

COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025



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EXECUTIVE SUMMARY



Executive Summary

CHRISTUS Santa Rosa Hospital - *San Marcos* conducted a Community Health Needs Assessment (CHNA) to assess areas of greatest need, which guides the hospital on selecting priority health areas and where to commit resources that can most effectively improve community members' health and wellness. To complete the 2023-2025 CHNA, CHRISTUS Santa Rosa Hospital - *San Marcos* partnered with Metopio, health departments, and regional and community-based organizations. The CHNA process involved engagement with multiple stakeholders to prioritize health needs. Stakeholders also worked to collect, curate and interpret the data. Stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked to the community, interpretation of results, and prioritization of areas of highest need. Primary data for the CHNA was collected via community input surveys, resident focus groups, key informant interviews. The process also included an analysis of secondary data from federal sources, local and state health departments, and community-based organizations.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report, relate to those requested as part of the hospital's reporting on the IRS Form 990 Schedule H, the following table cross-references related sections.

SECTION	DESCRIPTION	BEGINS ON PAGE
Part V Section B Line 3a	A definition of the community served by the hospital facility	8
Part V Section B Line 3b	Demographics of the community	19
Part V Section B Line 3c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	36
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Part V Section B Line 3f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	45
Part V Section B Line 3g	The process for identifying and prioritizing community health needs and services to meet the community health needs	11
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Part V Section B Line 3i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	71

Health Need Priorities

Based on community input and analysis of a myriad of data, the priorities for the communities served by CHRISTUS Santa Rosa Hospital - *San Marcos* for 2023-2025 will fall into two domains underneath an overarching goal of achieving health equity (Figure 1). The two domains and corresponding health needs are:

1. Advance health and wellbeing by addressing
 - Chronic illness
 - » Diabetes
 - » Heart disease
 - » Obesity
 - Behavioral health
 - » Mental health
 - » Substance abuse
2. Build resilient communities and improve social determinants by
 - Improving food access
 - Reducing smoking and vaping

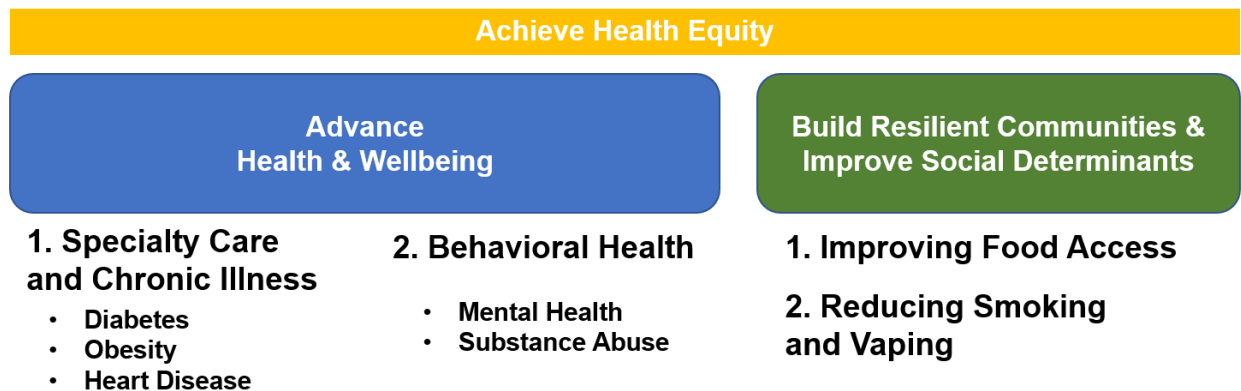


Figure 1. CHRISTUS Santa Rosa Hospital - *San Marcos* Priority Areas

This report provides an overview of the CHRISTUS Santa Rosa Hospital - *San Marcos* CHNA process, including data collection methods, sources, and CHRISTUS Santa Rosa Hospital - *San Marcos* service area. The body of the report contains results by service area zip codes, or counties when zip code granularity is not possible, where health needs for the entire service area are assessed.

INTRODUCTION



Introduction: What is a Community Health Needs Assessment?

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the service area of the CHRISTUS Santa Rosa Hospital - *San Marcos*. In this process, CHRISTUS Santa Rosa Hospital - *San Marcos* directly engages community members and stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, CHRISTUS Santa Rosa Hospital - *San Marcos* can better allocate resources towards efforts to improve community health and wellness.

Directing resources toward the greatest needs in the community is critical to CHRISTUS Santa Rosa Hospital - *San Marcos* work as a nonprofit hospital. The important work of a CHNA was codified in the Patient Protection and Affordable Care Act added Section 501(r) to the Internal Revenue Service Code, which requires nonprofit hospitals, including CHRISTUS Santa Rosa Hospital - *San Marcos*, to conduct a CHNA every three years. CHRISTUS Santa Rosa Hospital - *San Marcos* completed similar needs assessments in 2015, 2017 and 2020.

The process CHRISTUS Santa Rosa Hospital - *San Marcos* used was designed to meet federal requirements and guidelines in Section 501(r), including:

- clearly defining the community served by the hospital, and ensuring that defined community does not exclude low-income, medically underserved, or minority populations in proximity to the hospital;
- providing a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- receiving input from persons representing the broad needs of the community;
- documenting community comments on the CHNA and health needs in the community; and
- documenting the CHNA in a written report and making it widely available to the public.

The following report provides an overview of the process used for this CHNA, including data collection methods and sources, results for CHRISTUS Santa Rosa Hospital - *San Marcos* service area, historical inequities faced by the residents in the service area, and considerations of how COVID-19 has impacted community needs. A subsequent strategic implementation plan will detail the strategies that will be employed to address the health needs identified in this CHNA.

When assessing the health needs for the entire CHRISTUS Santa Rosa Hospital - *San Marcos* service area, the CHNA data is presented by zip code and county depending on the available data. Providing localized data brings to light the differences and similarities within the communities in the CHRISTUS Santa Rosa Hospital - *San Marcos* service area.

Included in Appendix 1 is an evaluation of CHRISTUS Santa Rosa Hospital - *San Marcos* efforts to address the community needs identified from the 2020-2022 CHIP.

CHRISTUS Santa Rosa Hospital – San Marcos Overview

CHRISTUS Santa Rosa Hospital –*San Marcos* is a non-profit hospital system serving San Marcos, Texas, and surrounding counties in southern Texas. CHRISTUS Santa Rosa Hospital – *San Marcos* is a 170-bed licensed facility employing approximately 413 Associates and a medical staff of over 392 physicians. It offers comprehensive inpatient and outpatient services and is accredited by the Joint Commission. This CHNA covers the service areas for CHRISTUS Santa Rosa Hospital – *San Marcos*.

CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word – Houston and Sisters of Charity of the Incarnate Word – San Antonio that began in 1866. In 2016, the Congregation of the Sisters of the Holy Family of Nazareth became the third sponsoring congregation to CHRISTUS Health. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics in Texas. CHRISTUS Health facilities are also located in Louisiana, Arkansas, and New Mexico. It also has 12 international hospitals in Colombia, Mexico, and Chile. As part of CHRISTUS Health's mission "to extend the healing ministry of Jesus Christ," CHRISTUS Santa Rosa Hospital – *San Marcos* strives to be, "a leader, a partner, and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."

Community Benefit

CHRISTUS Santa Rosa Hospital – *San Marcos* implements strategies to promote health in the community and provide equitable care in the hospital. CHRISTUS Santa Rosa Hospital – *San Marcos* builds on the assets that are already found in the community and mobilizes individuals and organizations to come together to work toward health equity.

CHRISTUS Santa Rosa Hospital – San Marcos Service Area

Following IRS guidelines, 501(r) rules as required by the Affordable Care Act, CHRISTUS Santa Rosa Hospital – *San Marcos* CHNA primary service area includes 7 zip codes covering over 286,000 individuals (Table 1). The primary service area (PSA) is the geographic region with 80% of hospital utilization. The primary service area zip codes are in the following counties: Caldwell and Hays (Figure 2).

While the hospital is dedicated to providing exceptional care to all of the residents in the region, CHRISTUS Santa Rosa Hospital – *San Marcos* will use the information in this assessment to strategically establish priorities and commit resources to address the key health issues for the zip codes, counties and municipalities that comprise the region.

CHRISTUS SANTA ROSA HOSPITAL – SAN MARCOS PSA		
78640 Hays and Caldwell Counties Kyle, Texas	78644 Caldwell County Lockhart, Mustang Ridge and Niederwald, Texas	78648 Caldwell, Gonzales, and Guadalupe Counties Luling, Texas
78655 Caldwell and Guadalupe Counties Martindale, Texas	78666 Hays County San Marcos and Austin, Texas	78676 Hays and Blanco Counties Wimberley, Texas

Table 1. Primary Service Area (PSA) of CHRISTUS Santa Rosa Hospital – San Marcos

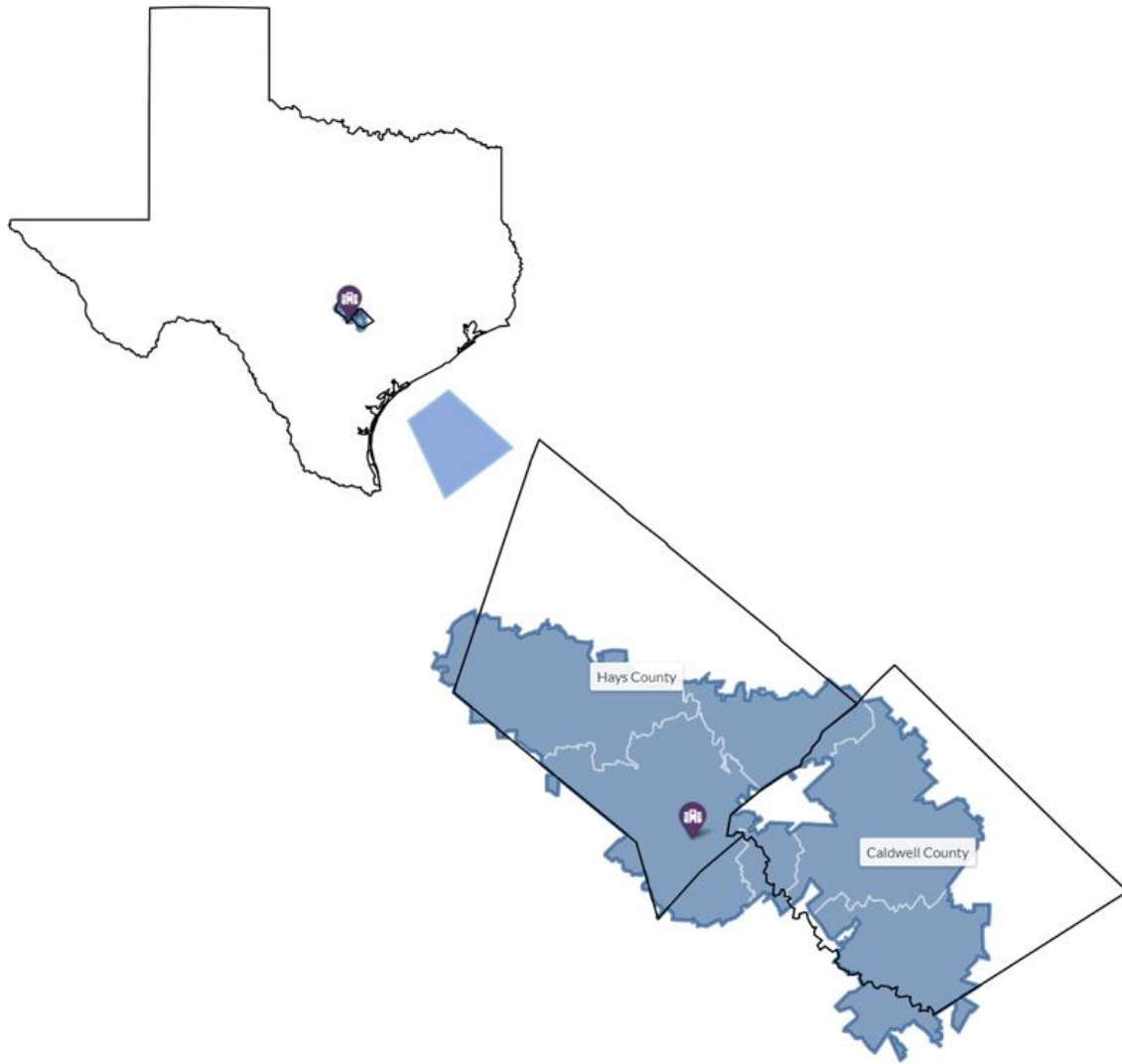


Figure 2. Primary Service Area (PSA) Map of CHRISTUS Santa Rosa Hospital – San Marcos

CHNA PROCESS



CHNA Process

Stakeholder Engagement

The CHNA process involved engagement with several internal and external stakeholders to collect, curate and interpret primary and secondary data. That data was then used to prioritize the health needs of the community. For this component, CHRISTUS Santa Rosa Hospital - *San Marcos* worked with Metopio, a software and services company that is grounded in the philosophy that communities are connected through places and people. Metopio's tools and visualizations use data to reveal valuable, interconnected factors that influence outcomes in different locations.

Leaders from the CHRISTUS Santa Rosa Hospital - *San Marcos* guided the strategic direction of Metopio through roles on various committees and workgroups.

CHRISTUS Santa Rosa Hospital - *San Marcos* and Metopio relied on the expertise of community stakeholders throughout the CHNA process. The health system's partners and stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked, interpretation of results and prioritization of areas of highest need.

The Community Benefit Team is composed of key staff with expertise in areas necessary to capture and report CHRISTUS Santa Rosa Hospital - *San Marcos* community benefit activities. This group discusses and validates identified community benefit programs and activities. Additionally, the team monitors key CHNA policies, provides input on the CHNA implementation strategies and strategic implementation plan, reviews and approves grant funding requests, provides feedback on community engagement activities.

Input from community stakeholders was also gathered from CHRISTUS Santa Rosa Hospital - *San Marcos* community partners. These partners played a key role in providing input to the survey questions, identifying community organizations for focus groups, survey dissemination and ensuring diverse community voices were heard throughout the process.

The CHRISTUS Santa Rosa Hospital - *San Marcos* leadership team developed parameters for the 2023-2025 CHNA process that help drive the work. These parameters ensure that the CHNA:

- builds on the prior CHNA from 2020-2022 as well as other local assessments and plans.
- provides greater insight into community health needs and strategies for ongoing community health priorities.
- leverages expertise of community residents and includes a broad range of sectors and voices that are disproportionately affected by health inequities.
- provides an overview of community health status and highlights data related to health inequities.
- informs strategies related to connections between community and clinical sectors, anchor institution efforts, policy change, and community partnerships.
- highlights and discuss health inequities and their underlying root causes throughout the assessment.

Data Collection

CHRISTUS Santa Rosa Hospital - *San Marcos* conducted its CHNA process between September 2021 and March 2022 using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) framework. This planning framework is one of the most widely used for a CHNA. It focuses on community engagement, partnership development and seeking channels to engage people who have often not been part of the decision-making process. The MAPP framework was developed in 2001 by the National Association for County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Primary data for the CHNA was collected through four channels:

- Community resident surveys
- Community resident focus groups
- Health care and social service provider focus groups
- Key informant interviews

Secondary data for the CHNA were aggregated on Metopio's data platform and included:

- Hospital utilization data
- Secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, the Environmental Protection Agency, Housing and Urban Development, and the Texas Department of Public Health Services.

Community Resident Surveys

Between October and December of 2021, 271 residents in the CHRISTUS Santa Rosa - *San Marcos* PSA provided input to the CHNA process by completing a community resident survey. The survey was available online and in paper form in English and Spanish. Survey dissemination happened through multiple channels led by CHRISTUS Santa Rosa - *San Marcos* and its community partners. The survey sought input from priority populations in the CHRISTUS Santa Rosa - *San Marcos* PSA that are typically underrepresented in assessment processes, including communities of color, immigrants, persons with disabilities, and low-income residents. The survey was designed to collect information regarding:

- Demographics of respondents
- Health needs of the community for different age groups
- Perception of community strengths
- Utilization and perception of local health services

The survey was based on a design used extensively for CHNAs and by public health agencies across the country. The final survey included 26 questions. The full community resident survey is included in Appendix 2. Table 2 summarizes the demographics of survey respondents in the CHRISTUS Santa Rosa - *San Marcos* PSA.

DEMOGRAPHIC	%
Age (N=267)	
25-44	14.0
45-64	54.0
65 and older	32.0
Gender (N=263)	
Male	27.0
Female	70.0
Choose not to answer	3.0
Orientation (N=259)	
Straight or heterosexual	92.9
Bisexual	1.0
Choose not to disclose	6.1
Race (N=270 (multiple answers allowed))	
American Indian or Alaska Native	2.1
Black or African American	2.1
White	80.9
Hispanic/Latino(a)	15.3
Choose to not disclose	16.0
Education (N=254)	
High school graduate or GED	9.3
Vocational or technical school	21.6
Some college, no degree	5.2
College graduate	42.3
Advanced degree	21.6
Current Living Arrangements (N=254)	
Own my home	75.3
Rent my home	20.4
Living with a friend or family	3.4
Other	1.1
Disability in Household (N=251)	27.4
Income (N=245)	
Less than \$10,000	1.2
\$10,000 to \$19,999	1.2
\$20,000 to \$39,999	16.5
\$40,000 to \$59,999	14.1
\$60,000 to \$79,999	17.6

\$80,000 to \$99,999	17.6
Over \$100,000	31.8
Average Number of Children in Home (#) (N=241)	0.4

Table 2. Demographics of Community Resident Survey Respondents in CHRISTUS Santa Rosa Hospital - San Marcos Communities

Community Focus Groups and Key Informant Interviews

A critical part of robust, primary data collection for the CHNA involved speaking directly to community members, partners and leaders that live in and/or work in the CHRISTUS Santa Rosa Hospital - San Marcos PSA. This was done through focus groups and key informant interviews.

During this CHNA, CHRISTUS Santa Rosa Hospital - San Marcos held two local focus groups in CHRISTUS Santa Rosa Hospital - San Marcos, one covering Adult Health and the other Maternal and Child Health and joined two systemwide focus groups. All focus groups were coordinated by CHRISTUS Santa Rosa Hospital - San Marcos and the CHRISTUS system office and facilitated by Metopio. CHRISTUS Santa Rosa Hospital - San Marcos sought to ensure groups included a broad range of individuals from underrepresented, priority populations in the CHRISTUS Santa Rosa Hospital - San Marcos. Focus group health topic areas are listed below:

- Adult health
- Behavioral health
- Health care and social service providers
- Maternal and child health

CHRISTUS Santa Rosa Hospital - San Marcos conducted its focus groups virtually. Focus groups lasted 90 minutes and had up to 10 community members participate in each group. The following community members listed within Table 3, participated in the focus groups:

ORGANIZATION	ROLE
San Marcos Housing Authority	Housing
Hays-Caldwell Women's Center	Counseling for mental, emotional, physical or sexual injury.
Hays County Food Bank	Food
Southside Community Center	Medical care, food, and shelter
Community Action Inc. of Hays, Caldwell & Blanco	Public health and Welfare
Central Texas Children Home	Youth housing and counseling
Community Members (10 Participants)	Community Voices

Table 3. Focus Group Participants

In addition to the focus groups, ten key informants were identified by CHRISTUS Santa Rosa Hospital - San Marcos Management team for one-on-one interviews and two participated in the interviews. Key informants were chosen based on areas of expertise to further validate themes that emerged in the surveys and focus groups. Each interview was conducted virtually and lasted 30 minutes. The following community members listed within Table 4, participated in the key informant interviews:

ORGANIZATION	ROLE
Hays-Caldwell Women's Center	Executive Director
Hays County Food Bank	Executive Director

Table 4. Key Informant Interview Participants

Secondary Data

CHRISTUS Santa Rosa Hospital - *San Marcos* used a common set of health indicators to understand the prevalence of morbidity and mortality in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA and compare them to benchmark regions at the state and the full CHRISTUS Health service area. Building on previous CHNA work, these measures have been adapted from the County Health Rankings MAPP Framework (Figure 3). Where possible, CHRISTUS Santa Rosa Hospital - *San Marcos* used data with stratifications so that health inequities could be explored and better articulated. Given the community input on economic conditions and community safety, CHRISTUS Santa Rosa Hospital - *San Marcos* sought more granular datasets to illustrate hardship. A full list of data sources can be found in Appendix 3.

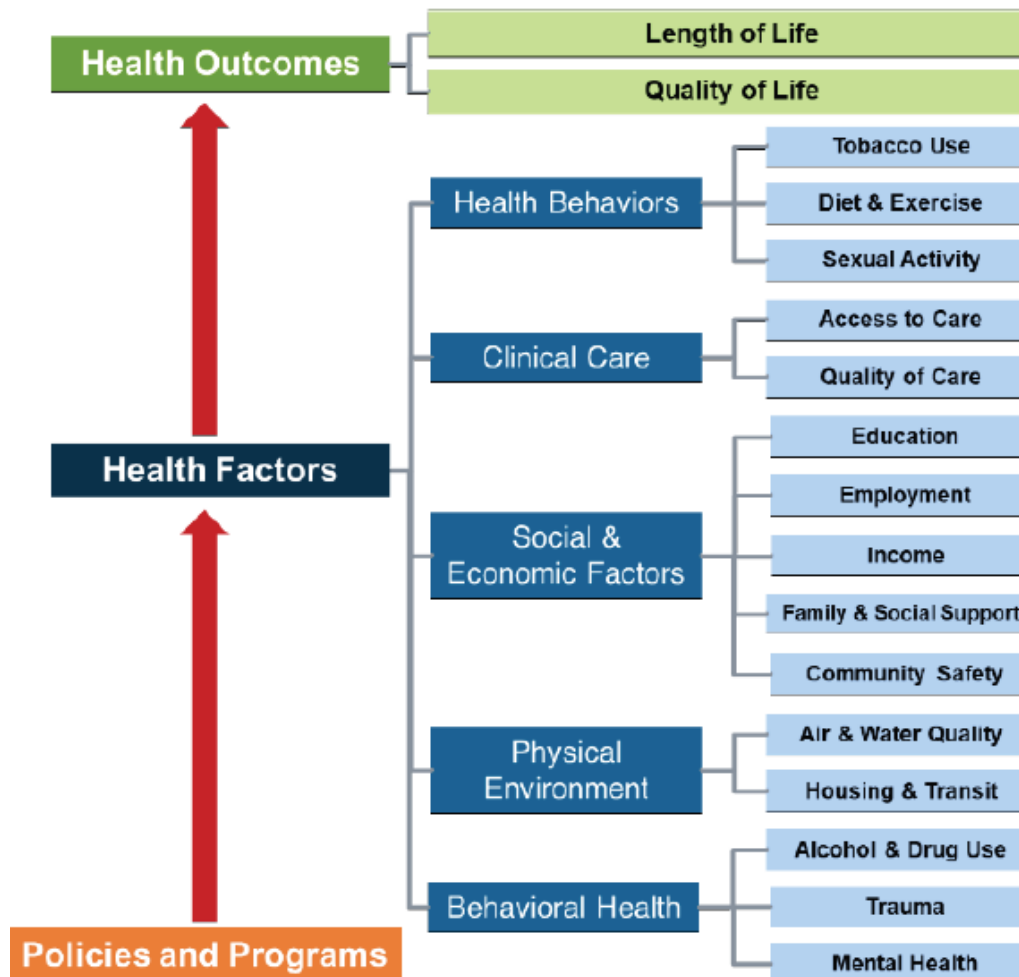


Figure 3. Illustration of the County Health Rankings MAPP Framework

Data Needs and Limitations

CHRISTUS Santa Rosa Hospital - *San Marcos* and Metopio made substantial efforts to comprehensively collect, review, and analyze primary and secondary data. However, there are limitations to consider when reviewing CHNA findings.

- Population health and demographic data are often delayed in their release, so data is presented for the most recent years available for any given data source.
- Variability in the geographic level at which data sets are available (ranging from census tract to statewide or national geographies) presents an issue, particularly when comparing similar indicators and collected at disparate geographic levels. Whenever possible, the most relevant localized data are reported.
- Due to variations in geographic boundaries, population sizes, and data collection techniques for suburban and city communities, some datasets are not available for the same time spans or at the same level of localization throughout the county.
- Gaps and limitations persist in data systems for certain community health issues such as mental health and substance use disorders (youth and adults), crime reporting, environmental health, and education outcomes. Additionally, these data are often collected and reported from a deficit-based framework that focuses on needs and problems in a community, rather than assets and strengths. A deficit-based framework contributes to systemic bias that presents a limited view on a community's potential.

With this in mind, CHRISTUS Santa Rosa Hospital - *San Marcos*, Metopio, and all stakeholders were deliberate in discussing these limitations throughout the development of the CHNA and selection of the 2023-2025 health priority areas.

Consideration of COVID-19

The COVID-19 pandemic touched all aspects of life for two of the last three years, which begs the question—should COVID-19 be considered its own health issue or did it merely expose existing health inequities in the community?

The CHRISTUS Santa Rosa Hospital - *San Marcos* PSA has experienced fluctuations in case rates and case fatality rates but was especially hard hit during the Delta surge in 2021. While causal factors are hard to pinpoint, several important determinants of health are more pronounced in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA including a lack of access to care, higher rates of chronic disease and a lack of transportation options. These vulnerabilities certainly exacerbated the spread and impact of COVID-19.

As demonstrated in the survey results in Table 5, a majority of respondents saw the pandemic as the biggest issue their community faced over the last two years. And while many community members did not delay care, over half did experience challenges with feelings of hopelessness and depression. The community's major emphasis in focus groups and key informant interviews was on addressing the barriers to health equity, not necessarily the pandemic itself. Because of this, the CHNA will focus more on the COVID-19 impact on existing health disparities.

