CVS Health Community Access Analysis

County-Level Health Needs & Clinic Distribution Report

Generated: December 09, 2025

Total Counties Analyzed: 2,999

EXECUTIVE SUMMARY

Key Findings:

1. COVERAGE GAP
   • 86.1% of U.S. counties have zero CVS MinuteClinic locations
   • Only 416 counties (13.9%) have at least one clinic
   • Total clinics across all counties: 1393

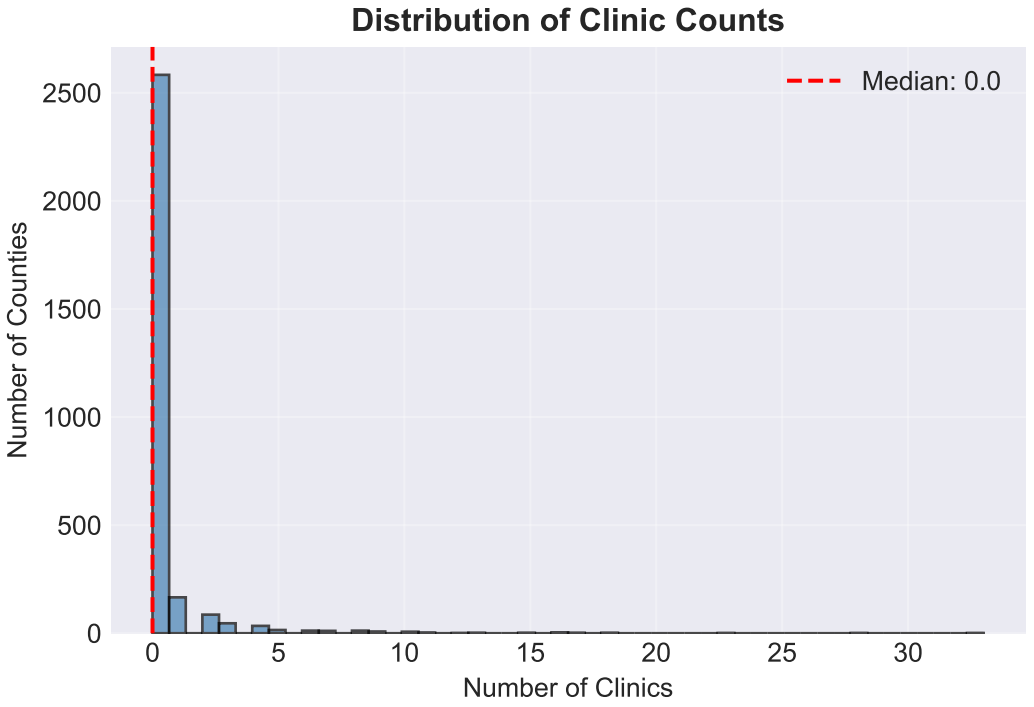
2. SOCIOECONOMIC INEQUITY
   • Counties without clinics have higher SVI scores: 0.496 vs 0.461
   • Socioeconomic vulnerability: 0.504 (no clinics) vs 0.427 (with clinics)

