

# CVS Health Community Access Analysis

## County-Level Health Needs & Clinic Distribution Report

Generated: December 09, 2025

Total Counties Analyzed: 2,999

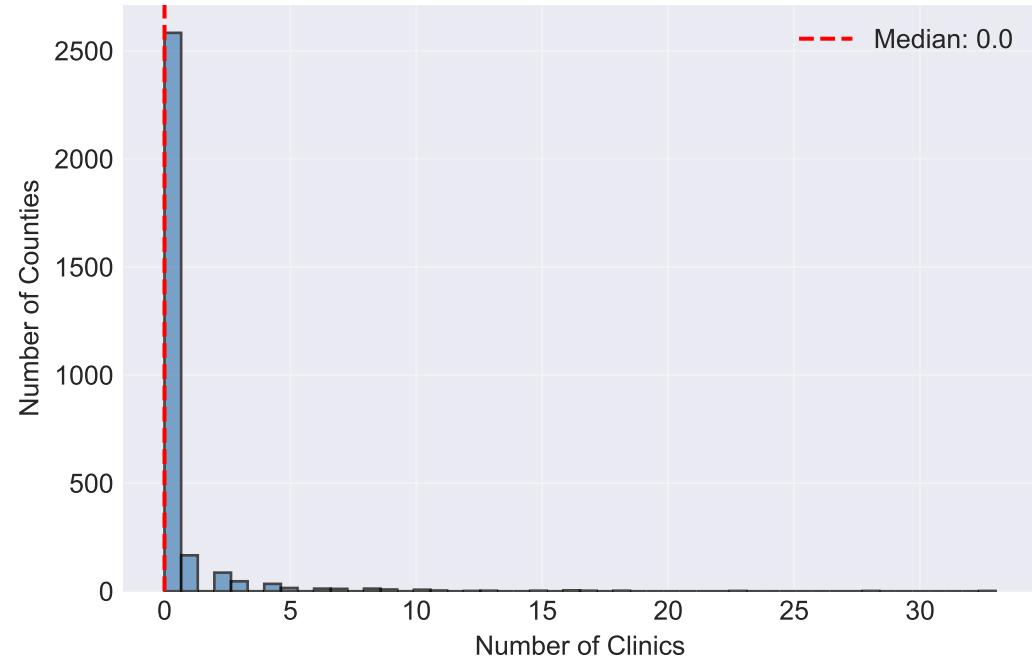
## EXECUTIVE SUMMARY

### Key Findings:

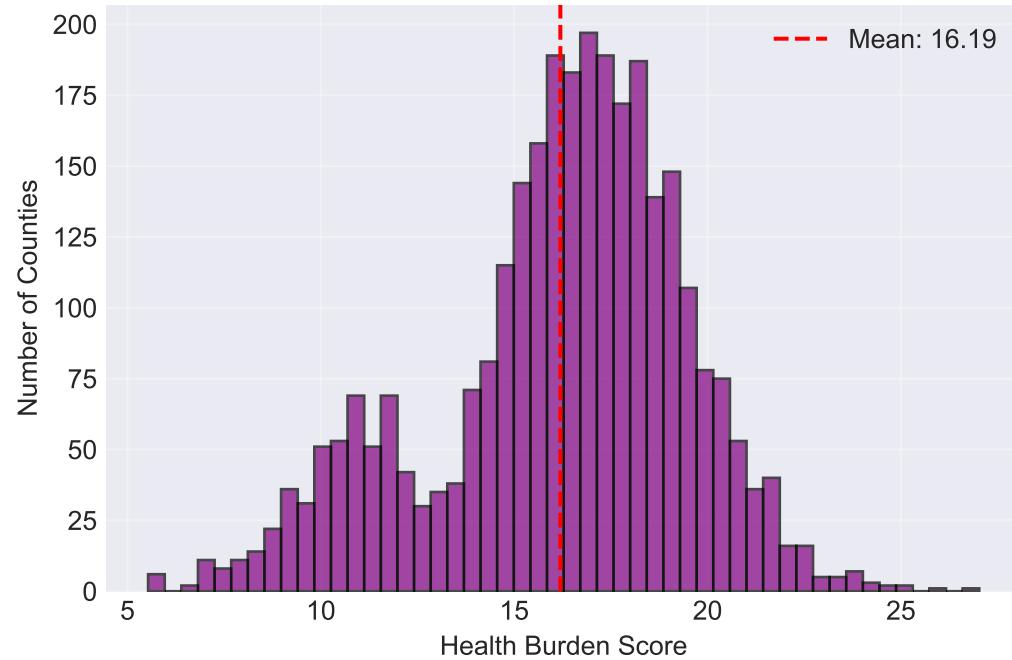
1. COVERAGE GAP
  - 86.1% of U.S. counties have zero CVS MinuteClinic locations
  - Only 416 counties (13.9%) have at least one clinic
  - Total clinics across all counties: 1393
2. SOCIOECONOMIC INEQUITY
  - Counties without clinics have higher SVI scores: 0.496 vs 0.461
  - Socioeconomic vulnerability: 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