"Covid-19 has impacted me in a big way. I am the primary caregiver of my 86-year-old mother, but during much of the early months of the lockdown, I was not able to see her at all. Her health deteriorated greatly during that time"

- Focus Group Participant

DURING THE PANDEMIC (MARCH 2020-PRESENT) HAVE YOU HAD ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):	% OF RESPONDENTS
Visited a doctor for a routine checkup or physical	90.3
Dental exam	71.0
Mammogram	39.8
Pap test/Pap smear	25.8
Sigmoidoscopy or colonoscopy to test for colorectal cancer	16.1
Flu shot	68.8
Prostate screening	5.4
COVID-19 vaccine	84.9
BECAUSE OF THE PANDEMIC, DID YOU DELAY OR AVOID MEDICAL CARE?	
Yes	34.0
No	66.0
DURING THIS TIME PERIOD, HOW OFTEN HAVE YOU BEEN BOTHERED BY FEELING DOWN, DEPRESSED OR HOPELESS?	
Not at all	49.7
Several days every month	35.2
More than half the days every month	8.2
Nearly every day	6.9
WHAT IS THE MOST DIFFICULT ISSUE YOUR COMMUNITY HAS FACED DURING THIS TIME PERIOD?	
COVID-19	72.5
Natural disasters (for example, hurricanes, flooding, tornadoes, fires)	1.1
Extreme temperatures (for example, snowstorm of 2021)	12.1
Other:	14.3
	N=240

Table 5. Community Resident Survey Responses to COVID-19 Questions

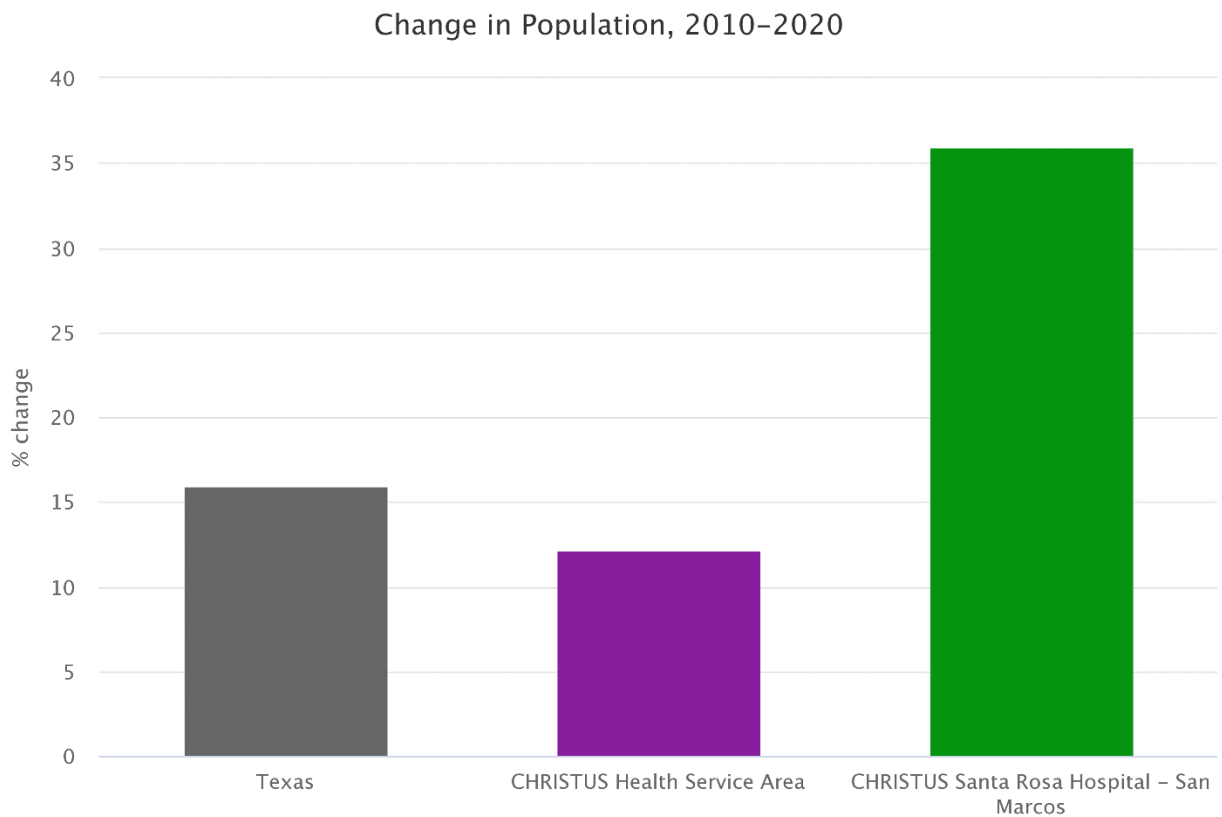
CHNA RESULTS



CHNA Results

Demographic Characteristics

Over the past decade, the communities served by CHRISTUS Santa Rosa Hospital - *San Marcos* have experienced a large increase in population. Changes between the 2010 and 2020 Census show that the population in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA increased by 35.9% (Figure 4). Both Texas and the CHRISTUS Health service area experienced growth during this period, with a growth rate of 15.9% and 12.1%, respectively. In this report, the CHRISTUS Health service area refers to the geographic area that encompasses all primary service areas of CHRISTUS Health Hospital Systems in New Mexico, Texas, Louisiana, and Arkansas. Based on the 2020 decennial Census, 197,726 people live in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA.

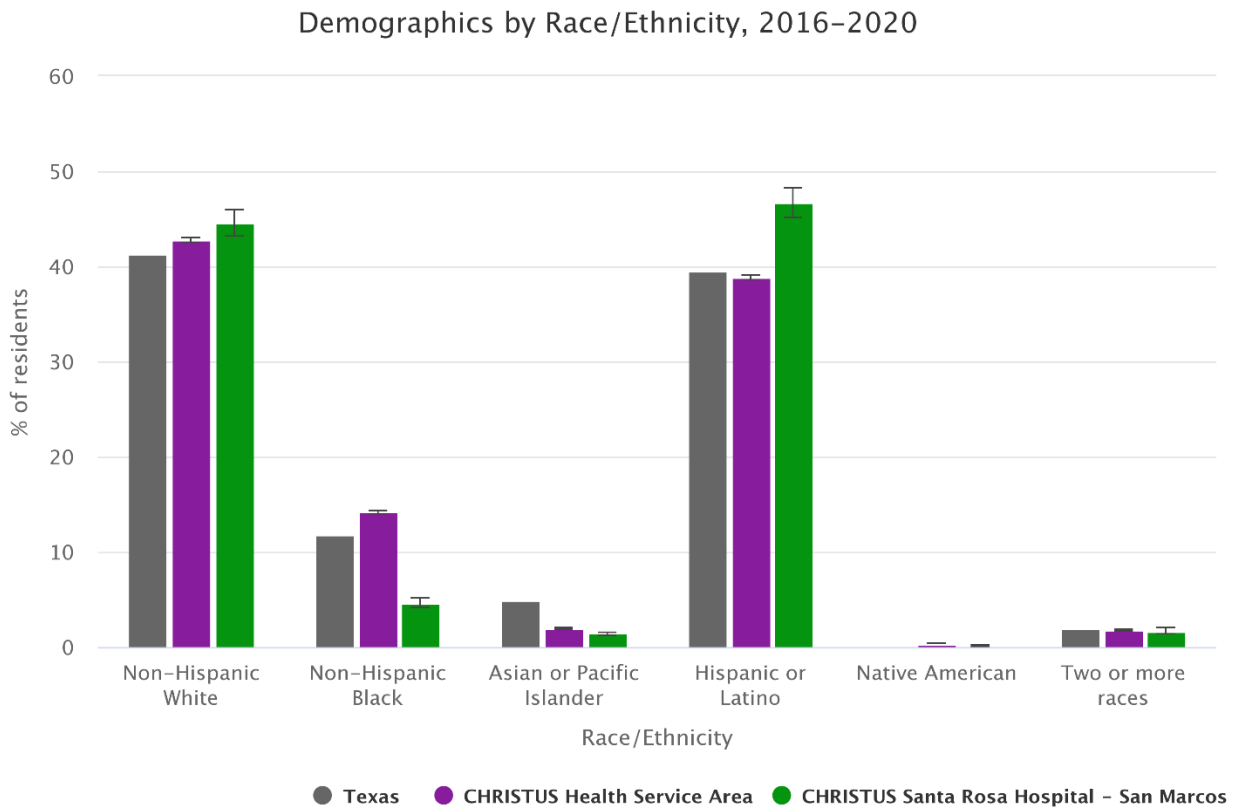


Created on Metopio | <https://metop.io/i/uyn6uah9> | Data source: Decennial Census (Derived from 2010 and 2020 Census data)
Change in Population: Percent change of population between the 2010 and 2020 decennial census.

Figure 4. Change in Population in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Figure 5 shows the demographics by race/ethnicity for the service areas. Hispanic or Latino people make up most of the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA population at 46.7%, which is higher than the rest of the CHRISTUS Health service area (38.8%) and Texas (39.4%). Non-Hispanic White people are the second most populous group, making up 44.6% of the population. This rate is similar to that of the CHRISTUS Health service area (42.8%) and Texas as a whole (41.4%). The non-Hispanic Black population in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (4.6%) is much lower than the population in the CHRISTUS Health service area (14.2%) and Texas (11.8%). The remaining racial/ethnic demographics in the PSA are similar to those in the region. In the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, Asian or Pacific Islander individuals make up 1.4%, compared to 1.9% of the CHRISTUS

Health service area and 5.0% of the population of Texas. Native Americans account for 0.2% of the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, 0.4% of the CHRISTUS Health service area, and 0.2% of the population in Texas. People who report belonging to two or more races make up 1.7% of the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, 1.8% of the CHRISTUS Health service area, and 2.0% of the Texas population. (Table 6 explores service area demographics by each county.)



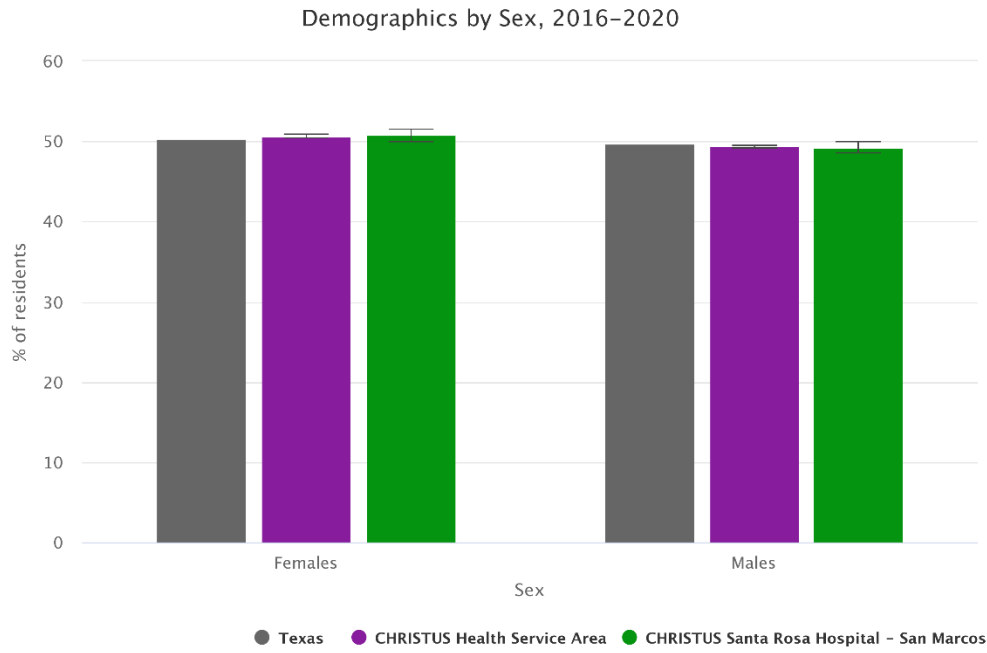
Created on Metopio | <https://metopio.io/i/co6vbvtd> | Data sources: Decennial Census (2020 data only), American Community Survey (Table B01001)
Demographics: Percent of residents within each major demographic group. Use this topic to explore age, gender, and racial/ethnic breakdowns. This topic is expressed as a percent; to see a breakdown of all residents (pie or area chart), use Population (POP).

Figure 5. Demographics by Race/Ethnicity in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Topic	Caldwell County, TX	Hays County, TX
Change in Population % change, 2010-2020	20.54	53.44
Demographics Non-Hispanic White % of residents, 2020	36.09	50.43
Demographics Non-Hispanic Black % of residents, 2020	4.85	3.74
Demographics Asian or Pacific Islander % of residents, 2020	0.50	2.06
Demographics Hispanic or Latino % of residents, 2020	55.51	38.52
Demographics Native American % of residents, 2020	0.28	0.25
Demographics Two or more races % of residents, 2020	2.38	4.58

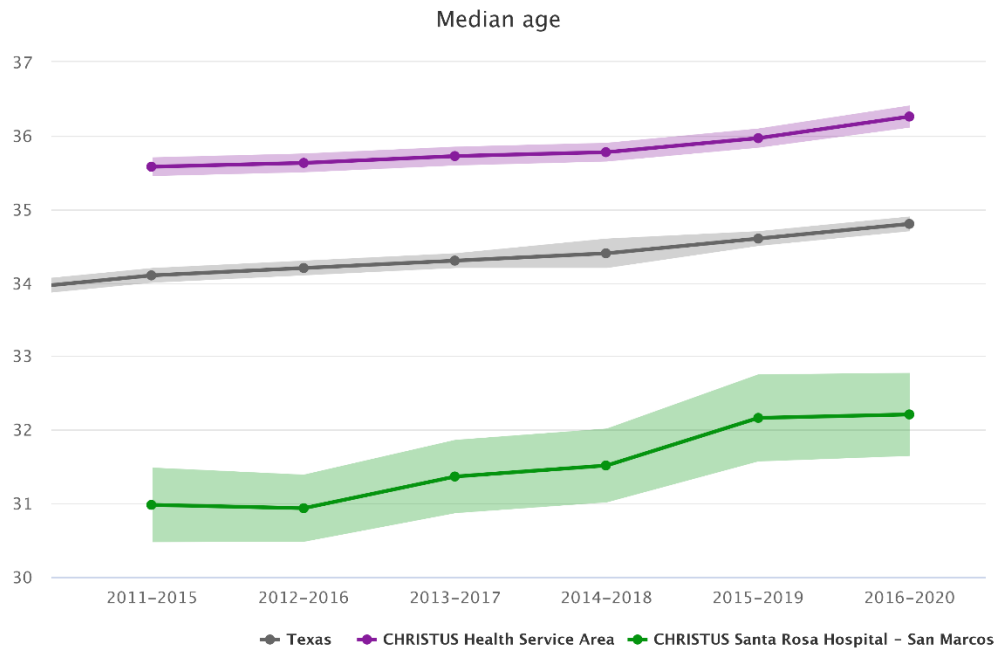
Table 6. Demographics by County in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

The CHRISTUS Santa Rosa Hospital – *San Marcos* PSA has an even proportion of females and males (50.8% female and 49.2% male residents). This is similar to the CHRISTUS Health service area (50.6% female and 49.4% male residents) and Texas overall (50.3% female and 49.7% male residents) (Figure 6). The median age in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA is 33.3 years old, which is slightly lower than the entire CHRISTUS Health service area (36.3 years old) and Texas overall (34.8 years old) (Figure 7). The highlighted area in Figure 7 and subsequent figures represent the 90% confidence interval, which is the range where the true value would reside 90% of the time.



Created on Metopio | <https://metop.io/i/9pjptv8> | Data sources: Decennial Census (2020 data only), American Community Survey (Table B01001)
 Demographics: Percent of residents within each major demographic group. Use this topic to explore age, gender, and racial/ethnic breakdowns. This topic is expressed as a percent; to see a breakdown of all residents (pie or area chart), use Population (POP).

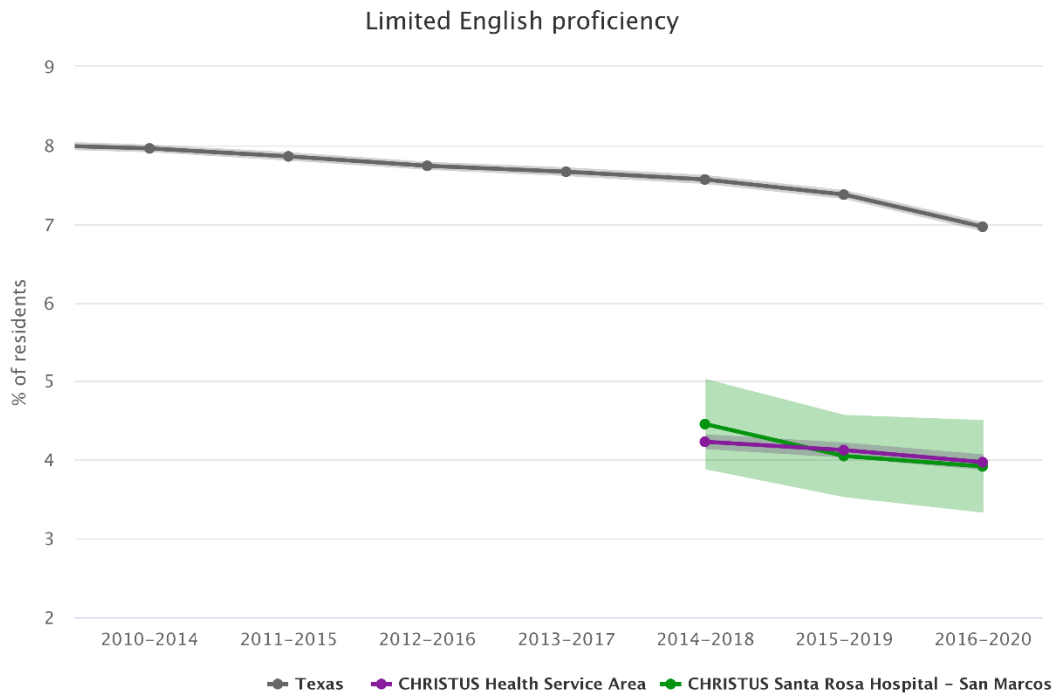
Figure 6. Demographics by Sex in the CHRISTUS Santa Rosa Hospital – San Marcos PSA



Created on Metopio | <https://metop.io/i/6754g3yd> | Data source: American Community Survey (Table B01002)
 Median age: The median age represents the age of the "middle" resident, if they were all lined up from youngest to oldest. (Half of all residents are older than this, and half are younger.)

Figure 7. Median Age in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

In the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, 3.9% of residents have limited English proficiency (Figure 8). This percentage is about the same as the CHRISTUS Health service area (4.0% of residents) and much lower than Texas overall (7.0%). The highest concentration of residents with limited English proficiency is in zip code 78655 (9.5%).



Created on Metopio | <https://metop.io/i/unanuwn> | Data source: American Community Survey (Table B16004)
 Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

Figure 8. Limited English Proficiency in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

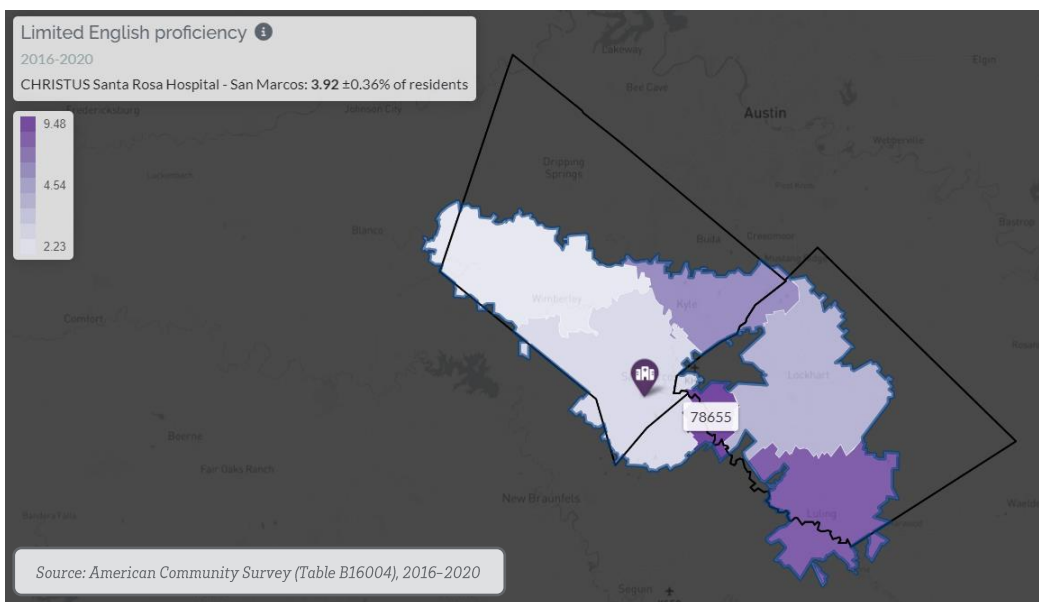
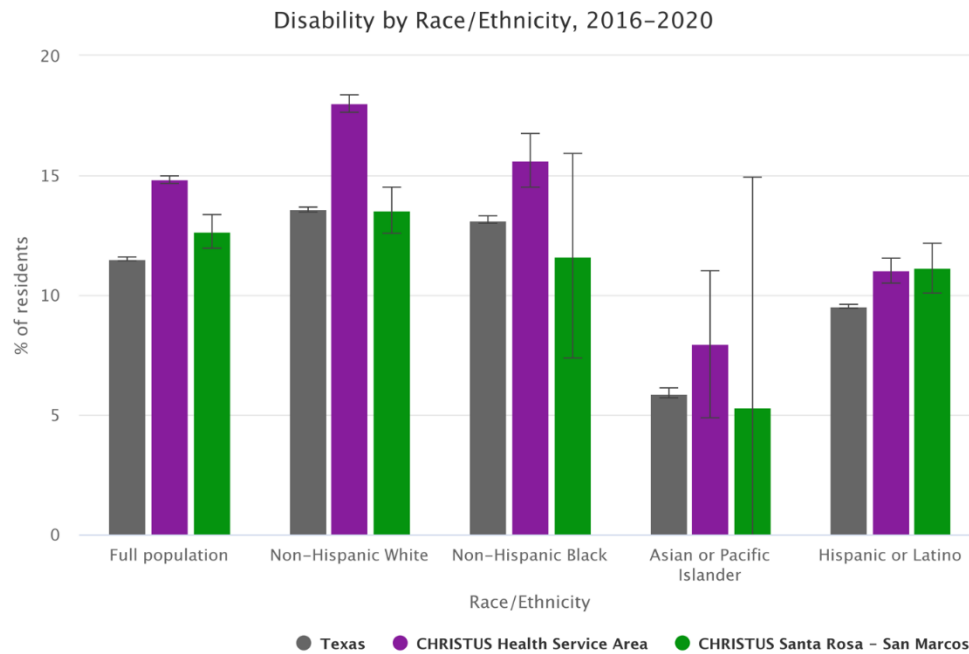


Figure 9. Map of Limited English Proficiency in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

The percentage of residents with a disability in the CHRISTUS Santa Rosa Hospital – San Marcos PSA (12.7%) is slightly lower than the whole CHRISTUS Health service area (14.8%) and slightly higher than Texas (11.5%) (Figure 10). Within the PSA, non-Hispanic White people experience the highest rate of disability (13.6%), followed by non-Hispanic Black people (11.6%) and Hispanic or Latino people (11.1%). Asian or Pacific Islanders experience lower rates of disability (5.3%). Disability here is defined as one or more sensory disabilities or difficulties with everyday tasks.



Created on Metopio | <https://metopio.io/i/unsb27it> | Data source: American Community Survey (Table S1810)
 Disability: Percent of residents with a disability, defined as one or more sensory disabilities or difficulties with everyday tasks (topics DIT, DIU, DIV, DIW, DIX, and DIY).

Figure 10. Disability with Stratifications in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Overall Community Input

Community residents who participated in focus groups, key informant interviews, and the survey provided in-depth input about how specific health conditions impact community and individual health. Cross-cutting themes that emerged included:

- Cost of living concerns came up repeatedly in survey responses, key informant interviews and focus group discussions. Specifically, the cost of housing, transportation and childcare were cited as the three biggest burdens for many residents. When a substantial portion of income is spent on those necessities, participants said it left little for healthy food or for covering medical expenses. And the rising housing costs have led to an increase in the number of people who are homeless, which also leads to an increase in use of the ER and increase in uncompensated care for hospitals. On transportation, there is no public transportation so there is a decrease in accessibility to community resources.
- Participants spoke of collaboration, saying it was the greatest strength of San Marcos. Faith-based organizations are very connected to each other and the non-profit organizations. There is also an increasing focus on SDOH, the community is paying more attention to walkability and access to green space.
- Healthy food is critical to overall well-being, but access can be challenging, especially for low-income residents and senior citizens in San Marcos. During the pandemic, SNAP benefits increased, but those benefits ended, which limits purchasing options. According to one key informant, demand for food bank services has increased 20% over the study period.
- Many see mental health and substance abuse as major challenges in the community, in part due to a lack of treatment options. On substance abuse, opioids and meth seem to cause the most hardship. Alcoholism is a chronic issue in the community and incidents of alcohol poisoning have risen since the beginning of the pandemic. Other health issues raised in the focus groups include diabetes, stroke and chronic kidney disease.

Survey respondents were asked to rank a number of health issues on a scale of 1 to 5, with 1 being “not significant” and 5 being “very significant.” Table 7 shows the top 10 issues from the survey in descending order.

HEALTH ISSUE	% OF RESPONDENTS WHO RANKED EITHER 4 OR 5
Obesity	49.6%
Cancer(s)	43.8%
Diabetes	43.7%
Mental health	42.9%
Heart disease	42.0%
Chronic pain	40.6%
Arthritis	35.4%
Exercise and physical activity	30.8%
Smoking and vaping	29.1%
Drug, alcohol and substance abuse	29.0%

Table 7. Ranking of Health Issues by Survey Respondents

The primary data covered many health issues that community members see in the PSA, but data collection also included strengths that residents see in the community. Survey participants emphasized that community members look out for each other. They also highlighted the strength of local government services that listen to the needs of residents.

Additionally, survey respondents were asked to select all things which they thought contributed to health and were available in the community (Figure 11). These represent the assets that community members can take advantage of to maintain their health.

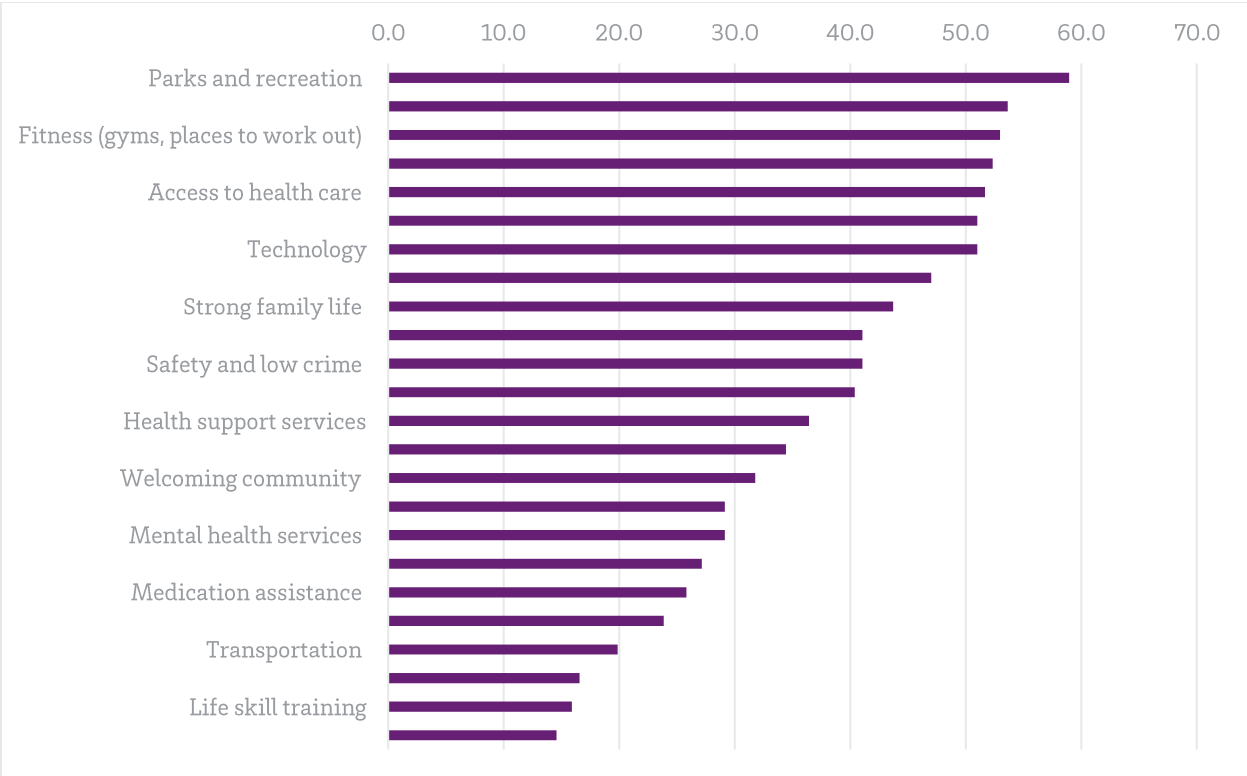


Figure 11. Survey Responses of Community Strengths that Support Health

Social and Structural Determinants of Health

Community residents who participated in focus groups and the community resident surveys also provided in-depth input about how social and structural determinants of health – such as education, economic inequities, housing, food access, access to community services and resources, and community safety and violence – impact community and individual health. The following sections review secondary data insights that measure the social and structural determinants of health.