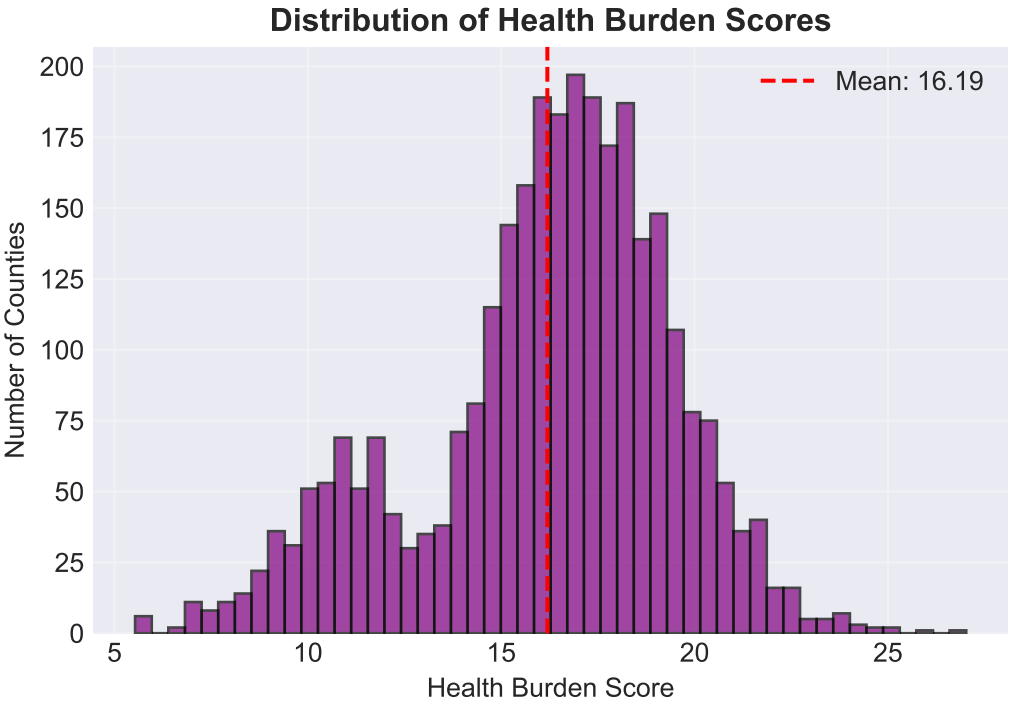
3. HEALTH NEED MISMATCH
   • Counties without clinics have higher health burden: 16.37 vs 15.08
   • This indicates sicker populations have less access to CVS services

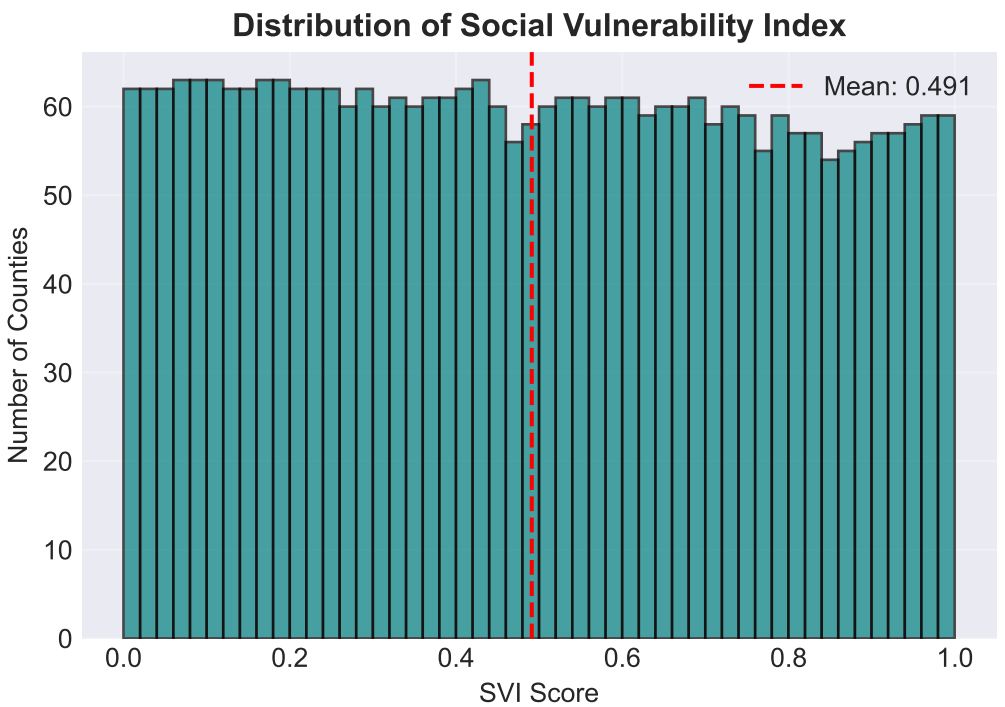
4. TOP UNDERSERVED REGIONS
   • Mississippi Delta region
   • Rural South (Alabama, Georgia Black Belt)
   • South Texas border region
   • Native American communities in Southwest