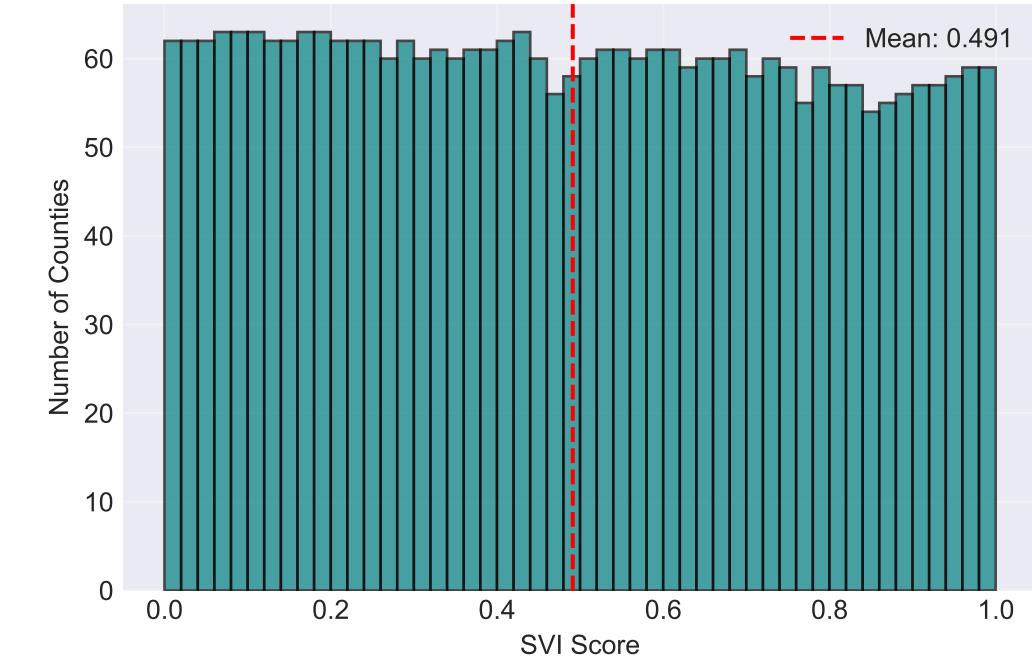
## Distribution of Clinic Counts



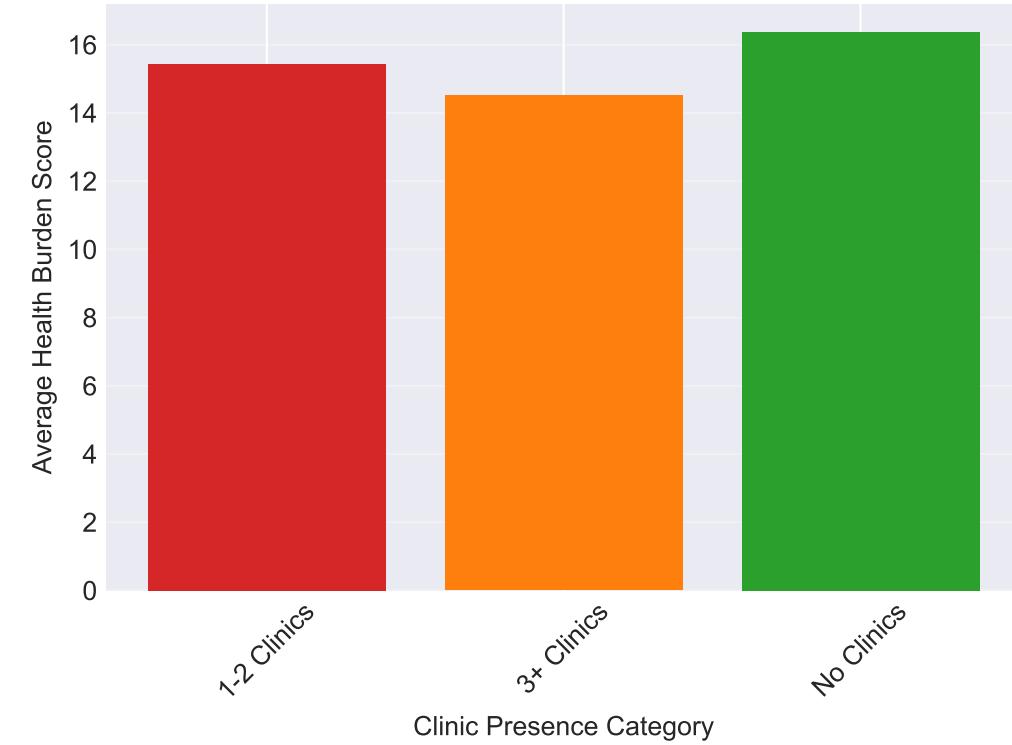
## Distribution of Health Burden Scores



## Distribution of Social Vulnerability Index

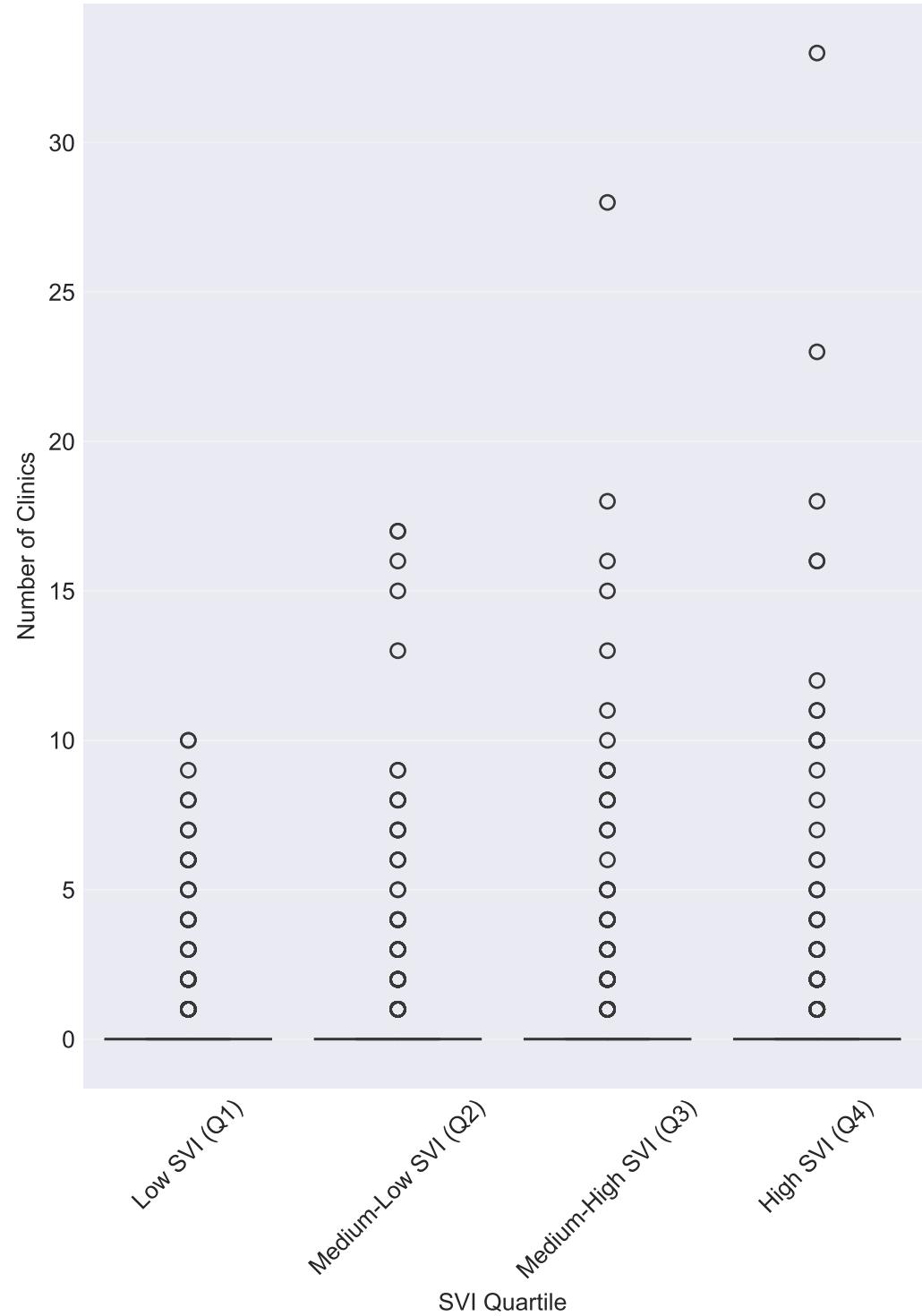


## Health Burden by Clinic Presence

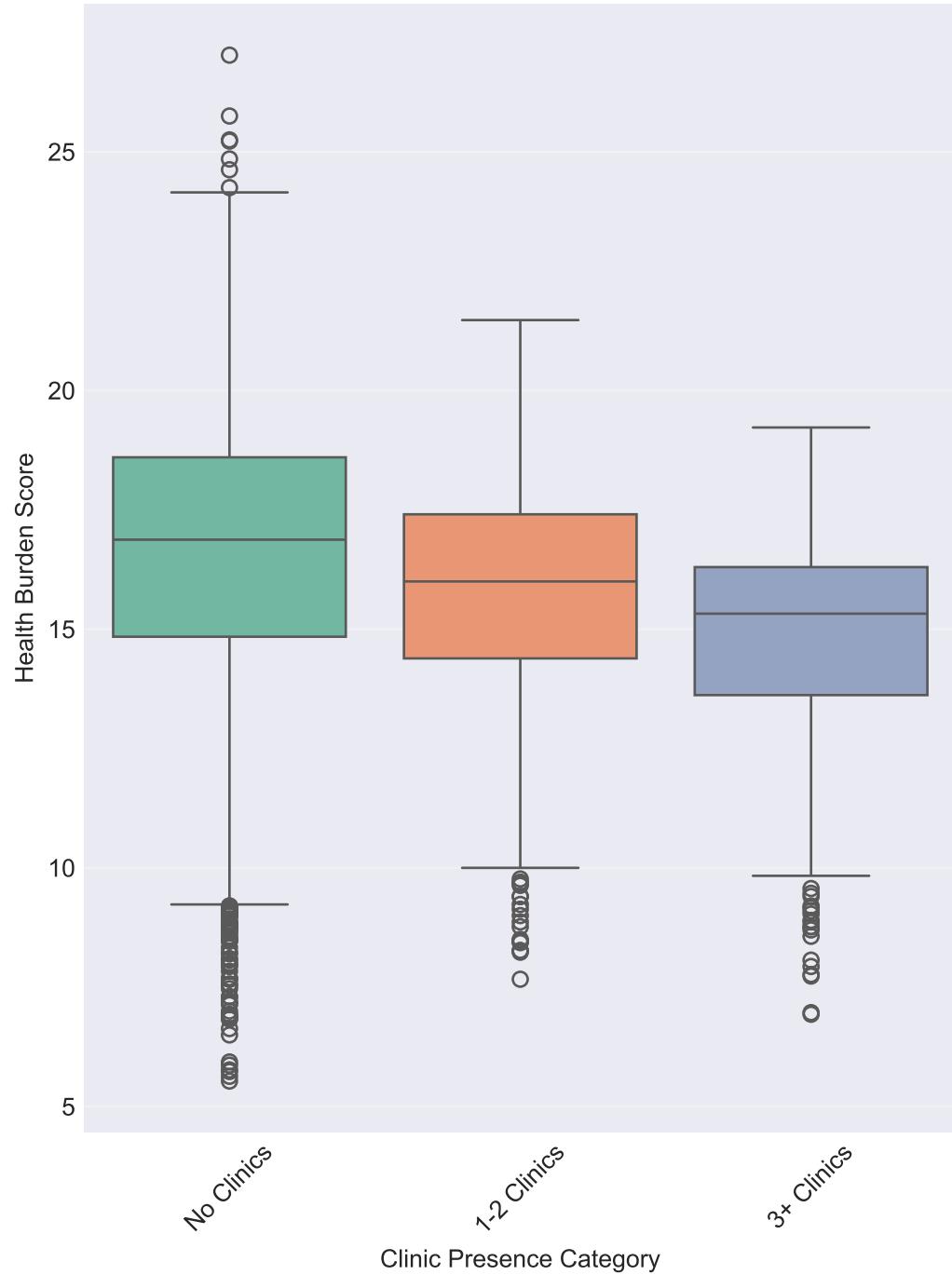