Hardship

One way to measure overall economic distress in a place is with the Hardship Index (Figure 12). This is a composite score reflecting hardship in the community, where the higher values indicate greater hardship. It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score. The Hardship Index score for the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA is 57.9, which is slightly lower than the full CHRISTUS Health service area (60.6) and the state (55.8). Within the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, hardship indicators are concentrated in zip code 78655 (69.0).

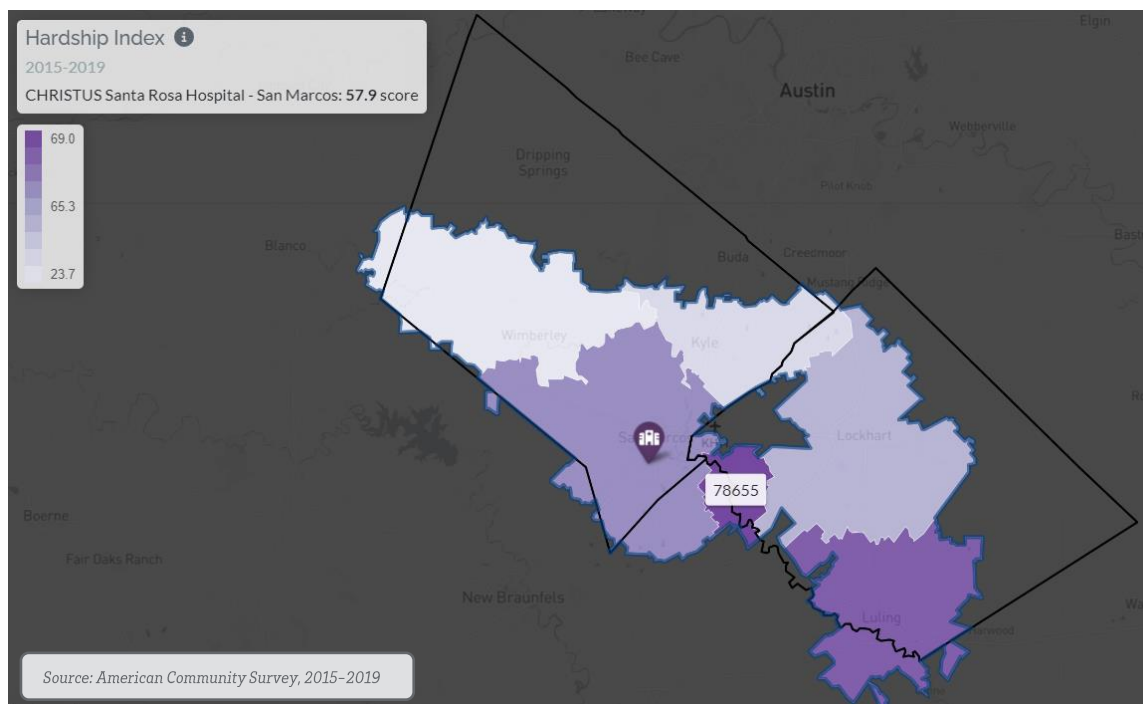
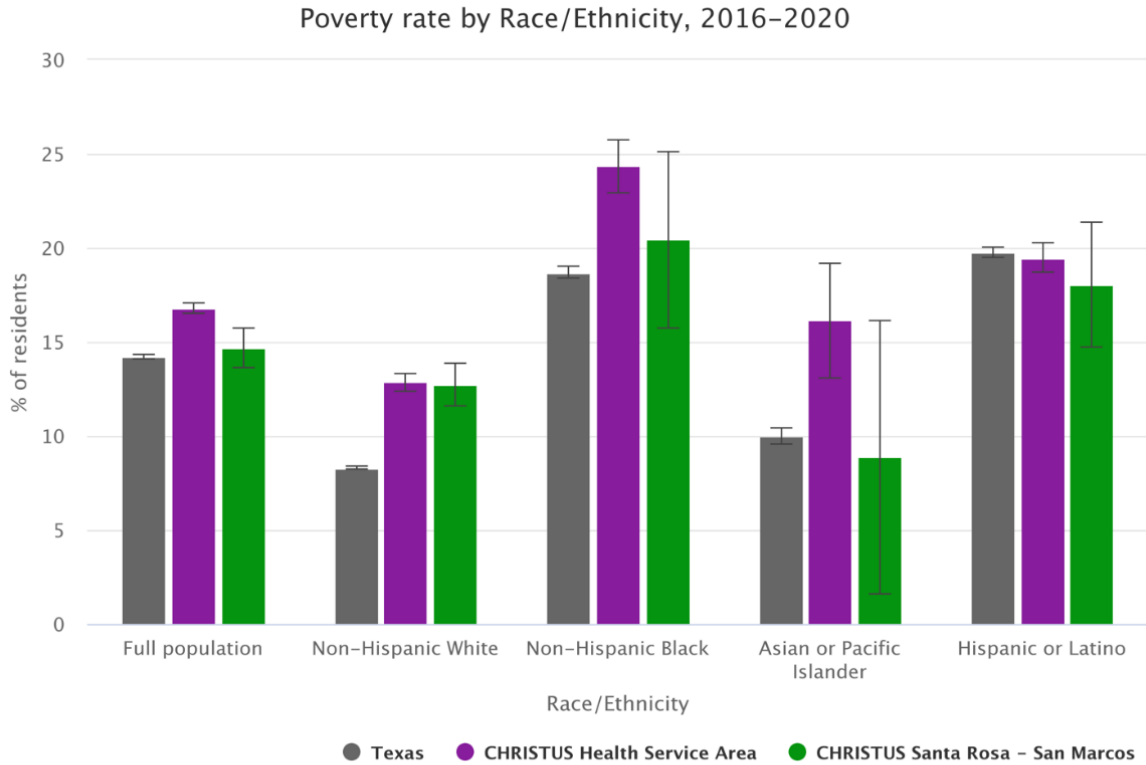


Figure 12. Map of Hardship Index in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

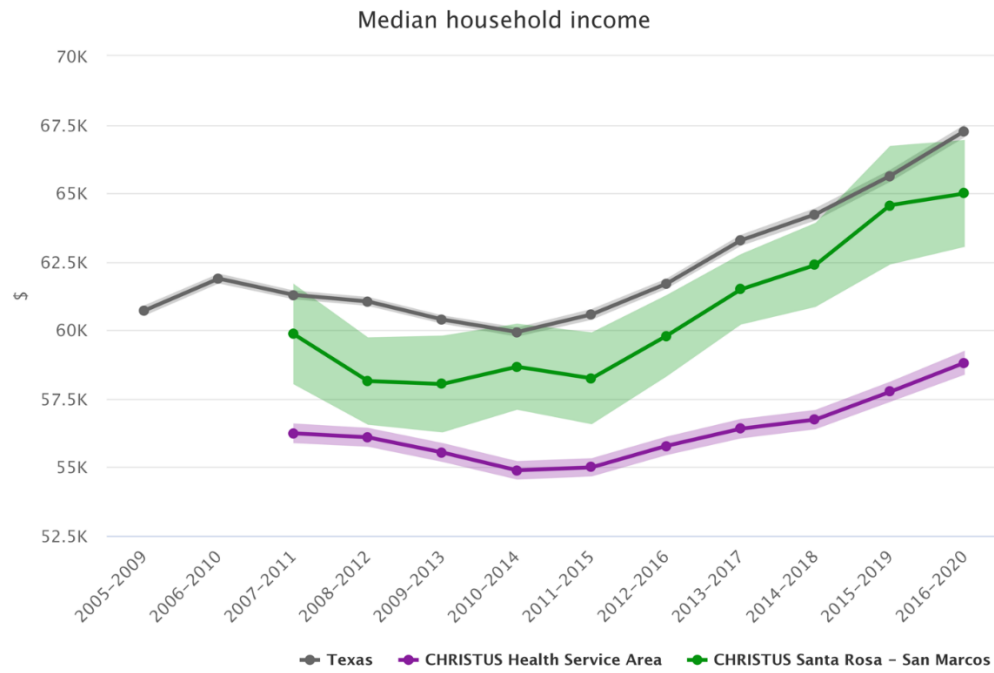
Poverty

Poverty and its corollary effects are present throughout the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA. In the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA the poverty rate (Figure 13) is 14.7% and the median household income (Figure 14) is \$64,988. In comparison, the CHRISTUS Health service area overall has a median household income of \$58,813 and 16.8% of residents living in poverty, and Texas, \$67,267 and 14.2%, respectively. The poverty rate in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA is most pronounced for non-Hispanic Black and Hispanic or Latino residents (20.5% and 18.1%, respectively). For comparison, 12.7% of non-Hispanic White and 8.9% of Asian or Pacific Islander residents live in poverty.



Created on Metopio | <https://metop.io/i/yyg8svbo> | Data source: American Community Survey (Table B17001)
 Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Figure 13. Poverty Rate in the CHRISTUS Santa Rosa Hospital – San Marcos PSA



Created on Metopio | <https://metop.io/i/ogojd2op> | Data source: American Community Survey (Table B19013)
 Median household income: Income in the past 12 months.

Figure 14. Median Household Income in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Housing

In the focus groups, community members shared disparities in resources limit the ability of all people to be healthy. Participants also shared that the expensive cost of childcare also puts a burden on working families, making them feel like they can't get ahead. Figure 15 shows that 23.2% of residents in rental housing units in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA are severely rent-burdened, meaning they spend more than 50% of their income on housing. According to the American Community Survey, zip code 78666 experiences the highest percentage of severely rent-burdened households (33.6%).

"My daughter was made homeless when diagnosed with a chronic disease. She lost her job, and she lost her apartment. She cannot afford to live anywhere on her own. This is a big problem throughout Texas – no affordable housing"

- Survey respondent

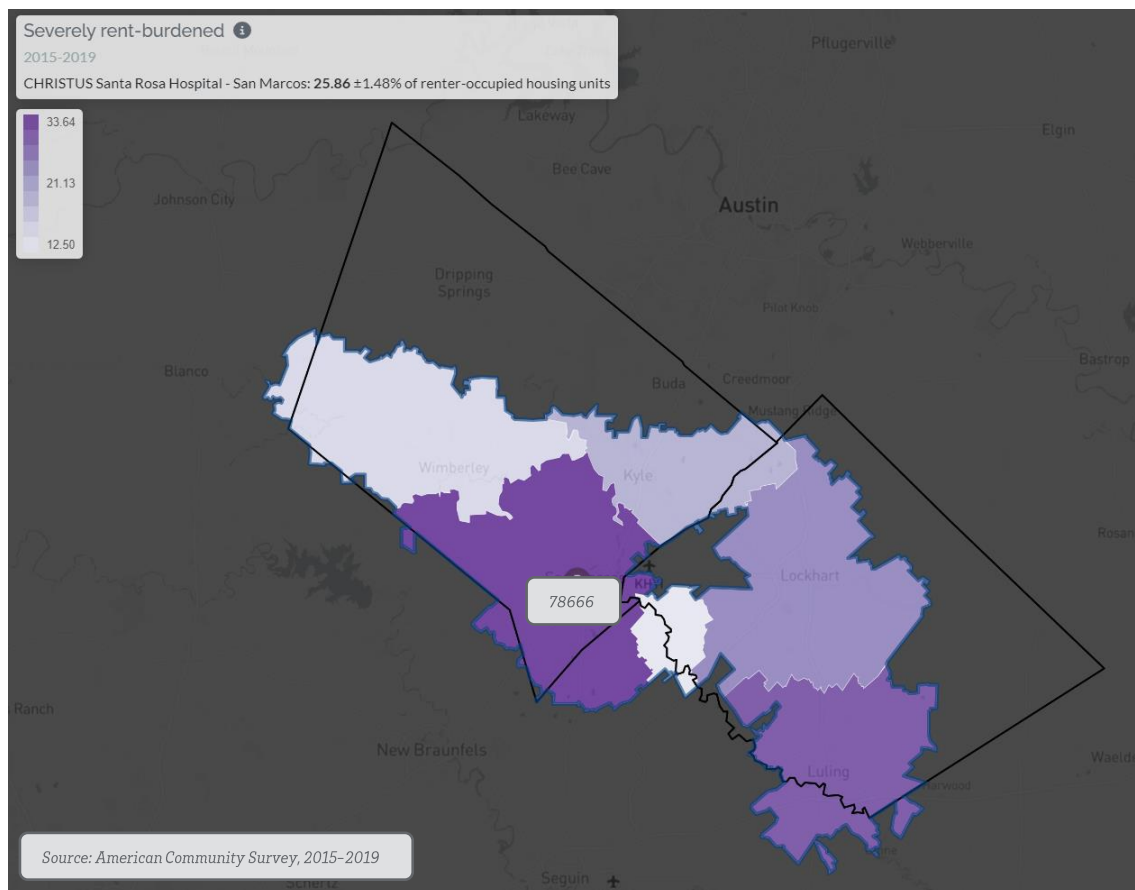
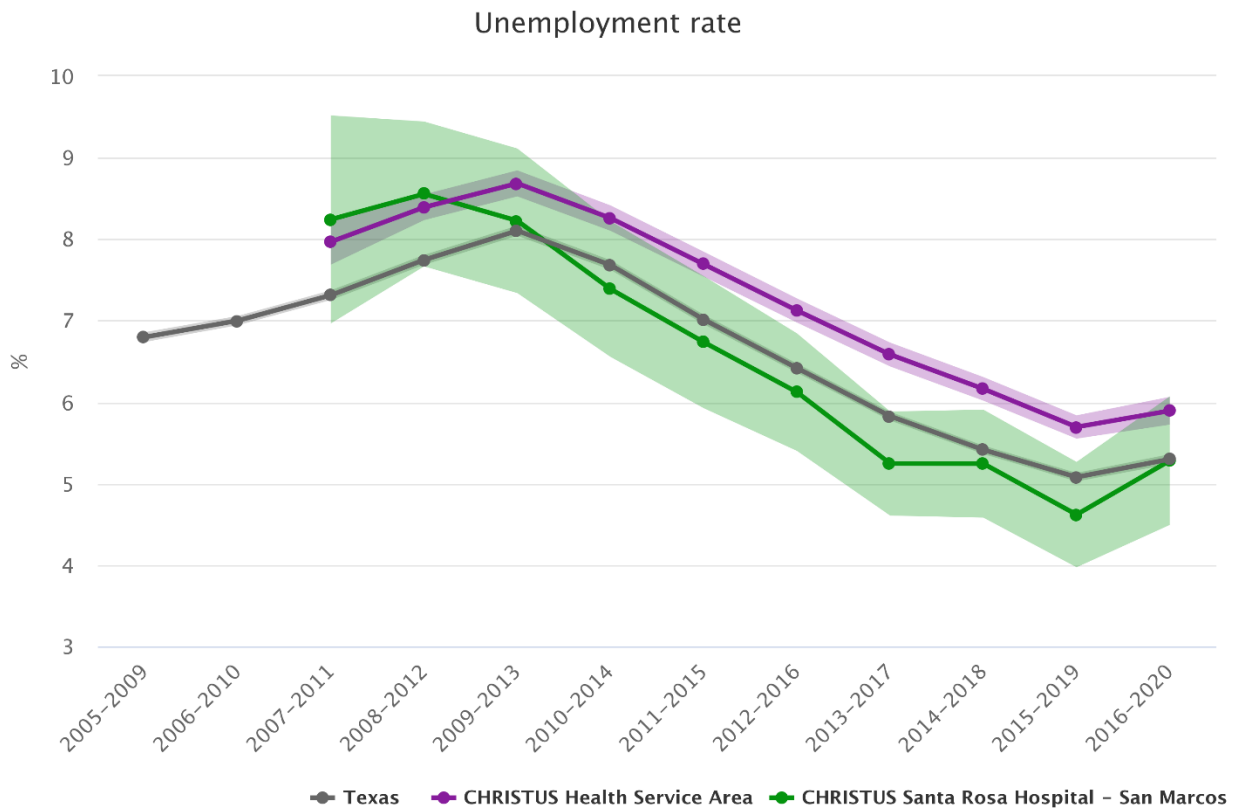


Figure 15. Housing Cost Burden in the CHRISTUS Hospital – San Marcos PSA

Unemployment

The overall unemployment rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (5.3%) is slightly lower than the rate of the CHRISTUS Health service area (5.9%) and the same as Texas (5.3%) (Figure 16). Over the past decade, the region has generally seen a decline in the unemployment rate, up until the most recent reporting period. The recent increase is likely related to the COVID-19 pandemic.

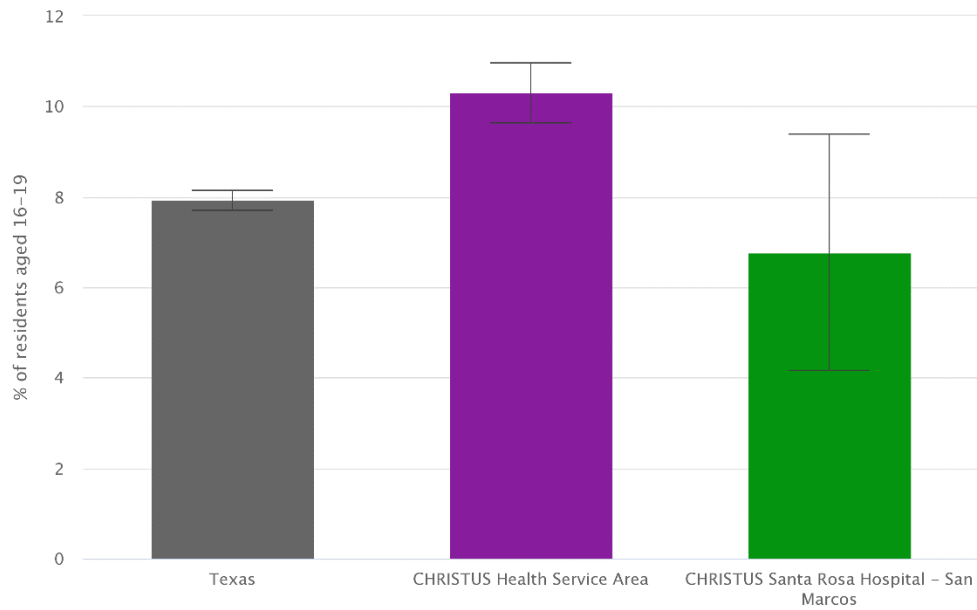


Created on Metopio | <https://metop.io/i/xjpfaf2uj> | Data source: American Community Survey (Tables B23025, B23001, and C23002)
 Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Figure 16. Unemployment Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Another measure of potential economic stress is disconnected youth, defined as residents aged 16-19 who are neither in school nor employed. For the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, the percentage is 6.8% compared to 10.3% in the whole CHRISTUS Health service area, and 7.9% in Texas (Figure 17).

Disconnected youth, 2016–2020



Created on Metopio | <https://metop.io/l/ej523opm> | Data source: American Community Survey (Table B14005)
 Disconnected youth: Percent of residents aged 16–19 who are neither working nor enrolled in school.

Figure 17. Disconnected Youth in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Table 8 explores each of these socio-economic indicators by county for the service areas.

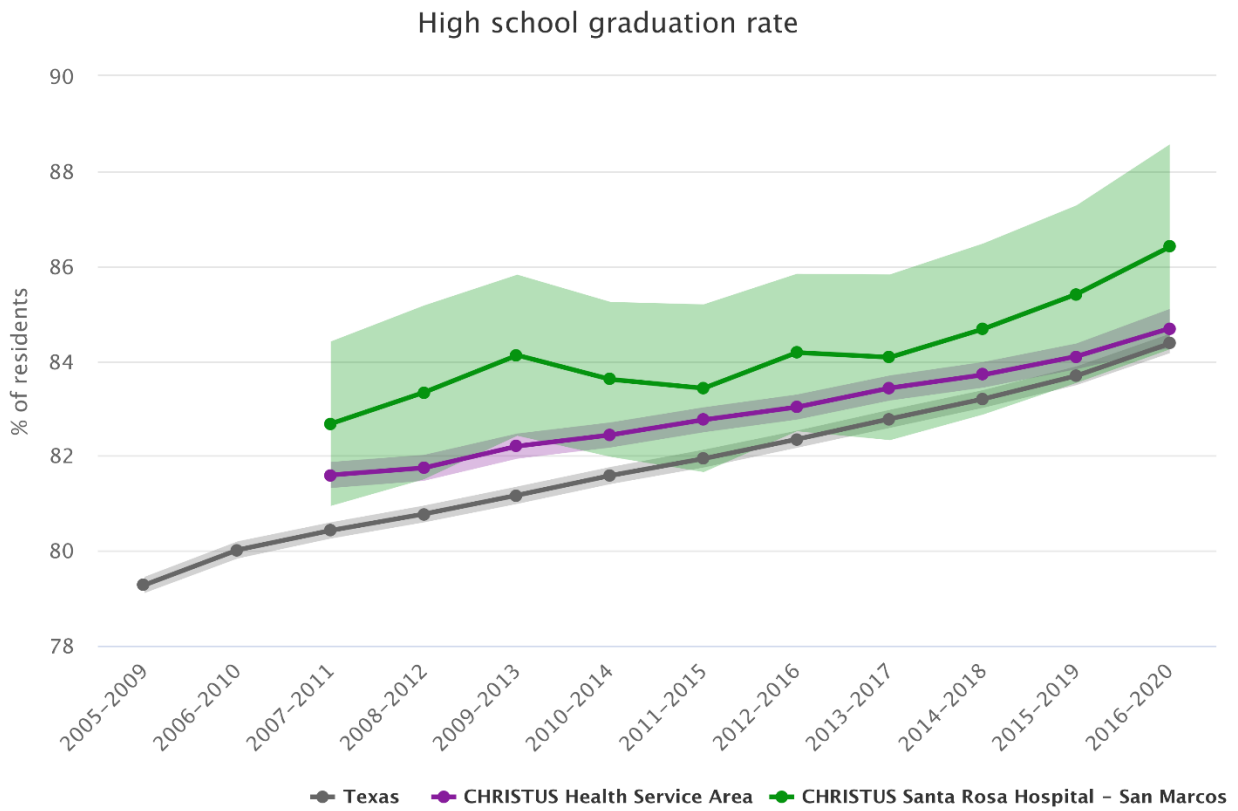
Topic	Caldwell County, TX	Hays County, TX
Hardship Index score, 2015-2019	i 69.4	45.0
Poverty rate % of residents, 2016-2020	i 15.84	12.75
Median household income 2016-2020	i \$63,073	\$72,429
Severely rent-burdened % of renter-occupied housing units, 2016-2020	i 25.21	29.68
Unemployment rate %, 2016-2020	i 2.52	5.51
Disconnected youth % of residents aged 16-19, 2016-2020	i 16.53	4.18

Table 8. Socioeconomic Indicators by County in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Education

The high school graduation in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA is 86.4%, which is slightly higher than the wider CHRISTUS Health service area and state averages (84.7% and 84.4%, respectively) (Figure 18). High school graduate rates have been on the rise in all benchmark regions since at least 2007.

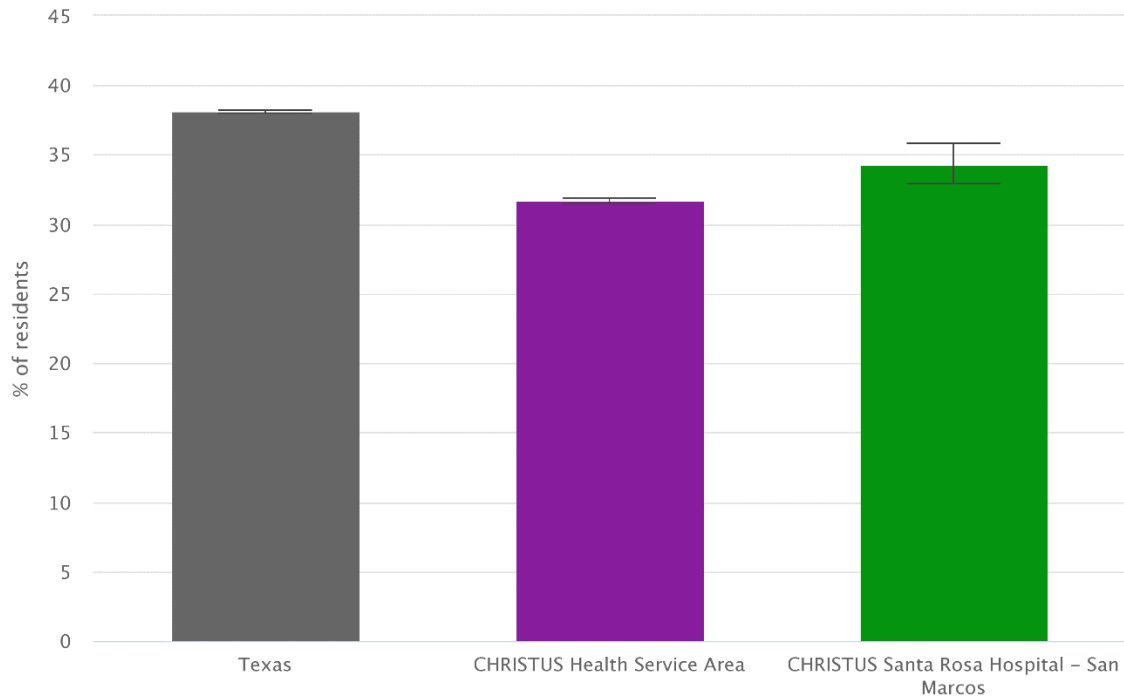
Post-secondary education in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA is higher than the wider CHRISTUS Health service area and lower than the state (Figure 19). For residents 25 or older with any post-secondary education, the higher degree graduation rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA is 34.4% compared to 31.7% in the CHRISTUS Health service area and 38.1% in Texas. Table 9 provides additional education-related data for the service area counties.



