear of deportation. As a result, they often do not seek out health information.
- Community members agreed there is a lack of knowledge about chronic condition management and treatment among residents in Laredo. Many defer to their family and friends when seeking health advice rather than going to health care providers.
- Stigma in Hispanic/Latino culture keeps many from seeking preventative care; instead they wait until the last minute to seek medical attention.

- Many children in Laredo do not grow up seeing preventative care and best practices of wellness, which becomes a generational problem of avoiding care.

“When we talk about influence, we see children and young adults going into adulthood not knowing about their yearly checkup. That all starts with maternal health.... And now we are in the position of where there’s a delay, and then it causes this ripple effect of health services. So it’s just also, again, the influence of where these caregivers are coming from, and then their children having these same upbringings, and then them missing out. It’s a ripple effect.”

– Focus Group Participant

Health and Insurance Literacy

Health literacy and insurance literacy are still major barriers for many residents of Laredo, especially for those who are undocumented. Participants indicated that as Laredo is predominantly Hispanic/Latino, many people still feel there is a disconnect in understanding how to access, seek, and receive care. For example, having documents in English creates difficulties, as it takes longer for translation services, depleting time from the actual appointment.

More so, participants described how language on pamphlets, brochures, and official applications is often confusing and hard to understand. Participants agree that the health system should work to increase cultural competency and educate residents on health services and insurance to equip them to take control of their health.

“The impact of health literacy on their families and their lives is huge, because people are dying. They are dying just because they don’t have the information that can help them get to the resources. I think it’s so important that people become aware of how to take care of themselves and these types of illnesses.”

– Key Informant

Sub-themes:

- The frequency and accessibility of culturally and linguistically appropriate services is still a need in Laredo, as processes for translation and education are not streamlined.
- Patients still face challenges in understanding insurance and health materials on pamphlets, brochures, and applications, as the medical terminology language is still difficult to follow.

SOCIAL AND STRUCTURAL DETERMINANTS OF HEALTH

Multiple compounding social and structural determinants of health cause poor health outcomes for Laredo residents. Key informants and focus group participants noted several factors that affect health outcomes including poverty, homelessness, food insecurity, and transportation.

Poverty

“Poverty goes right up at the top ... the risk factors and chronic issues and insurance that kind of tie into poverty. That would be one, and lack of providers would be two for me. I don't think you can really separate them.”

– Key Informant

The price of living has increased over the last several years—housing, food at the grocery store, and gasoline in particular. Participants expressed how this increase in the cost of everyday products and services has affected not only themselves but also those with the tightest budgets in the community.

Both key informants and focus group participants understand that poverty—and more generally, any struggle to purchase basic needs—lies at the core of almost all health issues Laredo residents experience. Health care and health insurance often take a backseat to more pressing and immediate needs such as food and housing.

Finally, focus group participants feel that the current education system leads many Laredo residents into precarious financial situations. They expressed that this cycle of poverty stems from the low rates of high school completion and attainment of post-secondary education among Laredo residents.

Sub-themes:

- The majority of the population works in “blue-collar” positions. Community members expressed that this blue-collar work is undercompensated in income and benefits (such as health insurance).
- Poverty directly leads to a lack of health insurance. As residents make tough choices between maintaining critical needs like housing or paying in advance for health care, many choose the former.
- Lower rates of high school completion and attainment of post-secondary education in Laredo has created a cycle of poverty.

“I think a lack of resources all around. I think if rich or poor ... anyone who has a catastrophic health incident should be able to get care in our country. That doesn't happen. And it's not the hospital's fault. It's not the doctors or providers. It's just that the resources are different.”

– Focus Group Participant

Housing and Homelessness

Key informants and focus group participants referenced the complicated nature of homelessness in and around Laredo. Participants expressed that homelessness is often tied to mental health and substance abuse, but they were unsure which ultimately led to the other. Mental health, cost of living increases, and poverty are issues for many residents, but it is a unique challenge to support people experiencing homelessness.

There is a perception among some focus group participants and key informants that those experiencing homelessness in Laredo tend to decline support services. However, also according to our key informants, it is common (roughly 40% of the population) for those same individuals to be unable to progress in their treatment due to a lack of required documentation.

Laredo residents and leaders seem to be aligned on the need to address housing insecurity. Far more frequently, key informants and focus group members referred to the difficulty residents from the Colonias (particularly those on the south side of Laredo towards highways 59, 359, and 83) face in commuting to and from their homes.

“I believe that the issue of homelessness is out there. It's been brought to our community's attention. It's been brought to the mayor and city council of Webb County. And so now more than ever, I believe that we're all on the same page.”