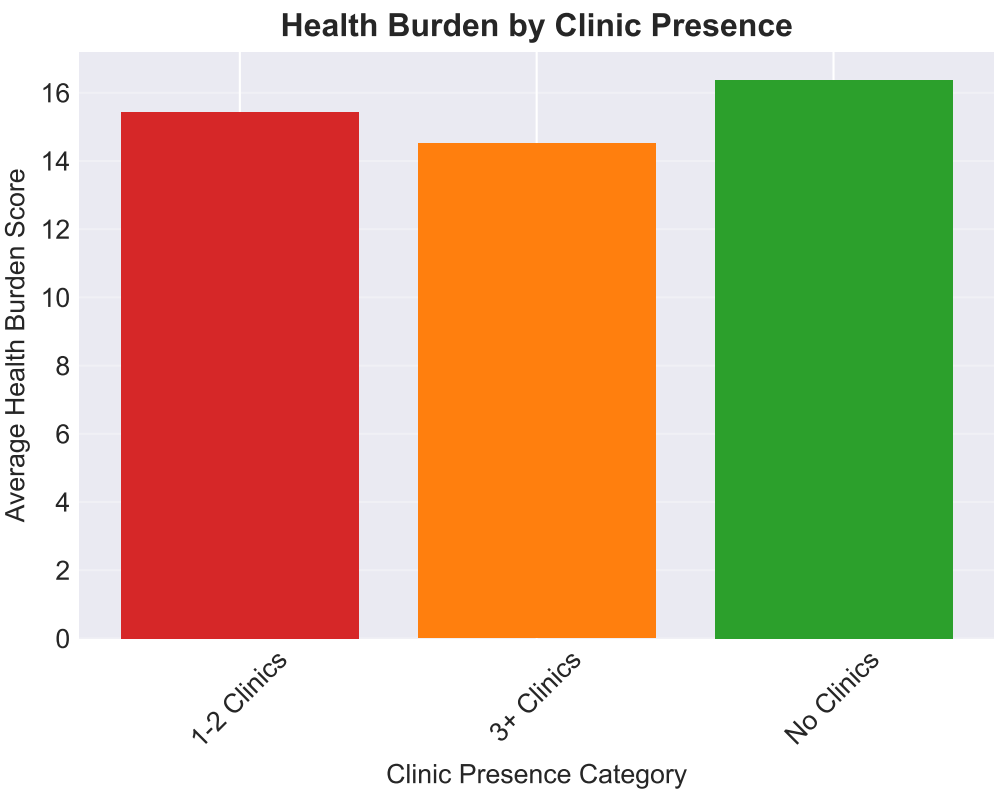
5. URBAN OPPORTUNITIES
   • Large metropolitan areas show high population-adjusted gaps
   • Major cities with millions of residents have unmet demand