Created on Metopio | <https://metop.io/i/e7u79ps4> | Data source: American Community Survey (Table B15002)
 High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education

Figure 18. High School Graduation Rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA

Higher degree graduation rate, 2016–2020



Created on Metopio | <https://metop.io/i/jrobwmkx> | Data source: American Community Survey (Table B15002)
 Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Figure 19. Higher Degree Graduation Rate in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

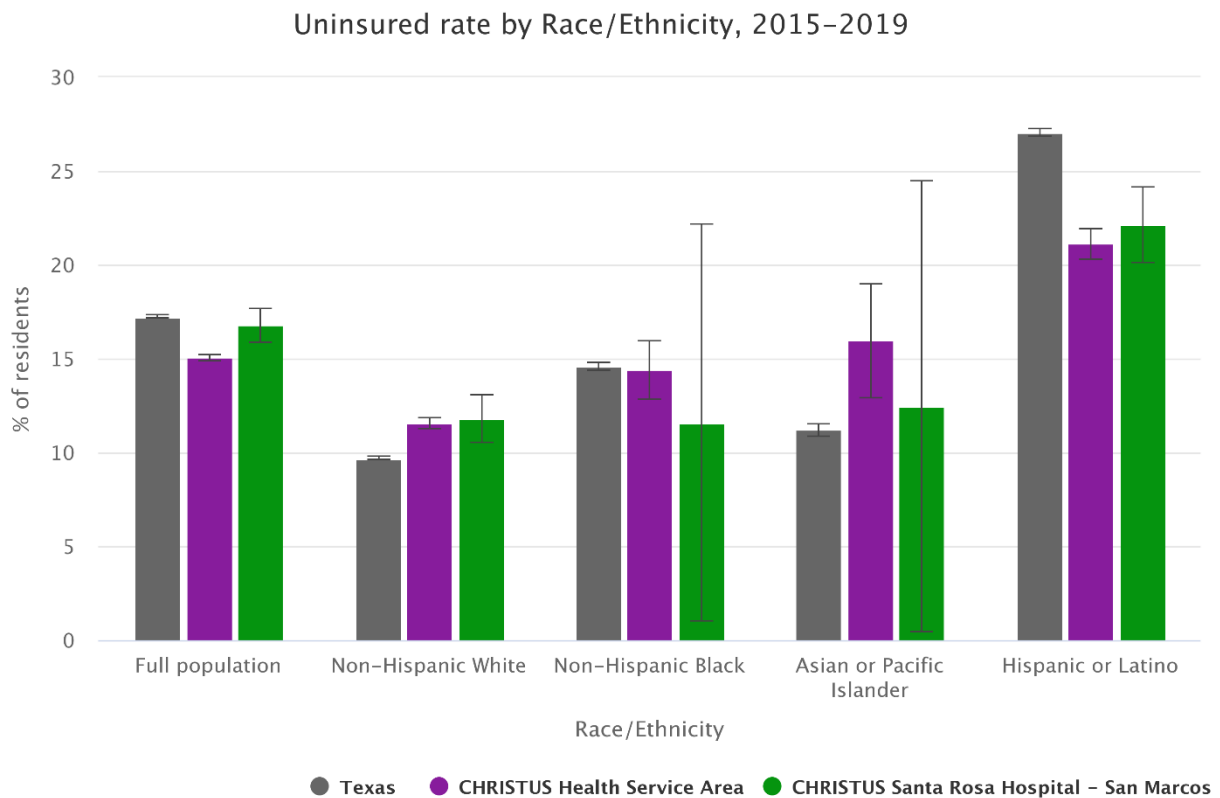
Topic	Caldwell County, TX	Hays County, TX
Preschool enrollment Infants (0-4 years) % of toddlers, 2016-2020	i 14.63 ± 6.91	36.51 ± 6.06
Private school Juveniles (5-17 years) % of grade school students, 2016-2020	i 7.72 ± 2.41	10.25 ± 1.67
9th grade education rate % of residents, 2016-2020	i 90.93 ± 4.00	96.16 ± 2.54
High school graduation rate % of residents, 2016-2020	i 79.72 ± 3.63	90.37 ± 2.43
Any higher education rate % of residents, 2016-2020	i 41.93 ± 2.86	67.54 ± 2.08
Higher degree graduation rate % of residents, 2016-2020	i 19.39 ± 1.88	44.54 ± 1.62
Graduate education rate % of residents, 2016-2020	i 4.16 ± 0.86	13.71 ± 0.94

Table 9. Education Indicators by County in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Access to Care

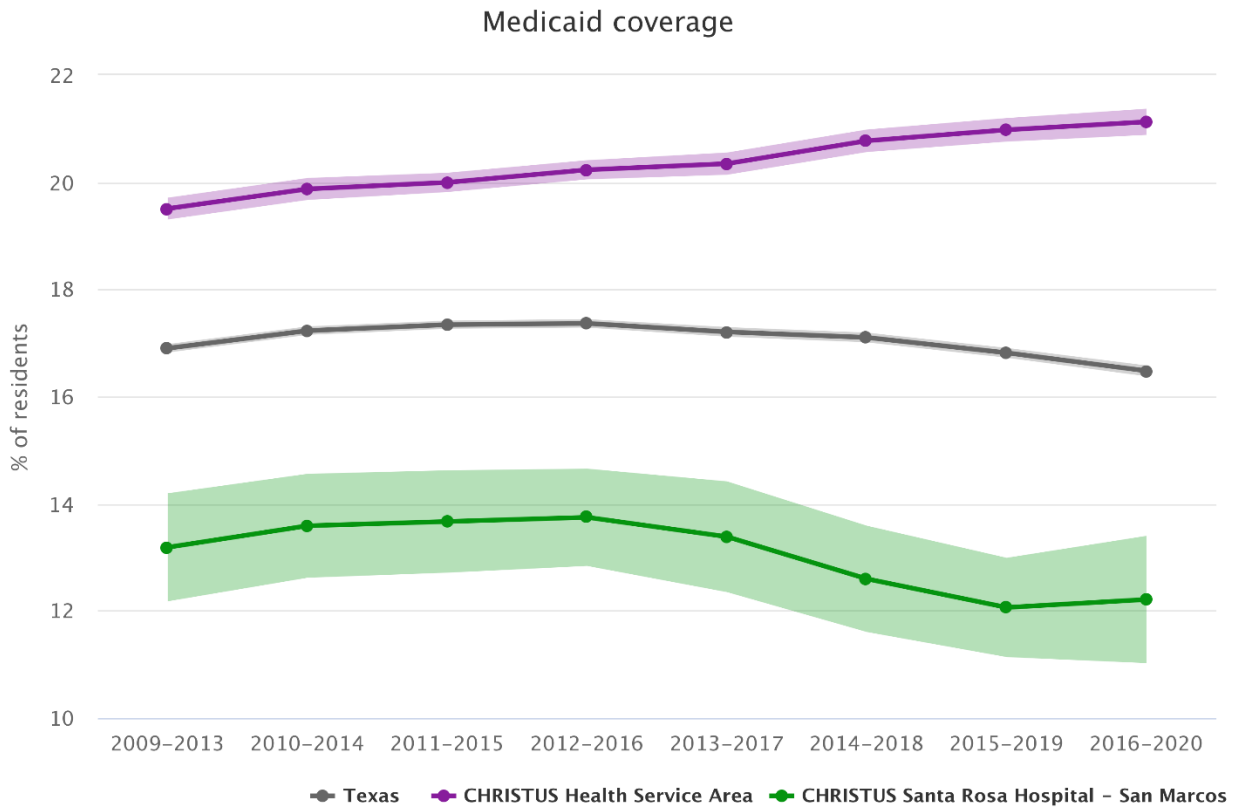
Being able to reliably access the health system, whether for primary care, mental health, or specialists, is often dependent on one's insurance (Figure 20). The uninsured rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (16.8%) is similar to the rate in the CHRISTUS Health service area (15.1%) and Texas (17.2%). Hispanic or Latino residents experience the highest uninsured rate of all racial/ethnic groups (22.1% in the PSA).

Many residents in the service area receive insurance through Medicaid programs. The percentage of residents covered by Medicaid in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (12.2%) is lower than both the full CHRISTUS Health Service Area (21.1%) and Texas (16.5%) (Figure 21).



Created on Metopio | <https://metop.io/1/mp86j6a6> | Data source: American Community Survey (Tables B27001/C27001)
Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Figure 20. Uninsured Rate with Stratifications in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

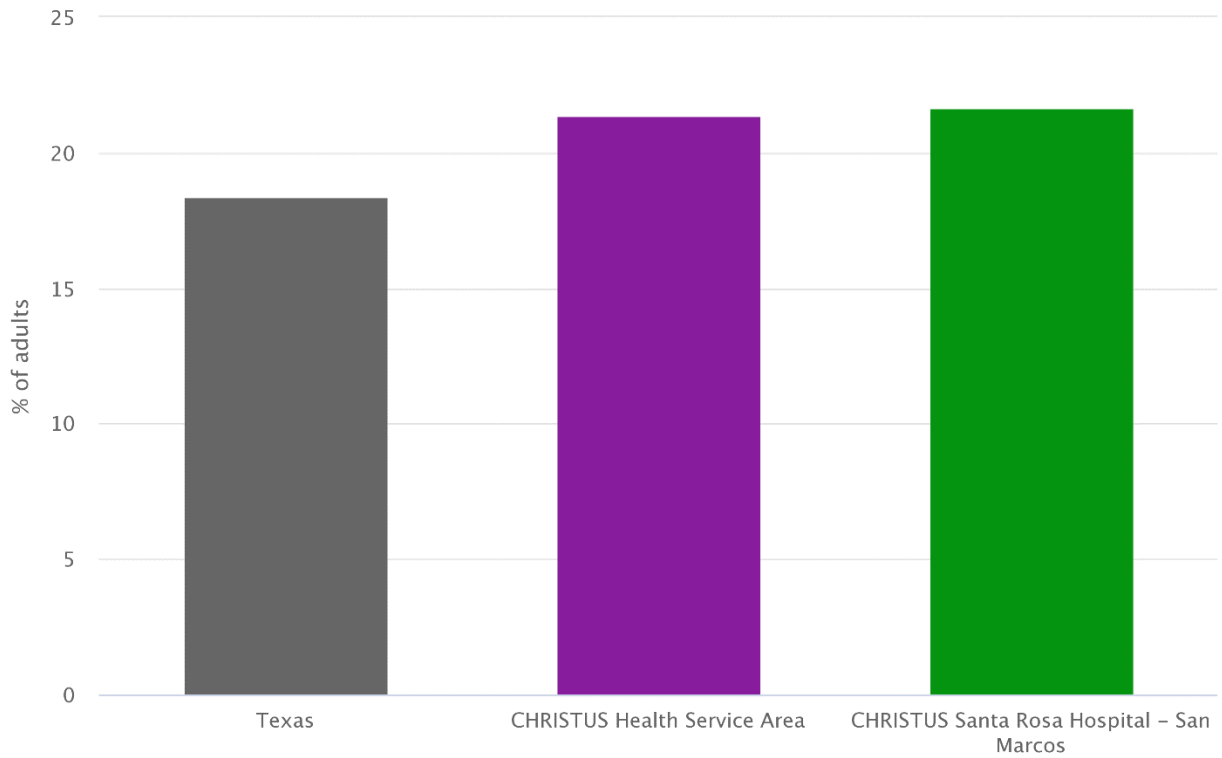


Created on Metopio | <https://metop.io/i/534g2kqk> | Data source: American Community Survey (Tables S2704, S2701, and B27010)
 Medicaid coverage: Percent of residents covered by Medicaid, a state-administered health insurance program for residents meeting certain income limits and other eligibility standards that vary by state.

Figure 21. Medicaid Coverage in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Mental health was raised as an issue through all channels of primary data collection. Figure 22 shows the percentage of adults in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA experiencing depression, which is over one-in-five for all benchmark regions. 21.6% of residents in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA experiences depression. Many survey participants noted a lack of access to providers, regardless of a person's insurance. Table 10 shows the per capita rate for types of mental health providers in each of the service area counties, as well as other behavioral health indicators for comparison.

Depression, 2019



Created on Metopio | <https://metop.io/i/txujgbz3> | Data source: PLACES
 Depression: Prevalence of depression among adults 18 years and older

Figure 22. Percentage of Adults Experiencing Depression in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Topic	Caldwell County, TX	Hays County, TX
Depression <i>% of adults, 2019</i>	i 19.70	18.70
Poor mental health days <i>days per month, 2018</i>	i 4.4	4.3
Mental health providers per capita <i>providers per 100,000 residents, 2021</i>	i 105.0	153.3
Drug overdose mortality <i>deaths per 100,000, 2016-2020</i>	i 8.40	7.68
Poor self-reported mental health <i>% of adults, 2019</i>	i 14.90	12.70
Psychiatry physicians per capita <i>physicians per 100,000 residents, 2022</i>	i 3	7

Table 10. Mental Health Access Indicators by County CHRISTUS Santa Rosa Hospital - San Marcos PSA

Many low-income residents in the CHRISTUS Santa Rosa Hospital – San Marcos PSA rely on Federally Qualified Health Centers (FQHCs) for their care in addition to hospitals, outpatient centers and primary care offices (Figure 23). There are 8 FQHCs to service residents of the CHRISTUS Santa Rosa Hospital – San Marcos PSA, and the majority are located in 78666. In this report, FQHCs refers to the number of federally qualified health centers and community-based organizations recognized by the Centers for Medicare and Medicaid Services that provide comprehensive primary and preventive care to medically underserved areas and populations, regardless of ability to pay. Table 11 includes other indicators that measure access to primary care including the per capita number of primary care physicians and nurse practitioners by county.

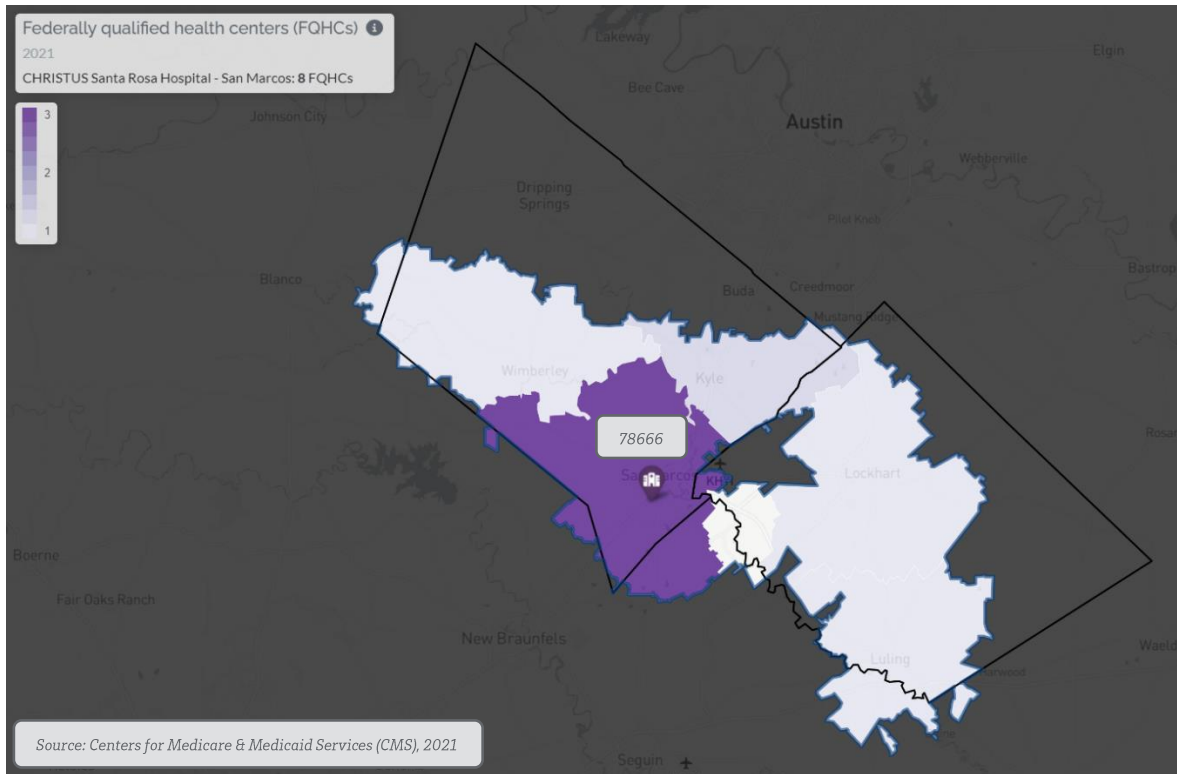


Figure 23. Map of Federally Qualified Health Centers Locations in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Topic	Caldwell County, TX	Hays County, TX
Visited doctor for routine checkup % of adults, 2019	i 71.40	70.20
Nurse practitioners per capita nurses per 100,000 residents, 2019	i 27.96	71.52
Primary care providers (PCP) per capita physicians per 100,000 residents, 2018	i 30.5	55.8

Table 11. Primary Care Access Indicators by County in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Food Access

Both obesity and healthy eating were raised as top health issues by survey respondents. Often obesity is correlated with poor food access and about 5.3% of residents in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA live in a food desert, meaning there isn't a grocery store within one mile for urban residents and five miles for rural residents. Without easy access to fresh, healthy food, people sometimes rely on fast food and other unhealthy options. Figure 24 shows that the highest concentration of food deserts in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA are found in zip codes 78644 (9.9% of residents). In addition to food deserts, 16.2% of residents are considered food insecure (Figure 25) which is an indicator that incorporates both economic and social barriers to food access. Table 12 breaks out various indicators of food access by counties in the service areas.

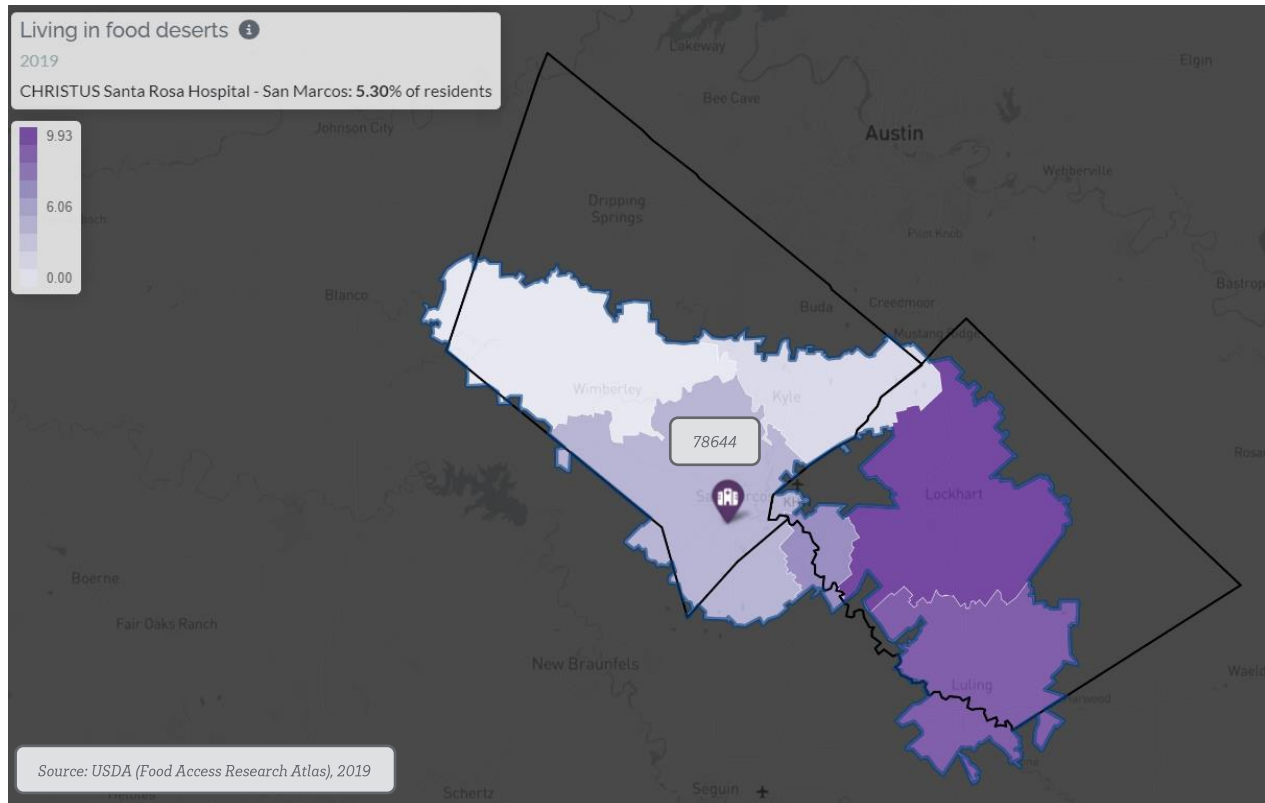


Figure 24. Map of Residents Living in Food Deserts in the CHRISTUS Santa Rosa Hospital - San Marcos PSA



Created on Metopio | <https://metop.io/i/m3vwc9tv> | Data source: Feeding America (Map the Meal Gap 2020)
 Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

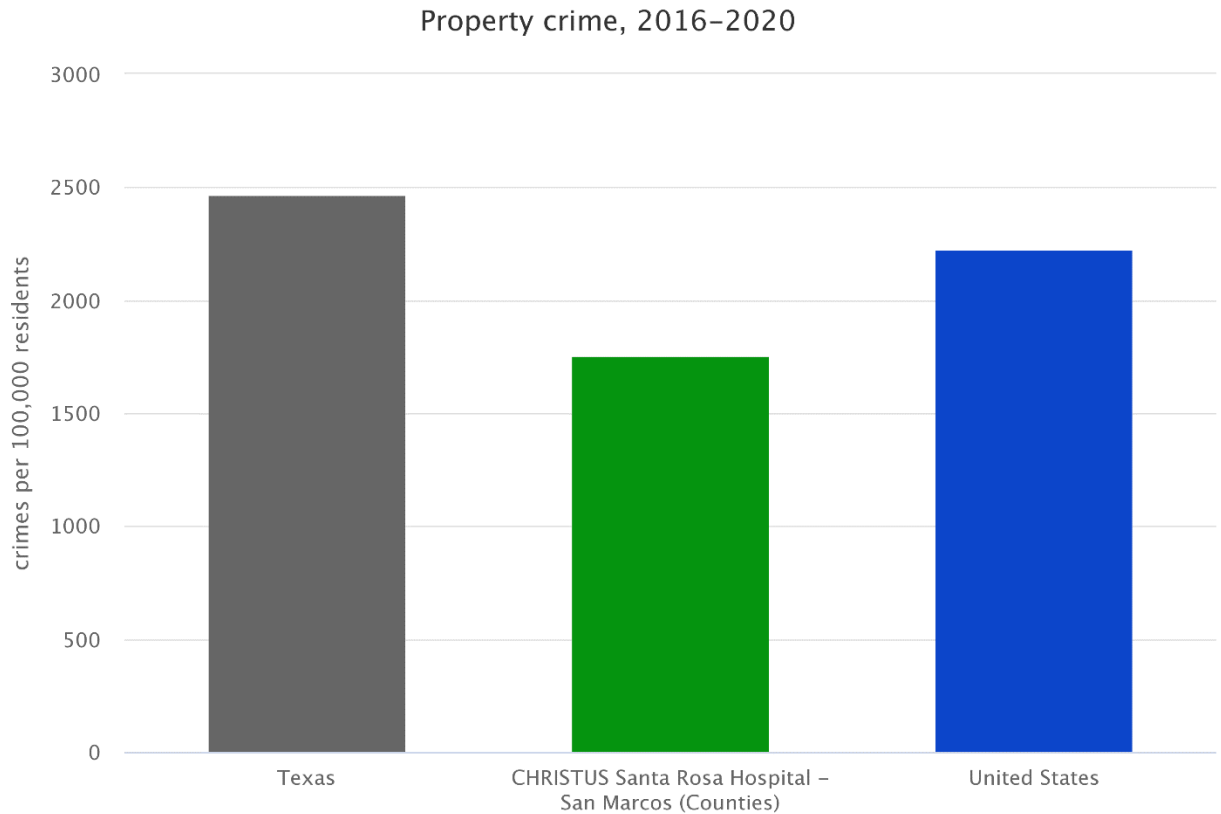
Figure 25. Percent of Residents who are Food Insecure in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Topic	Caldwell County, TX	Hays County, TX
Food insecurity % of residents, 2020	i 13.9	12.0
Low food access % of residents, 2019	i 38.40	20.81
Very low food access % of residents, 2019	i 14.63	9.76
Living in food deserts % of residents, 2019	i 5.95	2.80
Average cost per meal 2020	i \$3.25	\$3.27

Table 12. Food Access Indicators by County in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Violence and Community Safety

The rate of property crimes, which includes burglary, larceny, motor vehicle theft, and arson crimes is lower in CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (1,757.1 crimes per 100,000 residents) than the rate in Texas (2,468.4 crimes per 100,000) and the United States (2,222.6 crimes per 100,000 (Figure 26). The same can be said for crimes related to violence, including homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery (Figure 27). Table 13 shows specific crimes for each county in the service areas.