– Key Informant

Food Insecurity

“But even if we go to, say, your HEBs you know, good food, your vegetables...even for those folks who like organic stuff. And I mean, it's expensive to eat healthy. And it's cheap not to.”

– Focus Group Participant

Participants described how increasing rates of inflation combined with financial strain from the COVID-19 pandemic directly influenced their ability to purchase healthy foods. Not only is fast food significantly cheaper in Laredo than a home-cooked meal, but picking up food saves valuable time that could be spent with family or working another job. As a result, eating anything takes priority over eating healthy foods.

The food banks serving Laredo strives to nudge their clients toward healthier eating. For example, they will intentionally accept and offer fewer sugar-sweetened beverages. However, the food banks are often at the mercy of the requirements set by various food suppliers, including the U.S. government.

Key informants relayed an unusually large uptick in clientele struggling to make ends meet during COVID-19, specifically those who would not have needed support before the pandemic. Residents expressed intense frustration for facing food insecurity while working full-time jobs.

“We had educators in line [at the food bank] during COVID and we had to ask specific questions [about income] ... and [the educators] are yelling in Spanish, and they’re using really ugly language.... It’s a lot to ask for help. I think COVID really brought out a lot. It just took things to another level for a lot [of] people and everything that it brought with it.”

– Key Informant

Finally, residents frequently stated that Laredo’s culture and heritage makes it difficult to eat healthy. There is an abundance of and a predisposition for greasy, fatty foods.

Sub-themes:

- Fast food is cheaper and easier to access than home-cooked meals. The high cost of healthy foods discourages residents from purchasing them, as the quantity of food is prioritized over the quality of food in order to survive.
- Culturally sensitive food can be difficult to obtain from food banks. However, food banks do their best to match local preferences, even going so far as to swap goods like broccoli for eggplant with food banks in the Rio Grande Valley.
- More affordable, nutritious food options are necessary in many areas, but there is also a need for better awareness of food preparation.
- Transportation is a barrier to accessing healthy and affordable food.

Transportation

“We drive everywhere. Nobody wants to walk. I don’t want to walk to the health department from the food bank. I’ll get run over. You have people visit from London, and they think they can just walk to a spot. You’re not walking there. It’s too hot. You’ll get burnt here. You’re not going to make it. This is just the inactivity of things.”

– Key Informant

Participants stated that with Laredo’s climate and infrastructure, driving is a necessity for everyday life—walking and biking are simply untenable. However, with the cost of gas spiking significantly from 2020 through mid-2022, transportation was yet another area that became an issue for residents of Laredo, particularly for those residents with lower incomes.

Transportation becomes even more of a barrier for residents seeking specialty care and mental health services. Focus group members shared that for health needs outside of routine care, they must travel to a major metropolitan area, most frequently San Antonio or Corpus Christi.

For example, people undergoing surgery required other family members to take time off from work to travel with them.

Sub-themes:

- Laredo’s climate and infrastructure requires vehicles for everyday life.
- The lack of access to specialty health care in the Laredo area creates transportation burdens on family members to travel to San Antonio, across the border, or another large metropolitan area.
- Key Informants from El Metro Transit expressed enthusiasm for using available tools to communicate with the public through displays and flyers at high-traffic areas.
- Residents support mobile health vans to provide care to those living further out from services and resources.

PRIORITY HEALTH NEEDS

Key informants and focus group participants acknowledged several top health priorities to address within the City of Laredo, including treatment for chronic health conditions, behavioral health needs—including assistance with mental health and substance use—and child health.

Chronic Diseases

The most common health conditions mentioned among key informants and focus group participants include diabetes, hypertension, obesity, heart disease, and cancer. Participants emphasized diabetes, hypertension, heart disease, and obesity as most prominent in the Hispanic/Latino communities. In addition, cancer was noticeably prevalent in children.

They cited the following as contributing factors for diabetes, hypertension, heart conditions, and obesity: (a) inability to afford healthy food options or medications due to poor socioeconomic status, (b) poor nutrition habits and lack of nutrition education possibly stemming from their Hispanic/Latino culture, and (c) foregoing doctor visits due to lack of insurance and not qualifying for any additional government assistance.

“Let’s say they have a condition like diabetes, hypertension, heart disease, and they don’t have the means to buy the medication. They’re not going to care for themselves. So they’re dying younger when they should have an opportunity to last longer. But since there’s no insurance for them, they don’t qualify. Even for a penny, some people don’t qualify, which is sad. There should be something that you can work with.”
– Key Informant

Sub-themes:

- Hispanic/Latino populations have higher rates of diabetes, hypertension, heart disease, and obesity possibly due to the lack of physical activity and poor nutrition, which may be a cause of culturally learned behaviors.
- There is an overall lack of education on how to prevent, treat, and maintain chronic conditions.
- An additional barrier to ongoing care is the cost of medications to treat chronic diseases such as diabetes, as they tend to be very expensive.
- Families in Laredo who live in multi-generational households are more affected when dealing with infectious and chronic diseases.
- Although established health programs exist in Laredo for uninsured residents, some remain without access to services because they do not meet program requirements. As a result, their condition(s) worsen.