Key Statistics Overview

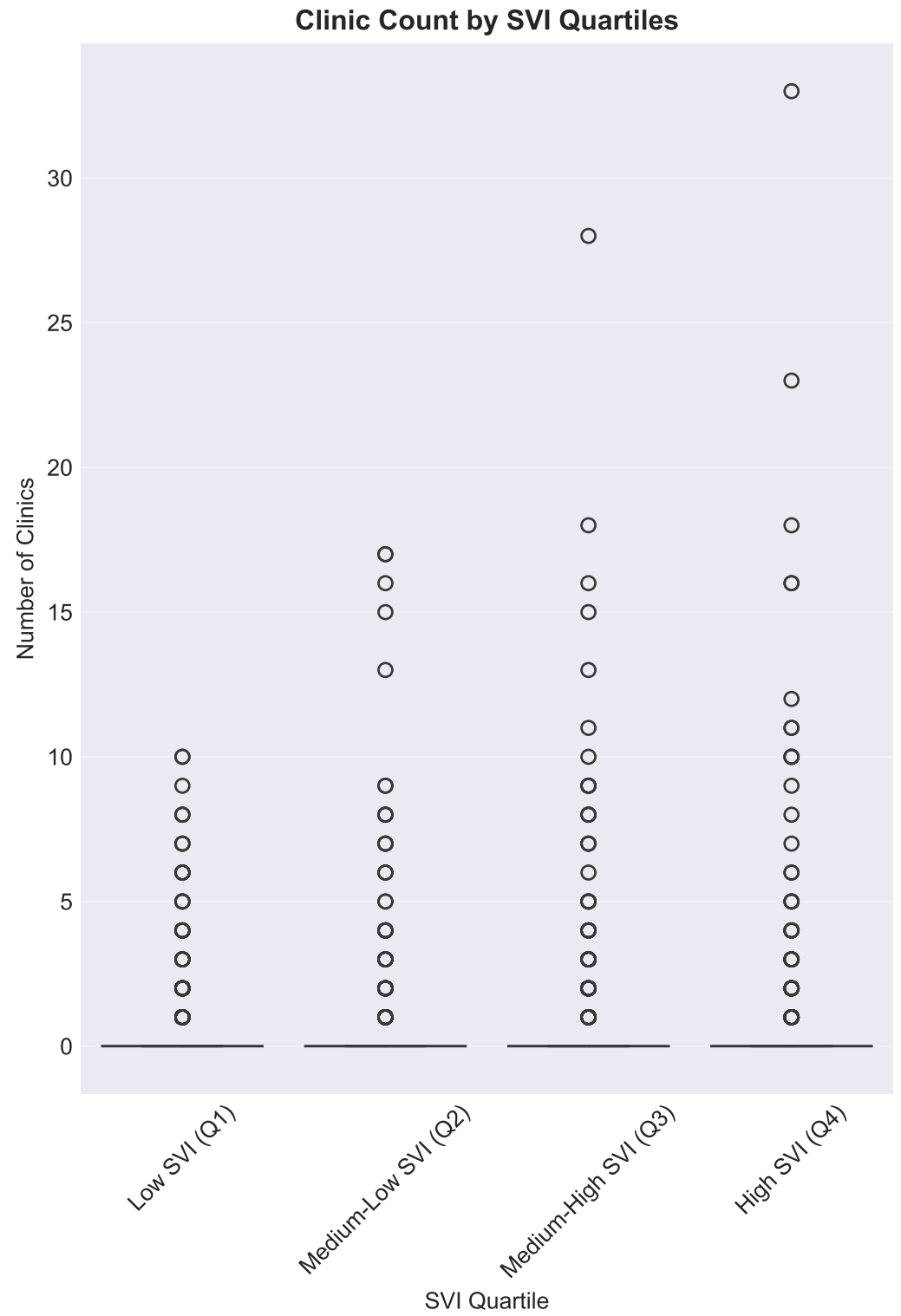


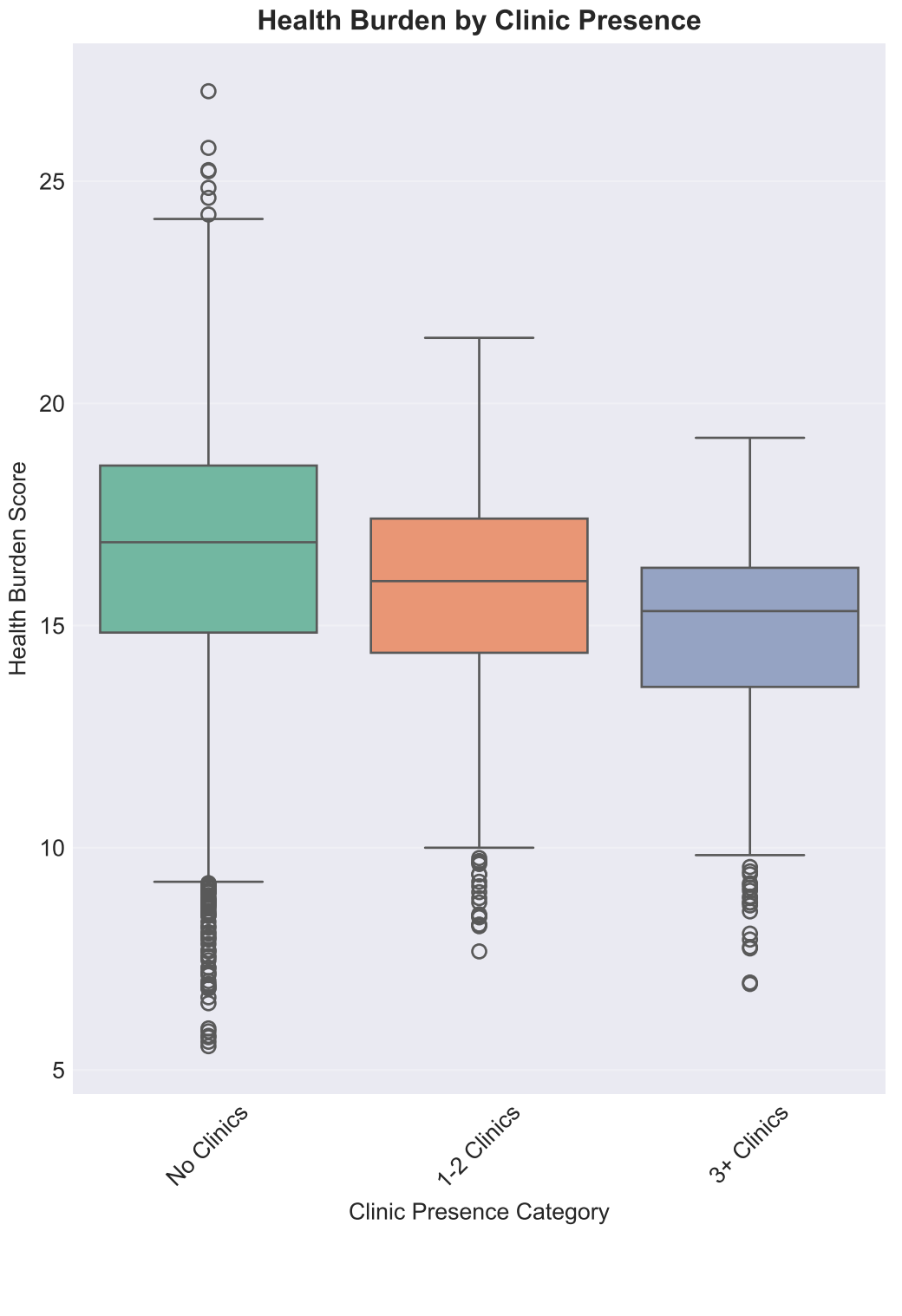


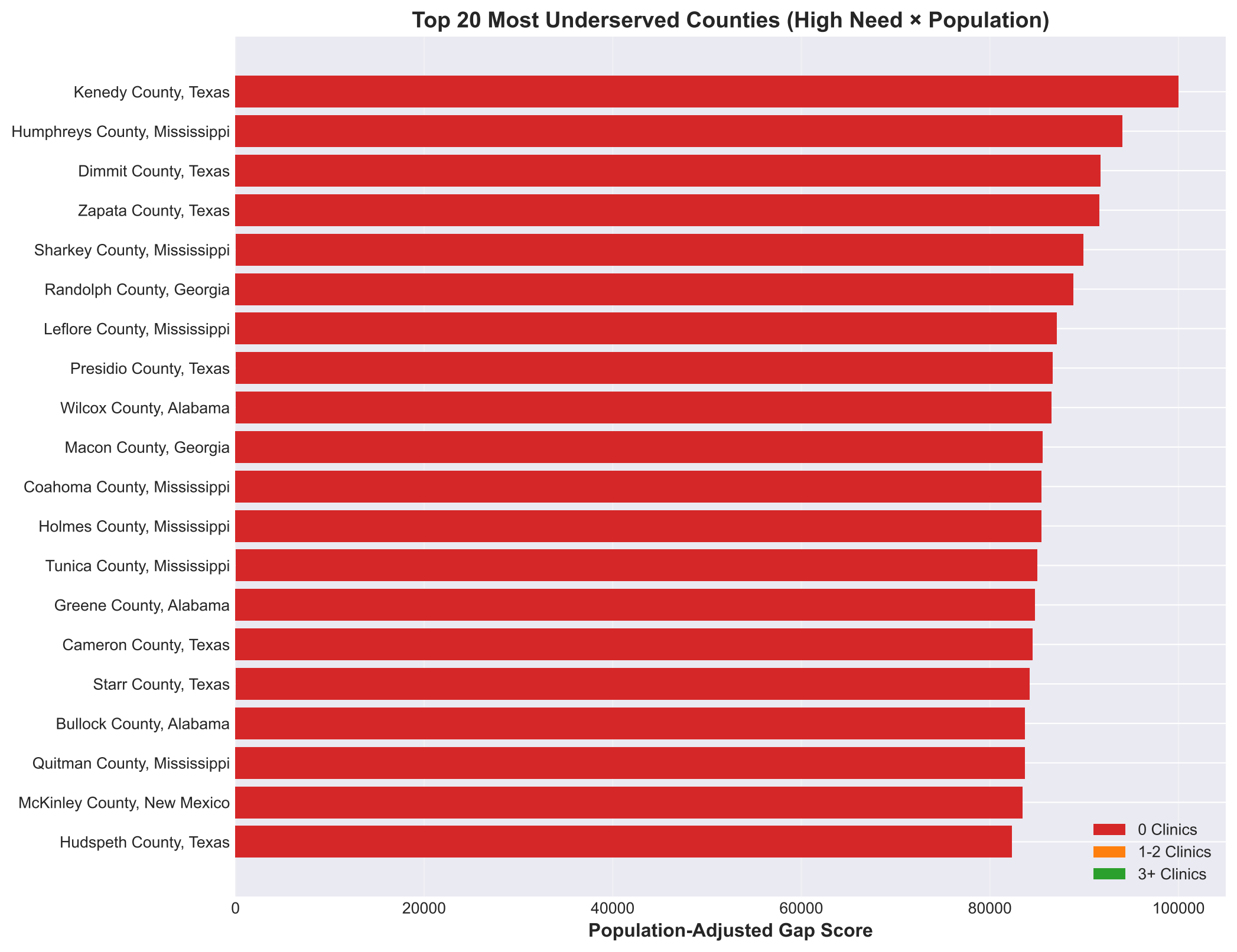


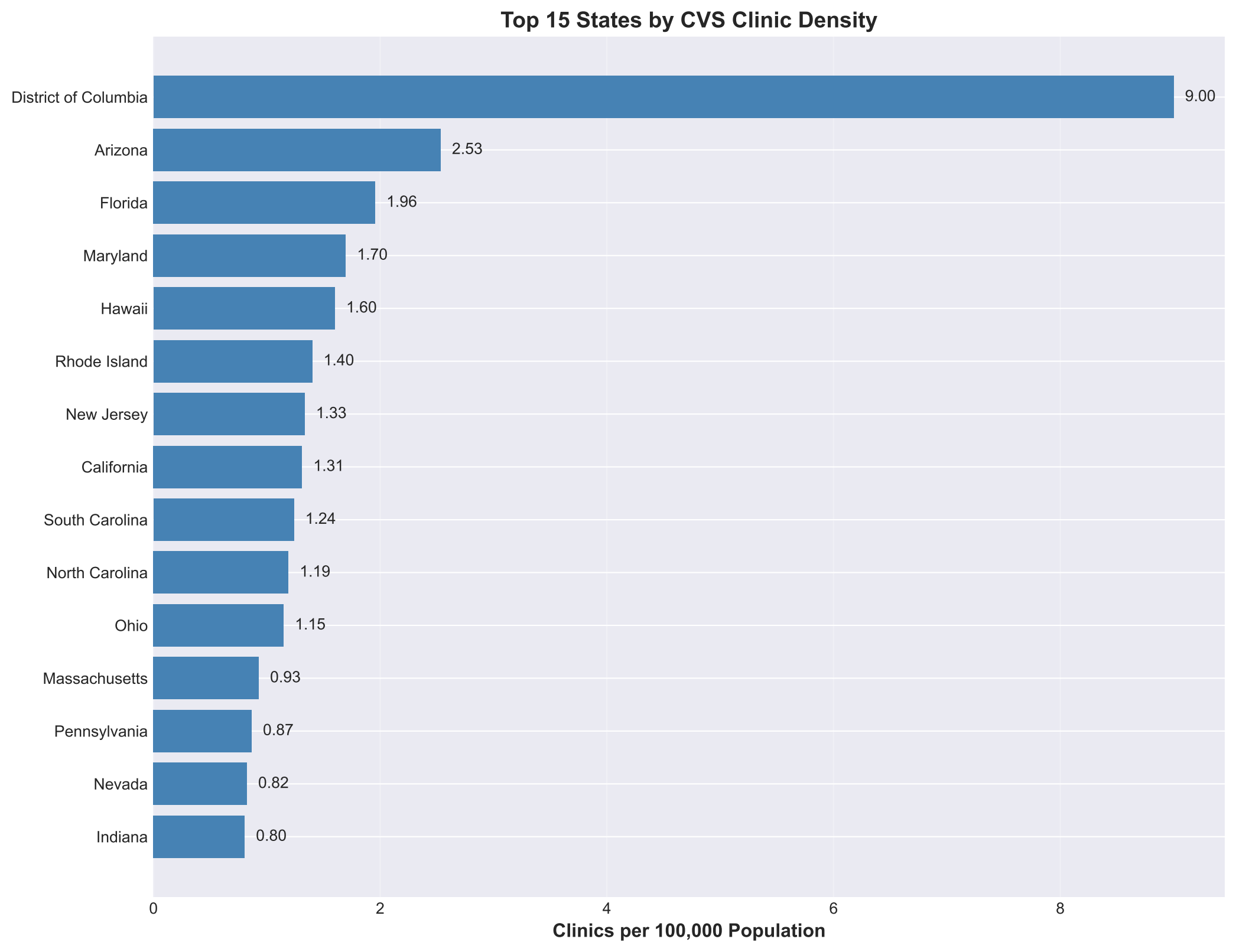


Comparative Analysis: Clinic Distribution by Vulnerability






Top 20 Most Underserved Counties (High Need × Population)
Kenedy County, Texas
Humphreys County, Mississippi
Dimmit County, Texas
Zapata County, Texas
Sharkey County, Mississippi
Randolph County, Georgia
Leflore County, Mississippi
Presidio County, Texas
Wilcox County, Alabama
Macon County, Georgia
Coahoma County, Mississippi
Holmes County, Mississippi
Tunica County, Mississippi
Greene County, Alabama
Cameron County, Texas
Starr County, Texas