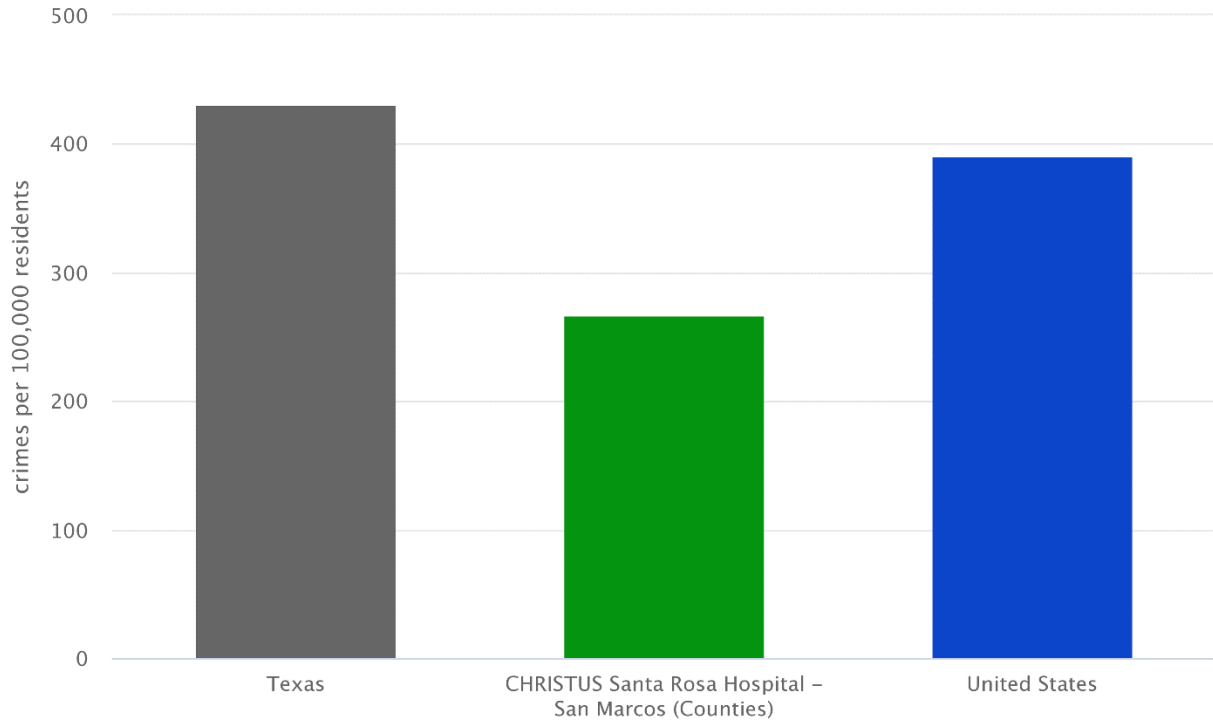


Created on Metopio | <https://metop.io/i/jhx1qx8z> | Data sources: FBI Crime Data Explorer (County, state, and city level data), Chicago crime data portal (Data v
Property crime: Property crimes (yearly rate). Includes burglary, larceny, motor vehicle theft, and arson crimes.

Figure 26. Property Crime Rate in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Violent crime, 2016–2020

Texas and comparison



Created on Metopio | <https://metop.io/i/g5y2aptm> | Data sources: Chicago crime data portal (Data within Chicago), New York City Police Department (NYPD) (C
Violent crime: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery.

Figure 27. Violent Crime Rate in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Topic	Caldwell County, TX	Hays County, TX
Burglary <i>crimes per 100,000 residents, 2020</i>	i 172.8	286.7
Homicide <i>crimes per 100,000 residents, 2020</i>	i 2.5	5.1
Arson <i>crimes per 100,000 residents, 2020</i>	i 10.2	3.4
Property crime <i>crimes per 100,000 residents, 2020</i>	i 871.7	1,725.0
Violent crime <i>crimes per 100,000 residents, 2020</i>	i 213.5	295.1

Table 13. Types of Crime by County in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

HEALTH DATA ANALYSIS



Health Data Analysis

Health Outcomes: Morbidity and Mortality

Chronic Disease

Community members noted that chronic conditions, especially heart disease and diabetes, had an outsized impact on the community. The rate of high blood pressure is lower in the CHRISTUS Santa Rosa Hospital - San Marcos PSA than in the full CHRISTUS Health service area and Texas as illustrated below in Figure 28.

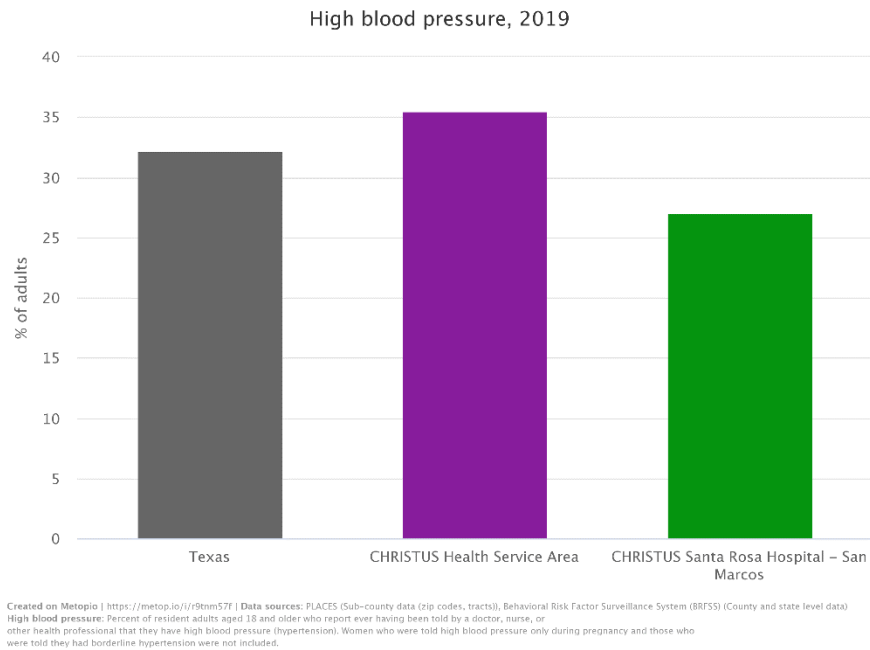


Figure 28. High Blood Pressure in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

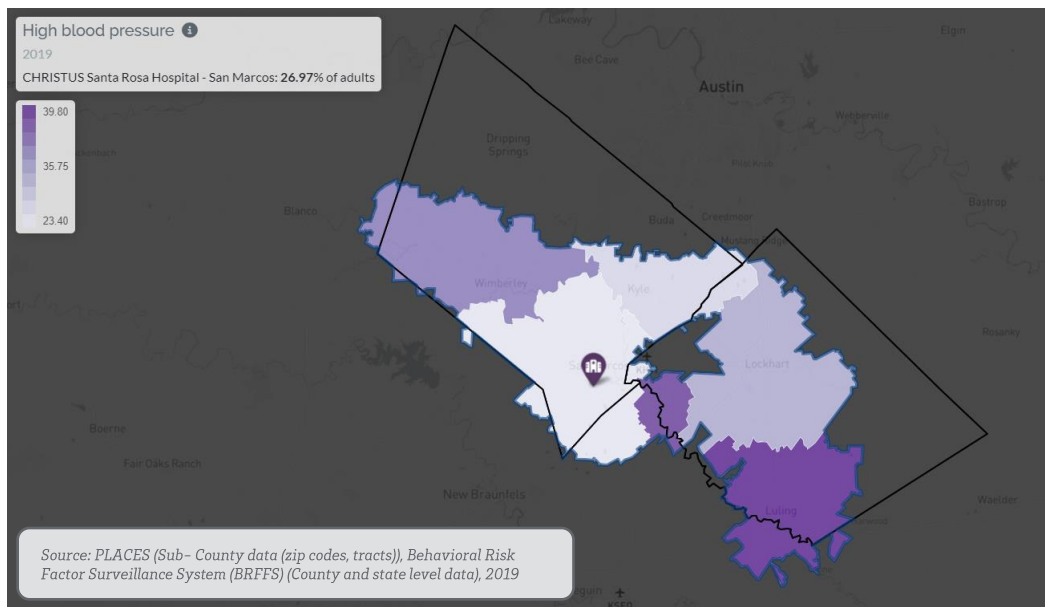
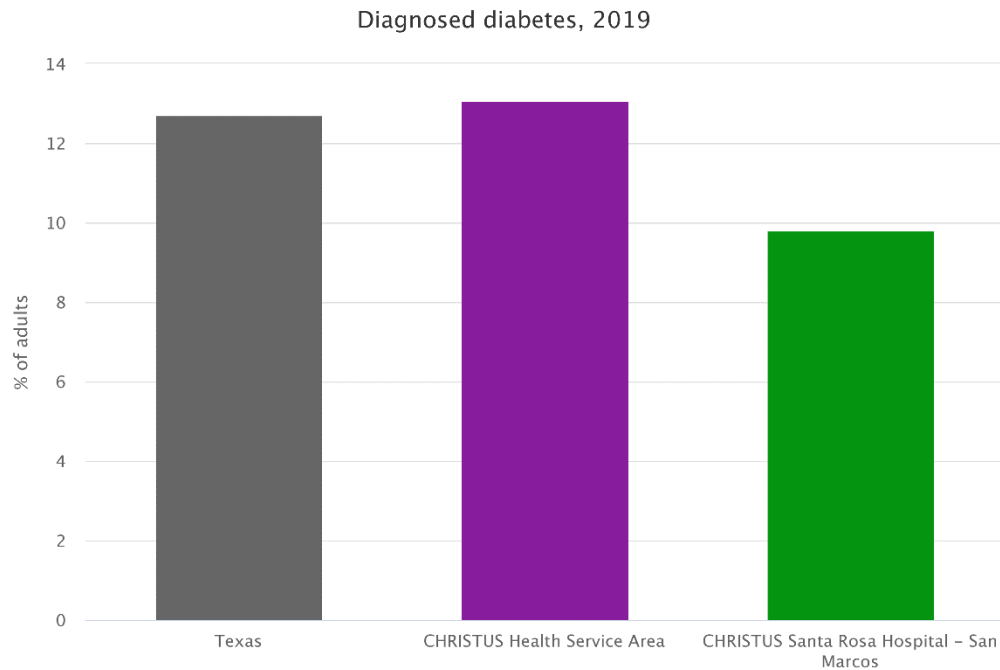


Figure 29. Map of High Blood Pressure in CHRISTUS Santa Rosa Hospital - San Marcos PSA

And about 1 in 10 adults has diabetes in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA. The rate of diabetes is lower in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (9.8%) than the rate in Texas (12.7%) and the roll up of all CHRISTUS Health service area (13.1%) (Figure 30).



Created on Metopio | <https://metop.io/i/eemo2yb> | Data sources: Diabetes Atlas (County and state level data), PLACES
 Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy.

Figure 30. Diagnosed Diabetes in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

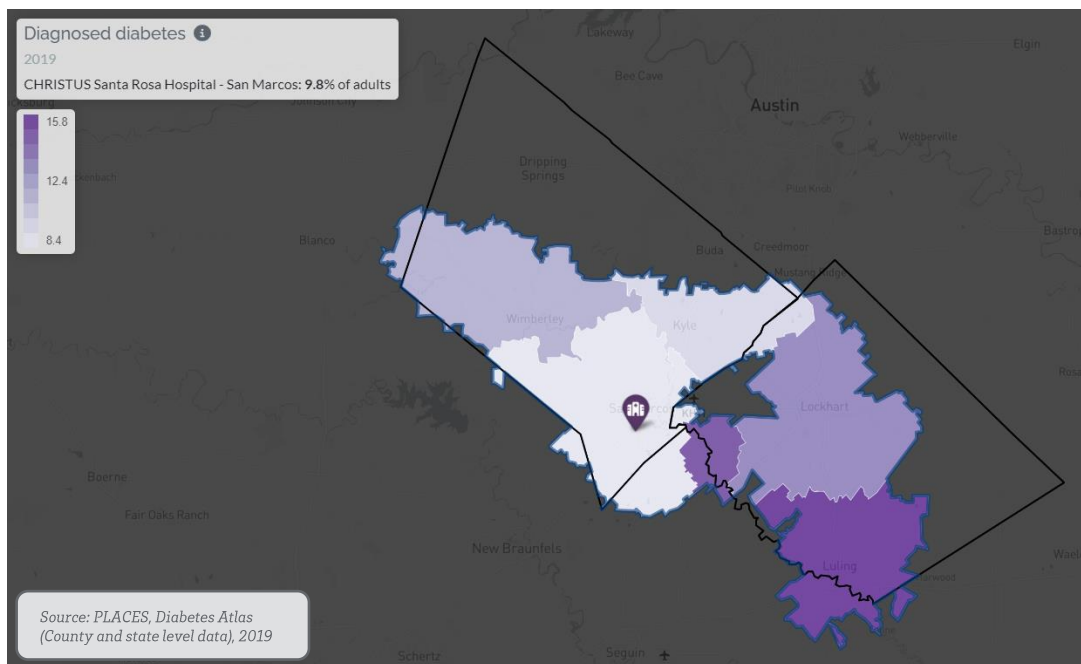


Figure 31. Map of Diagnosed Diabetes in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Chronic kidney disease affects 2.5% of adults in the CHRISTUS Santa Rosa Hospital - San Marcos PSA, which is slightly above both benchmarks (Figure 32).

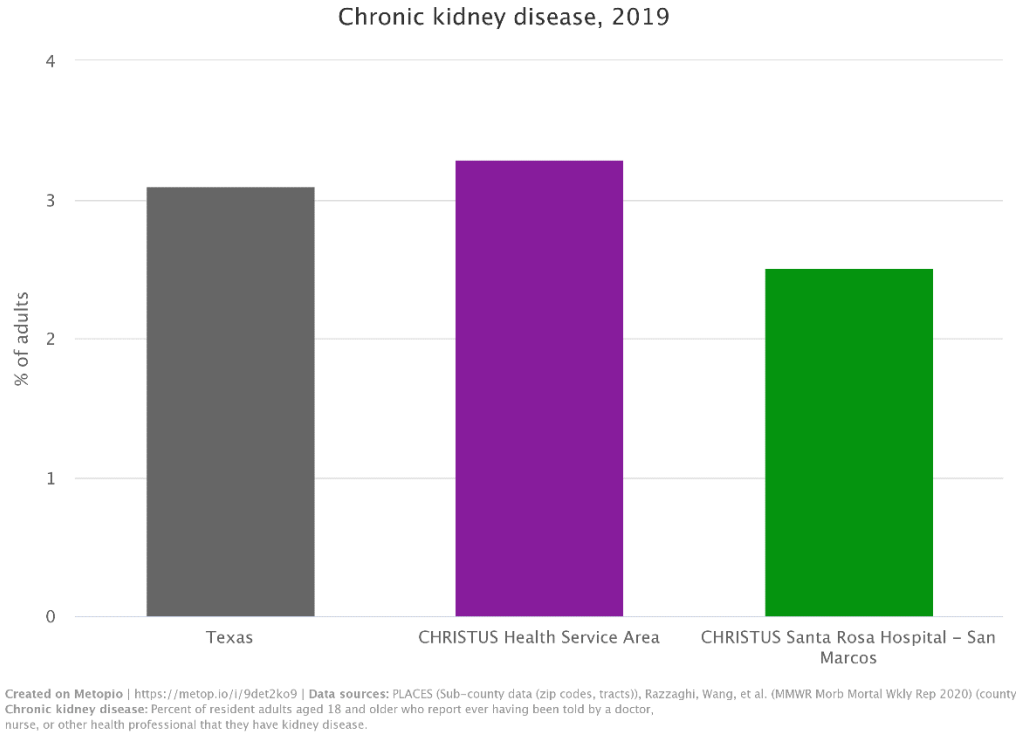


Figure 32. Chronic Kidney Disease in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

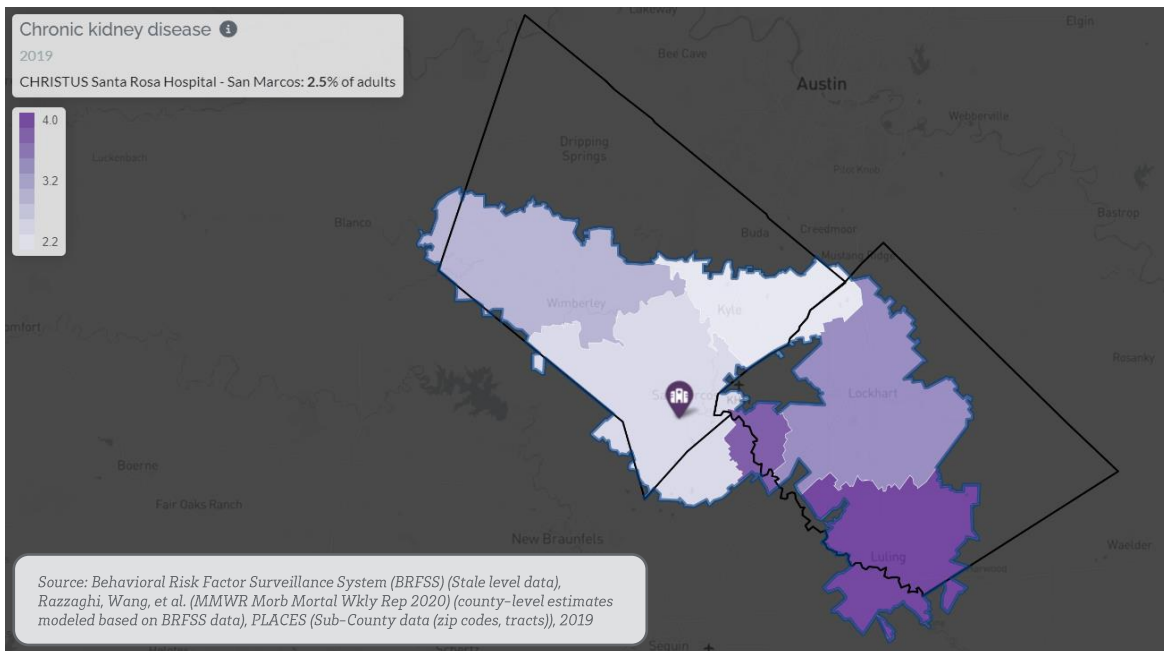


Figure 33. Map of Chronic Kidney Disease in CHRISTUS Santa Rosa Hospital - San Marcos PSA

Lastly, about 9.0% of the population lives with asthma in CHRISTUS Santa Rosa Hospital - San Marcos PSA, which is just below the average in the CHRISTUS Health service area (9.1%) and just above the average in the state (8.1%) (Figure 34).

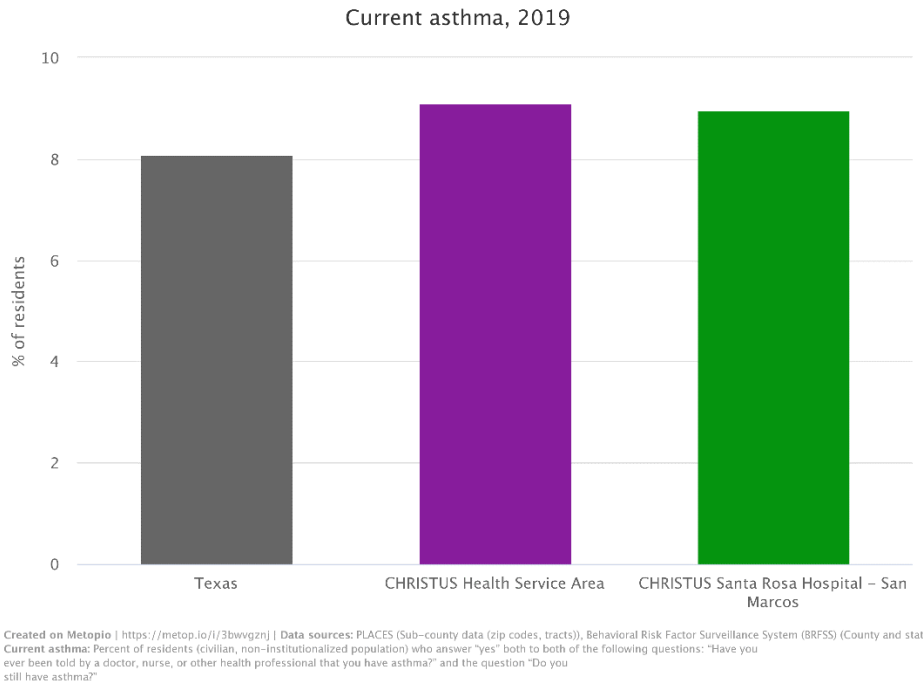


Figure 34. Residents with Asthma in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

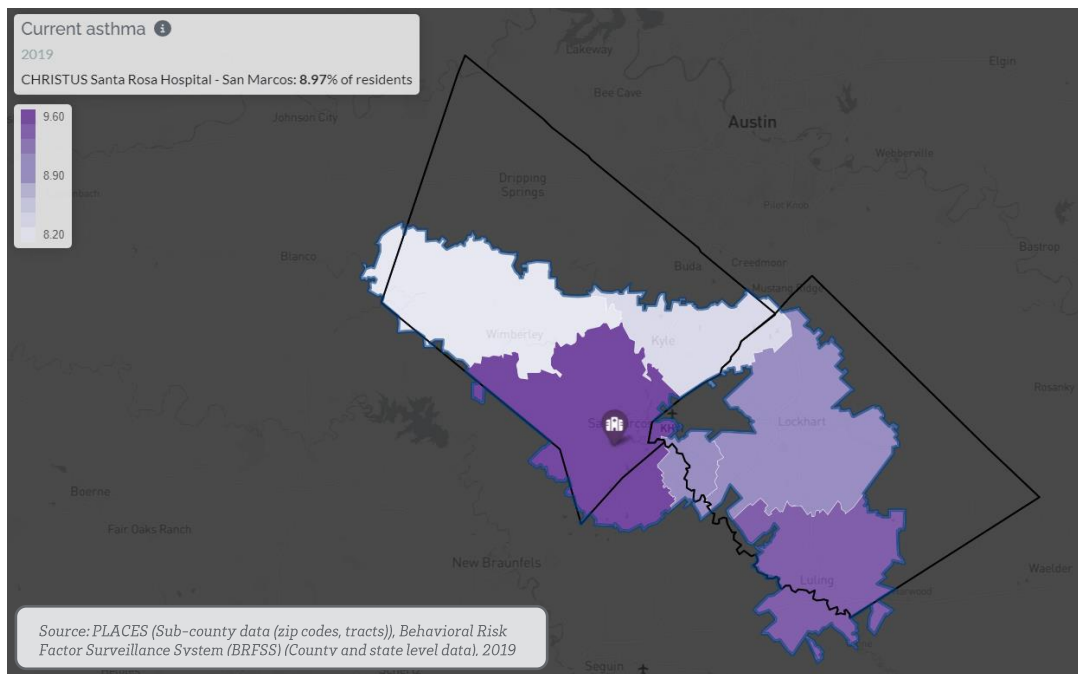


Figure 35. Map of Residents with Asthma in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Table 14 provides additional insight into the burden of chronic diseases by each county in the CHRISTUS Santa Rosa Hospital - *San Marcos* service areas.







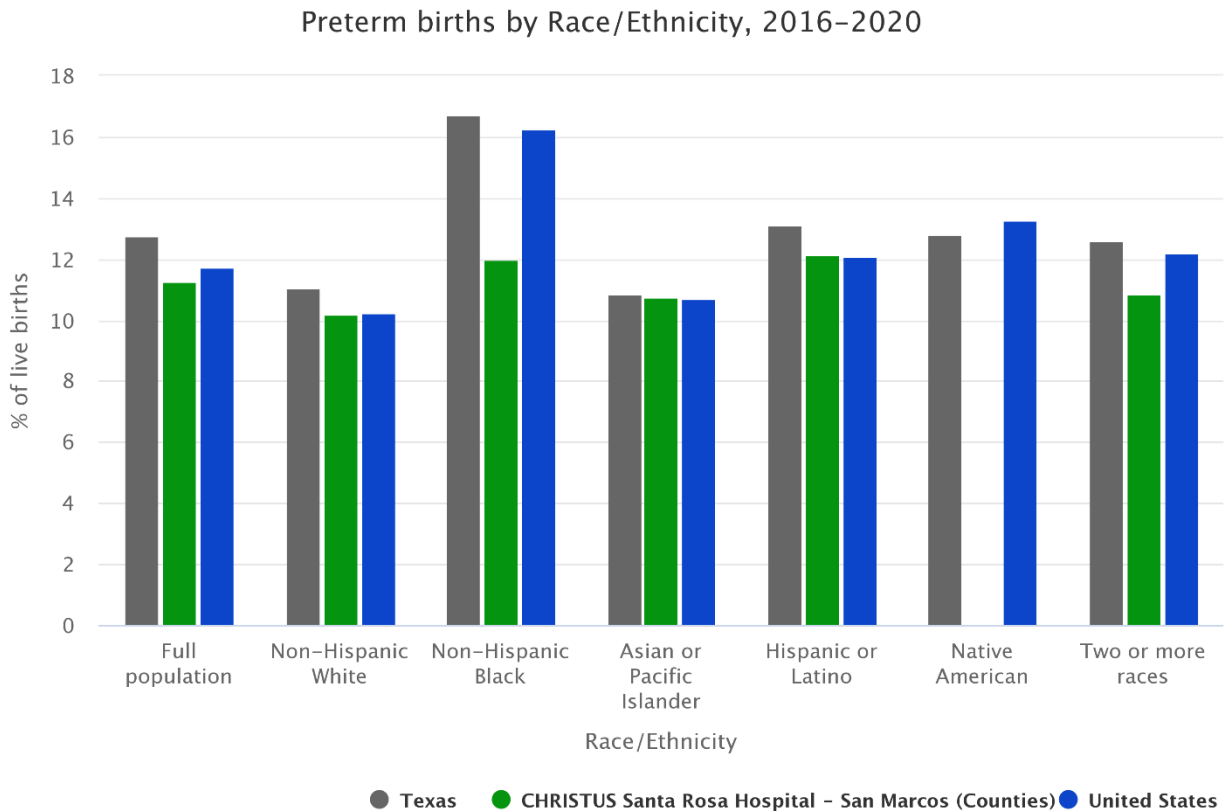
Topic	Caldwell County, TX	Hays County, TX
High blood pressure <i>% of adults, 2019</i>	 34.60	29.00
Diagnosed diabetes <i>% of adults, 2019</i>	 14.6	11.3
Coronary heart disease <i>% of adults, 2019</i>	 6.30	5.20
Chronic kidney disease <i>% of adults, 2019</i>	 3.4	2.8
Current asthma <i>% of residents, 2019</i>	 8.40	7.80
Obesity <i>% of adults, 2019</i>	 38.7	33.4

Table 14. Chronic Disease Indicators by County in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Maternal Health

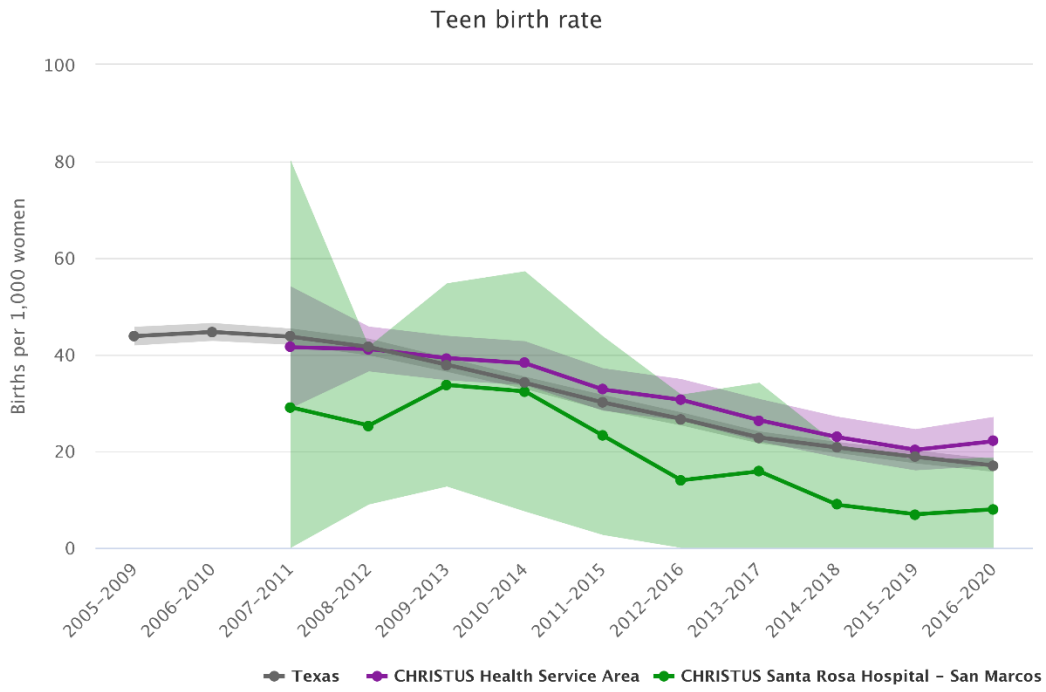
The rate of preterm births in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA (11.2% of live births) is lower than that in the state (12.8%) and equal with the rate in the United States (11.7%) (Figure 36). Within the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA, there is some disparity among racial and ethnic groups. Non-Hispanic Black and Hispanic or Latino people experience slightly higher preterm birth rates than PSA average (12.1% in both groups).