Mental Health and Substance Use

Community members frequently mentioned the increasing need for mental health services within the City of Laredo. Common mental health concerns discussed include a lack of psychiatrists and psychologists, an increase in substance abuse in youth and people experiencing homelessness, and having very little access to mental health services in general.

“One of the things that we definitely do not have enough access to is mental health, because there's a lot of patients that are under-treated and lack access to mental health professionals.”

– Focus Group Participant

Community participants also discussed the need for an inpatient psychiatric facility in Laredo. They explained that Laredo lacks the resources necessary to treat mental health patients. This issue worsened during COVID-19 when the community saw more mental illness in the community, straining existing mental health services even more. Despite it being a burden for those seeking care, the main alternative for the community has been to travel elsewhere to obtain mental health services.

Participants also highlighted the current telehealth system provided for mental health services in Laredo. Community participants explained that telehealth is insufficient for mental health services and that there is a disconnect in telehealth between patients and providers.

“We don't have a mental facility. We have agencies that have received funding, but we don't have specialists. My daughter suffers from mental health, and during COVID, it was really hard for her. There wasn't a specialist. There's nobody locally so they were Zoomed with specialists. It's not the same. “

– Focus Group Participant

Sub-themes:

- The prevalence of mental illness in Laredo has increased due to the impact of the COVID-19 pandemic.
- There is a significant negative stigma in the Hispanic/Latino culture associated with mental illness, which prevents individuals and families in these communities from seeking treatment and support.
- There has been an increase in mental health conditions and substance abuse in Laredo's youth population.
- People experiencing homelessness continue to face ongoing challenges, especially mental illness and substance use disorders. Presently, there are no detox facilities and few halfway homes in Laredo, which heavily contributes to this ongoing issue.
- Those patients who do not travel outside of Laredo for mental health services only rely on their prescribed medication, which at times is only half of the required treatment for specific illnesses.

“The issue here in Laredo is that because our population is majority Mexican American and is of Mexican descent, there is a stigma about mental health. So people wait ‘til the last minute after maybe a crisis situation arises, and they have to hospitalize a family member.... Sometimes the closest place is either San Antonio or Corpus Christi. And again, that's only because of the fact that the facility that we have here for treatment services, has a very low amount of availability for beds.”

– Key Informant

Child Health

Many community participants expressed their concerns about childhood obesity and child health care needs in general. They stated that the lack of providers and specialists in Laredo equally affects youth as much as adults. Parents voiced the effects that children face when their parents are not in good socioeconomic standing; many families face food insecurity, need better access to health care, and lack specific community amenities and resources.

Another concern among participants was the common observation that many children in Laredo developed cancer in recent years. One participant suggested the cause might be environmental factors, specifically the release of harmful toxins into the air. Alongside this concern is the continued need for pediatricians and specialists in Laredo to provide specialty services for those with chronic illnesses.

“Everyone knows a child who has cancer.”

– Focus Group Participant

Sub-themes:

- The lack of pediatricians in the area proves to be a barrier for children to receive yearly checkups and maintain a culture of prevention.
- Many low-income families find themselves further away from services and resources.

“I feel parents should be more knowledgeable about what's important for their health and their kid's health as well for mental health, diet, nutrition, and just the ability to enhance developmentally. If they have these three core fundamentals of knowledge, they can be very proactive instead of waiting until the reactive mode. More costs are incurred because of the lack of tackling these problems at a young age.”

-Focus Group Participant

Impact of COVID-19

The COVID-19 pandemic exacerbated the existing issues that Laredo was facing and added unforeseen situations that resonated throughout the entire community. Laredo quickly felt the shortage of providers and the lack of resources due to the “tremendous need that the pandemic brought.” Additionally, higher rates of chronic conditions significantly affected low-income, multi-generational households. There was also a rise in mental illness and substance use rates throughout the community, which greatly affected the youth due to the social isolation, anxiety, depression, and stress that became present with COVID-19.

Key informants and focus group participants noted that it was extremely difficult to obtain health care services in person, which was detrimental to those suffering from chronic conditions and mental health illness. This lack of in-person health care services even trickled down to Laredo's children, who would miss checkups, leading to childhood vaccination delays and undiagnosed conditions. Getting vaccinated and tested for COVID-19 was also a challenge because of the lack of transportation, especially in the elderly population who were more isolated at the time. There was also an increase in domestic abuse throughout the community.

