Community Health Needs Assessment

2026 – 2028

CHRISTUS SANTA ROSA Hospital *San Marcos*

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Chapter 1: Letter to the Community

Letter to the Community

A Message of Gratitude

Robert "Bob" Honeycutt
President
CHRISTUS Santa Rosa Hospital – San Marcos

At **CHRISTUS Santa Rosa Hospital - San Marcos**, we believe health begins in the community. It starts with our conversations, the stories we hear and the trust we build. This belief shapes the way we care, not just in our hospitals and clinics, but in our neighborhoods, workplaces and places of worship.

The Community Health Needs Assessment (CHNA) is one of the most powerful ways to connect with those we serve. It's how we pause to listen, reflect and understand what matters most to our communities. In the 2023–2025 CHNA, you shared your needs, hopes and ideas. We heard you — on challenges such as specialty care and chronic illness (diabetes, obesity and heart disease), behavioral health (mental health and substance abuse), food access and smoking and vaping — and we responded by deepening our partnerships, investing in solutions and launching programs that address the root causes of health inequities.

But the work didn't stop there.

As we look to the future with the 2026–2028 CHNA, we carry forward all we've learned and all we've built together. This assessment goes even further, shaped by community-led workgroups, focus groups and conversations that explore complex challenges like food insecurity, access to care, behavioral health, housing instability and more. The insights in this report are grounded in lived experience and community strength.

We are incredibly grateful to each of you who participated as storytellers, organizers, survey respondents, volunteers and advocates. This report exists because of your time, voice and commitment to a healthier future. Thank you for walking alongside us. Your leadership inspires us. As we continue this journey, we do so with deep respect for the communities we serve and a renewed commitment to stand with you, now and always.

Statement of Health Access and Serving as an Anchor Institution

At **CHRISTUS Health**, our core values — dignity, integrity, excellence, compassion and stewardship — guide everything we do. We believe these values are not just words, but principles that inspire us to serve you with the utmost care and dedication. Through this assessment, we seek to understand your unique needs and challenges. By listening to your stories and experiences, we aim to identify areas where health disparities exist and work alongside you to find meaningful solutions. Together, we can create an inclusive and equitable health care environment for everyone, regardless of their background or circumstances. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as transportation, housing, education, employment and access to nutritious food. Addressing these factors can build a stronger, healthier community where everyone thrives. Your participation in this assessment is invaluable. Your voice matters deeply to us as we strive to tailor our services to meet your needs and aspirations. We invite you to share your insights, concerns and hopes with us so that we can pave the way for a brighter, healthier future together. Thank you for being an integral part of our CHRISTUS Health family. Let's continue to care for and uplift one another, embodying our values in every interaction and endeavor.

Deb Roybal
Vice President of
Mission Integration
CHRISTUS Santa Rosa Health System

Esmeralda "Mela" Perez
Director, Community
Services
CHRISTUS Santa Rosa Health System

Marcos Pesquera
Chief Diversity Officer
and Vice President of
Community Health
CHRISTUS Health

Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the Ministry CEO/President and Executive Leadership Team of CHRISTUS Santa Rosa Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on August 8, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the Board of Directors on August 8, 2025.

Chapter 2: Executive Summary

Executive Summary

In San Marcos, health is rooted in connection. From the banks of the river to the heart of downtown, this vibrant community thrives on relationships between neighbors, generations, people and places. At CHRISTUS Santa Rosa Hospital - San Marcos, we are proud to be part of this fabric of care, walking alongside families, students, caregivers and elders who call this region home.

For years, we have lived our mission to extend the healing ministry of Jesus Christ by providing high-quality, compassionate care to everyone, regardless of their income, background or ability to pay. But just as important as what happens within our hospital walls is the work we do in neighborhoods, schools and community spaces — listening, learning and partnering with others to improve health and well-being across the region.

Every three years, our Community Health Needs Assessment (CHNA) gives us the opportunity to step back, reflect and hear directly from the people we serve. It is a process grounded in trust, shaped by stories and informed by data. The 2026–2028 CHNA captures the lived experiences of San Marcos residents, highlighting both the strengths of our community and the barriers that still stand in the way of better health.

We follow a lifespan approach, examining health through four stages of life: maternal and early childhood, school-age children and adolescents, adults and older adults. At each stage, we also consider the social drivers of health, like education, housing, employment, food access, transportation and safe environments, that influence how people live, age and thrive.

Maternal and Early Childhood Health

The earliest years of life are among the most important. In San Marcos, we have seen more families engaging in prenatal education, early screenings and supportive care for young children. Local programs have worked to increase access to nutrition, mental health care and early development resources. And yet, barriers remain. Many families still face challenges related to food insecurity, childcare and access to affordable health care. These early gaps can shape long-term health, making it critical that families receive the support they need during this foundational stage.

School-Age Children and Adolescent Health

As children grow and enter school, their physical, mental and emotional development accelerates. Across the region, we have seen schools and youth organizations work together to support wellness — from nutrition programs to expanded after-school resources. There is a strong community spirit driving youth-focused progress in San Marcos. Still, many families express concern about rising rates of anxiety, suicide risk and limited access to affordable mental health services. Adolescence is a time of transformation — and when the right support is in place, it can also be a time of deep growth and resilience.

Adult Health

For adults, maintaining health often means juggling many roles — parent, provider, caregiver and employee. In San Marcos, more adults are engaging in preventive care and community wellness programs to increase awareness of mental health. But adults continue to face barriers: high medication costs, food and housing insecurity and challenges accessing timely, affordable care. These stressors can have lasting effects on families, communities and the overall well-being of our region.

Older Adult Health

As our population ages, older adults remain a vital part of the San Marcos story. Their contributions are invaluable — but their needs are also growing. For older adults, San Marcos offers a rich mix of support — from caregiver groups and senior centers to churches that serve as anchors for community and connection. Residents shared their gratitude for programs that support aging at home and activities that reduce loneliness and promote mobility. But many seniors still face challenges with transportation, limited income and navigating complex systems of care. Memory loss, access to medications and the need for long-term care options were frequently cited as areas where additional support is needed.

What we have heard through this CHNA is that San Marcos is a place of action. From grassroots efforts to academic partnerships, from health fairs to meal distributions, the people of this region continue to step forward when others are in need. There is no shortage of resilience here— only the ongoing need to ensure that systems match the strength of the community they serve.

CHRISTUS Santa Rosa Hospital - San Marcos is honored to be a part of this story. The voices we have heard through this CHNA will guide our focus, deepen our relationships and remind us of why this work matters. Health is not just about treatment — it is about opportunity, dignity and equity.

This report reflects both the progress that has been made and the potential that remains to be realized. Together, we will continue building a future where every person in San Marcos, regardless of their circumstance, has the chance to live a healthy, connected and meaningful life.

Key Findings

The chart below summarizes the leading indicators of the communities we serve.

LEAD INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Access to care • Healthy births • Food insecurity • Childcare	• Access to care • Behavioral health • Suicide • Food insecurity	• Access to care • Medication affordability • Behavioral health • Mental health • Food insecurity • Housing instability	• Access to care • Preventative care • Poverty • Caregivers

Chapter 3: Introduction

Introduction

Tucked between the urban energy of Austin and the cultural richness of San Antonio, San Marcos, Texas, is a thriving river city known for its natural beauty, creative spirit and growing population. With the crystal-clear San Marcos River flowing through the heart of town, the community has long been a destination for outdoor enthusiasts who flock to its springs for tubing, kayaking and swimming in the summer sun.

But San Marcos offers far more than a scenic backdrop. It is home to Texas State University, which infuses the city with academic vibrancy, innovation and diversity. From university students and young families to long-time residents and retirees, San Marcos is a community where cultures converge and neighbors care for one another. The historic downtown offers a walkable hub for arts, food and music, while the surrounding landscape nurtures the community's health and well-being.

Just a short drive from San Antonio, San Marcos holds a distinct identity within the I-35 corridor. It is rapidly evolving, balancing small-town charm with regional growth. As the population expands, so do the needs — and opportunities for more equitable, accessible health care.

CHRISTUS Santa Rosa Hospital - San Marcos is proud to serve this dynamic and growing community. Deeply rooted in the heart of Hays County, the hospital is part of the broader CHRISTUS Santa Rosa Health System and brings a faith-based mission of compassionate, person-centered care to individuals and families across the region.

Like many communities experiencing rapid growth, San Marcos faces both promise and challenges when it comes to community health. The city's evolution has introduced new housing developments, business opportunities and transportation corridors — but not all residents have benefited equally from these advancements.

Economic disparities, access to care and limited transportation options remain barriers for many, especially in historically underserved neighborhoods. Behavioral health needs have grown in urgency, and chronic illnesses such as diabetes, heart disease and obesity continue to affect large portions of the population. Housing affordability, food insecurity and language access also contribute to uneven health outcomes across San Marcos and the surrounding area.

This Community Health Needs Assessment (CHNA) offers an in-depth, data-driven look at these complex issues. Informed by both local statistics and community voices, the CHNA serves as a roadmap for coordinated, community-centered action — designed to inform decision-makers, engage stakeholders and spark meaningful, lasting change.

The COVID-19 pandemic further exposed health disparities in San Marcos, particularly among low-income families, rural residents, students and essential workers. However, it also highlighted the strength of community partnerships and the resilience of local organizations and health care providers working together under pressure.

San Marcos is home to a diverse population with a wide range of health care needs and lived experiences. By acknowledging the unique historical, social and environmental factors that shape this community, CHRISTUS Santa Rosa Hospital - San Marcos reaffirms its commitment to addressing disparities, investing in prevention and walking alongside the people of San Marcos in their journey toward a healthier future.

Through collaboration, shared learning and a deep dedication to its mission, CHRISTUS Santa Rosa Hospital - San Marcos remains focused on extending the healing ministry of Jesus Christ — ensuring that every person, regardless of circumstance, can thrive.

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of the region and guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS Santa Rosa Hospital - San Marcos is dedicated to addressing the health needs of the communities within its service area. The CHNA process, required under the Patient Protection & Affordable Care Act (ACA) of 2010, ensures that nonprofit hospitals conduct a comprehensive assessment of local health challenges and available resources at least once every three years. This structured approach enables us to identify key health priorities, collaborate with community stakeholders and develop strategic plans to address the most urgent health concerns.

In accordance with the ACA, the CHNA not only informs the hospital's community health initiatives but also satisfies certain IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this report directly support the development of an implementation strategy, which aligns hospital resources with the needs of underserved and vulnerable populations, ensuring meaningful and measurable interventions.

This document represents the 2026-2028 CHNA for CHRISTUS Santa Rosa Hospital - San Marcos and serves as a comprehensive resource for understanding the current health landscape in Central Texas. It provides an in-depth analysis of:

- Community demographics and population trends
- Existing health care resources and access to care
- Significant health needs and disparities
- Data collection and prioritization methodologies
- Community engagement efforts and stakeholder input

The findings from this CHNA not only fulfill IRS reporting requirements but also play a critical role in shaping ongoing health planning and decision-making within our hospital system and among our local partners. This document is widely shared with key stakeholders, including local government agencies, community-based organizations, public health officials and other health care providers, to strengthen collaborative efforts aimed at reducing health disparities and improving overall community health outcomes.

Additionally, this assessment reflects the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of the community. The insights gained will inform the development of targeted programs, funding decisions and strategic partnerships designed to drive sustainable improvements in health equity across the community.

Overview of the Health System

CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system established in 1999 to preserve and strengthen the healing ministries founded by the Sisters of Charity of the Incarnate Word of Houston and San Antonio — religious congregations whose commitment to compassionate care began in 1866. In 2016, the Sisters of the Holy Family of Nazareth joined as the third sponsoring congregation, deepening the system's spiritual foundation and ongoing mission of service.

Today, CHRISTUS Health operates more than 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico and Arkansas. The system also extends its healing ministry internationally, with facilities in Mexico, Colombia and Chile. Across every location, CHRISTUS Health remains united by a singular purpose: to extend the healing ministry of Jesus Christ — delivering high-quality, compassionate care to individuals and communities, especially those most in need.

CHRISTUS Santa Rosa Health System

Part of CHRISTUS Health, CHRISTUS Santa Rosa Hospital - San Marcos is a faith-based, not-for-profit health care system serving San Marcos and surrounding counties in Central Texas. Rooted in a legacy of care dating back to 1869, the system includes five hospitals and nearly 3,000 Associates. CHRISTUS Santa Rosa specializes in women's health, senior care, heart care, surgical services, orthopedics and sports medicine. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, the Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, we are committed to extending the healing ministry of Jesus Christ to every individual we serve.

CHRISTUS Santa Rosa Hospital - San Marcos

CHRISTUS Santa Rosa Hospital - San Marcos is a non-profit hospital system serving San Marcos, Texas, and Central 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.

Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to equity, dignity and social responsibility, CHRISTUS Health works to improve the health and well-being of individuals and communities, particularly those who are underserved and marginalized.

Community health at CHRISTUS Health is a proactive approach to addressing the social, economic and environmental factors that impact health outcomes. Through strategic partnerships, innovative programs and targeted interventions, CHRISTUS Health collaborates with local organizations, public health agencies and community leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics. Key focus areas include chronic disease prevention, maternal and child health, behavioral health, food security, housing stability and access to care.

Community benefit represents our health system's ongoing investment in community-driven health initiatives, ensuring that resources are allocated where they are most needed. These efforts are an expression of our mission to serve the health needs of the broader community, especially those who are uninsured, underinsured or facing significant health disparities. This includes:

- **Financial assistance:** providing support for uninsured and underinsured patients to ensure access to necessary medical care
- **Subsidized health programs:** offering health services at reduced or no cost to vulnerable populations, ensuring they receive the care they deserve
- **Health education initiatives:** promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- **Support for nonprofit organizations:** partnering with local nonprofit organizations working to address critical health disparities and social determinants of health

These programs are part of how we meet our obligations as a nonprofit health system, but more importantly, they're how we put our mission into action — serving compassion, dignity and justice. By combining clinical care with community action, CHRISTUS Health aims to reduce health disparities, build stronger communities and extend the healing ministry of Jesus Christ to all we serve.

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Santa Rosa Hospital - San Marcos serves a diverse and rapidly growing population across Hays and Caldwell counties in Central Texas. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Santa Rosa Hospital - San Marcos defines its primary service area (PSA) as the ZIP codes that account for approximately 80% of hospital utilization (see Table 1 and Figure 1). This approach ensures that the Community Health Needs Assessment (CHNA) accurately reflects the communities most directly served by the hospital.

The region includes a dynamic mix of suburban hubs, rural towns and college communities — each with distinct health needs, challenges and strengths. From the vibrant university town of San Marcos to the agricultural landscapes of Caldwell County, this geographic and demographic diversity underscores the importance of a community-centered, equity-driven approach to improving health outcomes across the area.