# Comparative Analysis: Clinic Distribution by Vulnerability

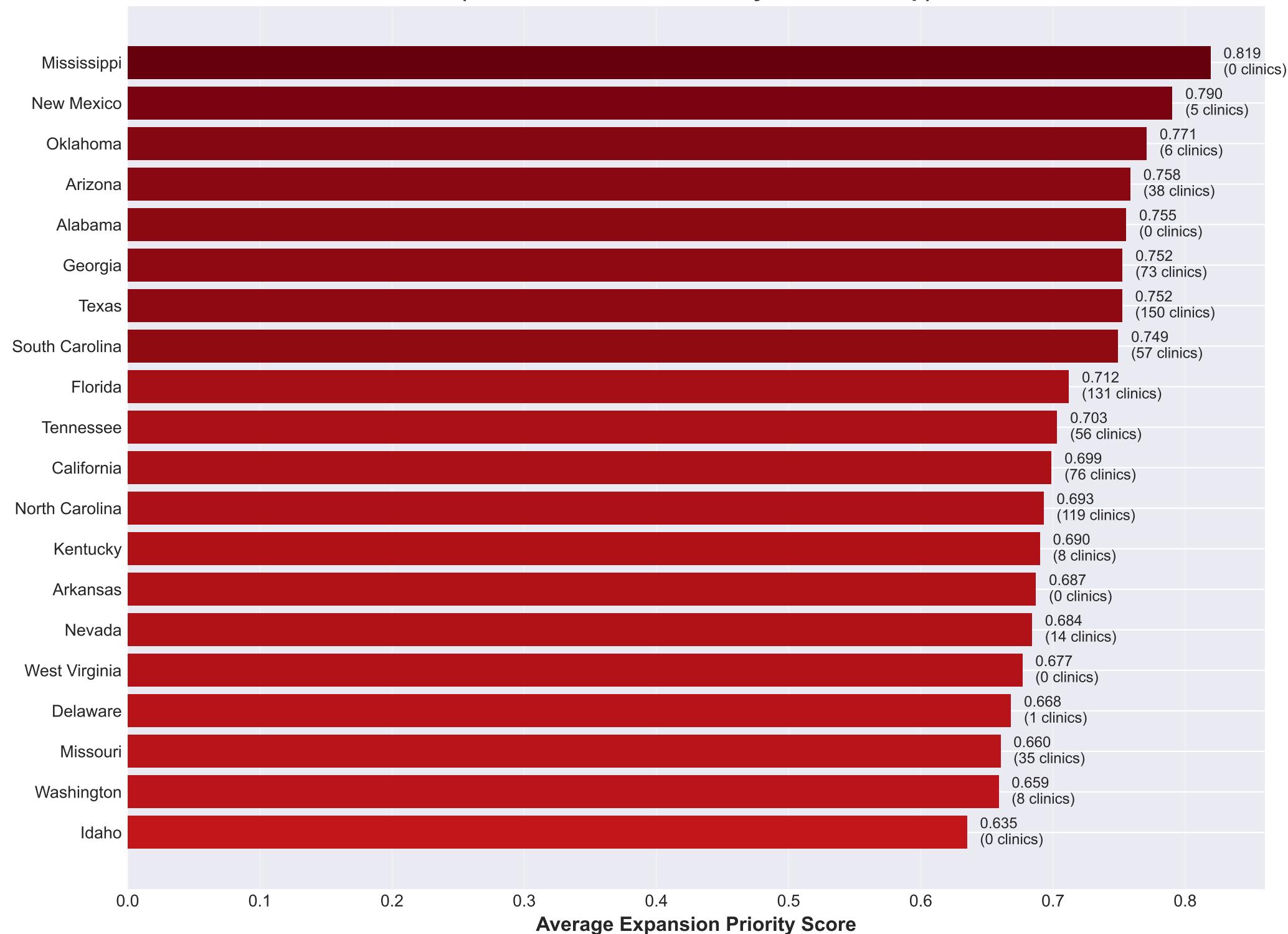
Clinic Count by SVI Quartiles



Health Burden by Clinic Presence



## Top 20 States by Expansion Priority (Health Need + Vulnerability + Access Gap)



## EXPANSION PRIORITY SCORE - WHAT IT MEANS

The Expansion Priority Score identifies where CVS should prioritize opening new clinics. It combines three key factors:

1. HEALTH NEED (40% weight)
  - Measures how sick/unhealthy the population is
  - Based on: stroke rates, physical inactivity, disability, social isolation
  - Higher health need = sicker population that needs more healthcare access
2. SOCIAL VULNERABILITY (30% weight)
  - Measures socioeconomic challenges in the community
  - Based on: poverty, unemployment, low education, housing issues
  - Higher SVI = more vulnerable community with fewer resources
3. LACK OF CLINICS (30% weight)
  - Measures how underserved the area is by CVS
  - Counties with zero or few clinics get higher scores
  - More clinics = lower priority (already served)