“The scarcity and the lack of resources, I think COVID really brought that to the forefront. It really exaggerated what our needs really have been, and made it a lot more obvious. Because we lost so many of our hospitals, support staff, our professional staff, the nurses, the hospitals just really got beat up.”

– Focus Group Participant

At the same time, some participants noted that although the pandemic left many negative impacts, the community managed to uplift itself in various ways. For example, there was a lot of collaboration between different community organizations to help provide resources and services to the community. Additionally, people became more aware of their health and how it affects

their everyday life; for example, the community was more physically active. There was also more inclusivity during the pandemic since it was imperative to disseminate information to everyone.

“During COVID, we saw a lot of people going on walks way more than before in our neighborhood. We live in the Mines Road area, so during COVID, you would see tons of people on the sidewalk going for walks with their dog, with the kids, and we saw—it kind of trickled down a little bit, but people are still doing it more now than they were before.”

– Focus Group Participant

COMMUNITY ASSETS AND STRENGTHS

When asked to describe the assets and strengths of the City of Laredo, participants frequently mentioned that the community is close-knit and has a strong sense of pride in being a border town. The predominately Hispanic/Latino culture cultivates a connection and passion for improving the community. This pride becomes apparent in community leaders and community-based organizations that take initiative in collaborating and coordinating to achieve better systems that provide care to residents throughout the community.

Participants also highlighted the existing amenities and recreational centers that the City of Laredo has around town. Other assets and strengths that the focus group participants and key informants mentioned were safe neighborhoods, community programs, and health fairs that provide different screenings that people do not regularly have access to in Laredo.

“I think that can be an asset that we do know each other-- we're willing to all find the people that are in the roles. They are usually in the roles because they enjoy what they're doing, and they really have a passion for it. I feel that's our biggest assets, that the people that we have feel like they have a purpose, and they're trying to work toward that purpose.”

– Key Informant

Participants named the following organizations as valuable resources for the community:

Health Care Organizations

Border Region Behavioral Health Center

City of Laredo Health Department

Laredo Medical Center

Gateway Community Health Center

Mercy Ministries

PILLAR

Serving Children and Adults in Need
(SCAN)

Churches & Faith-Based Organizations

Bethany House

Casa de Misericordia

Nonprofits & Community-Based Organizations

Children's Advocacy Center

NeighborWorks Laredo

Holding Community Center

Operation Border Health Preparedness

Laredo Economic Development Corporation

South Texas Food Bank

Laredo Housing Authority

Webb County Veterans Services

Laredo Regional Food Bank

"We're starting to see that as we're all collaborating with each other, we're also coming together to improve this community. I feel one of the best assets that we have is ... a family type of environment where we all collaborate with each other. I feel like the people in the community are responding to that. The people are hungry to learn and become a part of the community. They're learning about things that can help them and their families. The people that we have are wanting to be more knowledgeable be more empowered in general."

– Key Informant

PROPOSED SOLUTIONS AND ACTIONS FOR CITY OF LAREDO

Participants were asked to identify potential solutions for the challenges discussed during the interviews and focus groups.

IMPROVE HEALTH CARE ACCESS AND AFFORDABILITY

Provider incentives: Strategize and build incentive programs and opportunities to attract and recruit more doctors, nurses, and clinical staff for publicly available programs in Laredo.

Access to services: Establish mobile or satellite clinics with various health services and programs for primary care and specialty care throughout Laredo (North and South).

Mental health services: Expand mental health facilities and services to meet the needs of the population in Laredo, especially for youth. Participants recommended more licensed clinical counselors to provide continuity of care.

Quality health care: Increase the length of time patients spend with providers. Focus on holistic, comprehensive care with a coordinated system of referral (both within Laredo and outside) to decrease the number of patients lost to follow-up. Participants recommended establishing a centralized database system to provide easy access to patient information to allow for continuity of care.

Affordable health care: Offer low-cost, affordable options for primary care and specialty health care; comparable expenses to Mexico.

Transportation: Increase the availability of transportation to health care appointments by collaborating with public transportation services and volunteers.

Knowledge and awareness: Promote available programs and resources in the community through dissemination of easy-to-understand information through pamphlets, booklets, and other culturally and linguistically appropriate materials at community events, schools, and other public places. Utilize social media platforms and community champions to advocate various programs and resources through PSA.

Provide community education and classes on nutrition, behavior change, physical activity, disease management, cooking demonstrations, and healthy grocery shopping on a budget. Participants also recommended providing health and nutrition education in schools to help build healthy lifestyles.