CHRISTUS SANTA ROSA HOSPITAL - SAN MARCOS PSA	
Hays County	Caldwell County
78640	78644
78666	78648
78676	78655

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

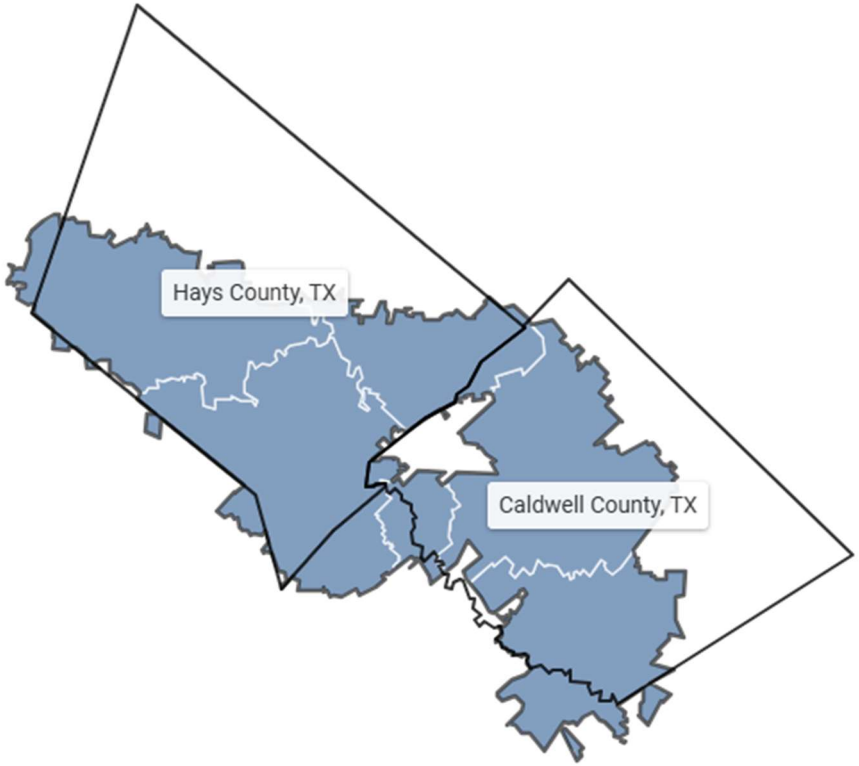

Figure 1. Primary Service Area (PSA) Map of CHRISTUS Santa Rosa Hospital – San Marcos

The Strength of Our Communities

At CHRISTUS Health, we believe the heart of a healthy community is found in the relationships we build with individuals, neighborhoods and the many local organizations working every day to make a positive impact. These community partners are not just part of our work — they are essential to it. Together, we support the health and well-being of our neighbors by addressing the challenges that affect everyday life, from access to care and chronic diseases to mental health, food insecurity and maternal and child health.

These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.

To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it's not a comprehensive list, it highlights the broad range of support available across our region.

To find even more free or low-cost services near you — including help with food, housing, transportation and mental health — visit FindHelp.org. This easy-to-use tool lets you search by ZIP code to connect with programs and resources in your area.

Whether listed here or searchable on findhelp, these organizations are a vital part of our shared mission. Their work strengthens our communities and ensures that help is always within reach.

NAME	DESCRIPTION
San Marcos Housing Authority	Provides safe, affordable housing for low-income households in San Marcos, including seniors and individuals with disabilities
Hays-Caldwell Women's Center	Offers free, confidential support services for survivors of domestic violence, sexual assault and child abuse in Hays and Caldwell Counties -- services are bilingual
Hays County Food Bank	Provides emergency food assistance, nutrition education and advocacy to alleviate hunger across Hays County
Southside Community Center	A United Methodist Church–affiliated nonprofit offering housing repairs, shelter and outreach to underserved families in San Marcos and surrounding areas
Community Action Inc. of Hays, Caldwell & Blanco	Empowers individuals and families with education, workforce, health and senior services to support long-term self-sufficiency
CASA of Central Texas	Trains volunteers to advocate for the best interests of abused and neglected children in court, helping them find safe and permanent homes
United Way of Hays County	Supports local nonprofit programs and community initiatives focused on health, education and financial stability for Hays County residents
Central Texas Children's Home	Provides residential support and counseling to children facing neglect or hardship, with a focus on healing, education and long-term well-being
Texas State University – Student Health Center	Delivers comprehensive health services including primary care, health promotion and wellness programming for students at Texas State
Greater San Marcos Youth Council	Supports youth and families through crisis intervention, counseling, emergency shelter and prevention programs to promote safe and healthy development

Chapter 4: Impact

Impact

Since the Last Community Health Needs Assessment...

The Community Health Needs Assessment (CHNA) is designed to be part of a dynamic, three-year cycle of listening, action and evaluation. A key element of this process is reviewing progress made in addressing the health priorities identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS Santa Rosa Hospital - San Marcos and the communities it serves can better focus their strategies and ensure future investments are responsive, effective and community-driven.

In the 2023–2025 CHNA cycle, CHRISTUS Santa Rosa Hospital - San Marcos prioritized the following areas based on community input and data analysis:

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
• Specialty care access and chronic disease management (including diabetes, obesity, heart disease) • Behavioral health (including mental health and substance abuse)	• Improving food access • Reducing smoking and vaping

Over the past three years, CHRISTUS Santa Rosa Hospital - San Marcos, community partners, clinical teams and trusted local organizations have worked together to design and implement interventions aimed at reducing disparities and improving outcomes in these areas. Many of these efforts intentionally focused on reaching populations most impacted by health inequities.

The following pages highlight key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.

Prioritized Needs

ADVANCE HEALTH AND WELL-BEING

Specialty Care Access and Chronic Disease Management (Diabetes, Obesity, Heart Disease)

Strategy: Expand access to specialty and primary care while addressing chronic disease through education, screenings and care coordination.

Implementation Highlights:

- CHRISTUS Santa Rosa's Community Health Worker (CHW) Program connected individuals to chronic disease education, primary care access and resources for diabetes and heart disease prevention.
- Nursing and clinical education programs supported both internal clinical development and community-facing health education.
- Mobile mammography and education programs increased access to preventive screenings across Hays and Caldwell counties.
- Heart failure and stroke education and diabetes education programs provided personalized education, tools and care planning support to improve chronic disease self-management.
- Onsite partnerships with Health Collaborative, Enroll SA and Catholic Charities' Family Connect program enhanced access to primary care, Medicaid/Marketplace enrollment and maternal-child health resources.

Progress:

- Dozens of community members accessed heart health, stroke prevention and diabetes education services through hospital-based programs.
- The CHW program successfully connected high-risk individuals to care coordination, insurance enrollment and ongoing health support.
- Mobile mammography and cancer prevention education efforts expanded early detection opportunities in underserved areas.

Behavioral Health

Strategy: Advance partnerships with public health, social services and community stakeholders to identify access points of information, services, resources and community-based initiatives.

Implementation Highlights:

- CHRISUTS Santa Rosa increased the number of care screenings for social determinants of health identifying signs of mental health illness.
- Provided well-trained siters to keep at-risk patients safe.
- CHRISTUS Community Health Workers offered personalized intervention community resources responding to individual needs that otherwise would go untreated.
- Increased community partnerships and resources addressing mental health services and substance abuse treatment.
- Increased onsite training for case managers, soical workers and community health workers on subject matter, resources, and community initiatives.

Progress:

- Community Health Workers, Social Workers, and Case Managers successfully work together to identify needs, provide education and community resources.
- Increase the base of community partners and streamline care coordination process to available community resources.
- On-going training on critical issues facing patients, as well as development of community partnerships.
- Serve on key coalitions to increase partnerships and collaboration.

BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

Improving Food Access

Strategy: Improve food access through partnerships that address hunger, nutrition and chronic disease management.

Implementation Highlights:

- We partnered with the American Heart Association and local collaborators to bring the Mobile Mercado, an affordable grocery truck, to underserved communities — offering fresh produce and healthy food options in food deserts.
- We distributed Mobile Mercado vouchers to individuals with chronic illnesses such as COPD and congestive heart failure to support nutrition-sensitive care.
- We collaborated with the San Antonio Food Bank and Central Texas Food Bank to support SNAP enrollment, Medicaid access and referrals to local food pantries.
- We connected individuals and families to food assistance through partnerships with Hays County Food Bank, San Marcos Area Food Pantries, WIC, Meals on Wheels, St. Vincent de Paul Society and other community-based food support programs.

Progress:

- Dozens of community members gained access to healthy food options through the Mobile Mercado and food bank partners.
- Vouchers helped reduce financial barriers for patients managing chronic conditions through diet.
- Families and older adults were connected to critical food programs, improving both food security and chronic disease management.

Reducing Smoking and Vaping

Strategy: Reduce smoking and vaping through prevention education, cessation support and advocacy partnerships.

Implementation Highlights:

- We partnered with the American Lung Association to promote lung health education, public awareness campaigns and cessation resources targeting smoking and vaping.
- We shared educational resources and best practices across the community to support youth prevention and adult cessation.
- We promoted local support programs including Nicotine Anonymous to provide ongoing peer support for individuals seeking to quit smoking.

Progress:

- Community education efforts increased awareness of the risks associated with smoking and vaping, particularly among youth and adults with chronic illnesses.
- Residents accessed free resources, support groups and referrals to cessation services through community outreach and partnerships.
- We strengthened collaboration with public health organizations to advocate for tobacco-free environments in the region.

Chapter 4: CHNA Process

CHNA Process

Data Collection Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step.

To ensure a full picture of community health needs, CHRISTUS Health collected both quantitative and qualitative data from a variety of sources, engaging key stakeholders including residents, health care providers, local leaders and nonprofit organizations. This process emphasized the importance of listening to those who live and work in the community —individuals with deep insight into the social, economic and environmental conditions that impact health.

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community survey**
  Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community indicator workgroups**
  Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data dictionary work sessions**
  Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community focus groups**
  Brought together diverse voices to contextualize the data and validate findings through lived experience

This multi-step, mixed-methods approach was designed to ensure the CHNA was community-informed, data-driven and aligned with local health priorities. Together, the findings serve as a powerful foundation for the development of targeted implementation strategies that reflect the voices and experiences of the people CHRISTUS Health is called to serve.

Below includes more information on the data collection methods and a summary of the participants involved in the process:

Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected in collaboration with Metopio, an advanced analytics platform that aggregates and visualizes data from reputable state, regional and national sources. Metopio partners closely with CHRISTUS Santa Rosa Hospital - San Marcos to deliver comprehensive and accurate health-related data. Key data sources integrated by Metopio include:

- Bureau of Vital Records and Health Statistics (BVRHS)
- Youth Risk and Resiliency Surveys (YRRS)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)

To further enrich our understanding of community health indicators, supplementary data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Department of Housing and Urban Development (HUD)
- Central repositories from statewide law enforcement agencies
- National Health and Nutrition Examination Survey (NHANES)

This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

Qualitative Data Collection

Qualitative data were gathered to provide context and deeper insight into the quantitative findings. These qualitative insights illuminate the root causes behind the statistics by drawing upon the lived experiences, knowledge and expertise of community members. Participants shared firsthand stories of how these issues impact their own lives or those they serve within our community.

The qualitative data collection process focused intentionally on those who know the community best — residents, direct service providers and influential community leaders. Their perspectives deepen our understanding of the social, economic and environmental conditions that shape health outcomes, enriching the narrative behind quantitative data.

Below is a description of each qualitative data collection method, along with the sources used to capture these valuable community perspectives.

Community Survey

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Participants

As part of the 2026–2028 CHNA, CHRISTUS Health and Metopio created a community survey to hear directly from Associates, patients and residents about the social and health-related challenges they face. The survey was offered online and on paper, in English, Spanish, Vietnamese and Marshallese, to reach as many people as possible. It included questions aligned with clinical social needs screening tools — covering issues like food, housing, transportation and the ability to pay for care. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across diverse communities. These insights help shape a more inclusive implementation plan that reflects both the data and the voices of the people we serve.

Community Indicator Workgroup

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Participants

The community indicator workgroups brought together residents, local leaders and partners to define what good health looks like at every life stage — from early childhood to older adulthood. Participants discussed the signs, or indicators, that show whether communities are meeting those health goals. Together, they selected the most important indicators by asking: Can we trust the data? Is it easy to understand and talk about? And does it represent something bigger? The indicators that stood out became the top priorities and will guide our focus for the next three years on improving health where it matters most.

Data Dictionary Work Sessions

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Participants

The data dictionary work sessions were a key part of the CHNA process, where community members and stakeholders came together to make sure each health measure was clear, meaningful and easy to understand. For every leading indicator identified, participants reviewed both simple and technical definitions, along with graphs and charts, to ensure the data made sense and reflected community priorities. These sessions helped confirm that the data we use is not only accurate but also truly represents the issues that matter most to the people we serve— laying the groundwork for deeper conversations in the focus groups that followed.

Community Focus Groups

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Participants

To better understand local health needs, CHRISTUS Health held community focus groups with people from all walks of life — case managers, students, church members, front-line staff and residents. These sessions took place at familiar community gatherings and were offered in multiple languages to make participation easier and more inclusive. Using data from earlier work sessions as a starting point, participants shared how health issues show up in their lives and communities. Their stories added depth and context to the numbers, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward.

Participants

The participants who helped bring this CHNA to life represent the rich diversity of perspectives and expertise within the communities we serve. You'll see names drawn from every step of our process — those who completed the survey, convened in indicator workgroups, shaped definitions in the data dictionary sessions and lent their lived experience in focus groups. Together, this cohort comprises frontline clinical staff and administrators from our hospitals and clinics, leaders of local nonprofits and faith-based organizations, elected officials and community advocates, and, most importantly, residents — patients, family members and neighbors — whose everyday experiences informed every decision we made.

By intentionally inviting voices from across geographic regions, racial and ethnic backgrounds, age groups and professional sectors, we ensured that no single viewpoint dominated our findings. Providers shared front-line insights into barriers and opportunities in care delivery; local leaders highlighted the broader social and economic forces at play; and residents grounded our work in real-world challenges and aspirations. This breadth of participation not only enriches our understanding of community health needs but also lays a foundation of trust and partnership that will carry us into the next phase: crafting targeted, community-informed strategies for impact.

Below is the full list of individuals and organizations who contributed their time, expertise and stories to the 2026–2028 CHNA process. Their collective wisdom is woven throughout every analysis, chart and recommendation that follows.

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS
Greg Carr, City of San Marcos
Juan M. Arredondo – United Ways of San Marcos
Matthew Gonzales – Hays County Health Department
Guillermo Lopez – Any Baby Can
Megan Campbell – City of San Marcos – Community Action
Nicole Douglass – CASA Central Texas, Inc.
Remy Stephens – City of San Marcos – Community Action
Carol Griffin – City of San Marcos – Housing & Community Development
Bella Kirchner – Central Texas Food Bank
Lisa Young - Hays Food Bank
Irma Duran de Rodriguez – City of San Marcos – Community Initiatives
Melissa Rodriguez – Hays-Caldwell Women's Center
Bob Honeycutt – CHRISTUS Santa Rosa Hospital - San Marcos
Grisell Perez-Carey – City of San Marcos – City Manager's Office Community Resources & Engagement
Anel Trevino – The Health Collaborative

DATA DICTIONARY WORK SESSION PARTICIPANTS			

COMMUNITY FOCUS GROUPS
Marissa Herzog – CASA of Central Texas
Alyssa Ramirez – American Red Cross
Mary Alice DeBow – Community Voice
Lauren Foye – PALS
Grisell Perez- Carey – City of San Marcos – Community Resources & Engagement
Hays-Caldwell Women's Center – Anonymous Participants

Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Santa Rosa Hospital - San Marcos organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. Community indicator workgroups — made up of residents, community leaders and partners — helped identify what good health looks like at each stage of life and what signs (or “indicators”) can help track our progress.

Using a Results-Based Accountability (RBA) approach, each potential indicator was carefully reviewed to ensure it was meaningful, measurable and reflective of the community’s priorities. The most important, or “leading,” indicators were selected based on their ability to clearly communicate needs, represent broader health concerns and be backed by reliable data. These indicators will guide our efforts to improve health outcomes over the next three years.

This lifespan stage approach ensures that the needs of people of every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs and partnerships with the community's goals.

The table below lists all the indicators discussed during the CHNA process, representing a broad range of health concerns and community priorities identified across each life stage.