### HOW TO READ THE MAP:

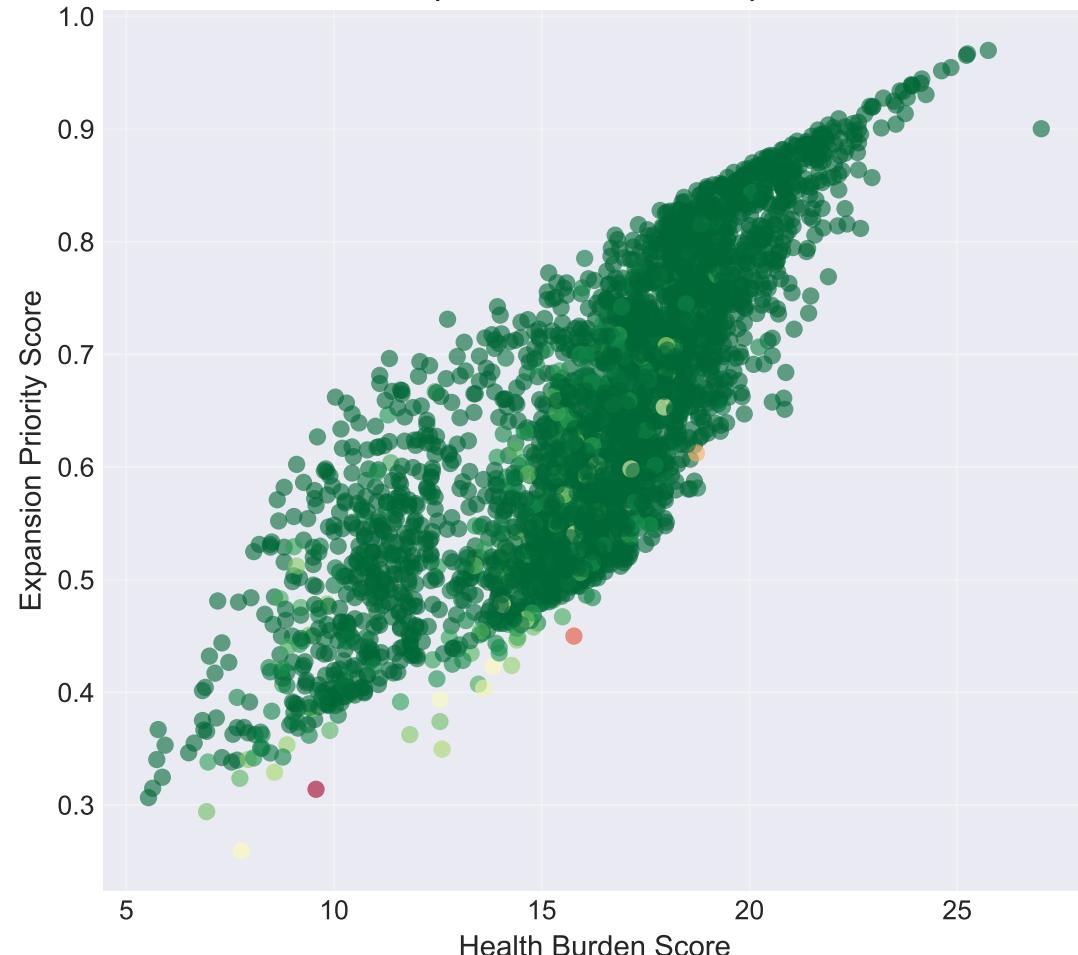
- DARKER RED = Higher priority for expansion
  - High health need + High vulnerability + Low clinic access
  - These are the counties where CVS can make the biggest impact
- LIGHTER RED/WHITE = Lower priority
  - May already have clinics, lower health needs, or lower vulnerability
  - Less urgent for expansion

### EXPANSION STRATEGY:

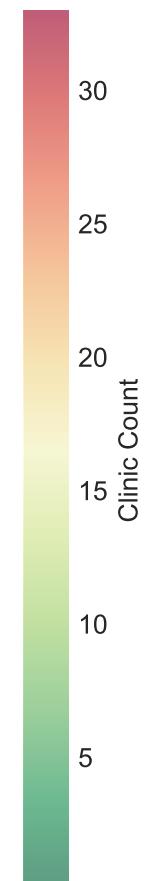
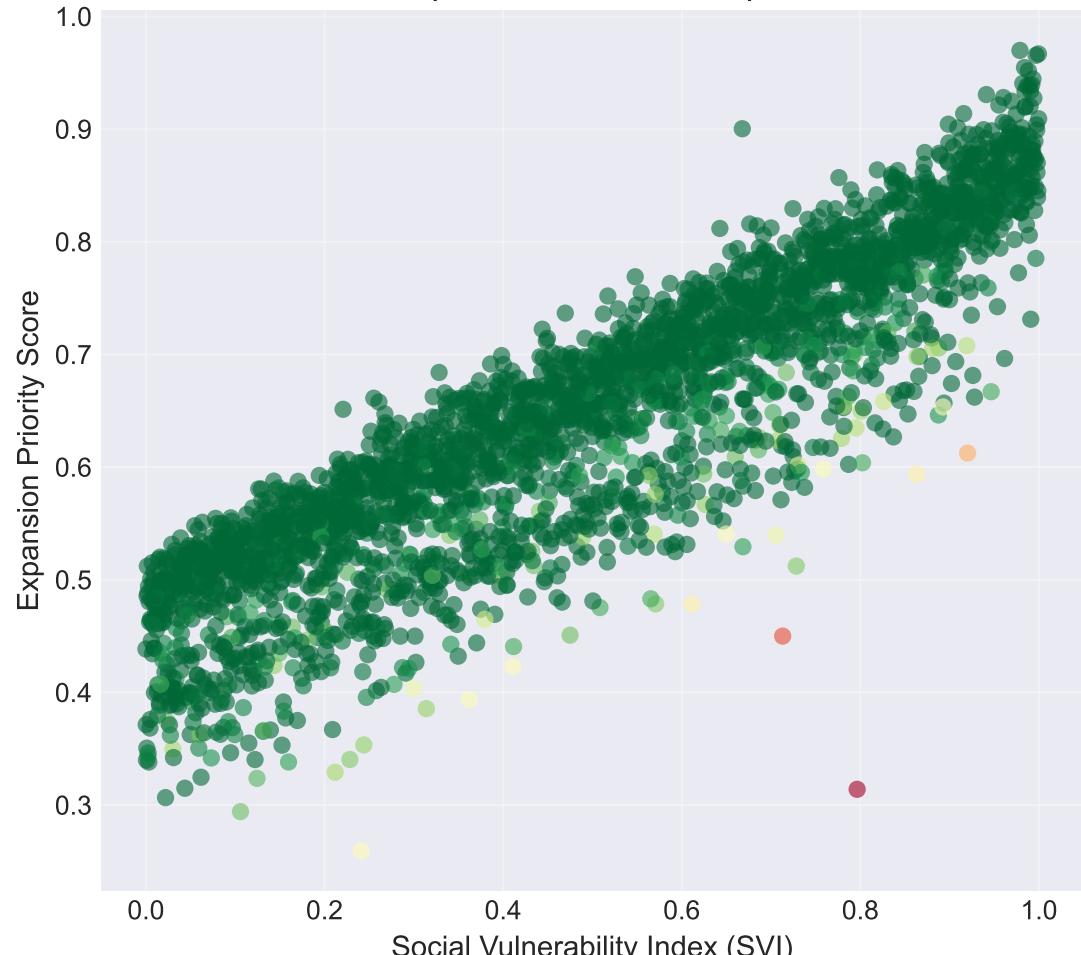
Focus on the darkest red areas - these represent the best opportunities to serve underserved communities while building the CVS health network.