Encourage a culture of health at community events: Offer health care and social service opportunities on-site during community events (e.g., community celebrations, health fairs,

church events, school events, etc.). Participants also recommended providing healthier food options and activities at community events to encourage health and well-being.

INCREASE CULTURALLY RELEVANT HEALTH CARE

Language and translation services: Increase the availability and efficiency of Spanish translators during appointments and ensure all materials are translated.

Culturally relevant treatment: Encourage providers to involve patients in their treatment decisions and take ownership of their health from their cultural perspective. This also means training hospital and clinic staff on culturally appropriate treatment and methods (nutrition, medicine, etc.).

Education on health care and insurance: To increase knowledge and awareness of how health systems and insurance works, the City of Laredo and City of Laredo Health Department should provide education on navigating through these systems, being mindful of culture and language.

“The patients should voice their opinion about the treatment, because I think that has a lot to do with getting better. But then again, it has to do with how the caregiver approaches that situation.”

– Focus Group Participant

BUILD TRUST AND ENCOURAGE PARTNERSHIPS TO STRENGTHEN COMMUNITY

Trust: Key informants recommended working through community champions and church leaders to engage community members to build trust. Participants also recommended holding more public events in the community to keep an open channel of communication with residents and to be more visible in the community.

Partnership: Increase cross-sector collaboration and coordination by partnering with community-based organizations in Laredo. Key informants recommended bringing together vital agencies to encourage system-wide change and to develop strategies for revenue income from health services and programs.

“I think building trust means we need to be out in the community a little bit more. For example, like this mobile unit that we have purchased, I think that was a great way to build that trust... So I think we need to find more, more creative ways to go out to the community, and engage with them and educate them.”

– Key Informant

LIMITATIONS

Data collection limitations for this 2022-2023 Laredo CHNA are relatively mild compared to similar assessments completed during 2020 and 2021. Although COVID-19 still lingers in numerous variants, much of Laredo and Texas have moved on from concerns over the direct transmission of the virus. All focus groups were conducted in-person. Key informant interviews were conducted virtually due to convenience of scheduling.

Focus groups were all conducted during September. It is important to note how political advertisements and discourse in the run-up to the November 2022 mid-term elections might have altered what was top of mind for our interviewees and focus group participants. In addition, attending an in-person focus groups may have been a barrier for some residents, including those with concerns about possible exposure to COVID-19 and other viruses, people with disabilities, people without readily available transportation, and others.

Finally, in our data collection it was apparent that the mental health ramifications of the past several years will be with the Laredo community for years if not decades to come. We expect the broad impact of COVID-19 to far outlive the virus itself.

CONCLUSION

Between August and September of 2022, Texas Health Institute conducted ten key informant interviews and seven focus groups with the residents of Laredo. Community members collectively identified the following categories as top health priorities:

- Chronic diseases
- Mental health and substance abuse
- Child health

Whether it was diabetes, hypertension, or heart disease, there was a deep understanding that Laredo struggles with these chronic conditions and obesity, unhealthy eating habits, and the lack of exercise that contributes to them.

Second, residents of Laredo feel there is a massive need for *local* mental health and substance abuse care centers. COVID-19 dramatically increased this need, and so far, service providers have not been able to keep up.

Third, the residents of Laredo are deeply concerned about the health of their youth. The lack of pediatricians and specialists prevents families from receiving the care that they need, leaving people at a disadvantage and with no other choice than to go elsewhere to access health services.

Finally, residents frequently brought all of these issues back to the social and structural determinants of health. Poverty makes it difficult to put healthy food on the table or to afford adequate health insurance. It can lead to eating more fast food because it is quick, convenient, and cheap, which may increase rates of chronic disease and cancer. Additionally, not being able to afford your own personal vehicle makes transportation and everyday living nearly impossible.

Laredo residents are proud of how they came together through and beyond the COVID-19 pandemic. They feel the Laredo community has many assets and resources such as beautiful parks and ongoing community health classes to learn from, but they wonder if these resources could be more fairly distributed in and around Laredo, including the Colonias.

To address Laredo's top health priorities, our key informants and focus group participants routinely referenced the need for (a) greater cross-sector collaboration and (b) the influential players in the area to incentivize health care and mental health providers to visit and ultimately call Laredo their home.