Created on Metopio | <https://metop.io/i/s166kefh> | Data sources: National Vital Statistics System–Natality (NVSS–N) (via CDC wonder (2016–2020 data average
Preterm births: Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

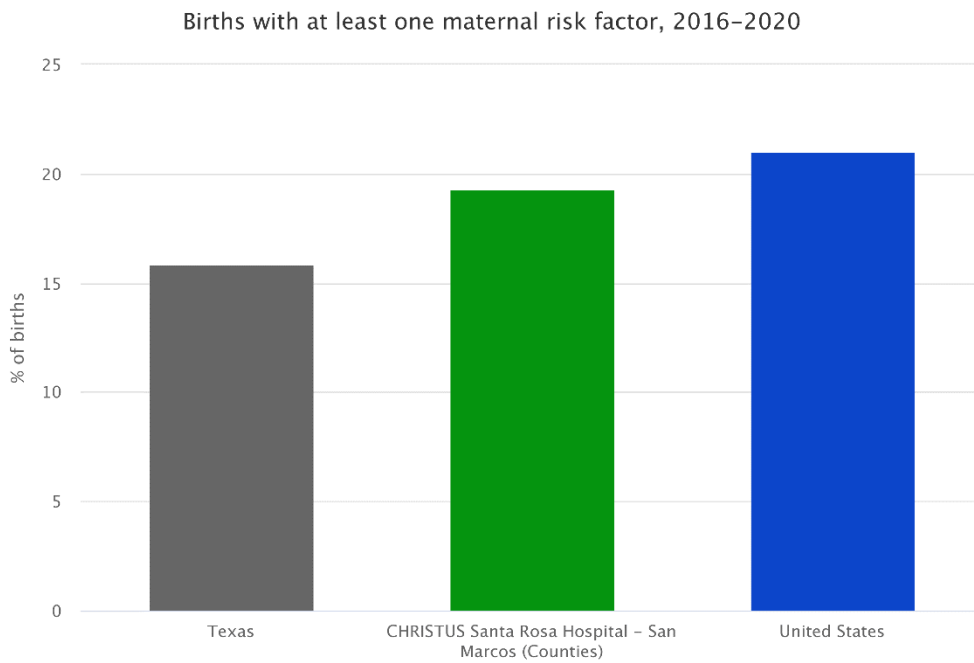
Figure 36. Percent of Births that are Preterm in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA

The teen birth rate has been declining over the last decade in all benchmark regions. The most recent reported data shows that the current teen birth rate in the CHRISTUS Santa Rosa Hospital – *San Marcos* PSA (7.9 births per 1,000 women) is lower than both the whole CHRISTUS Health service area (22.1 births) and Texas (17.1 births) (Figure 37). Within the PSA, the rate of births with at least one maternal risk factor (19.3% of births) is higher than the rate in Texas (15.8%) but lower than that of United States (21.0%) (Figure 38).



Created on Metopio | <https://metop.io/i/dxuzwqt8> | Data source: American Community Survey (Table B13002)
 Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

Figure 37. Teen Birth Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA



Created on Metopio | <https://metop.io/i/v9m691bz> | Data source: National Vital Statistics System-Nativity (NVSS-N) (via CDC Wonder, 5 year data)
 Births with at least one maternal risk factor: Births where the mother has at least one of the following conditions: Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension

Figure 38. Percentage of Births with at Least one Maternal Risk Factor in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Leading Causes of Death

The top causes of death for service area as a whole can be found in Table 15. The leading causes of death will be explored further for the service area in the following section. County level mortality rates will be explored at the end of this section (Table 17).

Topic	CHRISTUS Santa Rosa - San Marcos (Counties)	Texas	United States
Cancer mortality <i>deaths per 100,000, 2016-2020</i>	 144.0	143.7	149.4
Heart disease mortality <i>deaths per 100,000, 2016-2020</i>	 137.4	168.9	164.8
Injury mortality <i>deaths per 100,000, 2016-2020</i>	 55.0	60.4	72.6
Stroke mortality <i>deaths per 100,000, 2016-2020</i>	 37.5	40.7	37.6
Alzheimer's disease mortality <i>deaths per 100,000, 2016-2020</i>	 37.3	39.7	30.8
Chronic lower respiratory disease mortality <i>deaths per 100,000, 2016-2020</i>	 37.0	38.9	39.1
Diabetes mortality <i>deaths per 100,000, 2016-2020</i>	 14.9	22.7	22.1
Kidney disease mortality <i>deaths per 100,000, 2016-2020</i>	 11.8	15.6	12.9
Septicemia (sepsis) mortality <i>deaths per 100,000, 2016-2020</i>	 11.0	13.9	10.1
Influenza and pneumonia mortality <i>deaths per 100,000, 2016-2020</i>	 10.9	11.8	13.6

Table 15. Leading Causes of Death in the CHRISTUS Santa Rosa Hospital – San Marcos PSA

Cancer

Cancer represents the second leading cause of death in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA. Lung, trachea, and bronchus cancer, in particular, make up a large portion of cancer deaths, causing 28.2 deaths per 100,000 deaths in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (Figure 39). Table 16 breaks out the mortality rate for some cancers.

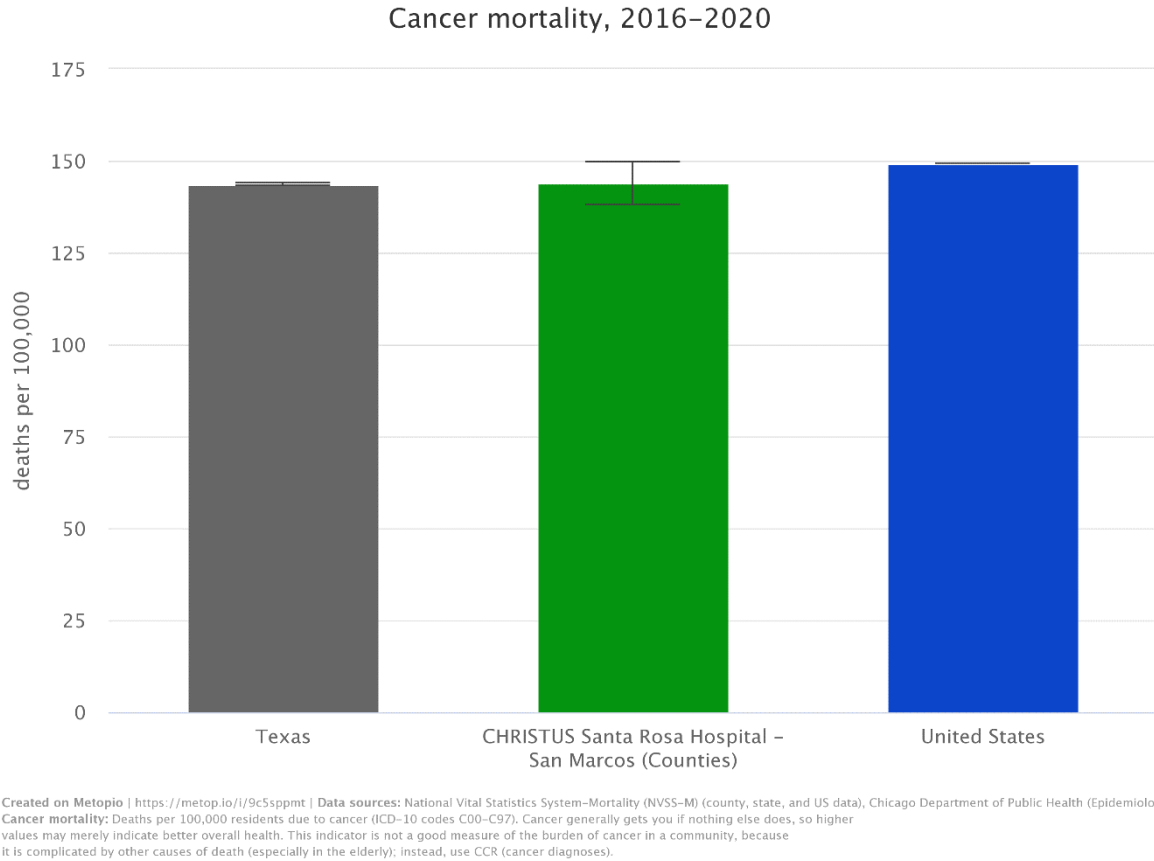
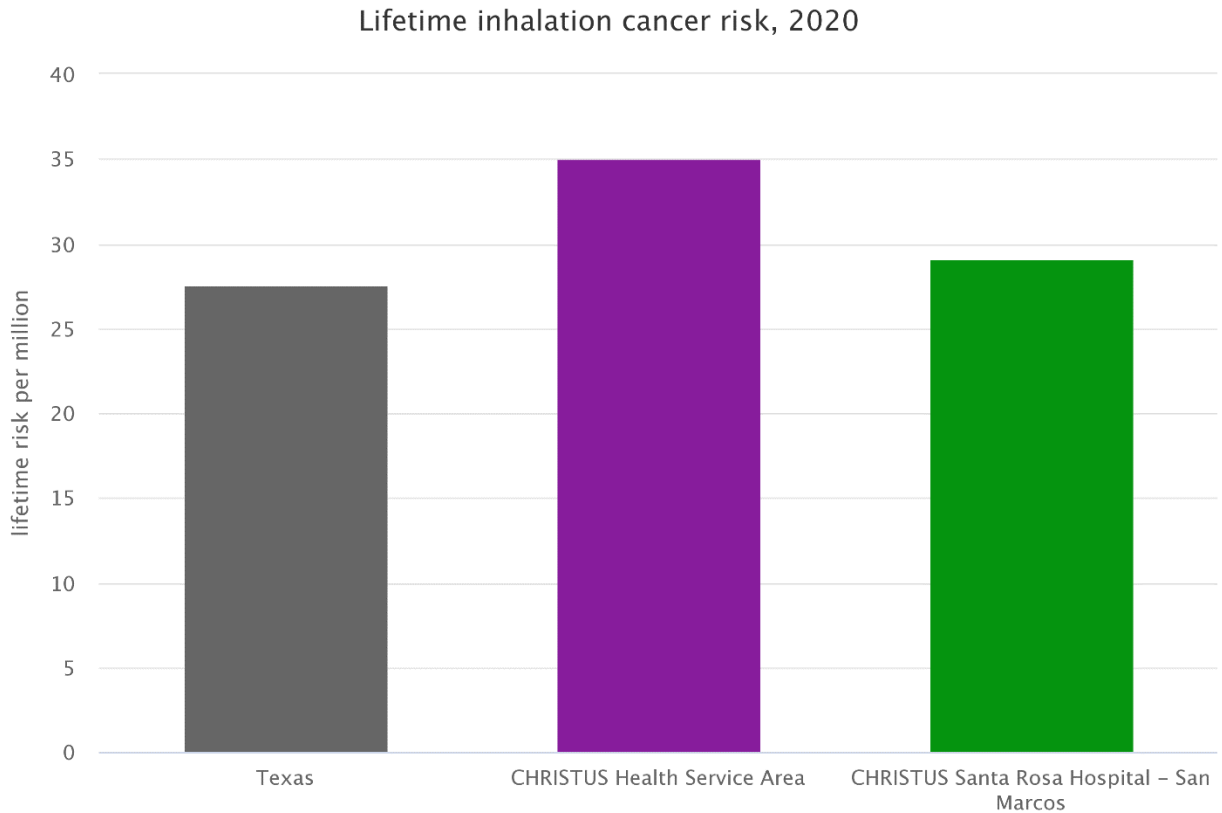


Figure 39. Cancer Mortality in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA

Topic	Caldwell County, TX	Hays County, TX
Lung, trachea, and bronchus cancer mortality <i>deaths per 100,000, 2016-2020</i>	31.9	26.1
Colorectal cancer mortality <i>deaths per 100,000, 2016-2020</i>	19.1	13.8
Breast cancer mortality <i>deaths per 100,000, 2016-2020</i>	11.0	10.5

Table 16. Cancer Indicators by County in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA

Environmental factors may contribute to the lung cancer burden in the service area. The Lifetime Inhalation Cancer Risk of the Environmental Protection Agency's Environmental Justice Index is a weighted index of vulnerability to lifetime inhalation cancer risk. It measures estimated lifetime risk of developing cancer because of inhaling carcinogenic compounds in the environment, per million people. The Lifetime Inhalation Cancer Risk in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (29.1 lifetime risk per million) is lower than the CHRISTUS Health service area (35.0) and slightly higher than the overall risk in Texas (27.6) (Figure 40).

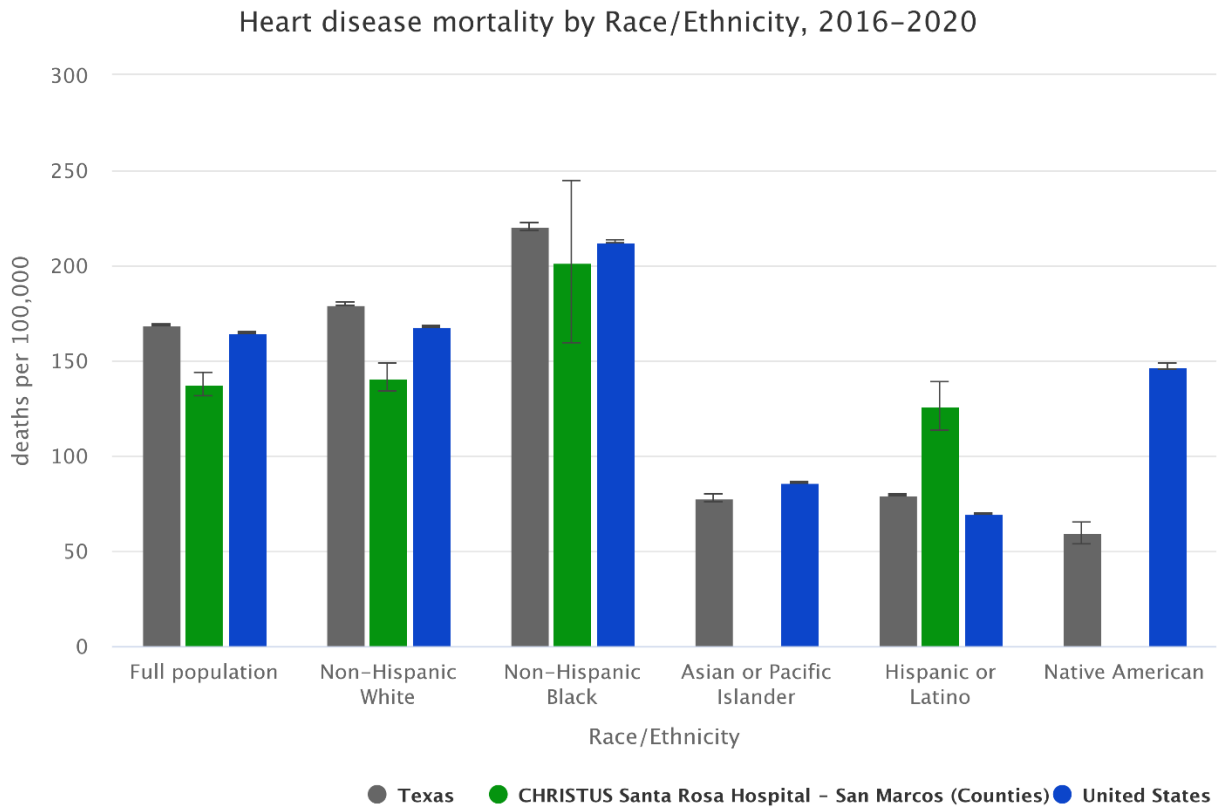


Created on Metopio | <https://metop.io/i/ja9mnjfg> | Data source: EJScreen: Environmental Justice Screening (EJSCREEN, via National-Scale Air Toxics Assessment)
Lifetime inhalation cancer risk: Estimated lifetime risk of developing cancer as a result of inhaling carcinogenic compounds in the environment, per million people.

Figure 40. Lifetime Inhalation Cancer Risk in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Heart Disease

Coronary heart disease makes up the largest contributor to the heart disease mortality rate, accounting for 77.1 deaths per 100,000 out of the total 144.2 per 100,000 deaths for heart disease overall in the CHRISTUS Santa Rosa Hospital - San Marcos PSA. Heart disease does not impact each racial/ethnic group equally. Non-Hispanic Black people experience the highest rates of heart disease mortality (201.8 deaths per 100,000). Non-Hispanic White people experience the second highest heart disease mortality rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA (141.3 deaths per 100,000). Hispanic or Latino people have the lowest heart disease mortality rate (125.9 deaths per 100,000). There is insufficient data for the Asian or Pacific Islander and Native American populations in the CHRISTUS Santa Rosa Hospital - San Marcos PSA to present here (Figure 41).

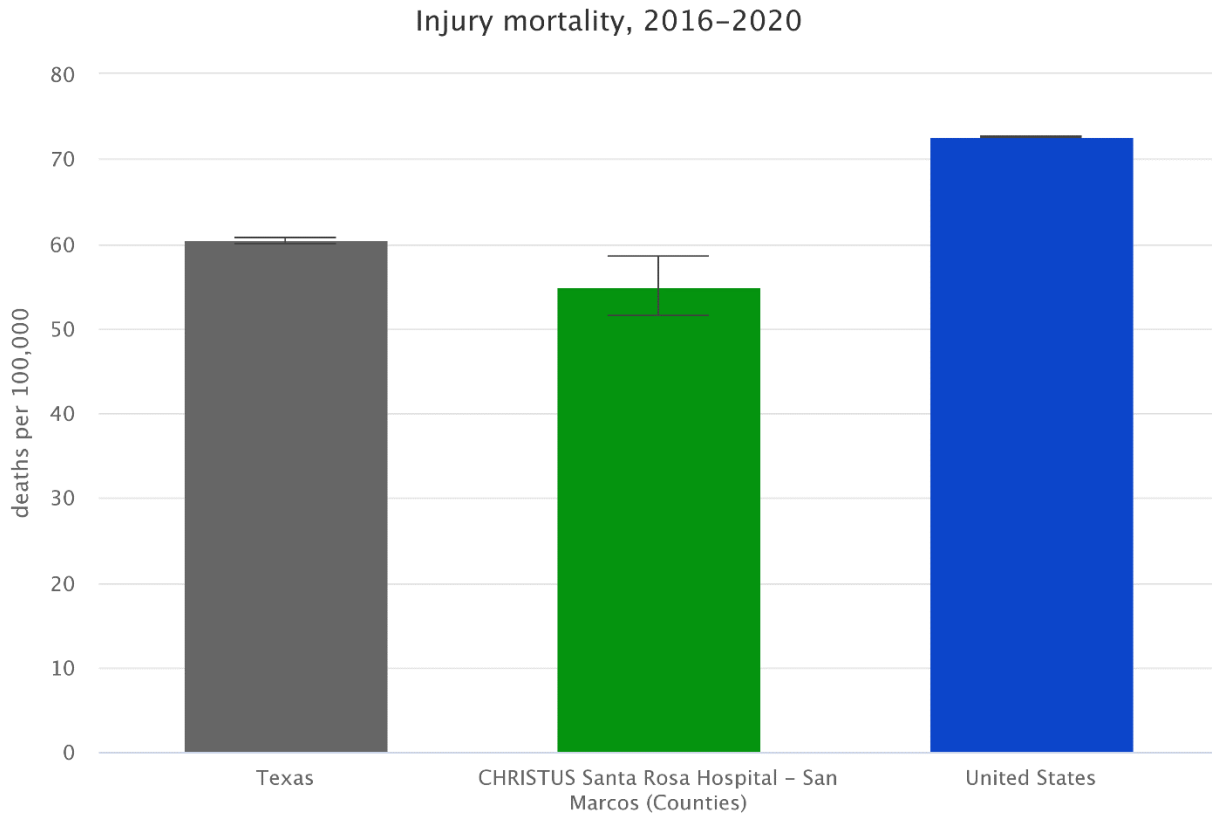


Created on Metopio | <https://metop.io/i/t9afbt8a> | Data sources: National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>), Chicago Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Figure 41. Heart Disease Mortality with Stratifications in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Injury

Injuries account for the third highest cause of death in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA. This is, in part, because this category includes many kinds of injury including unintentional injury mortality, motor vehicle traffic mortality and workplace mortality. This topic does not include homicide or suicide mortality. The rate for the CHRISTUS Santa Rosa Hospital - *San Marcos* service area (55.0 deaths per 100,000) is lower than the rate in Texas overall (60.4) and the United States (72.6) (Figure 42).

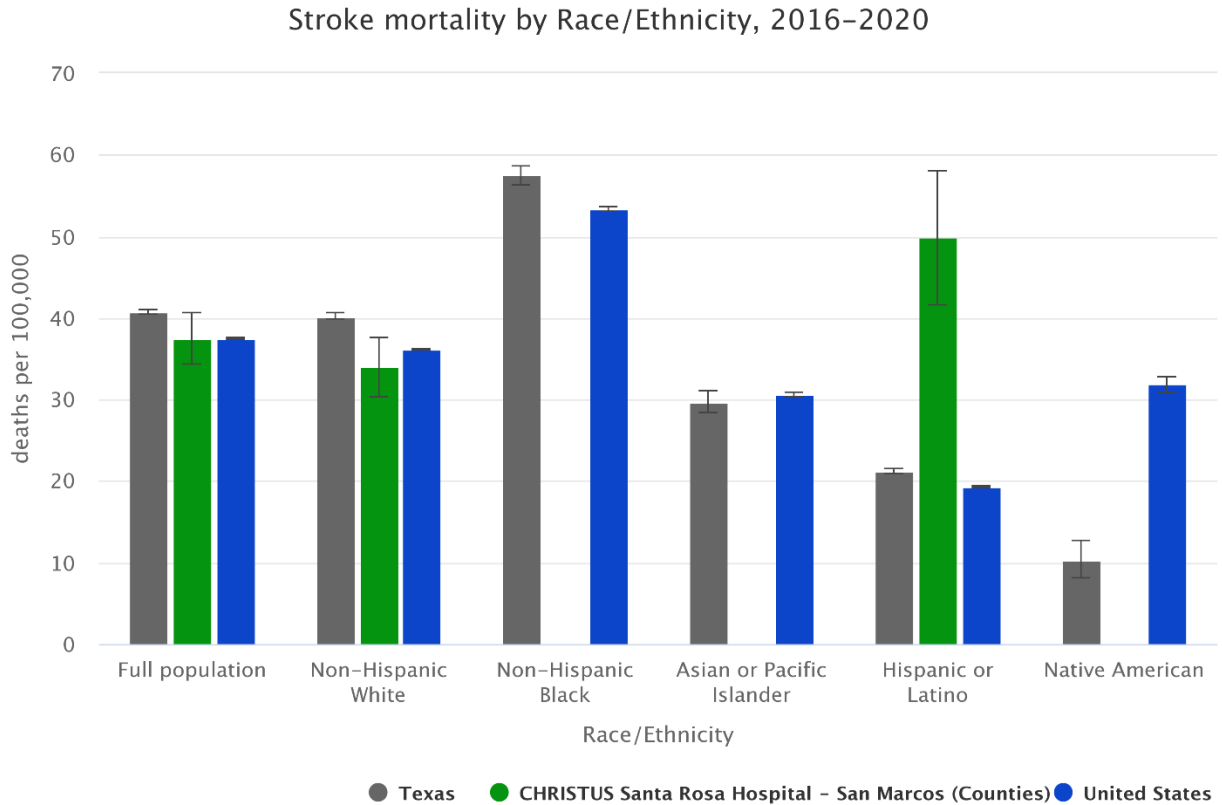


Created on Metopio | <https://metop.io/i/89n4iuro> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (Via <http://healthindicators.gov>), Chicago Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01–*U03, V01–Y36, Y85–Y87, Y89).

Figure 42. Injury Mortality Rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA

Stroke

The mortality rate for stroke is higher than both benchmarks for the full population of the CHRISTUS Santa Rosa Hospital - San Marcos PSA (37.5 deaths per 100,000) (Figure 43). When this data is stratified by race, Hispanic and Latino residents experience a much greater stroke mortality rate (49.8) than non-Hispanic White residents (34.0). There is insufficient data for the non-Hispanic Black, Asian or Pacific Islander, or Native American populations.