ALL INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Lack of child care • Limited number of providers (OBGYNs) • Lack of preventative care • Access to nutritious food • Developmental delays • Violence against women • Access to care • STIs • Safe sex education • Lack of access to information • Distrust of health system • Disinformation and misinformation • Reliability of providers • Predatory urgent care	• Child care • Food insecurity • Cost of health care • Number of mental health providers (availability) • Preventative screening • Access to nutritious food • Developmental delays • Access for mental health • Violence against children • Cost of mental health • Mental health • Lack of providers • Predatory urgent care • Reliability of providers	• Food insecurity • Housing insecurity • Mental health access • Medication costs • Health access • Rising cost/poverty increase • Income insecurity • Lack of addiction services • Homelessness • Addiction • Provider access • Chronic conditions • Mixed status households • Lack of access to job training and education specialty care access • Veterans (ATX)) • Lack of internet access • Lack of supportive services/rural • Geographical disparities • Lack of case management/navigation • Lack of upward mobility	• Lack of preventative health care • Social program funding restrictions (income eligibilities) • Lack of caretakers • Mobility • Social isolation • Provider access • Fragmented families (antagonistic relationships) • Damaged housing • Caretaker burden

The table below highlights the leading indicators — the top priorities selected to guide targeted action during the 2026–2028 implementation plan.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being*
• Access to care • Healthy births • Food insecurity • Child care	• Access to care • Behavioral health • Suicide • Food insecurity	• Access to care • Medication affordability • Behavioral health • Mental health • Food insecurity • Housing instability	• Access to care • Preventative care • Poverty • Caregivers

Data Needs and Limitations

For the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health and our partners worked extensively to collect, review and analyze both primary and secondary data. While this effort provided valuable insights, there are key data needs and limitations to consider:

Data Needs:

- A major need was obtaining up-to-date and localized data on health indicators, particularly social determinants of health (SDoH).
- Despite including community surveys, key informant interviews and focus groups, there remain gaps in data collection, especially regarding mental health, substance use and complex health issues.
- Granular data on underrepresented populations, such as specific age groups, immigrant communities and low-income residents, is needed to address health disparities.

Limitations:

- Timeliness of data: Population health data is often delayed, meaning the most current trends may not be fully captured.
- Geographic variability: Data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.
- Data gaps in specific health issues: Issues like mental health, substance use and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.
- Variations in data reporting: Inconsistent data availability across different regions and communities affects the comparability of datasets.

Despite these challenges, the data collected, along with insights from community focus groups and key informant interviews, offers a comprehensive understanding of health needs. Moving forward, CHRISTUS Health will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessments.

Chapter 6: CHNA Data

CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS Santa Rosa Hospital - San Marcos service area, offering a detailed portrait of the community's health status, assets and challenges. Drawing from both local and national data sources — including the U.S. Census, American Community Survey and Metopio — the findings explore a wide range of demographic, socioeconomic, environmental and health indicators. The chapter begins by examining who lives in the region and how factors such as age, race, gender, income and language influence access to care and overall well-being. It then delves into the broader social determinants of health — conditions in which people are born, grow, live, work and age — highlighting how housing, education, transportation and economic opportunity shape community outcomes.

Subsequent sections focus on health access, chronic disease, behavioral health, maternal and child health, infectious disease, substance use and health risk behaviors. Special attention is given to disparities that affect vulnerable populations, as well as barriers to care unique to the region, including provider shortages, insurance gaps and challenges to rural infrastructure. By examining these interconnected indicators, this chapter provides the foundation for identifying strategic priorities and guiding collective action to improve health equity across the CHRISTUS Santa Rosa Health - San Marcos service area.

Community Demographics

Caldwell and Hays counties in Central Texas demonstrate notable demographic and health-related contrasts when compared to state and national averages. As of 2023, Hays County's population (280,486) is significantly larger than Caldwell County's (47,184), with a much higher population density (378.86 vs. 86.65 residents per square mile). From 2010 to 2020, Hays County experienced rapid population growth at 53.44%, more than double the state rate (15.91%) and far outpacing Caldwell County (20.54%).

Birth rates in Caldwell (51.51 per 1,000 women ages 15–50) align closely with the national rate and are higher than Hays County (34.98), while Caldwell also reports a higher mortality rate (822.3 deaths per 100,000) compared to Hays (560.8) and the broader benchmarks. Both counties have higher housing occupancy than the state and national averages, with Hays at 96.07% and Caldwell at 92.52%. Poverty rates in Caldwell (13.86%) exceed those in Hays (10.47%) and align closely with state (13.67%) and national (12.46%) levels. Among children, poverty is notably higher in Texas and the U.S., with 19.64% of Texas children under age 5 and 17.96% of those ages 5–17 living in poverty, compared to only 7.9% and 6.1%, respectively, in Hays County.

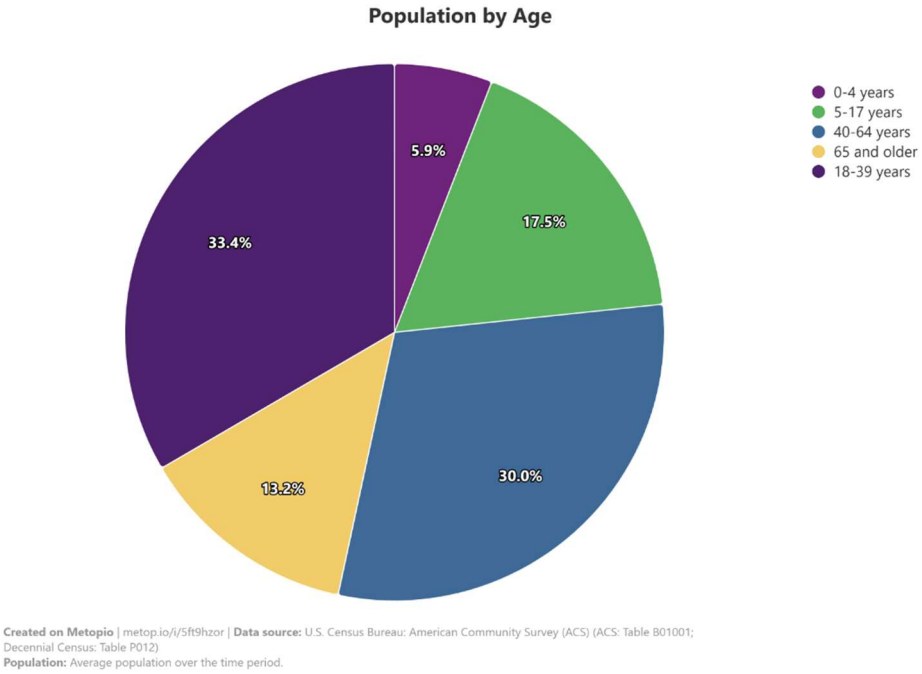
TOPIC	CALDWELL COUNTY, TX	HAYS COUNTY, TX	TEXAS	UNITED STATES
Population *residents* 2019-2023	47,184	280,486*	30,503,301*	334,914,896*
Population density *residents/mi^2* 2019-2023	86.65	378.86	113.45	93.99
Change in population *% change* 2010-2020	20.54	53.44	15.91	7.13
Land area *square miles* 2020	544.541	676.850	261,267.836	3,536,462.450
Birth rate *births per 1,000 women ages 15-50,* 2019-2023	51.51	34.98*	55.44*	51.54*

TOPIC	CALDWELL COUNTY, TX	HAYS COUNTY, TX	TEXAS	UNITED STATES
Mortality rate, all causes *deaths per 100,000* 2023	822.3	560.8	761.8	750.5
Occupied *% of housing units* 2019-2023	92.52	96.07*	90.85*	90.37*
Poverty rate *% of residents* 2019-2023	13.86	10.47*	13.67*	12.46*.

* Data is showing for 2023.

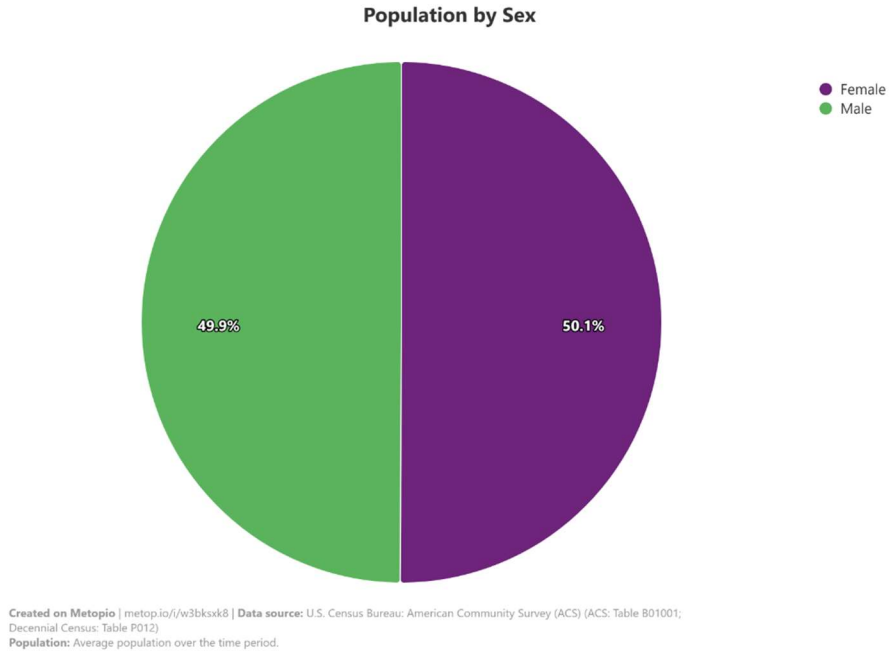
Age

The data represents the population distribution in CHRISTUS Santa Rosa Hospital - San Marcos. The age group with the highest population is 18-39 years, accounting for 161,156 individuals. This is followed by the 40-64 years age group with 144,797 individuals.



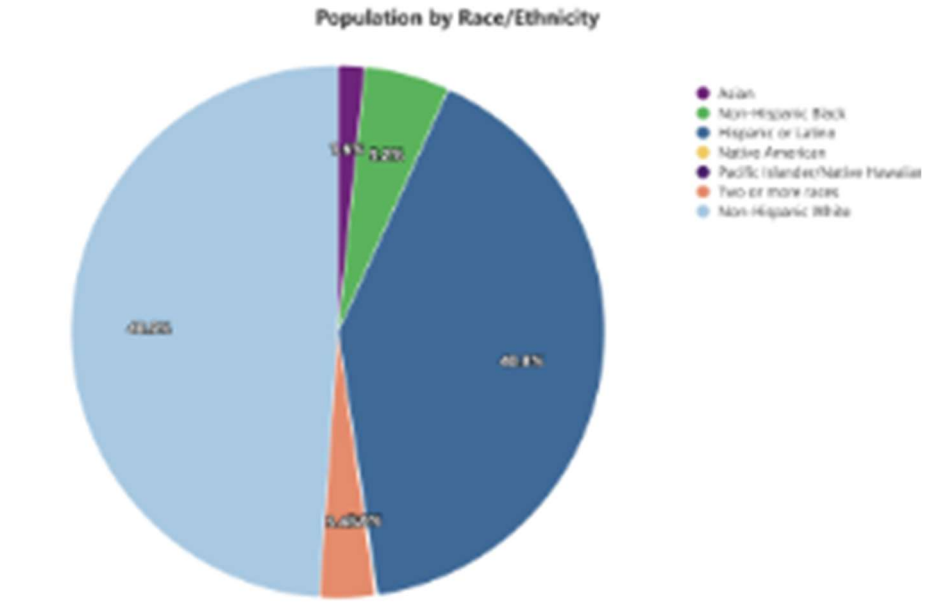
Sex and Gender

The data indicates a nearly equal distribution of the population by sex in the area served by CHRISTUS Santa Rosa Hospital - San Marcos. The female population is slightly higher at 234,849 compared to the male population at 234,091. This suggests a balanced demographic composition in this region.



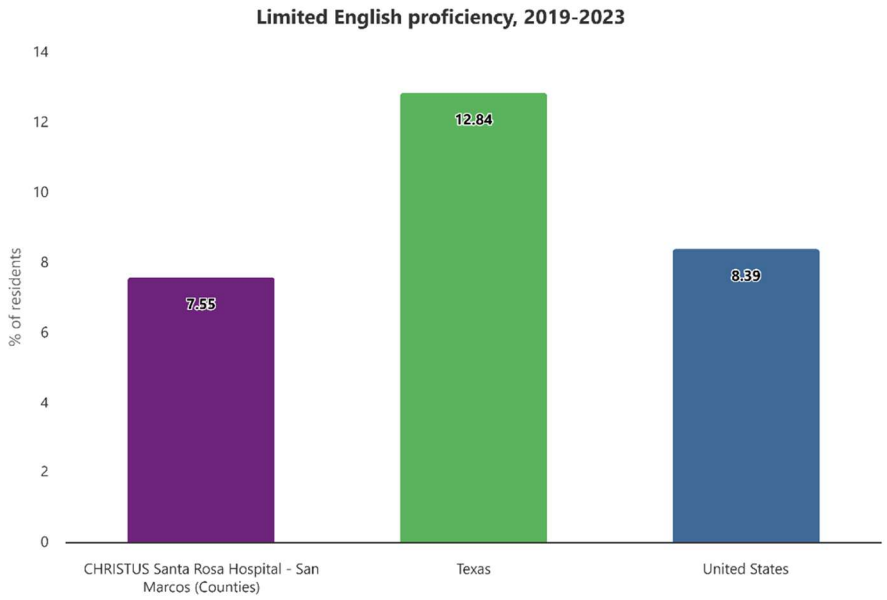
Race and Ethnicity

The population data for CHRISTUS Santa Rosa Hospital - San Marcos reveals a diverse demographic composition. The majority of the population is Non-Hispanic White, accounting for 233,831 individuals, followed by Hispanic or Latino at 195,343. Non-Hispanic Black and Asian populations are also significant, with 24,720 and 7,761 individuals respectively.



Limited English Proficiency

The data shows limited English proficiency rates in the United States, Texas and CHRISTUS Santa Rosa Hospital - San Marcos. The proficiency rate at the hospital is consistently lower than the state and national averages, indicating a significant need for language support services in this area. This trend highlights the importance of addressing language barriers in health care settings to improve patient outcomes.

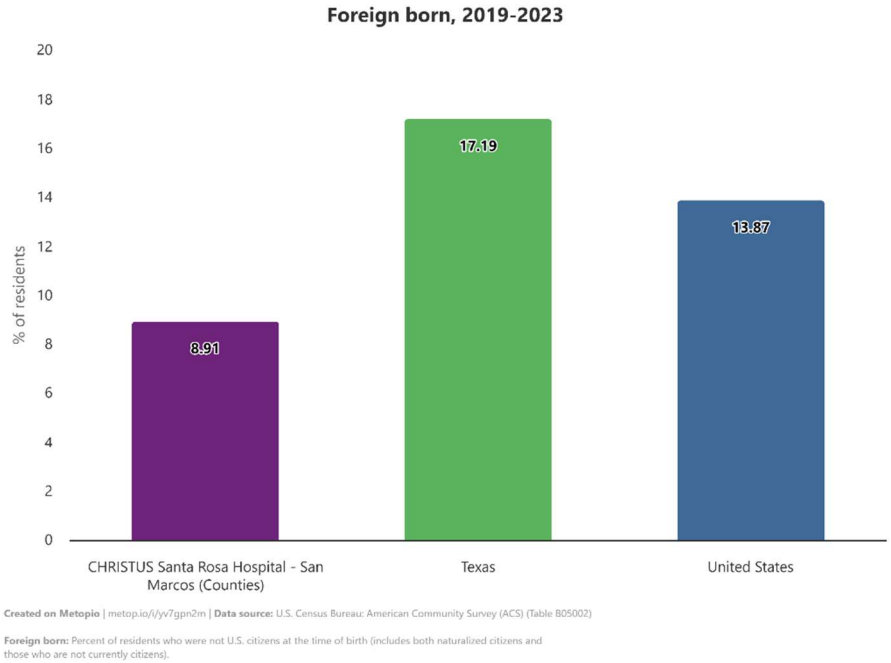


Created on Metopio | metop.io/i/wenjwvfh | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B16004)

Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

Foreign Born Population

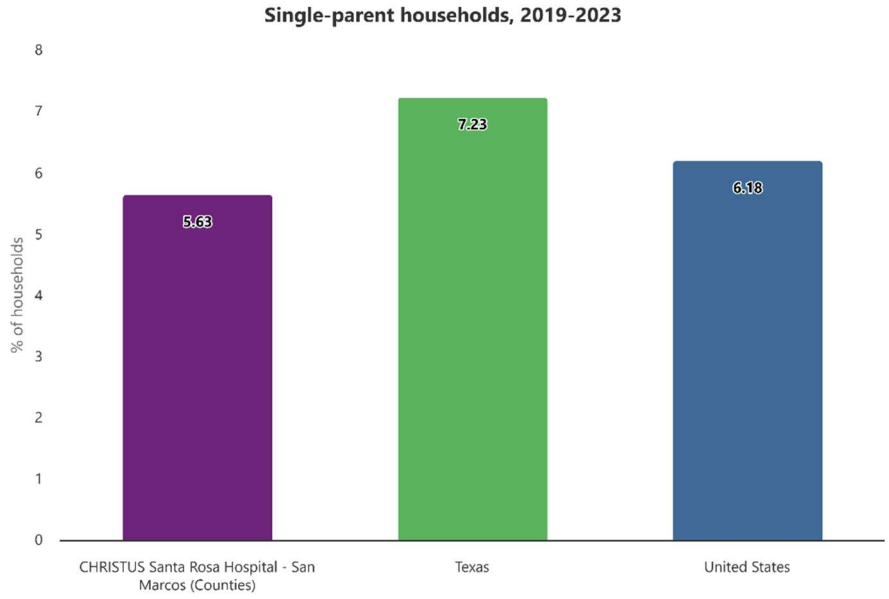
This chart shows the percentage of foreign-born residents who were between 2019 and 2023. In the San Marcos area (served by CHRISTUS Santa Rosa Hospital), only 8.91% of residents are foreign-born, which is significantly lower than the Texas state average of 17.19% and the national average of 13.87%. This suggests the local community has a smaller immigrant population compared to both the state and the country overall.