Bullock County, Alabama
Quitman County, Mississippi
McKinley County, New Mexico
Hudspeth County, Texas
0 Clinics
1-2 Clinics
3+ Clinics
0
20000
40000
60000
80000
100000
Population-Adjusted Gap Score


Top 15 States by CVS Clinic Density
District of Columbia
Arizona
Florida
Maryland
Hawaii
Rhode Island
New Jersey
California
South Carolina
North Carolina
Ohio
Massachusetts
Pennsylvania
Nevada
Indiana
9.00
2.53
1.96
1.70
1.60
1.40
1.33
1.31
1.24
1.19
1.15
0.93
0.87
0.82
0.80
0
2
4
6
8
Clinics per 100,000 Population

STRATEGIC RECOMMENDATIONS

Priority 1: High-Impact Urban Expansion
• Focus on large metropolitan counties with high health burden and moderate-to-low clinic density
• Target: Los Angeles County, Harris County (Houston), Dallas County, Maricopa County (Phoenix)
• Rationale: Maximum population impact with existing infrastructure

Priority 2: Rural High-Need Markets
• Target rural counties with high health burden scores and zero clinics
• Focus on Mississippi Delta, rural South, and Native American communities
• Consider mobile clinics or partnerships with existing healthcare facilities

Priority 3: Vulnerable Community Access
• Prioritize counties with high SVI scores and zero clinics
• Address socioeconomic barriers to healthcare access
• Consider sliding scale pricing or community health partnerships

Priority 4: Cluster-Based Expansion
• Use K-means clustering results to identify similar counties
• Develop standardized expansion strategies for each cluster type
• Leverage successful clinic models from similar county types

NEXT STEPS

1. Validate Findings: Cross-reference identified underserved counties with local healthcare infrastructure and competitor presence
2. Market Research: Conduct feasibility studies for top-priority expansion targets
3. Partnership Opportunities: Explore partnerships with local health systems in underserved areas
4. Pilot Programs: Launch pilot clinics in 2-3 high-priority counties to test expansion model
5. Monitor Impact: Track health outcomes and utilization rates in new clinic locations
6. Iterate Strategy: Use clustering results to refine expansion criteria and identify new opportunities