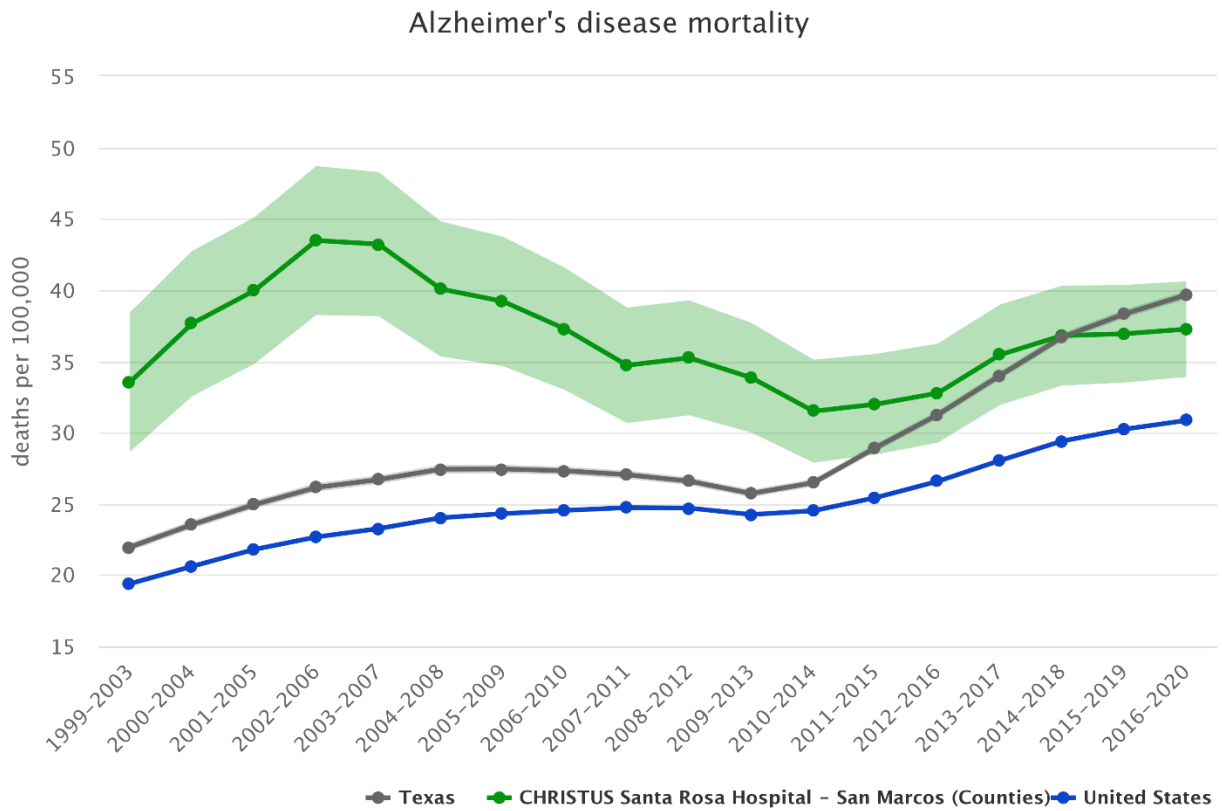


Created on Metopio | <https://metop.io/i/ed86iu8f> | Data sources: National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>), Chicago Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

Figure 43. Stroke Mortality Rate with Stratifications in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Alzheimer's Disease

The mortality rate for Alzheimer's disease has been increasing throughout all regions over the reporting period (Figure 44). In the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, Alzheimer's disease accounts for 37.3 deaths per 100,000. The rates in the state (39.7) is slightly lower, but higher than the rates in the United States (30.8). Rates still continue to increase over time.

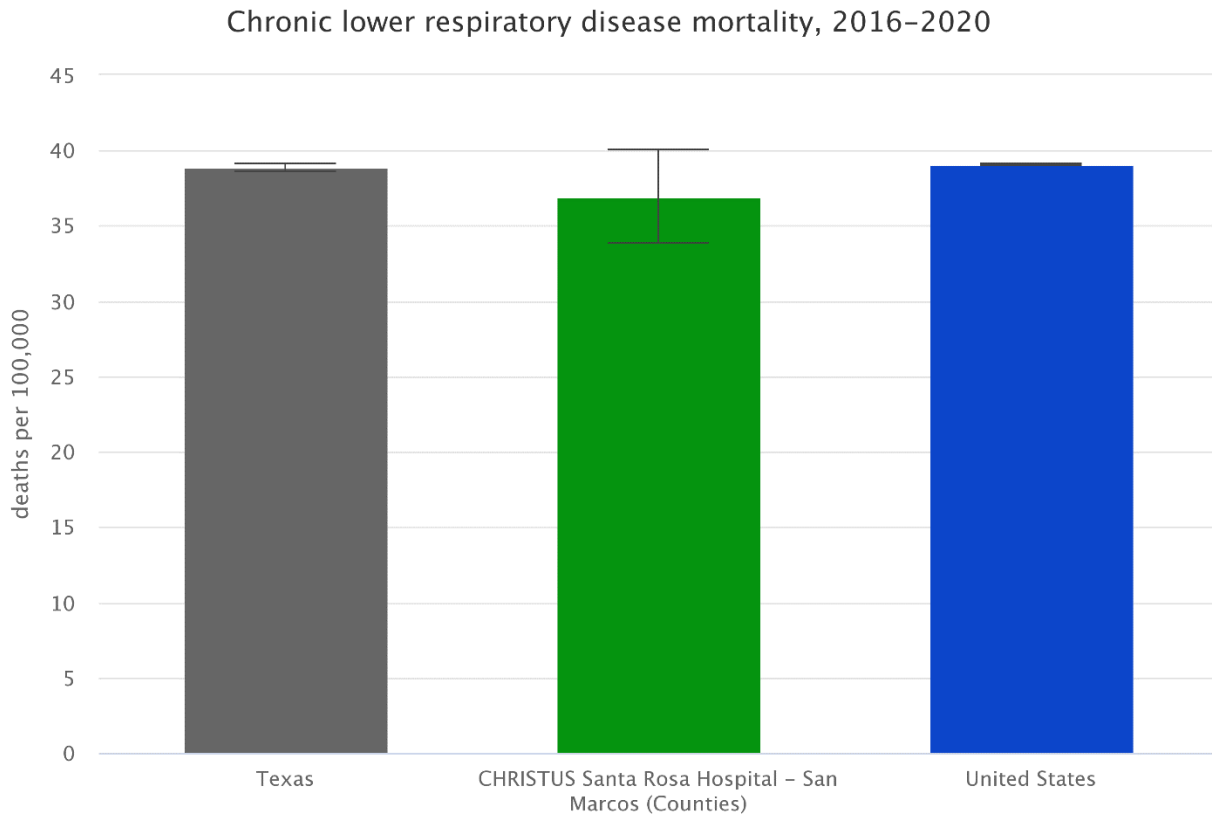


Created on Metopio | <https://metop.io/i/qbc2yjof> | Data sources: Chicago Department of Public Health (Epidemiology Department (Chicago community areas o Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

Figure 44. Alzheimer's Disease Mortality Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Chronic Lower Respiratory Disease

This is a roll up of four major respiratory diseases—chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma. The chronic lower respiratory disease mortality rate in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (37.0 deaths per 100,000) is similar to the state (38.9 deaths) and the country (39.1 deaths) (Figure 45).

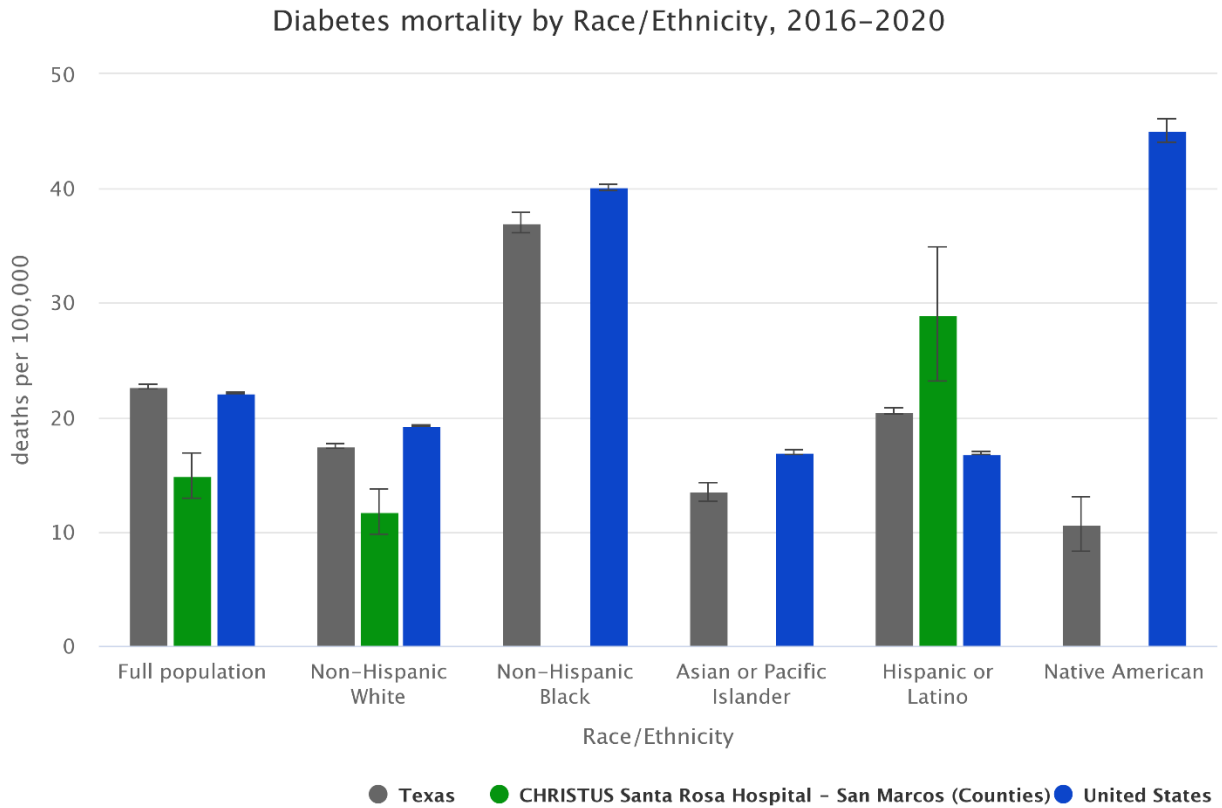


Created on Metopio | <https://metop.io/i/dawgdsve> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (Via <http://healthindicators.gov>), Chicago Department of Public Health
Chronic lower respiratory disease mortality: Deaths per 100,000 residents due to chronic lower respiratory disease (ICD–10 codes J40–J47). The primary disease in this category is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Also includes asthma and bronchiectasis.

Figure 45. Chronic Lower Respiratory Disease Mortality Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Diabetes

The diabetes mortality rate for the service area is much lower than the state and national rates across all reported population groups (Figure 46). There is a racial disparity among diabetes mortality. Hispanic or Latino residents die from diabetes at a much higher than the average of the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, state, and country (29.0 deaths per 100,000). There is insufficient data for the non-Hispanic Black, Asian or Pacific Islander, or Native American populations to report mortality rates in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA.

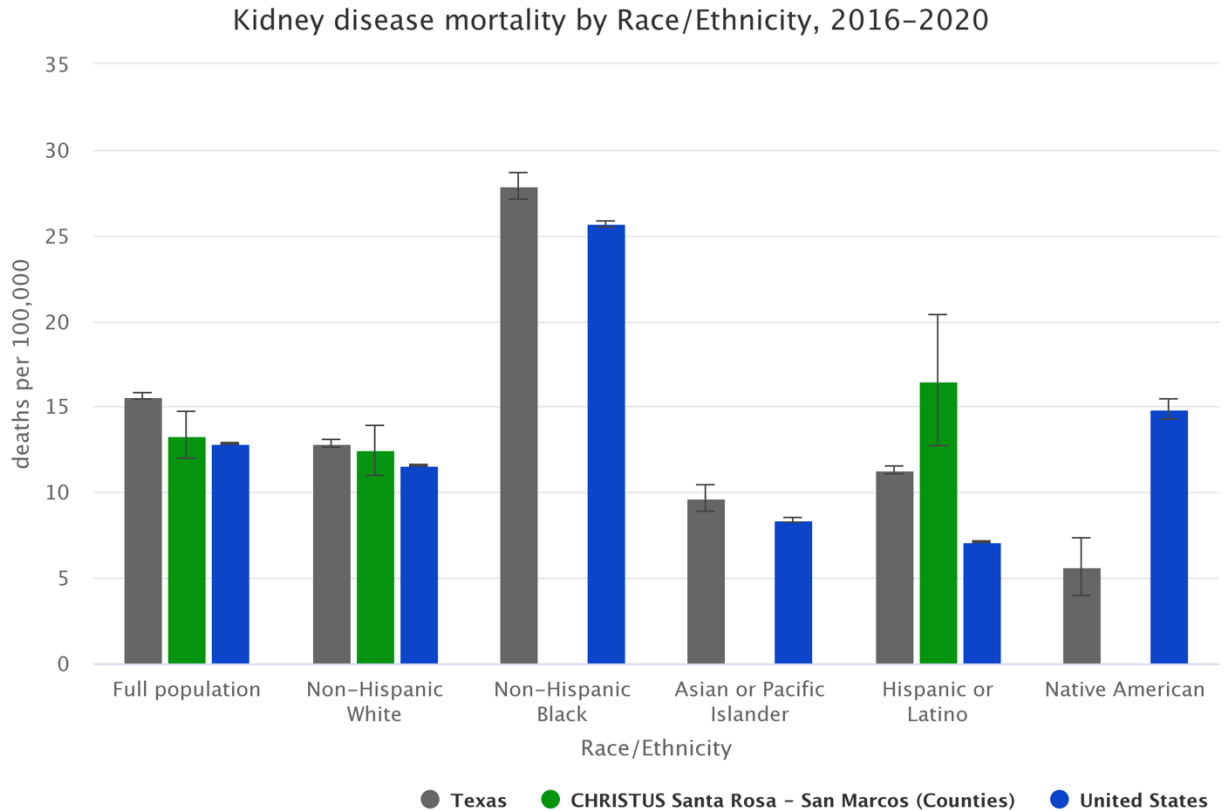


Created on Metopio | <https://metop.io/i/grvv5z5q> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (CDC Wonder), Chicago Department of Public Health. Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD–10 codes E10–E14).

Figure 46. Diabetes Mortality Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Kidney Disease

Death from kidney disease in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA (11.8 deaths per 100,000) is lower than Texas (15.6 deaths), but slightly higher than the United States (12.9 deaths) (Figure 47). The mortality rate is particularly high for Hispanic and Latino people in the PSA (11.4 deaths). As is highlighted in the next section on hospital utilization data, kidney disease and corresponding conditions are a major reason for inpatient admissions.

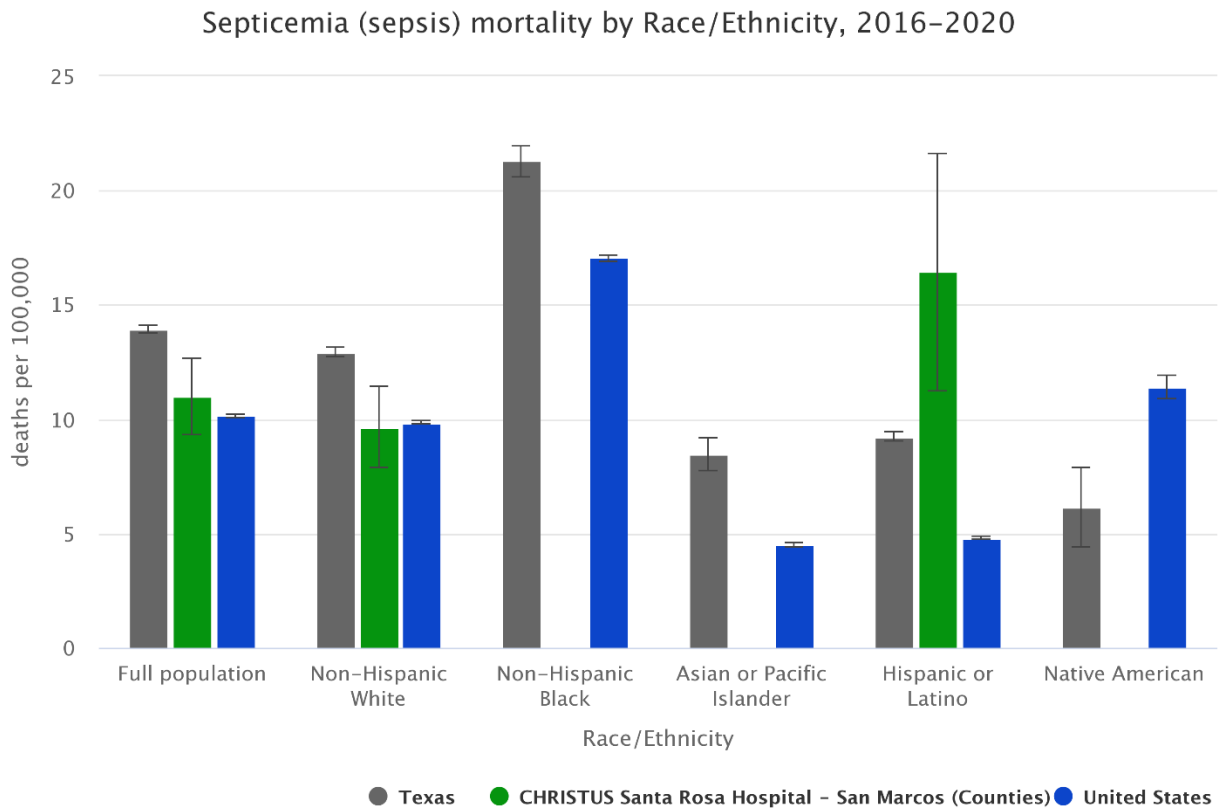


Created on Metopio | <https://metop.io> | Data sources: National Vital Statistics System–Mortality (NVSS–M) (CDC Wonder), Chicago Department of Public Health (Epidemiology Department). Kidney disease mortality: Deaths per 100,000 residents with an underlying cause of death of kidney diseases (ICD–10 codes N00–N07, N17–N19, N25–N27). Includes nephritis, nephrotic syndrome, and nephrosis.

Figure 47. Kidney Disease Mortality Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA

Sepsis

Sepsis mortality is the 9th leading cause of death in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA. This disease is caused by untreated bacterial, fungal, parasitic, or viral infections and is preventable through prompt access to health services. The sepsis mortality rate in the PSA (11.0 deaths per 100,000) is lower than that of the state (13.9 deaths) and higher than the rate in the country overall (10.1 deaths). As shown in Figure 48, Hispanic and Latino people experience the highest sepsis mortality rate (16.4 deaths). There is insufficient data for the non-Hispanic Black, Asian or Pacific Islander, or Native American populations to report mortality rates in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA.

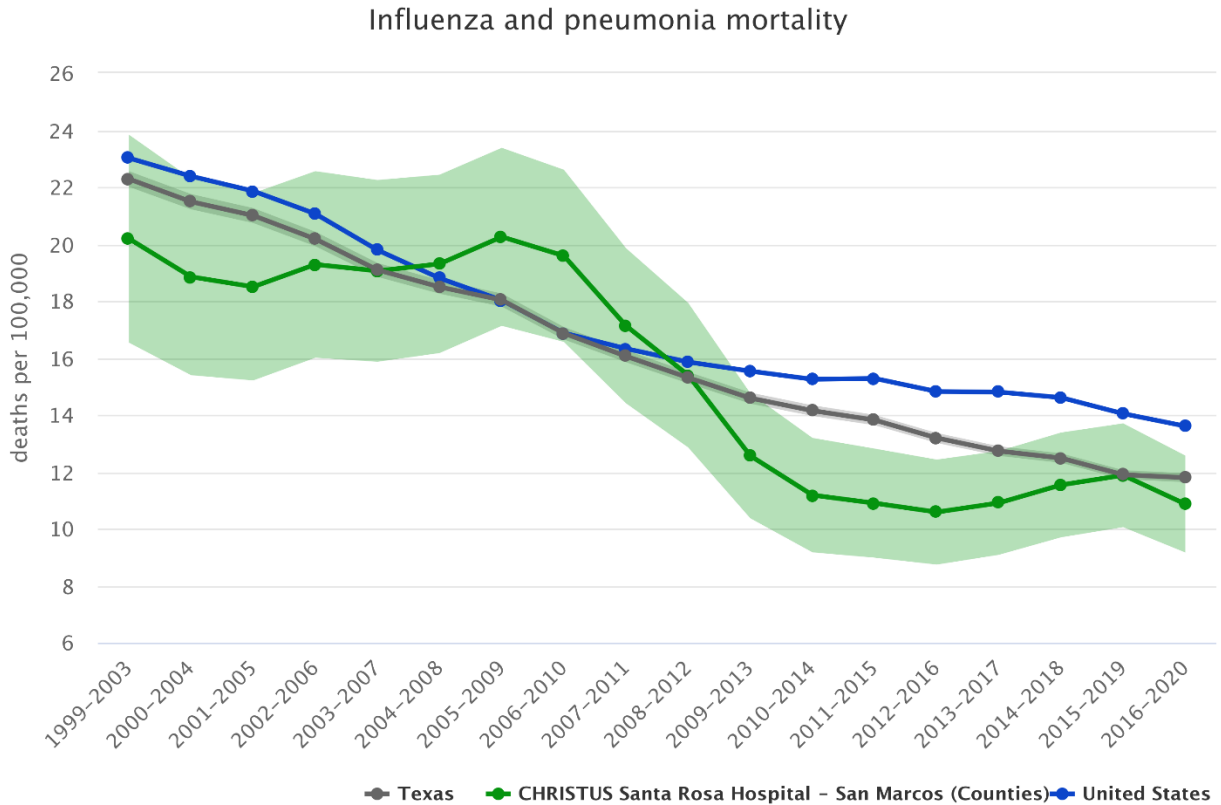


Created on Metopio | <https://metop.io/i/31siq1qx> | Data source: National Vital Statistics System–Mortality (NVSS–M) (Via <http://healthindicators.gov>)
 Septicemia (sepsis) mortality: Deaths per 100,000 residents due to septicemia or sepsis (blood poisoning) (ICD-10 codes A40–A41).

Figure 48. Septicemia Mortality Rate with Stratification in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA

Influenza and Pneumonia

Death from influenza and pneumonia had been on a steady decline across all benchmark regions over time, but it remains one of the top ten causes of mortality in the CHRISTUS Santa Rosa Hospital - *San Marcos* PSA, accounting for 11.0 deaths per 100,000 (Figure 49). This is lower than the influenza and pneumonia mortality rates in Texas overall (11.8) and the country (13.6).



Created on Metopio | <https://metop.io/i/piyqxiwv> | Data source: National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Figure 49. Influenza and Pneumonia Mortality Rate in the CHRISTUS Santa Rosa Hospital - San Marcos PSA











Topic	Caldwell County, TX	Hays County, TX
Cancer mortality <i>deaths per 100,000, 2016-2020</i>	 166.3	139.7
Heart disease mortality <i>deaths per 100,000, 2016-2020</i>	 189.6	127.5
Injury mortality <i>deaths per 100,000, 2016-2020</i>	 69.0	52.3
Stroke mortality <i>deaths per 100,000, 2016-2020</i>	 40.9	36.8
Alzheimer's disease mortality <i>deaths per 100,000, 2016-2020</i>	 29.3	38.8
Chronic lower respiratory disease mortality <i>deaths per 100,000, 2016-2020</i>	 44.1	35.6
Diabetes mortality <i>deaths per 100,000, 2016-2020</i>	 17.5	14.4
Kidney disease mortality <i>deaths per 100,000, 2016-2020</i>	 18.3	10.5
Septicemia (sepsis) mortality <i>deaths per 100,000, 2016-2020</i>	 15.1	10.2
Influenza and pneumonia mortality <i>deaths per 100,000, 2016-2020</i>	 14.3	10.2

Table 17. Mortality Rates by County in CHRISTUS Santa Rosa Hospital – San Marcos PSA

Hospital Utilization

For this CHNA, CHRISTUS Santa Rosa Hospital – *San Marcos* looked at three years of utilization data (2019-2021). During the course of the COVID-19 pandemic, the health system saw Emergency Department utilization declined significantly year over year (Figure 50), including a 33% drop between 2019 and 2020 and an additional 28% decline from 2020 to 2021. This follows national trends where people avoided or delayed care due to restrictions caused by the COVID-19 pandemic.

Inpatient admissions (Figure 51) also saw a 4% reduction between 2019 and 2020 but a small increase of 3% between 2020 and 2021. Regarding inpatient utilization (Table 18), the top cause for inpatient admission was labor and delivery followed by sepsis. Similar to most other CHRISTUS ministries, COVID-19 was a top five cause for inpatient admission. For CHRISTUS Santa Rosa Hospital – *San Marcos* it was the third most common cause in 2021.

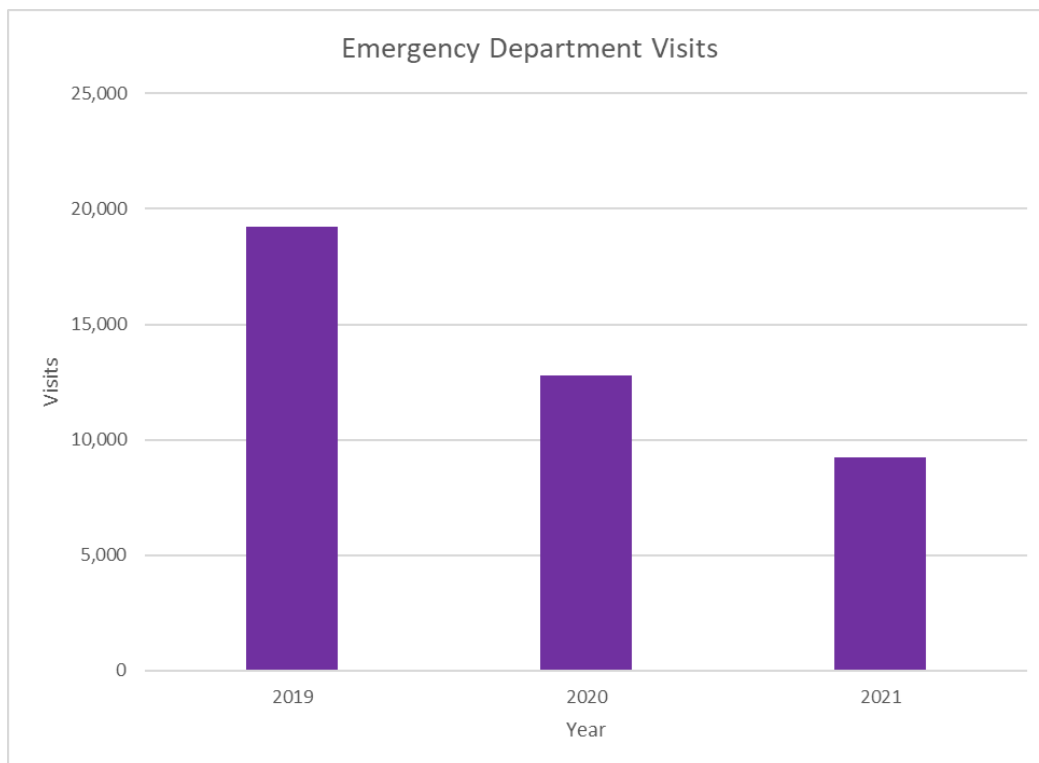


Figure 50. Emergency Department Utilization at CHRISTUS Santa Rosa Hospital – *San Marcos*

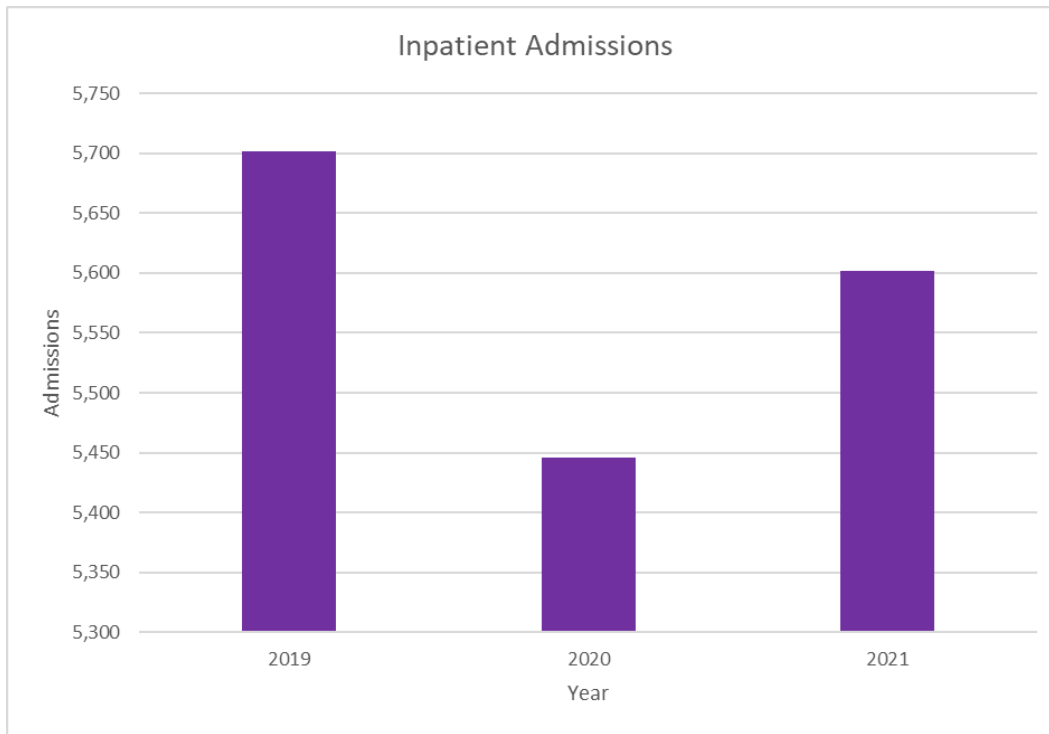


Figure 51. Inpatient Admissions at CHRISTUS Santa Rosa Hospital – San Marcos

TOP INPATIENT PRIMARY DIAGNOSES

1. Single liveborn infant
2. Sepsis
3. COVID-19
4. Hypertensive heart disease with heart failure
5. Hypertensive heart disease and chronic kidney disease with heart failure
6. Acute kidney failure with tubercular necrosis
7. Non-ST elevation (NSTEMI) myocardial infarction
8. Second degree perineal laceration during delivery
9. Maternal care for low transverse scar from previous cesarean delivery
10. Full-term premature rupture of membranes

Table 18. Top Inpatient Primary Diagnoses at CHRISTUS Santa Rosa Hospital – San Marcos PSA

CONCLUSION



Conclusion

The Community Benefit team worked with the hospital leadership and community partners to prioritize the health issues of community benefit programming for fiscal years 2023-2025. These groups of internal and external stakeholders were selected for their knowledge and expertise of community needs. Using a prioritization framework guided by the MAPP framework, the process included a multi-pronged approach to determine health issue prioritization.