Household/Family

Single-Parent Households

In San Marcos, 5.63% of households are led by a single parent, which is lower than both the Texas average of 7.23% and the national average of 6.18%. This suggests the area has fewer single-parent households compared to state and national levels.

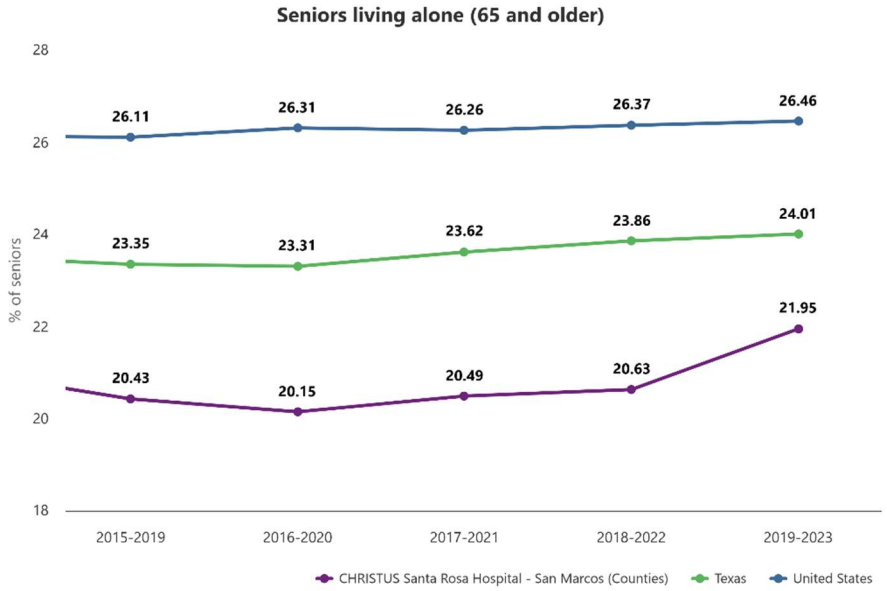


Created on Metopio | metop.io/i/if6v2fnw | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

Single-parent households: Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Seniors Living Alone

From 2015 to 2023, the percentage of seniors living alone in San Marcos increased from 20.43% to 21.95%. While this is still lower than Texas (24.01%) and the U.S. (26.46%), the upward trend shows a growing number of older adults living independently in the local community.



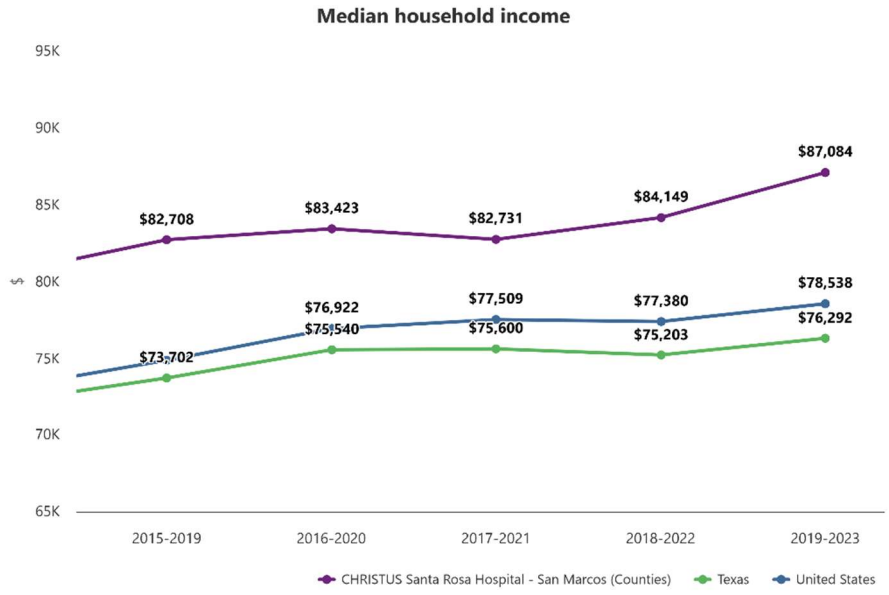
Created on Metopio | metop.io/i/8h5jge4n | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Economics

Median Household Income

This chart shows that median household income in the CHRISTUS Santa Rosa Hospital - San Marcos Counties area has grown steadily from about $82,700 in 2015-2019 to $87,084 in 2019-2023, consistently staying above both Texas and national averages. The local area maintains roughly a $10,000 income advantage over the state average and about an $8,500 advantage over the national average. This indicates the community has relatively strong economic conditions compared to broader benchmarks.

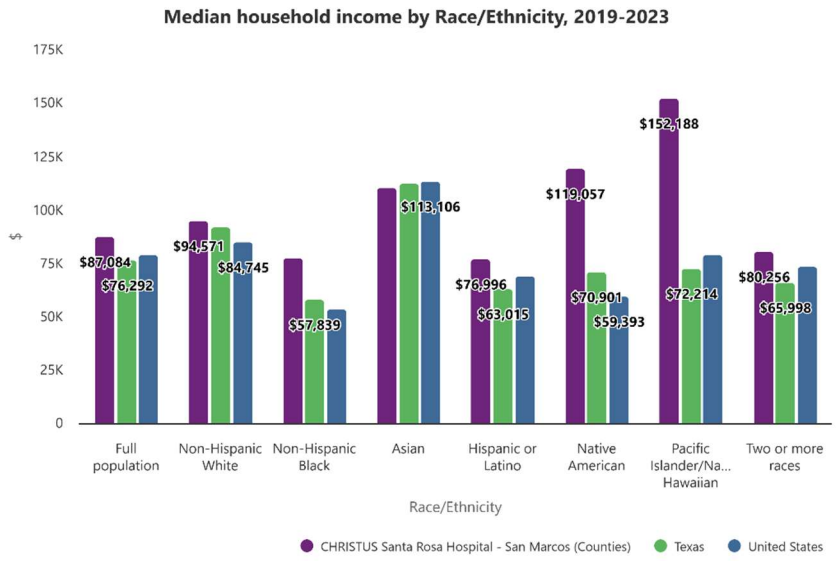


Created on Metopio | metop.io/i/mezufsrw | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median Household Income by Race and Ethnicity

The data reveals significant income disparities across racial and ethnic groups, with Pacific Islander/Native Hawaiian households having the highest median income at about $152,000, followed by Native American households at $119,000. In contrast, Non-Hispanic Black and Hispanic/Latino households have considerably lower median incomes (around $57,000-$63,000), showing an income gap of nearly $90,000 between the highest and lowest earning groups. The local area generally mirrors state and national patterns, though with some variations in specific ethnic group outcomes

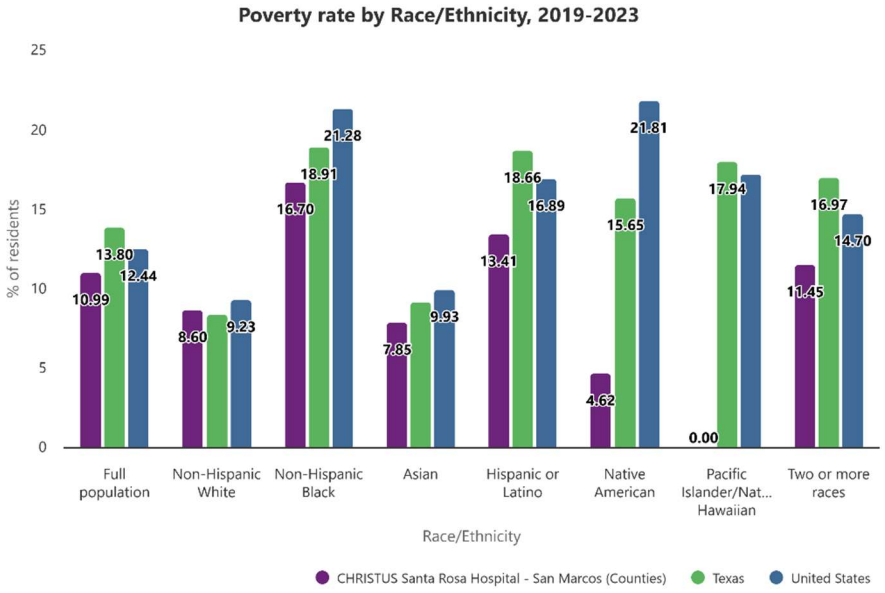


Created on Metopio | metop.io/i/4ef4rjhw | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate by Race and Ethnicity

Poverty rates vary dramatically by race and ethnicity, with Non-Hispanic Black and Native American communities experiencing the highest poverty rates at around 21%, while Asian and Non-Hispanic White communities have much lower rates below 10%. The data shows that the local area generally has poverty rates that fall between state and national levels for most groups. These disparities highlight significant economic inequalities that align with the income patterns shown in the previous chart.



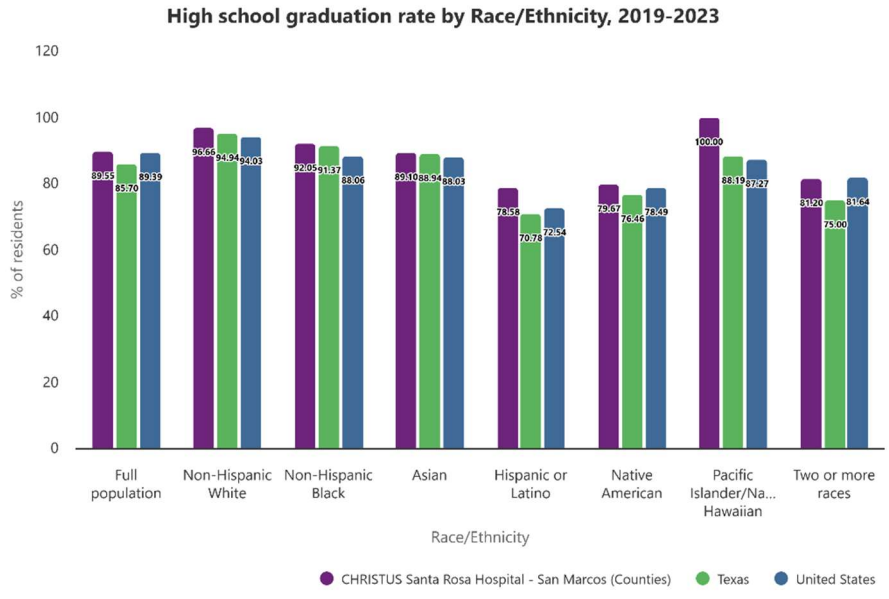
Created on Metopio | metop.io/i/y9p4stkm | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Education

High School Graduation Rate by Race and Ethnicity

High school graduation rates show relatively strong performance across most racial and ethnic groups, with most communities achieving rates between 80-100%. However, Hispanic/Latino residents have notably lower graduation rates at around 72-79%, compared to other groups that generally exceed 88%. The local area performs similarly to state and national averages, with Pacific Islander/Native Hawaiian communities showing perfect 100% graduation rates.

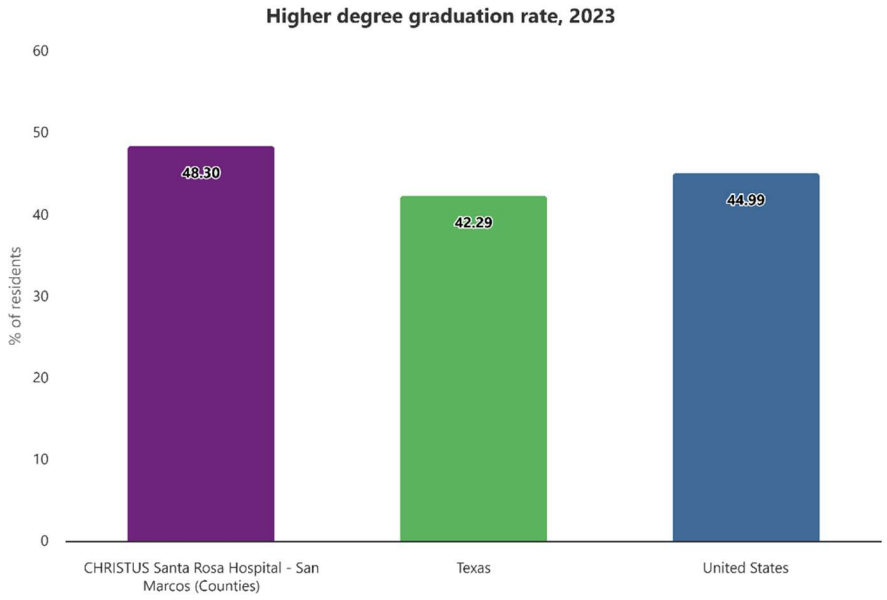


Created on Metopio | metop.io/i/1cif2rhw | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education

Higher Degree Graduation Rate

The CHRISTUS Santa Rosa Hospital - San Marcos Counties area outperforms both Texas and national averages in higher education attainment, with 48.8% of residents holding post-secondary degrees compared to 42.3% statewide and 45% nationally. This indicates the region has a well-educated population with strong access to or emphasis on college and university education. The local advantage of approximately six percentage points over the state average suggests a concentration of educated professionals in the area.