# Expansion Priority Analysis

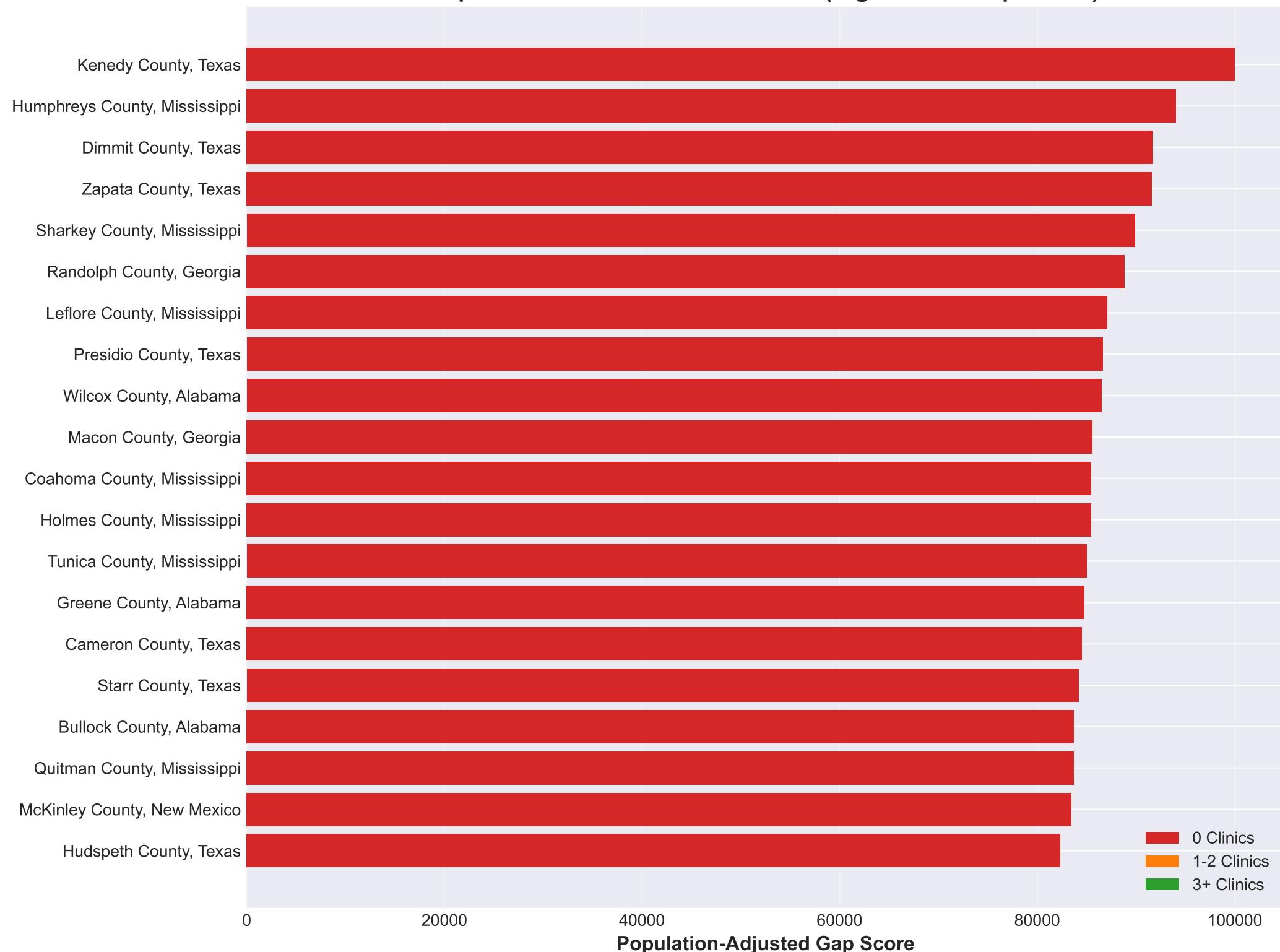
Expansion Priority vs Health Burden  
(Color = Clinic Count)