TABLES

Table 1
Description of Key Informants

Key Informant	Community Input Sector
<p>Jaime Arizpe Board Chairman Texas Holding Institute</p>	<p>Person with special knowledge or expertise in public health Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Eric Castillo Child Find Coordinator ECI Project Niños</p>	<p>Person with special knowledge or expertise in public health Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Dr. Maurice Click, MD Health Authority City of Laredo Health Department</p>	<p>Person with special knowledge or expertise in public health Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>DeAnne Economedes Director of Compliance South Texas Food Bank</p>	<p>Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Javier Garcia Executive Director Bethany House</p>	<p>Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Robert Garza General Manager Hendrix and Transportation Group- Laredo Transit Management</p>	<p>Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>

Key Informant	Community Input Sector
<p>Paul C. Giasi, MD Chairman and System Medical Director Emergency Departments at Doctors Hospital Laredo</p>	<p>Person with special knowledge or expertise in public health Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Elmo Lopez, MBA, CHW Chief Executive Officer Gateway Community Health Center, Inc.</p>	<p>Person with special knowledge or expertise in public health Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>
<p>Maria Tina Martinez Community Development Director City of Laredo</p>	<p>Federal, tribal, regional, state, or local health or other department or agency, with current data or other information relevant to the health needs of the community</p>
<p>Irene Rosales Director of Health Services United Independent School District</p>	<p>Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs Federal, tribal, regional, state, or local health or other department or agency, with current data or other information relevant to the health needs</p>
<p>Rogelio Trevino Executive Director Workforce Solutions for South Texas</p>	<p>Leader, representative, or member of medically underserved, low income, and minority populations and populations with chronic disease needs</p>

Table 2
Description of Focus Group Participants

Focus Group	Community Input Sector	Description	Number	Language
1	Older adults (65+)	Participants included female and male residents of ZIP codes 78040, 78041, 78043, 78045, and 78046. Ages 65+ old. Nine Participants self-identified as Mexican, Mexican-American or Chicano/a and one participant identified as other Hispanic white.	10	English
2	Young parents	Participants included female and male residents of ZIP codes 78040, 78041, 78043, 78045, and 78046 with ages 18-50. Participants self-identified as Mexican, Mexican-American or Chicano/a.	6	English
3	Various group	Participants included female and male residents of ZIP codes 78040, 78041, 78045, and 78046 with ages 18-65. Participants self-identified as Mexican, Mexican-American or Chicano/a.	10	English
4	Various Groups	Participants included female and male residents of ZIP codes 78040, 78041, 78043, 78045, and 78046 with ages 18-50.	8	English

		Participants self-identified as Mexican, Mexican-American or Chicano/a.		
5	Young Adults	Participants included female and male residents of ZIP codes 78041, 78043, 78045, and 78046 with ages 18-30 and one participant age 30-40. Participants self-identified as Mexican, Mexican-American or Chicano/a.	6	English
6	City of Laredo Health Department Employees	Participants included female and male residents of ZIP codes 78041, 78045, and 78046 with ages 30-65. Eight participants self-identified as Mexican, Mexican-American or Chicano/a and one identified as another Hispanic.	9	English
7	City of Laredo Employees	Participants included female and male residents of ZIP codes 78040, 78041, 78043 and 78045 with ages 30-65 and one participant age 18-30. Participants self-identified as Mexican, Mexican-American or Chicano/a.	8	English

APPENDIX A: KEY INFORMANT INTERVIEW GUIDE

City of Laredo Key Informant Interview Guide

1. Please briefly describe your role in [organization] and who [organization] serves in Laredo.
2. Please describe how you are connected to the City of Laredo Health Department. If you are not connected, just indicate that.
3. What do you think are Laredo's three most critical health issues? (Examples if needed: heart disease, diabetes, substance use, mental health, cancer, asthma, STIs, HIV, etc.)
 - a. PROBE: Why are these the top priorities?
 - b. PROBE: Who do these health issues affect the most? (e.g., age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)
4. The top health issues identified in the [2011 or 2018] Community Health Needs Assessment were insurance status, poverty level, chronic disease risk factors, and lack of providers. How important are these issues today? Please rank them.
5. How has COVID-19 impacted the three critical health issues you identified?
 - a. PROBE: Are there some groups that have been more affected by COVID-19 than others in your community?
 - b. PROBE: Especially children under 12 years and adults over 65 years?
6. Now I am going to ask you about the factors that contribute to each of the top priority health issues you identified and how the issue impacts specific populations. (*Prompt: Note that a "factor" could be a health behavior like physical activity, SDOH such as food insecurity, insurance status, physical environment, etc.*)
 - a. Starting with [Name #1 critical health issue identified by interviewee]
 - i. What are the factors that contribute to making this a critical health issue?
 - ii. Which populations does the issue impact the most?
 - iii. How does this critical health issue specifically impact low-income, underserved/uninsured populations in Laredo?
 - iv. Are there organizations already addressing these issues in the city? If so, which ones? How do they address it?
 - b. Now thinking about [Name #2 critical health issue identified by interviewee]
 - i. What are the factors that contribute to making this a critical health issue?
 - ii. How does this critical health issue specifically impact low-income, underserved or uninsured populations in Laredo?
 - iii. Which populations does the issue impact the most?
 - iv. Are there organizations already addressing these issues in the city? If so, which ones?