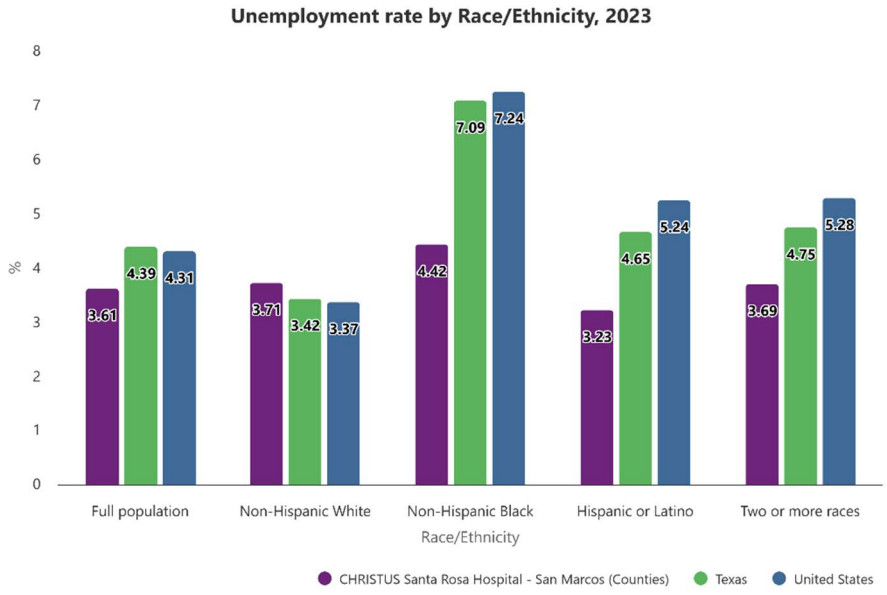
Created on Metopio | metop.io/i/krebvhkf | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Employment

Unemployment Rate by Race and Ethnicity

Unemployment rates vary significantly by race and ethnicity, with Non-Hispanic Black residents experiencing the highest unemployment at around 4.4% locally and over 7% statewide and nationally. Hispanic or Latino residents have the lowest unemployment rates at approximately 3.23% across CHRISTUS Santa Rosa. The local area generally performs better than state and national averages, with most groups showing unemployment rates 0.5-1 percentage points lower than broader benchmarks.

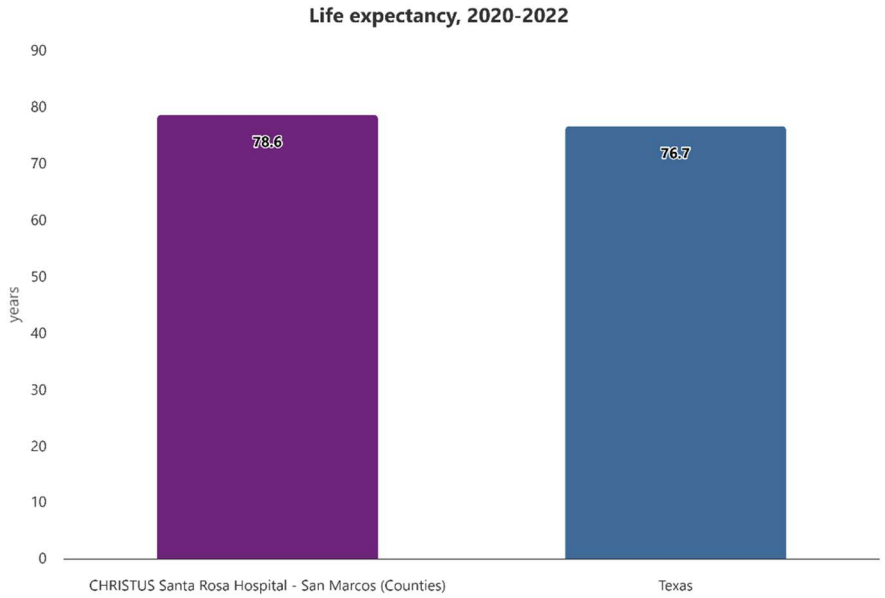


Created on Metopio | metop.io/i/i7nr9cvx | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Life Expectancy

Life Expectancy

Residents in the CHRISTUS Santa Rosa Hospital - San Marcos (counties) area have a life expectancy of 78.6 years, which exceeds the Texas average of 76.7 years by nearly two years. This 1.9-year advantage suggests better health outcomes and possibly superior health care access or healthier lifestyle factors in the local community. The higher life expectancy aligns with the area's relatively strong economic and educational indicators shown in previous charts.



Created on Metopio | metop.io/i/ss1hj4xy | **Data sources:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI). University of Wisconsin Population Health Institute: County
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Health Access and Barriers to Care

Communities served by CHRISTUS Santa Rosa Hospital - San Marcos face specific health care access challenges deeply influenced by rapid population growth, economic disparities, regional demographics and unique social determinants of health:

Rapid Growth and Health Care Capacity Strain
San Marcos and the surrounding communities are among the fastest-growing areas in Texas, driven by proximity to major urban centers such as Austin and San Antonio. This rapid expansion strains the existing health care infrastructure, increases patient loads and creates shortages of providers in primary care, pediatrics, obstetrics and behavioral health services.

High Uninsured Rate Among Young Adults and Working Families
The significant college-student population from Texas State University, combined with numerous residents employed in retail, service industries and hospitality, leads to higher rates of uninsured or underinsured individuals. Many residents delay preventive care and routine screenings, exacerbating chronic conditions such as diabetes, hypertension and mental health disorders.

Behavioral Health Needs, Particularly Among Youth and Young Adults
High rates of anxiety, depression, substance use and suicidal ideation among adolescents, college students and young adults in San Marcos reflect critical gaps in behavioral health resources. Despite growing demand, there remains a significant shortage of psychiatrists, mental health counselors, crisis intervention resources and inpatient behavioral health services.

Transportation Limitations Across Semi-Rural Areas
While San Marcos offers limited public transit options, residents in rapidly expanding suburban communities (e.g., Kyle, Buda) and rural towns (Lockhart, Wimberley, Martindale, Luling) face significant transportation barriers. Limited public transportation makes accessing care difficult, causing missed appointments, disrupted treatment plans and delayed preventive screenings.

Economic Disparities and Housing Instability
San Marcos and surrounding communities have notable disparities, with rising costs of living and housing leading to economic stress and instability. Lower-income families and students frequently experience housing insecurity and food insecurity, both of which directly impact health outcomes and access to consistent health care services.

Cultural and Linguistic Barriers to Care
With a growing Hispanic community and diverse immigrant populations in Hays and Caldwell counties, language barriers and limited health literacy present significant challenges. Communication difficulties complicate patient-provider interactions, preventive care engagement, chronic disease management and understanding health care navigation.

Social Determinants and Chronic Disease Management
Diabetes, obesity, hypertension and cardiovascular disease rates remain high across the region. These conditions disproportionately affect underserved communities due to limited access to affordable, healthy food, recreational spaces, chronic disease education and preventive screenings.

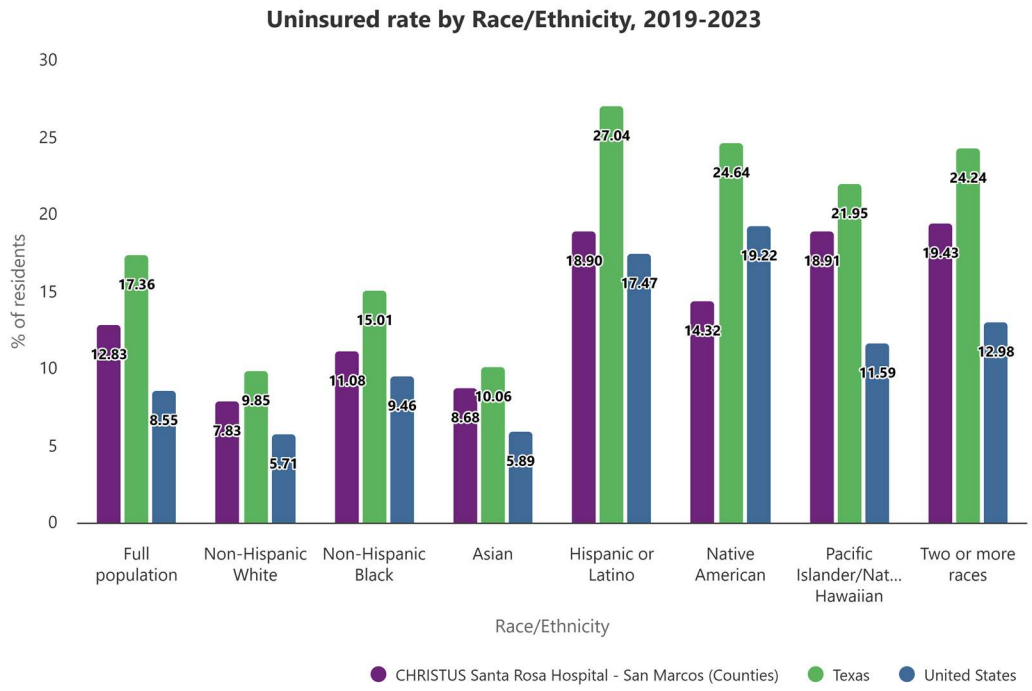
Community Safety and Human Trafficking Risks along the I-35 Corridor
Located along the heavily trafficked I-35 corridor between Austin and San Antonio, San Marcos and adjacent communities face increased vulnerability to human trafficking, exploitation and associated trauma.

Victims require specialized medical and psychological care but may avoid seeking help due to stigma, fear or distrust of authorities.

Health Care Coverage

Uninsured Rate by Race and Ethnicity

Health insurance coverage varies dramatically by race and ethnicity, with Hispanic/Latino residents having the highest uninsured rates at around 18-27% across different geographic levels. In contrast, Non-Hispanic White and Asian populations have much lower uninsured rates, typically below 10%. The local area generally performs better than state averages but shows similar patterns of disparity, highlighting significant barriers to health care access for certain communities.

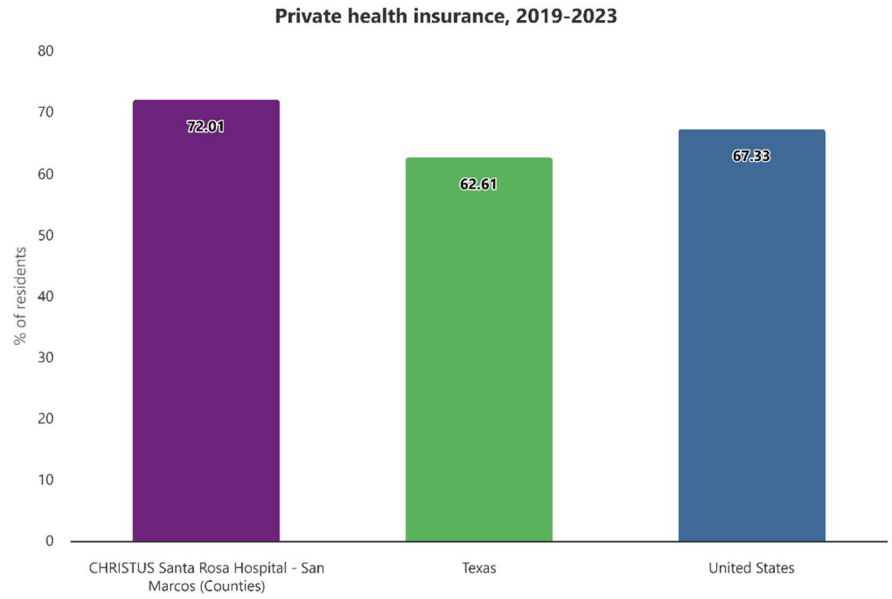


Created on Metopio | metop.io/i/6oca1at6 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Private Health Insurance

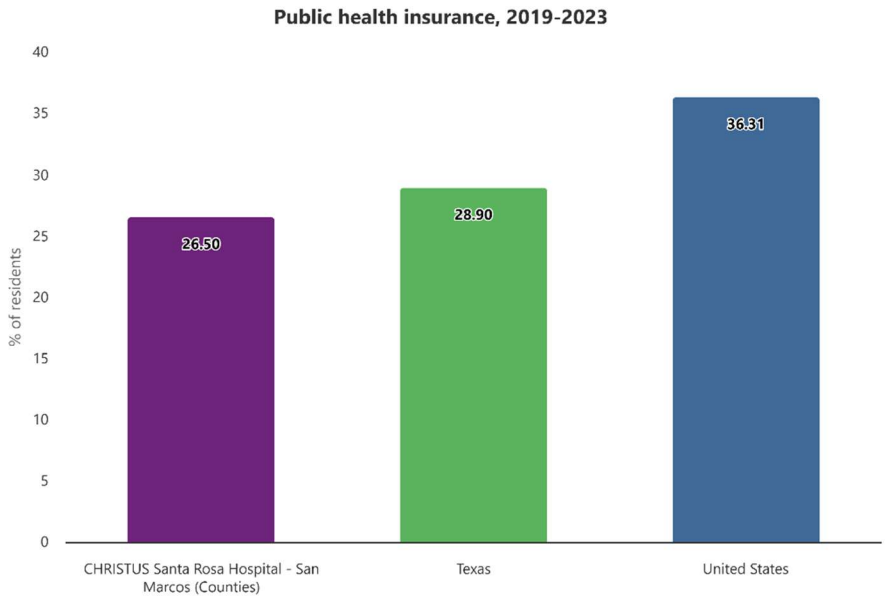
The CHRISTUS Santa Rosa Hospital - San Marcos Counties area has exceptionally high private health insurance coverage at 72%, significantly outpacing both Texas (62.6%) and national averages (67.3%). This indicates a relatively affluent population with strong employment-based insurance benefits or individual coverage capacity. The 10-percentage point advantage over the state average suggests the area has better economic conditions that support private insurance access.



Created on Metopio | metop.io/i/zfvzxbt1 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

Public Health Insurance

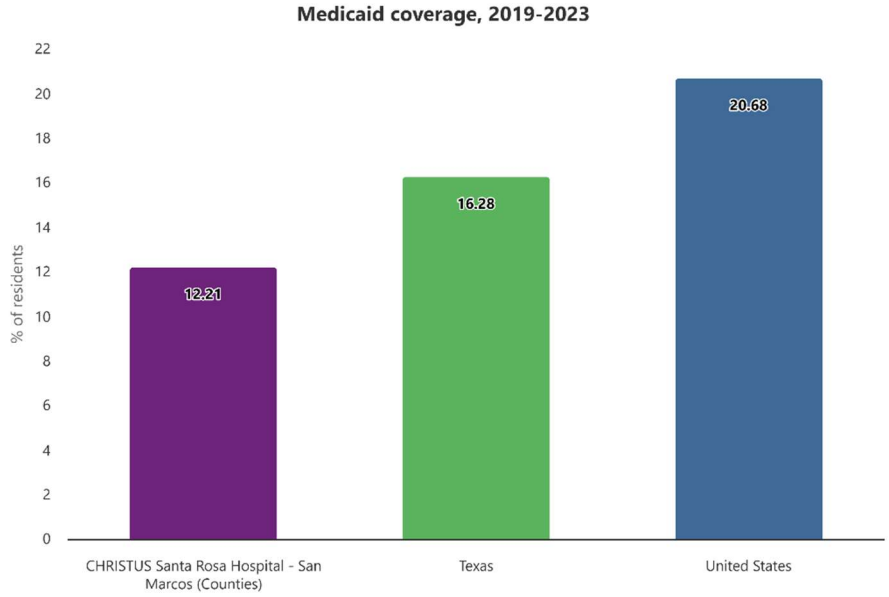
Public health insurance coverage in the local area is notably lower at 26.5% compared to Texas (28.9%) and the United States (36.3%). This pattern reflects the area's higher private insurance rates, as residents with greater economic resources typically rely less on public programs like Medicaid and Medicare. The lower public insurance dependency aligns with the community's stronger economic indicators shown in previous charts.



Created on Metopio | metop.io/i/95w974f7 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Medicaid Coverage

Medicaid coverage in the CHRISTUS Santa Rosa Hospital - San Marcos Counties area is significantly lower at 12.21% compared to Texas (16.28%) and national levels (20.68%). This lower reliance on Medicaid reflects the area's higher income levels and greater access to private insurance. The 4-percentage point difference from the state average and 8-point difference from the national average indicates fewer residents meet the income eligibility requirements for this safety net program.