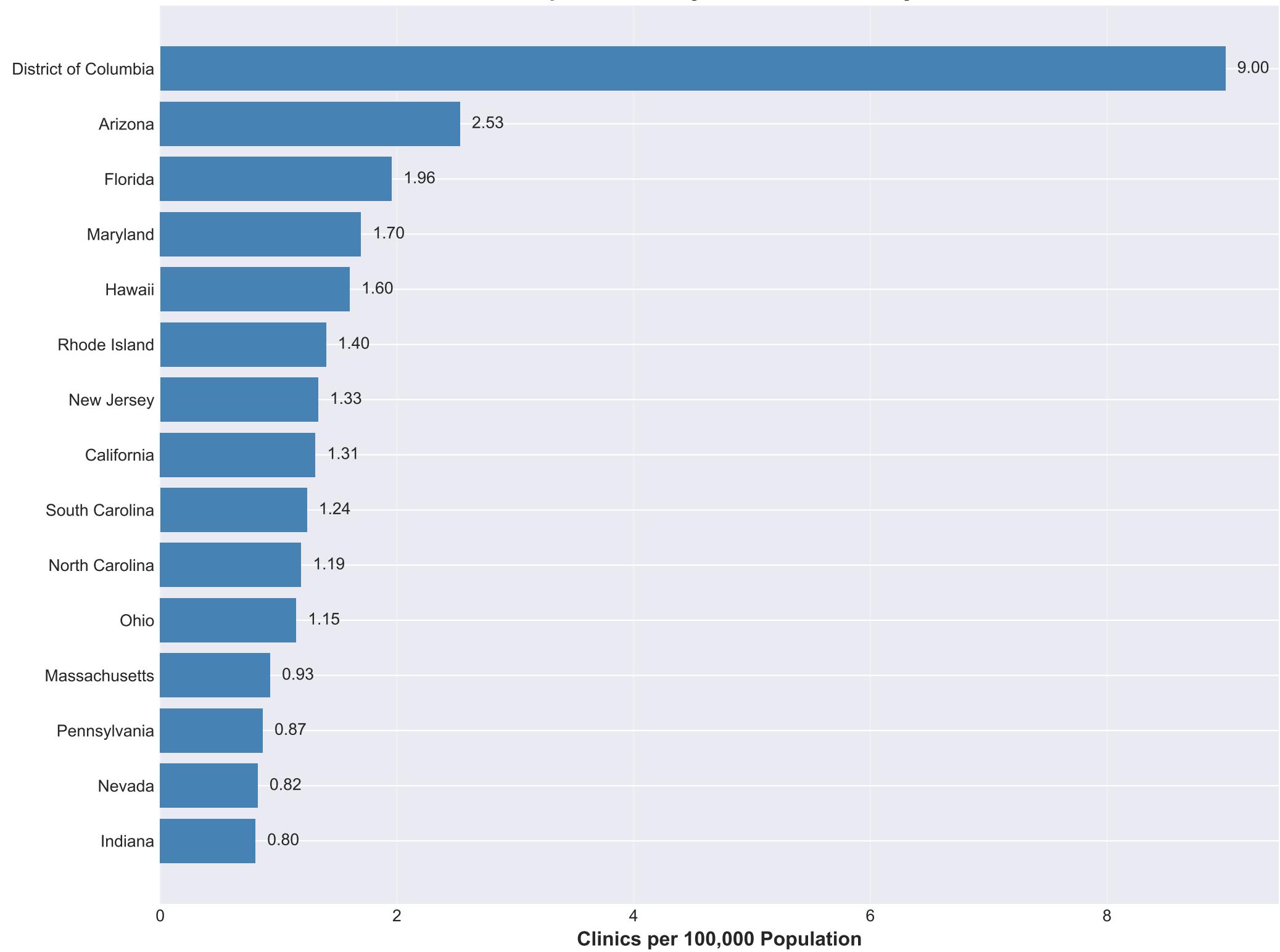
Expansion Priority vs Social Vulnerability  
(Color = Clinic Count)



## Top 20 Most Underserved Counties (High Need × Population)



## Top 15 States by CVS Clinic Density



## 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