- c. Now thinking about [Name #3 critical health issue identified by interviewee]
 - i. What are the factors that contribute to making this a critical health issue?
 - ii. How does this critical health issue specifically impact low-income, underserved or uninsured populations in Laredo?
 - iii. Which populations does the issue impact the most?
 - iv. Are there organizations already addressing these issues in the city? If so, which organizations?
7. Based on your knowledge and expertise, what are the most effective strategies to address the top three health issues that you identified?
 - a. PROBE: What are some specific strategies that could help to address disparities between different populations for these health issues?
8. Beyond the top three health issues you've identified, what are the other critical health issues that are important to address?
9. How could the City of Laredo Health Department possibly partner with or enhance the efforts of organizations that are working to address the issues that you identified?
10. What are some of your community's greatest assets and strengths? (Prompt: These often include social and human service agencies, community-based organizations, nonprofit organizations, churches, but can also be cultural qualities).
 - a. How do you think these strengths could be leveraged to address the top health issues in Laredo?
11. What are your suggestions for ways to engage and build trust with community members, particularly low-income, underserved populations, and limited English proficient residents of Laredo to address these critical health issues?
12. Is there anything else you would like to share about the top health issues in Laredo?
13. Now I want you to think a little about a broader range of factors that could affect health. What do you think are the social and economic concerns facing your community? (*Prompt: affordable housing, unemployment, access to quality daycare, poverty*)
 - a. Who do these health needs or concerns affect the most (e.g., age groups, racial/ethnic groups, socioeconomic groups, geographic subsets, etc.)?
 - b. PROBE: Are there organizations or available resources already addressing these needs? If so, which ones? How do they address the needs?
 - c. PROBE: How important do you think it is that hospitals and health care systems work to connect patients with resources to support these factors affecting health? Why?
14. How could the City of Laredo Health Department possibly partner with or enhance the efforts of these organizations to support factors affecting health?
15. Where do members of your community go to access primary health care?
 - a. What about specialty care?
 - b. What about access to emergency rooms or urgent care centers?
 - c. And mental and behavioral health care?

PROBE: What are the barriers to seeking and receiving mental and behavioral care?

- a. Where do children go to receive the above resources?
16. What challenges/barriers do low-income, underserved, and uninsured populations in your community face in access to health care?
 - a. What are two things that the City of Laredo Health Department could do to address these challenges?

- b. Are there other populations in your community that experience health disparities?
- 17. To what extent do you think health literacy is a barrier to community members seeking and receiving care?
 - a. How do you propose reducing this barrier?
- 18. If you are involved with an organization that provides services, how often do you believe your clients have undocumented status?

Those are all of the questions I have for you today. Is there anything else you would like to add before I turn off the recorder? *[Allow time for comments]*

APPENDIX B: FOCUS GROUP GUIDE

City of Laredo Focus Group Guide (English)

1. When you think about your community, what is the first thing that comes to mind?
2. What does health mean to you?
3. What do you do to stay healthy?
4. What are the things that **help you to be healthy** in your community? (e.g., places to buy healthy food, safe places to walk and to exercise, community services and events, access to health care, affordable housing)
5. What are the strengths of the health services available in your community?
6. What makes it **difficult to be healthy** in your community? (e.g., lack of access to affordable health care, few grocery stores with fresh fruits and vegetables, affordable food, lack of transportation, language barriers, substance use, etc.)
7. How does your race or ethnicity impact your ability to be healthy, if at all?
8. What challenges do you face, if any, about understanding your own health needs and how to be healthy?
9. Thinking about people you may know who have a chronic health condition such as diabetes or heart disease, (this could be you, friends, or family members), what challenges do you or they face regarding getting support for the health condition?

PROBE: In your own words, describe how well you or your family members feel when doctors or nurses talk about how to manage the health condition.

10. What do you think are the **two most important health issues** facing your community? Why? (e.g., diabetes or cancer, unhealthy food or drug abuse, mental health, violence, or access to care)
11. What are the **top two things that could be done** to fix these issues? (*Alternate phrasing: What would it look like to fix the issues?*)
 - a. Who should be involved in fixing these issues? (e.g., people or organizations)
12. What could the City of Laredo Health Department do to improve health and quality of life in the community?
13. Are there health services that you need but do not receive currently? [If yes] Which services?
14. Where do you, your family, or friends go for help when you need health services and cannot find them?

PROBE: Do you, your family, or friends ever go to Mexico to receive health services or purchase medications?