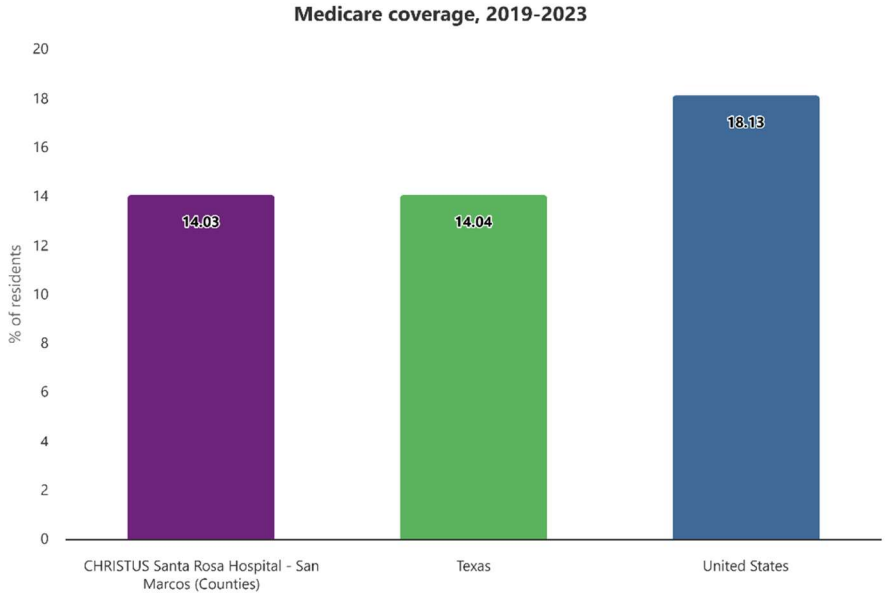


Created on Metopio | metop.io/i/ai5p3uk7 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

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.

Medicare Coverage

Medicare coverage rates are nearly identical across all three geographic levels, with the local area at 14.03%, Texas at 14.04% and the United States at 18.13%. The similarity between local and state rates suggests a comparable age distribution of seniors, while the slightly lower rates compared to the national average may indicate a younger overall population. This consistency reflects the universal nature of Medicare eligibility based on age rather than economic factors.



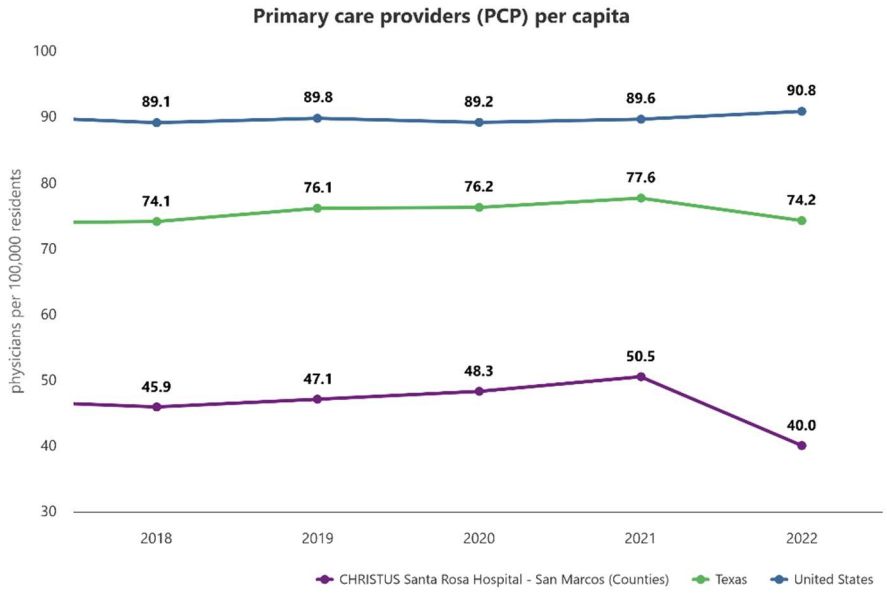
Created on Metopio | metop.io/i/47nmojc2 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)

Medicare coverage: Percent of residents covered by Medicare, the federal health insurance system for seniors and some people with disabilities.

Access to Care

Primary Care Providers per Capita

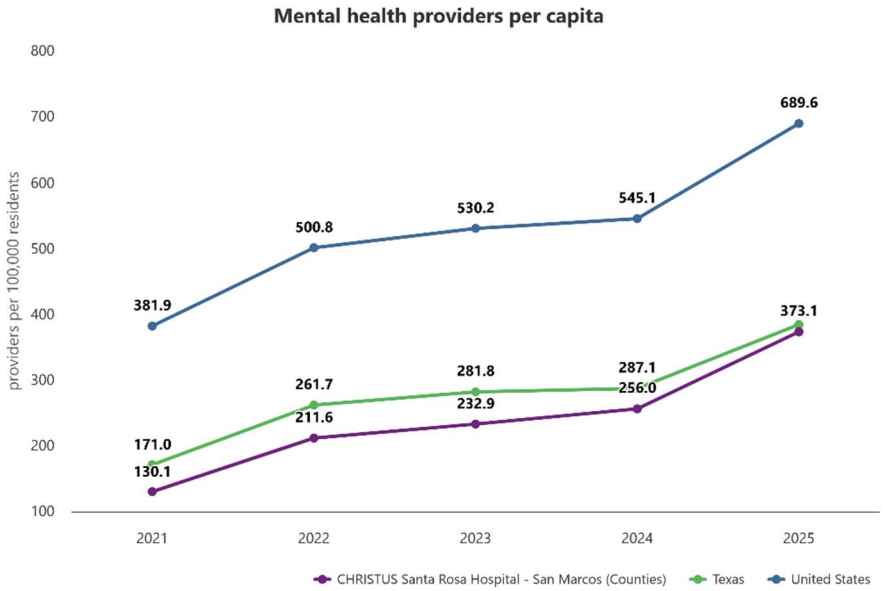
The local area faces a significant shortage of primary care providers, with only 40 physicians per 100,000 residents in 2022, compared to 74.2 in Texas and 90.8 nationally. This represents a dramatic decline from 50.5 providers per capita in 2021, indicating a worsening health care access crisis. The area has roughly half the primary care capacity of the state average and less than half the national average, creating potential barriers to basic health care despite high insurance coverage rates.



Created on Metopio | metop.io/i/oivwrk6t | **Data source:** Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)
Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Mental Health Providers per Capita

Mental health providers per capita have increased significantly across all levels from 2021 to 2024. CHRISTUS Santa Rosa Hospital - San Marcos saw the most substantial growth, rising from 130.09 to 305.05 per capita. This trend indicates a growing focus on mental health services at local, state and national levels.



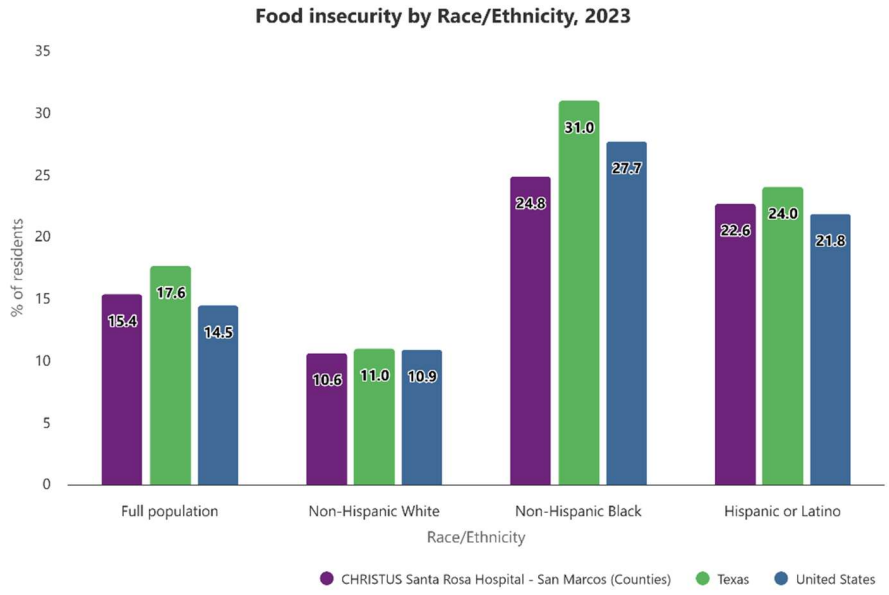
Created on Metopio | metop.io/i/qamtfeg4 | **Data source:** Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Mental health providers per capita: Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

Nutrition

Food Insecurity by Race and Ethnicity

Food insecurity affects different racial and ethnic groups disproportionately, with Non-Hispanic Black residents experiencing the highest rates at around 25% locally and over 30% statewide. Non-Hispanic White residents have the lowest food insecurity rates at approximately 10-11% across all geographic levels. The local area generally performs better than state and national averages, with most groups showing 2-4 percentage points lower food insecurity rates than broader benchmarks.

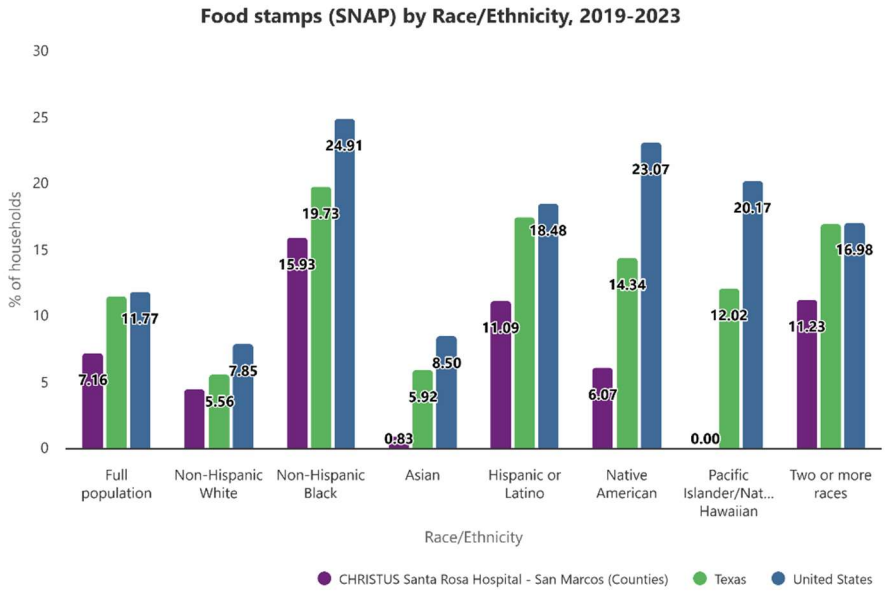


Created on Metopio | metop.io/i/rk57ifbk | **Data source:** Feeding America: Map the Meal Gap

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.

Food Stamps (SNAP) by Race and Ethnicity

SNAP participation varies dramatically by race and ethnicity, with Non-Hispanic Black households having the highest participation rates at around 15-25% depending on geographic level. Asian households show remarkably low SNAP usage, with local rates below 1% compared to 6-8% statewide and nationally. The local area generally has lower SNAP participation than state and national averages, reflecting the community's higher income levels and reduced need for food assistance programs.

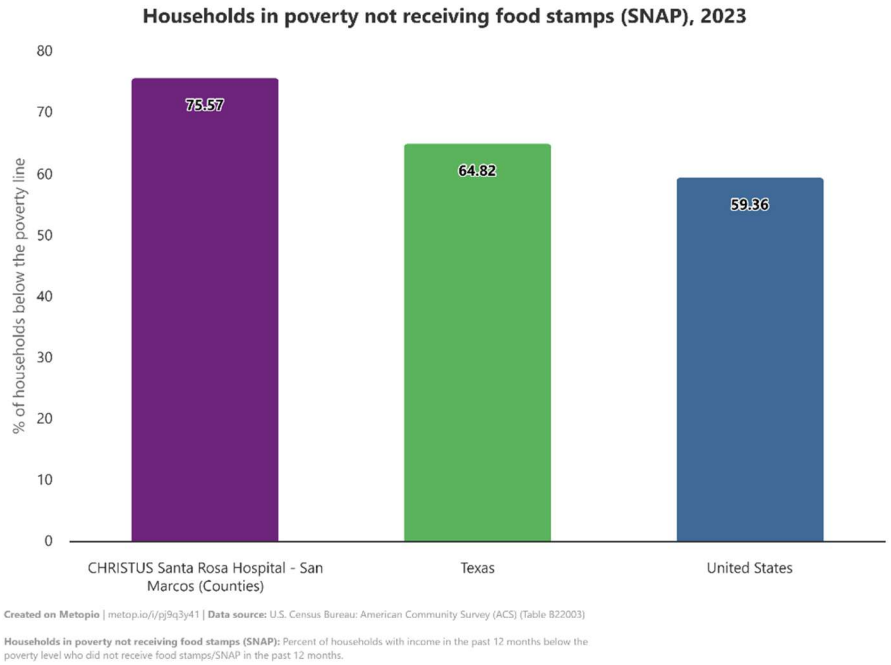


Created on Metopio | metop.io/i/6wh4buxs | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Households in Poverty Not Receiving Food Stamps

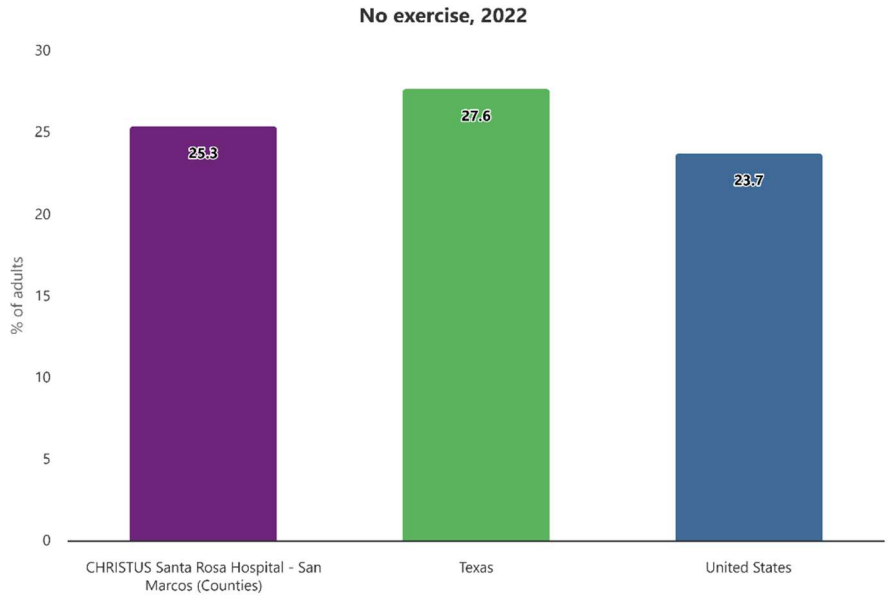
A concerning 75.6% of households below the poverty line in the local area do not receive SNAP benefits, compared to 64.8% in Texas and 59.9% nationally. This indicates significant barriers to accessing food assistance programs, with the local area having the highest rate of unserved poor households among the three geographic levels. The 10-percentage point gap above the state average suggests potential issues with program awareness, application processes or eligibility requirements that prevent qualifying families from receiving needed assistance.



Physical Activity

No Exercise

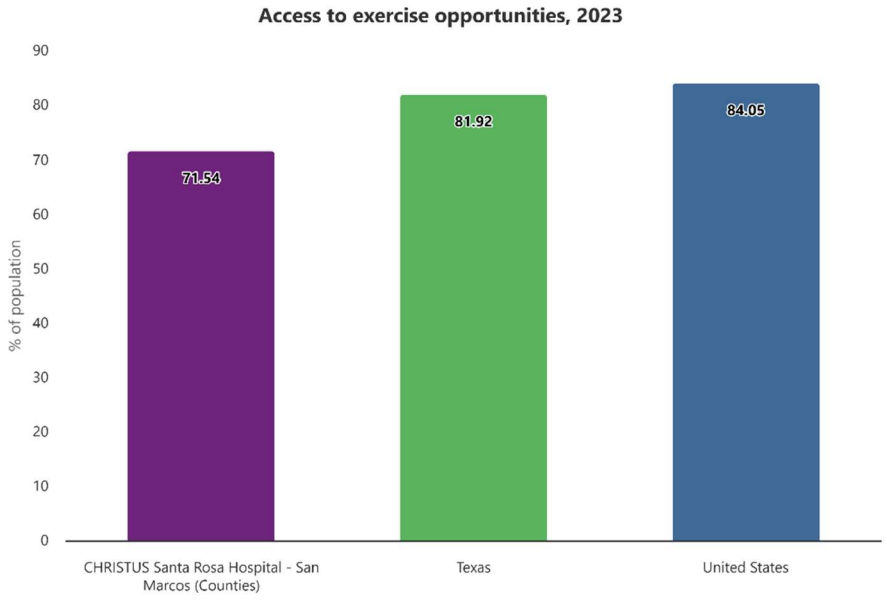
The local area has a slightly better physical activity rate than the state, with 25.8% of adults reporting no exercise compared to 27.6% in Texas, though both areas lag behind the national average of 23.7%. This means roughly one in four adults in the community get no physical activity, indicating significant room for improvement in promoting active lifestyles. The area's modest advantage over the state suggests some local factors may be encouraging more residents to stay physically active.