1. The team reviewed health issue data selected by the community survey respondents.
2. The team scored the most severe indicators by considering existing programs and resources.
3. The team assigned scores to the health issue based on the Prioritization Framework (Table 19). The highest-scoring health issues were reconciled with previous cycles selected priorities for a final determination of priority health issues.
4. The team discussed the rankings and community conditions that led to the health issues.

SIZE	How many people are affected?	Secondary Data
SERIOUSNESS	Deaths, hospitalizations, disability	Secondary Data
EQUITY	Are some groups affected more?	Secondary Data
TRENDS	Is it getting better or worse?	Secondary Data
INTERVENTION	Is there a proven strategy?	Community Benefit team
INFLUENCE	How much can CHRISTUS Santa Rosa Hospital – <i>San Marcos</i> affect change?	Community Benefit team
VALUES	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
ROOT CAUSES	What are the community conditions?	Community Benefit team

Table 19. Prioritization Framework

CHRISTUS Santa Rosa Hospital – San Marcos Selected FY 2023 – 2025 Health Priority Areas

For this cycle, CHRISTUS Santa Rosa Hospital – San Marcos is using a new structure for its identified needs, categorizing them under two domains with the overarching goal of achieving health equity. While the prioritization structure is new, CHRISTUS Santa Rosa Hospital – San Marcos retained mental health as a priority issue from the previous CHNA. In the previous CHNA, CHRISTUS Santa Rosa Hospital – San Marcos identified chronic illness as a priority. In this cycle, CHRISTUS Santa Rosa Hospital – San Marcos unpacked “chronic illness” and specifically calls out diabetes, heart disease and obesity. Newly identified issues include substance abuse, housing access and job training.

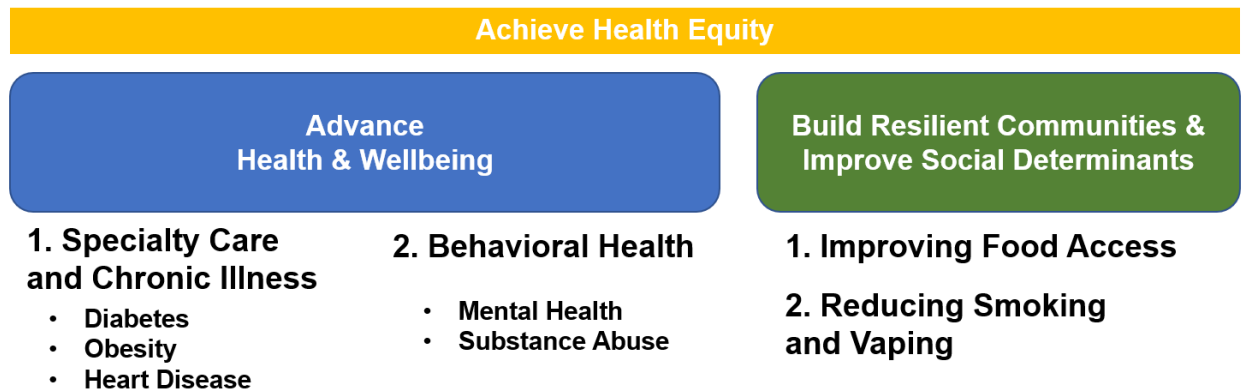


Figure 52. CHRISTUS Santa Rosa Hospital – San Marcos Priority Areas

These domains and corresponding issues will serve as the designated issue areas for official reporting and are the principal health concerns that CHRISTUS Santa Rosa Hospital – San Marcos community efforts will target.

Adoption by the Board

The Board of Directors received the 2023-2025 CHNA report for review and formally approved the documents on October 13th, 2022.

APPENDIX



Appendix 1: Evaluation of Community Health Improvement Plan (CHIP) Activities

This evaluation is meant to capture the programmatic efforts undertaken by CHRISTUS Santa Rosa Hospital – San Marcos to meet priority area goals and intended outcomes as outlined in the 2020-2022 Community Health Improvement Plan (CHIP).

Identified programs and services will share specific process and outcome metrics that demonstrate impact on the priority health areas and goals outlined in the table below.

CHRISTUS Santa Rosa Hospital – San Marcos community benefit priority area health area goals (2020-2022)

PRIORITY	Access to Affordable Health Care
PRIORITY	Healthier Management of Lifestyle
PRIORITY	Chronic Disease Management

Because of the varied program structures and approaches, it is recommended that the community benefits team to use three overarching areas to organize data sources and reporting mechanisms. These include:

Community Based Program Data

- Data includes process and outcome level measures, often captured through activity logs, standard or customized designed reporting templates, surveys, and qualitative reports.

CHRISTUS Captured Data

- CHRISTUS staff utilize databases and internal tracking templates to document and report programs and services. These include CBISA, EMRs and other a program dashboards.

Engagement Data

- Engagement data are largely qualitative including Board presentations, community reports, participant interviews and program manager feedback sessions.

Access to Affordable Health Care

<p>GOAL</p>	<ul style="list-style-type: none"> • Increase accessibility for Medicaid, low-income, uninsured (MLIU and insured patients). • Improve access to mammograms for low-income individuals.
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • CHRISTUS Trinity Clinic formerly Live Oak Health Partners Community Clinic will increase the number of encounters by 3% from a baseline of 10,538, lacking access to affordability healthcare by end of year 3. • Central Texas Medical Center, now CHRISTUS Santa Rosa Hospital – <i>San Marcos</i>, will increase the redemption rate for free mammograms vouchers, distributed throughout the community by 5% from a baseline of 96 by end of year 3.
<p>IMPACT</p>	<ul style="list-style-type: none"> • CHRISTUS Trinity was acquired on April 1, 2020 - Clinic formerly Live Oak Health Partners Community Clinic Prior to, Live Oak Health Partners was under sole ownership of AdventHealth based out of Orlando, FL. We participated in the Community Needs Assessment and pulled pertinent metrics from our electronic medical records- Athena. For the period of April 1, 2020 to Oct 31,2021, we remained on Athena EMR and supported by Advent Health. Beginning Nov 1, 2021, we transitioned to EPIC EMR supported by Christus Trinity Clinic. Unfortunately for the reporting periods 2020 and 2021, I no longer have the access to pull metrics from Athena and am no longer supported by Advent Health. • Mammograms <ul style="list-style-type: none"> » 84 Vouchers Issued FY21 » 66 Vouchers Used » 15 Vouchers Not Used » 100 Vouchers Issued FY22 » 44 Vouchers Used » 56 Vouchers Not Used <p>NOTE: COVID contributed to the decrease in the number of vouchers used.</p>

Healthier Management of Lifestyle

GOAL	<ul style="list-style-type: none">• Provide low-income residents access to basic health screenings, providing a baseline for making healthier lifestyle choices.• Promote the ideals of healthy living by offering an event focusing on health and fitness.
OBJECTIVES	<ul style="list-style-type: none">• Increase the number of applicants taking part in the HealthCheck low-cost health screenings by 3% from a baseline of 820 by end of year 3.• Increase attendance at CREATION Life Fit Family Fun Day by 5% from a baseline of 463 by end of year 3.
IMPACT	<ul style="list-style-type: none">• Due to COVID all Community Outreach efforts were suspended, thus not conducting HealthCheck program.• Due to COVID, the CREATION Life Fit Family Fun Day event was suspended due to community partners and CHRISTUS decision to practice social distancing.

Chronic Disease Management

<p>GOAL</p>	<ul style="list-style-type: none"> • Provide Medicaid, low-income and uninsured (MLIU) patients follow-up and support to manage chronic disease. • Increase awareness and early detection of diabetes and cardiac-related diseases.
<p>OBJECTIVES</p>	<ul style="list-style-type: none"> • Increase the active enrollment rate through our chronic care management diabetes program by 30% from a baseline of 62 by end of year 3. • Increase the number of blood glucose screenings by 5% from a baseline of 736 by end of year 3. • Increase the number of blood pressure screenings by 3% from a baseline of 485 by end of year 3.
<p>IMPACT</p>	<p>Chronic Care Management Diabetes Program:</p> <ul style="list-style-type: none"> • Due to COVID, free in-person monthly diabetes classes for outpatients decreased from previous years. (7 pts. per yr.) • Due to COVID, free Zoom monthly diabetes support group was conducted every month for an estimated 10 in- and out-patient (120 pts. per yr.). • Provide diabetes education for patients' w/hemoglobin A1C higher than 7% (1,200 pt. per yr.). • Insulin participants without meter receive a meter, 25 to 50 glucose strips, alcohol pads, lancets, lancet device, and package of glucose tablets (60 meters distributed to unfunded pts. in last two yrs.). • New Braunfels In-hospital patient referrals receive diabetes education via in-house call or personal phone. If unable to connect, will leave message and/or send email customized diabetes educational material. (22 pts. per yr.). <p>Blood Glucose Screening Program:</p> <ul style="list-style-type: none"> • Due to COVID, no community blood glucose screenings have been done. Plans to start program are pending due to unable to scan patients' logistics with new system. Community Clinics did not refer patients for diabetes education program. • When hospital was acquired and opened to the public, issues with converting to new Computer system – EPIC caused problem with input of Community Clinic unfunded patients to participate in class with up to four follow-ups. Epic does not have a client billing charge entry, so patients were being charged at time of attendance causing many to opt out of participating. Presently, addressing solution to this issue with EPIC.

Appendix 2: Primary Data Tools

Primary data was collected through the main channels—community surveys, focus groups and key informant interviews. The instruments used for each are included in this appendix.

Community Survey

Community Health Needs Assessment Survey	
<p>Welcome to the CHRISTUS Health Community Health Needs Assessment Survey.</p> <p>This survey will only take about 10 minutes. We will ask you questions about the health needs of your community. The information we get from the survey will help us:</p> <ul style="list-style-type: none">• Identify health problems that affect the people in your community.• Understand the needs of your community.• Work together to find a solution. <p>The survey is voluntary and you do not have to participate. You can also skip any questions you do not want to answer or end the survey at any time.</p> <p>The answers you give are very important to us. Your answers will be private (we will not know who gave the answers) and we will protect the information you are giving. We will not share your personal information or survey answers to anyone outside of CHRISTUS Health.</p> <p>We thank you for your help.</p>	
Your Information	
Your home zip code: _____	How many years have you lived here? _____

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Community Health Questions

Thinking about where you live (zip code, neighborhood, town), on a scale of 1 - 5 (with 1 - being not at all and 5- being serious), how much of a problem are each of the following health concerns?

Please consider how any of these issues affect you or a family member personally, impact others you know, or deal with in your profession. If you don't know, please leave blank/skip.

HEALTH CONCERN	RATING (1-5)
Abuse (child, emotional or physical abuse; neglect, sexual assault, domestic violence)	
Access to healthy food items	
Access to prenatal care (including insurance, medical provider, transportation)	
Alzheimer's and Dementia	
Arthritis	
Cancer (s)	
Chronic pain	
Dental disease (Dental Problems)	
Diabetes (high blood sugar)	
Drug, Alcohol and Substance Abuse (Prescription, Illegal Drugs)	
Healthy Eating (including preparing meals and cooking)	
Exercise and physical activity	
Hearing and vision loss	
Heart disease (hypertension, high blood pressure, heart attack, stroke)	
Infectious diseases (hepatitis, tuberculosis or TB, flu, COVID-19)	
Lung disease (asthma, chronic obstructive pulmonary disease or COPD)	
Maternal and child health (preterm birth, gestational diabetes, maternal hypertension, preeclampsia, maternal death, infant mortality)	
Mental health (ADHD, depression, anxiety, post-traumatic stress disorder or	
Motor vehicle crash injuries	
Obesity (Overweight)	
Property crime (theft, burglary and robbery, motor vehicle theft)	
Sexually Transmitted Infections (STIs and STDs), including Human Immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)	
Smoking and vaping	
Teen Pregnancy	

Other than those included in the previous question, are there any additional concerns that you feel affect the health of our community?

If you, family members or others who you are in frequent contact with are impacted by any of these health concerns, please share the age group and the impact. (e.g., I am the primary caregiver for my aging parent who has Alzheimer's)

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Community Resources Questions

What strengths and/or resources do you believe are available in your community? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Community services, such as resources for housing | <input type="checkbox"/> Inclusive and equal care for all people whatever race, gender identity or sexual orientation (LGBTQ) |
| <input type="checkbox"/> Access to health care | <input type="checkbox"/> Life skill training (cooking, how to budget) |
| <input type="checkbox"/> Medication Assistance | <input type="checkbox"/> Parks and recreation |
| <input type="checkbox"/> Health support services (diabetes, cancer, diet, nutrition, weight management, quit smoking, end of life care) | <input type="checkbox"/> Cancer Screening (mammograms, colon cancer, HPV vaccine/Pap smear, prostate cancer) |
| <input type="checkbox"/> Affordable and healthy food (fresh fruits and vegetables) | <input type="checkbox"/> Quality Job Opportunities and Workforce Development |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Racial Equity (The elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race) |
| <input type="checkbox"/> Technology (internet, email, social media) | <input type="checkbox"/> Religion or spirituality |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Safety and low crime |
| <input type="checkbox"/> Affordable childcare | <input type="checkbox"/> Strong community cohesion and social network opportunities (reword – Welcoming community and opportunities to join support groups) |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Clean environment and healthy air | |
| <input type="checkbox"/> Fitness (gyms place to work out) | |
| <input type="checkbox"/> Good schools | |

Are there any additional services or resources that you would like to see in our community that would help residents maintain or improve their health?

Community Health Needs Assessment Survey

Questions About You

What is your age?

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 35-44 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> 85 and older |

What is your current gender identity?

- | | | |
|--|---|--|
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Female
(Male to Female) | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender Male
(Female to Male) | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Non-Binary (Do Not
Strictly Identify as Female
or Male) | | |

Do you think of yourself as?

- | | |
|--|--|
| <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Choose not to disclose |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Lesbian or gay or
homosexual | |

Do you consider yourself Hispanic or Latino?

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic or Latino: A person is not of Hispanic or Latino ethnicity.
- Decline to answer: A person who is unwilling to choose/provide from the categories available

Which category best describes your race? (check all that apply)

- American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- Black or African American: *A person having origins in any of the black racial groups of Africa.*
- Native Hawaiian or Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- White: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- Decline to answer

Is a language other than English spoken in your home?

- Yes No

If Yes: What language(s) other than English are spoken in your home?

- Spanish Vietnamese Mandarin Other, please specify: _____

What is the highest level of education you have completed?

- | | |
|--|---|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Vocational or technical school |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College graduate (such as AA, AS, BA, BS, etc.) |
| <input type="checkbox"/> High school graduate or graduate equivalency degree (GED) | <input type="checkbox"/> Advanced degree (such as MS, MA, MBA, MD, PhD, JD, etc.) |
| <input type="checkbox"/> Some college, no degree | |

Community Health Needs Assessment Survey

Household Questions

What are your current living arrangements?

- | | |
|--|--|
| <input type="checkbox"/> Own my home | <input type="checkbox"/> Living with a friend or family |
| <input type="checkbox"/> Rent my home | <input type="checkbox"/> Living outside (e.g., unsheltered, car, tent, abandoned building) |
| <input type="checkbox"/> Living in emergency or transitional shelter | <input type="checkbox"/> Other: _____ |

How many people live in your household? _____

How many children (less than 18 years old) live with you in your home? _____

How often do you have access to a computer or other digital device with the internet?

- Always Often Sometimes Very Rare Never

Do you or anyone in your household have a disability?

- Yes No

What is the yearly household income? (The total income before taxes are deducted, of every person in the home who financially helps)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$60,000 to \$79,999 |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> \$80,000 to \$99,999 |
| <input type="checkbox"/> \$20,000 to \$39,999 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$40,000 to \$59,999 | |

Community Health Needs Assessment Survey

Questions about Your Health

Are you currently covered by health insurance?

- Yes No

Do you have a medical or healthcare professional that you see regularly (primary care provider/doctor/pediatrician/cardiologist, etc.)?

- Yes No

The following questions concern the time since the start of the pandemic (March 2020):

During this time period have you had any of the following (please check all that apply):

- Visited a doctor for a routine checkup or physical? (not an exam for a specific injury, illness or condition)?
- Dental exam
- Mammogram
- Pap test/pap smear
- Sigmoidoscopy or colonoscopy to test for colorectal cancer
- Flu shot
- Prostate screening
- COVID-19 vaccine

Because of the pandemic did you delay or avoid medical care?

- Yes No

During this time period, how often have you been bothered by feeling down, depressed, or hopeless? (Check only one answer).

- Not at all
- Several days every month
- More than half the days every month
- Nearly every day

What is the most difficult issue your community has faced during this time period?

- COVID-19
- Natural disasters (for example, hurricanes, flooding, tornadoes, fires)
- Extreme temperatures (for example, snowstorm of 2021)
- Other: _____

Other than those concerns included in the previous question, are there additional concerns that affected your community during this time period?

CHNA Focus Group Guide

Population:

Date and Time:

Location:

RSVPs:

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the focus group.
 - We are meeting today to learn about your community. Specifically, we want to understand what you like about where you live and what you would like to see changed. We also want to understand the biggest health challenges your friends and families face.
 - You were selected to participate in this focus group because of the valuable insight you can provide.
 - We would like to understand how the hospital can partner to make improvements in your neighborhood.
- Establish confidentiality of participants' responses.
 - Our team will be taking notes about what is discussed, but individual names or identifying information will not be used.
- Establish guidelines for the conversation.
 - Keep personal stories "in the room".
 - Everyone's ideas will be respected.
 - One person talks at a time.
 - It's okay to take a break if needed or help yourself to food or drink (if provided).
 - Everyone has the right to talk.
 - Everyone has the right to pass a question.
 - There are no right or wrong answers.
- Explain to participants how their input will be used.
 - Your input will be part of the Community Health Needs Assessment process.
- Give participants estimated timeline of when results will be shared.
 - We expect to make the report available in 2022.
- Establish realistic expectations for what the hospitals and partners can do to address community needs.

2. Introductions

- When we speak about community, it can have different meanings. For example, it can mean your family, the people you live or go to school with, the neighborhood you live in, a group of people you belong to. We are interested in hearing about your community, no matter how you define it.
- The facilitator will go around the room and ask each participant:
 - Name?
 - How long have you lived in the community?
 - What one word would you use to describe your community?

3. Community Descriptions

- Can you describe your community?
 - What are things like?
 - What are things you would like to see changed?
 - Probe: Do you have ideas for how those things can be changed?

4. Health Questions

- What do you think are the biggest health challenges in your community?
 - Follow up on specifics – diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse
 - With chronic diseases answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
 - If substance abuse comes up, follow up on types – alcohol, marijuana, opioids, other?
- What do you think could prevent these issues from being so challenging?
 - Follow up on specific ideas – access to preventative care? Education?
- How has COVID-19 impacted you and your community?
 - Follow up on specifics – job loss, homeschooling, severe illness, mental health, ability to access the internet and health information at home

5. Access and Education Questions

- How easy is it in your community to access health services?
 - Do they have a primary care provider?
 - Can they access Behavioral Health services?
 - Are they able to get cancer screenings and vaccinations?
 - Is telehealth an option? Why or why not?
 - Is transportation a barrier?
- How easy is it for adults in your community to maintain a healthy lifestyle?
 - Is there access to healthy foods?
 - Are there places to exercise?
 - Do you feel a sense of cohesion in your community?

6. Solutions and Strategies Questions

- What do you think a community needs to be healthy?
 - Depending on responses, follow up on specifics – jobs, housing, access to care, schools, parks, food access, etc.
- Who do you think can contribute to make a community healthy?
 - Probe: neighbors, doctors, hospitals, social service agencies, politicians, etc.

7. Final Questions

- What do you think CHRISTUS Health can do to help your community?
- Where do you get your health information now?
- What is the best way to communicate with you about health information?

8. Closing and Next Steps

- Explain how the notes will be synthesized and shared.
- Ask whether participants would like to be involved in future stages of the CHNA and set the process for continued engagement.
- Thank everyone for their participation

CHNA Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the interview
 - CHRISTUS Health is conducting a Community Health Needs Assessment and your input is an important part of the work.
 - We have collected thousands of surveys and held over two dozen focus groups. Now we are interviewing key informants like yourself.
 - You were selected to participate in this interview because of the valuable insight you can provide.
 - We would like to understand how the hospital can partner to improve the health of the community.
- Establish confidentiality of the conversation
 - I will be taking notes about what is discussed, but your name and identifying information will not be used.
- Give participants an estimated timeline of when results will be shared.
 - We expect to make the report available later this year.

2. Introductions

- During our time together, I'm interested in learning about your work and the needs of the people you serve.
- What is your:
 - Name?
 - Organization?
 - Work you do for that organization and/or the community?

3. Survey-alignment questions

- What are strengths you see with your patients/community members right now?
- What are the challenges they face?
 - How do you think those challenges can be addressed?
- What programs or partnerships have worked well? Why?

4. Health questions

- What do you think are the biggest health challenges your patients/constituents/community members face?
 - Follow up on specifics—diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse, mental health
 - With chronic disease answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
 - For cancer ask about specifics
 - For substance abuse follow up on types—alcohol, marijuana, opioids, other?
- How has COVID-19 impacted you and your work?

5. Social Determinant questions

- What elements in the community make it hard for people to be healthy?
 - Follow up on food access, affordable housing, childcare, crime, access to care, etc.
- How can Christus help address these issues?

6. Next Steps

- Explain how the notes will be synthesized and shared.
- Thank them for their participation.

Appendix 3: Data Sources

Secondary data that was used throughout this report was compiled from Metopio's data platform. Underneath each graphic in this report, there is a label that cites the data source for that visual. Primary sources of this data come from:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control PLACES data
- Centers for Disease Control WONDER database
- Centers for Medicare and Medicaid Services: Provider of Services Files, National Provider Identifier
- Decennial Census (2010 and 2020 census data)
- Diabetes Atlas
- Environmental Protection Agency
- FBI Crime Data Explorer
- National Vital Statistics System
- The New York Times
- State health department COVID dashboards
- Texas Department of Public Health
- United States Department of Agriculture: Food Access Research Atlas

Appendix 4: Community Resources

An inventory of community resources was compiled based on key informant interviews, focus group discussions, and an internet-based review of health services in the CHRISTUS Santa Rosa Hospital – *San Marcos* service area. The list below is not meant to be exhaustive but represents a broad sampling of feedback received from the stakeholder engagement process. The list of community resources is restricted to only those that are physically located within the report area. Several additional organizations located outside the report area may provide services to report area residents but fall outside the scope of inclusion in this needs assessment. Similarly, many of the organizations identified in this resource compilation serve a population broader than the report area but are included here in the context of the services they offer to report area residents.

NAME	DESCRIPTION
San Marcos Housing Authority	Provides decent, safe, and affordable housing for about 575 low-income households, including elderly and disabled, in the San Marcos area.
Hays-Caldwell Women's Center	Local non-profit who offers free and confidential services to adults, youth, and children who are victims of family violence, dating violence, sexual assault, and child abuse who live, work, or attend school in Hays and Caldwell Counties. Services are available in English and Spanish.
Hays County Food Bank	Hays County Food Bank is passionately committed to improving lives through food assistance programs, nutrition education, and advocacy.
Southside Community Center	Southside Community Center (SSCC) is a non-profit organization proudly affiliated with the United Methodist Church. We are committed to improving the living conditions and personal dignity of those in need in San Marcos and Hays County, Texas.
Community Action Inc. of Hays, Caldwell & Blanco	Community Action develops opportunities for people and communities to realize their potential by providing resources and comprehensive services to empower Central Texans of all ages to become self-sufficient.
Central Texas Children Home	Help children and their families learn to adjust, adapt, and overcome the pain of their past. As we teach those in need how to be healthy in the present and prepared to serve in the future, we remind them that God has plans for them.

CASA of Central Texas	CASA of Central Texas, Inc. provides valuable volunteer advocacy for abused children from Caldwell, Comal, Guadalupe and Hays Counties. CASA volunteers serve as the "eyes and ears" for the judges in child welfare cases. This includes researching each child's situation and making objective recommendations to help them reclaim their childhoods from abuse and neglect. CASA volunteers are frequently the only stable presence in these children's lives.
United Way of Hays County	Improve the lives of Hays County residents by mobilizing the caring power of our community in the areas of Education, Income and Health.