[If yes, PROBE]

Why do people go to Mexico to receive health services?

What types of health services do community members go for?

15. Where do community members in Laredo go when they need mental health support? Clinical services such as counseling?

PROBE: What are some of the challenges of finding support for mental health in the community?

16. What resources do you have in the community that seem to be working to address the health-related issues that we talked about?

[Ask COVID-19 question (#17) and probes only if they have not already been addressed.]

17. What impact has the COVID-19 pandemic had in your life and in the community?
 - a. How has it affected your health, including your mental health?
 - b. How did COVID-19 impact the health challenges that we discussed earlier?
 - c. Are there community resources or agencies that have helped to support you during the pandemic? **If so, which organizations have been helpful?**
18. Are there any other issues that impact your physical or mental health that you would like to discuss?

City of Laredo Focus Group Guide (Spanish)

1. Cuando piensan en la palabra “comunidad,” ¿qué es lo primero que les viene a la mente?
2. ¿Qué significa la salud para Uds.?
3. ¿Qué hacen para estar sano?
4. ¿Cuáles son las cosas que les ayudan a vivir una vida saludable en su comunidad? (Avisar si es necesario: lugares para comprar alimentos saludables, lugares seguros para caminar y hacer ejercicio, servicios y eventos comunitarios, acceso a atención médica, viviendas asequibles).
5. ¿Cuáles son las fortalezas de los servicios de salud disponibles en su comunidad?
6. ¿Cuáles son las cosas que les hace más difícil vivir una vida saludable en su comunidad? (Avisar si es necesario: falta de acceso a atención médica, pocas tiendas con frutas y verduras frescas y comida saludable, falta de transporte para llegar a los supermercados, falta de espacios seguros para estar activo, falta de servicios dentales, falta de servicios médicos con médicos que hablan español, el consumo de drogas en la comunidad, etc.)
7. ¿Cómo afecta, si lo es, su raza y etnicidad su habilidad para estar saludable?
8. ¿Cuáles son sus desafíos, si los tiene, al entender sus propias necesidades de salud y como estar saludable?
9. ¿Si piensa en gente que tienen una condición médica crónica tal como diabetes o enfermedades del corazón (puede ser usted, sus amigos, o sus familiares), qué desafíos cree usted que tienen al recibir apoyo para su condición médica? (Avisar si es necesario: en sus propias palabras, describa como se sienten Ud. o sus familiares cuando los doctores o enfermeras les hablan de cómo manejar la condición médica)
10. ¿Cuáles creen que son los dos problemas de salud más importantes que enfrenta su comunidad? (ejemplo diabetes o cáncer, comida no saludable o uso de drogas, salud mental, violencia, o acceso al cuidado)
11. Pensando en los problemas de salud y otros factores de apoyo que hemos discutido, ¿cuáles son las dos cosas principales que se podrían hacer para solucionar estos problemas?
 - a. ¿Cuáles son los grupos, organizaciones o personas que deberían ser parte de la solución en su comunidad?
12. ¿Qué puede hacer el departamento de salud de la ciudad de Laredo para mejorar la salud y calidad de vida en la comunidad?
13. ¿Actualmente, hay servicios de salud que necesita, pero no recibe? [si sí, cuales servicios]
14. ¿A dónde va usted y sus amigos para encontrar ayuda cuando necesitan servicios de salud y no los puede encontrar?
 - a. Avisar si es necesario: ¿Alguna vez va usted, su familia o sus amigos a México para recibir servicios de salud o para comprar medicamentos? [si sí, ¿por qué va la gente a México a recibir servicios de salud? ¿Para qué tipo de servicios de salud van los miembros de la comunidad?
15. ¿Dónde van los miembros de la comunidad en Laredo para cuando necesitan apoyo con la salud mental? ¿Servicios clínicos tal como consejería?
 - a. Avisar si es necesario: ¿Cuáles son algunos de los desafíos para encontrar apoyo para la salud mental en la comunidad?

16. ¿Qué recursos tiene su comunidad que parecen estar funcionando para mejorar los problemas de salud que hablamos?

[Pregunta sobre COVID-19, si todavía no se ha comentado]

17. ¿Qué impacto ha tenido la pandemia de COVID-19 en su vida y en la comunidad?

a. ¿Cómo ha afectado su salud, incluyendo su salud mental?

b. ¿Cómo COVID-19 impacto los problemas de salud que discutimos aquí?

c. ¿Hay algunos recursos en la comunidad o agencias las cuales le ayudaron y apoyaron durante la pandemia? Si sí, ¿Cuáles organizaciones le ayudaron?

18. ¿Ay algún otro problema que impacta su salud física o mental que le gustaría compartir?