Created on Metopio | metop.io/i/vrwpw8oi | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to Exercise Opportunities

Access to exercise facilities and opportunities is notably limited in the local area, with only 71.5% of residents having reasonable access compared to 81.9% in Texas and 84.1% nationally. This 10-percentage point gap below state levels suggests significant barriers to physical activity infrastructure, which may contribute to the area's exercise challenges. The limited access likely stems from fewer gyms, parks, recreational facilities or safe walking/biking areas compared to other regions.

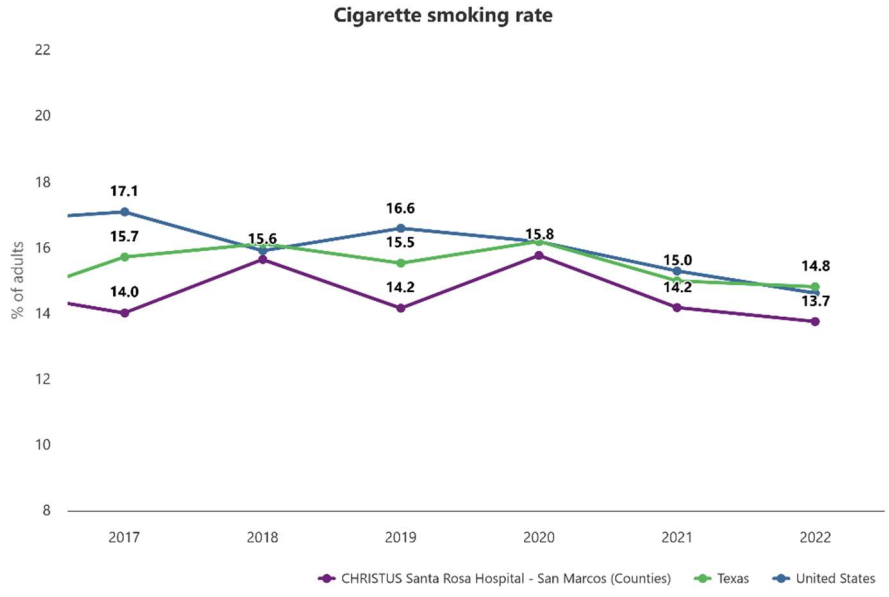


Created on Metopio | metop.io/i/vrwpw8oi | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking

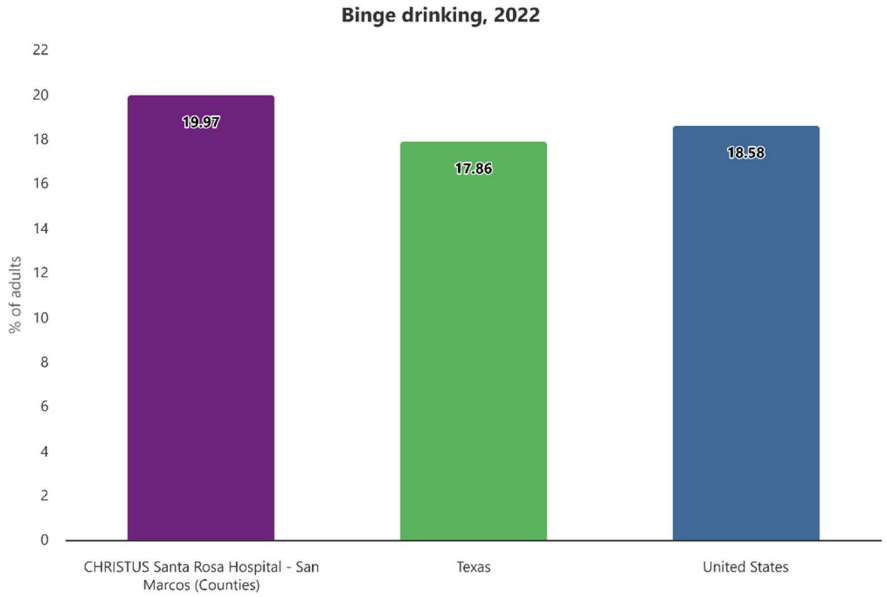
Cigarette smoking rates have declined consistently across all geographic levels from 2017 to 2022, with the local area showing the steepest improvement from 14% to 13.7%. The local area maintains slightly lower smoking rates than both Texas (14.8%) and national averages (14.8%) by 2022, indicating successful tobacco control efforts. This downward trend reflects broader public health initiatives and changing social attitudes toward smoking across the region.



Created on Metopio | metop.io/i/vzo3gaws | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012).
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Binge Drinking

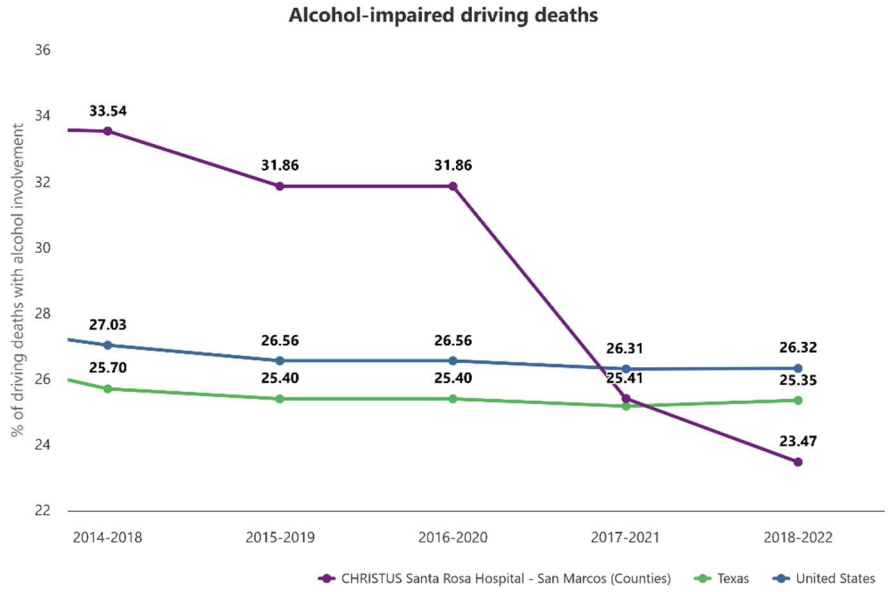
Binge drinking rates in the local area are notably higher at 19.97% compared to Texas (17.86%) and national levels (18.53%), representing a concerning 2-percentage point gap above state averages. This suggests the community faces greater challenges with excessive alcohol consumption, which can lead to various health and social problems. The elevated rate indicates a need for targeted alcohol abuse prevention and intervention programs in the area.



Created on Metopio | metop.io/i/39iyjtat | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Binge drinking: Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Alcohol-Impaired Driving Deaths

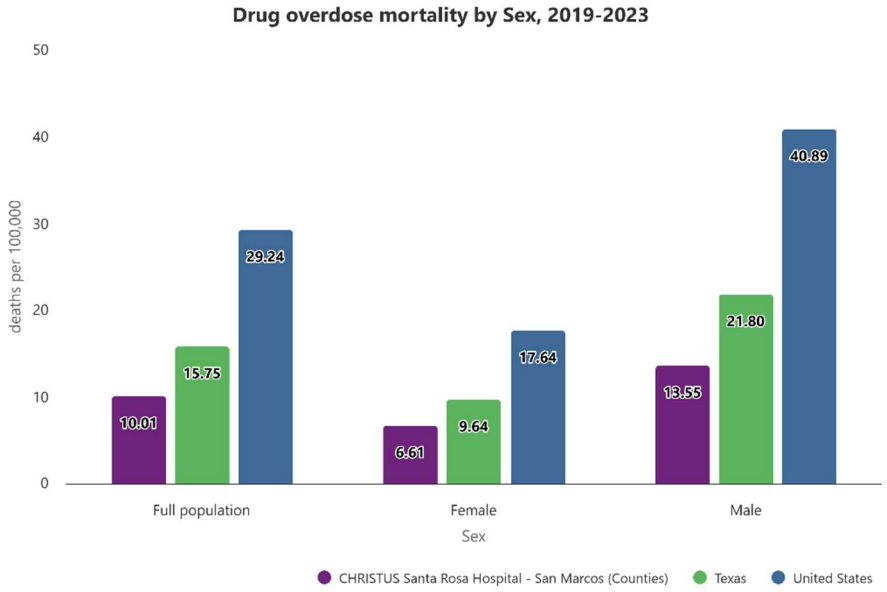
The local area has shown dramatic improvement in reducing alcohol-impaired driving deaths, dropping from 33.5% in 2014-2018 to 23.5% in 2018-2022, now performing better than both state (25.4%) and national averages (26.3%). This significant 10-percentage point reduction suggests effective enforcement, education or prevention programs have been implemented. The area has transformed from having higher rates than benchmarks to becoming a model for alcohol-impaired driving prevention.



Created on Metopio | metop.io/i/qwx5vs6v | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)
Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

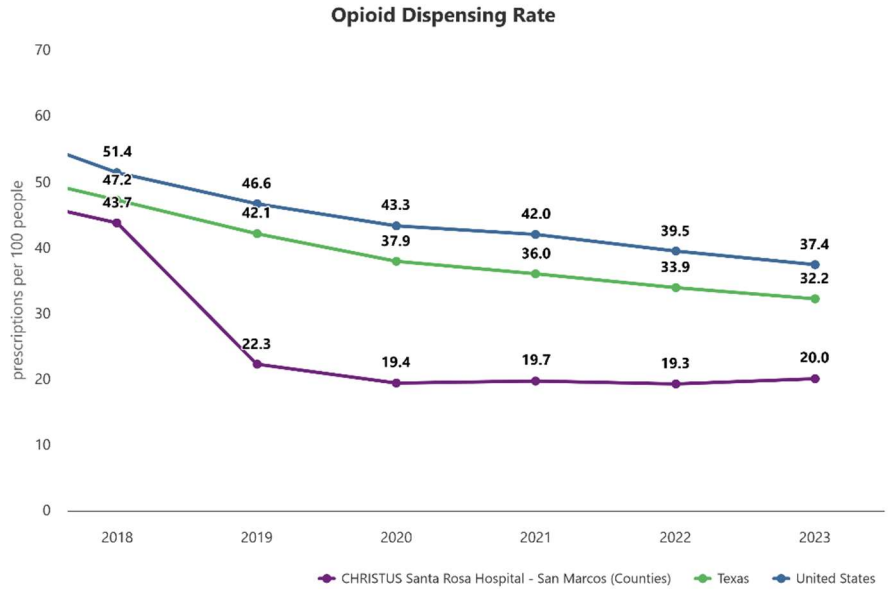
Drug overdose mortality rates are significantly lower in the local area, with 10 deaths per 100,000 residents compared to 15.8 in Texas and 29.2 nationally. Males experience higher overdose rates than females across all geographic levels, with local male rates at 13.6 compared to 21.8 statewide and 40.9 nationally. The area's substantially lower overdose rates suggest either better access to addiction treatment services or different demographic and socioeconomic factors that reduce overdose risk.



Created on Metopio | metop.io/i/ai45yede | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

Opioid prescribing rates have declined dramatically across all areas from 2018 to 2023, with the local area showing the steepest reduction from 43.7 to 20 prescriptions per 100 people. The local area now has the lowest opioid dispensing rate among the three geographic levels, compared to 32.2 in Texas and 37.4 nationally. This significant decline suggests successful implementation of prescription monitoring programs and more cautious prescribing practices by health care providers.

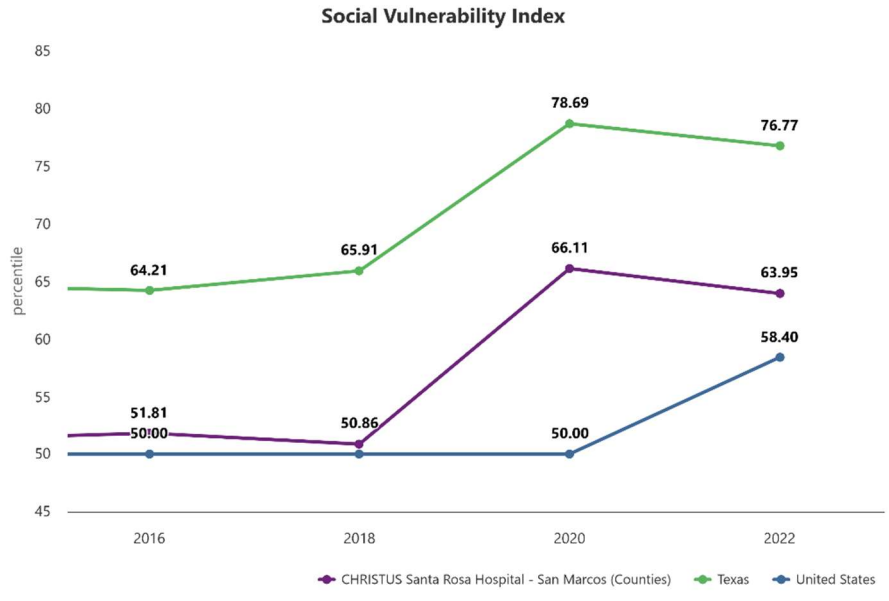


Created on Metopio | metop.io/i/mp1vjz1j | **Data source:** Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

The local area's social vulnerability has increased from around 52 in 2016 to 64 in 2022, though it remains lower than Texas (76.8) and national levels (58.4). Social vulnerability measures factors like poverty, lack of transportation and crowded housing that affect a community's ability to respond to emergencies or health crises. The rising trend indicates growing challenges in community resilience, though the area still maintains better conditions than the state average.

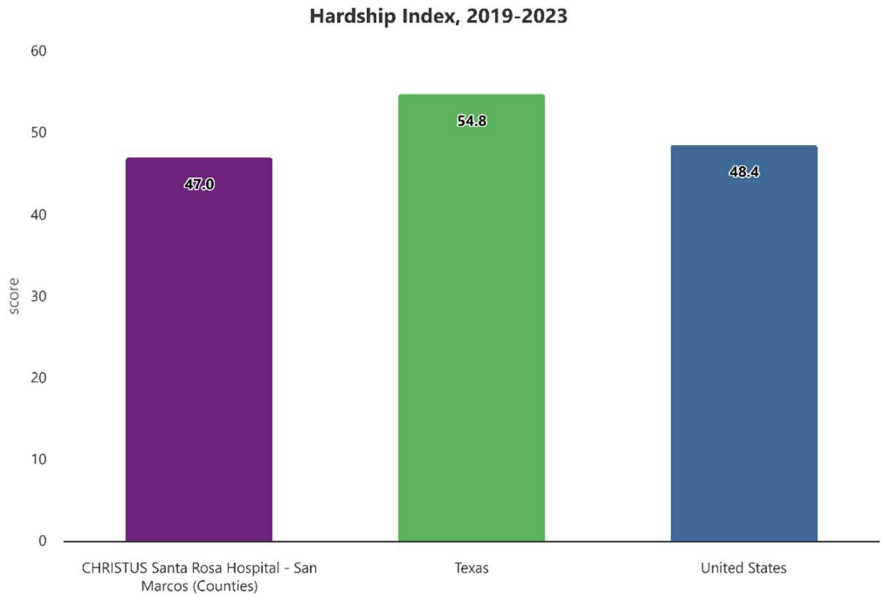


Created on Metopio | metop.io/l/5epdxmpn | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - SVI Data

Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings.

Hardship Index

The local area demonstrates significantly lower economic hardship with a score of 47 compared to Texas (54.8) and national levels (48.4), indicating better overall economic conditions. The Hardship Index incorporates unemployment, dependency, education, income, crowded housing and poverty into a single measure of community economic stress. This lower score aligns with the area's higher median incomes and educational attainment levels shown in previous data.

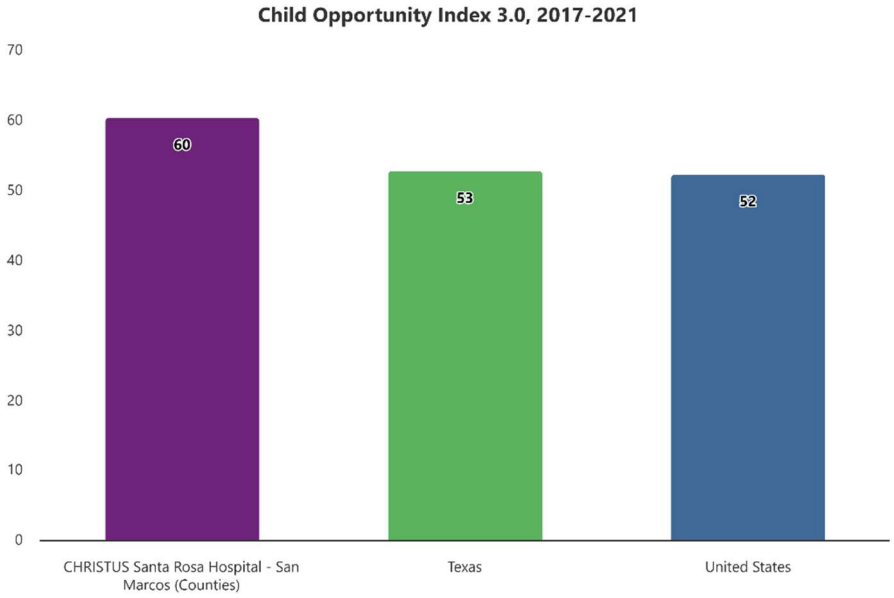


Created on Metopio | metop.io/l/a3fnd3a7 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

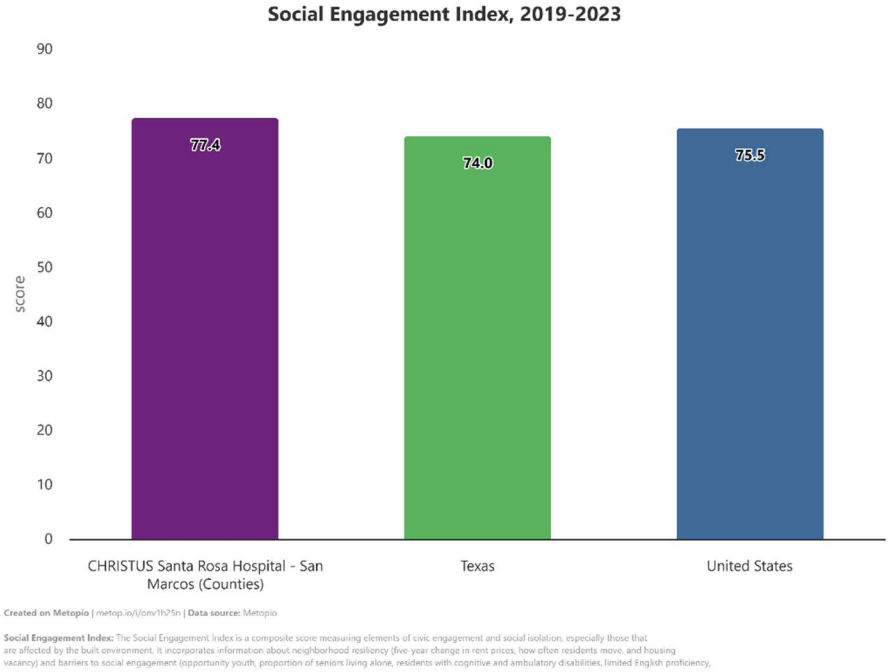
Childhood Opportunity Index

Children in the local area have substantially better opportunities with a score of 60 compared to Texas (53) and national levels (52), representing a 7-point advantage over state benchmarks. The Child Opportunity Index measures neighborhood resources and conditions affecting children's healthy development, including education, health and economic factors. This higher score suggests the area provides a more supportive environment for child development and family well-being.



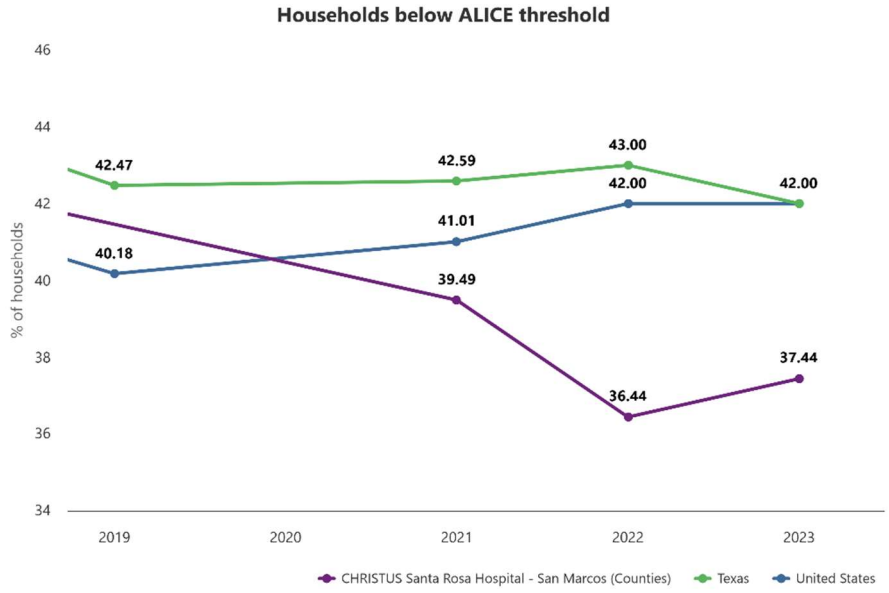
Social Engagement Index

The local area shows strong social engagement with a score of 77.4, slightly outperforming both Texas (74.0) and national averages (75.5). This index measures civic participation and social cohesion, including factors like voting rates, community involvement and social connections. The higher score indicates residents are more likely to participate in community activities and maintain strong social networks, which contributes to overall community health and resilience.



Households Below the ALICE Threshold

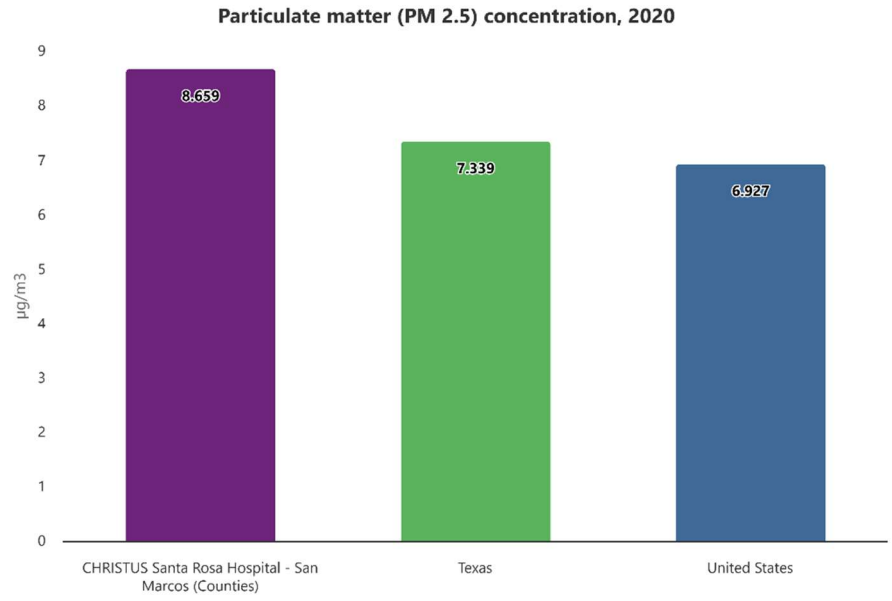
The local area has shown significant improvement in economic security, with households below the ALICE threshold declining from 40.2% in 2019 to 37.4% in 2023. This represents better performance than both Texas (42%) and national levels (42%), indicating that fewer families are struggling to afford the basic necessities despite being above the poverty line. The ALICE threshold captures families who earn too much to qualify for assistance, but too little to afford housing, child care, food, transportation and health care.



Environmental Health

Particulate Matter Concentration

Air quality in the local area is concerning, with PM 2.5 concentrations at 8.659 micrograms per cubic meter, significantly higher than Texas (7.339) and national averages (6.927). This elevated level of fine particulate matter, which can penetrate deep into lungs and cause respiratory problems, suggests local air pollution challenges. The higher concentration may stem from industrial activity, traffic or geographic factors that trap pollutants in the area.

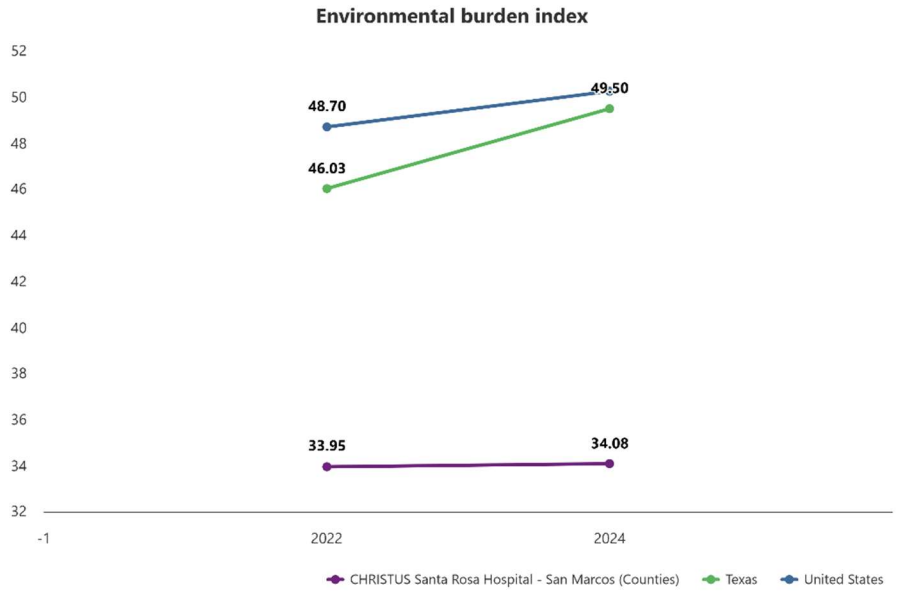


Created on Metopio | metop.io/i/rd5xjty9 | **Data source:** Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

Particulate matter (PM 2.5) concentration: Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Environmental Burden Index

The local area maintains a significantly lower environmental burden with an index of 34.08 compared to Texas (49.5) and national levels (49.5), indicating much better overall environmental conditions. This composite measure includes air quality, pollution exposure and built environment factors that affect public health. The substantially lower burden suggests residents face fewer environmental health risks, which may contribute to the area's higher life expectancy shown in previous data.



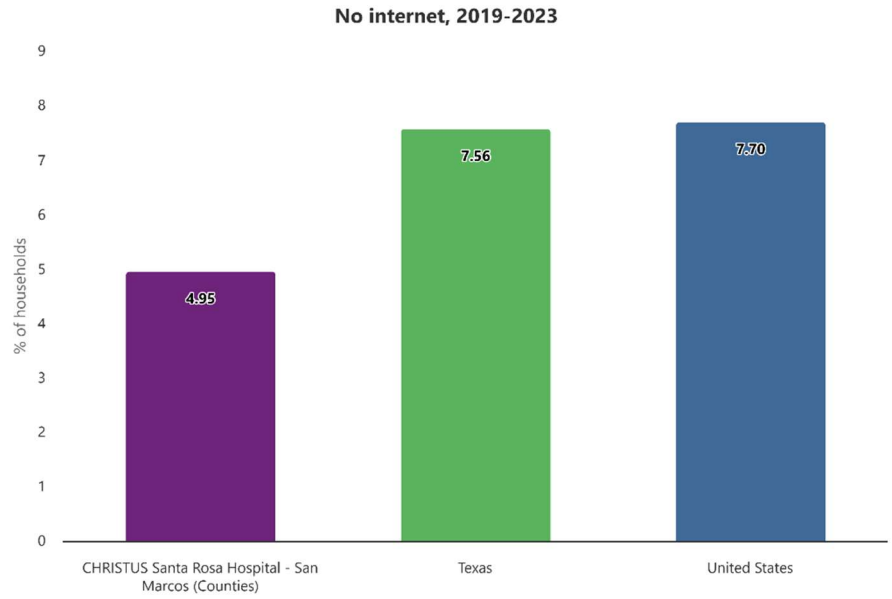
Created on Metopio | metop.io/i/nxommlek | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Environmental burden index: Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

Internet

No Internet

Internet connectivity is excellent in the local area, with only 4.95% of households lacking access compared to 7.56% in Texas and 7.70% nationally. This represents a significant digital advantage that supports education, employment and health care access in the modern economy. The superior connectivity reflects the area's infrastructure investment and economic development, reducing the digital divide that affects many communities.

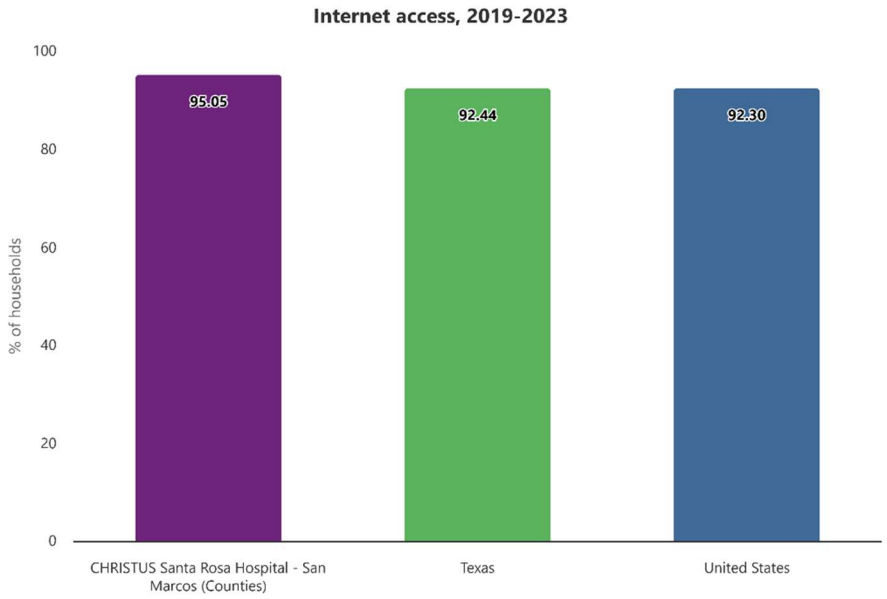


Created on Metopio | metop.io/i/nxommfek | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

Internet Access

The local area demonstrates exceptional internet connectivity with 95.05% of households having access, outperforming both Texas (92.44%) and national averages (92.30%). This high level of digital inclusion supports economic opportunities, remote work capabilities and access to online services, including telehealth and education. The superior connectivity aligns with the area's higher education levels and economic indicators.

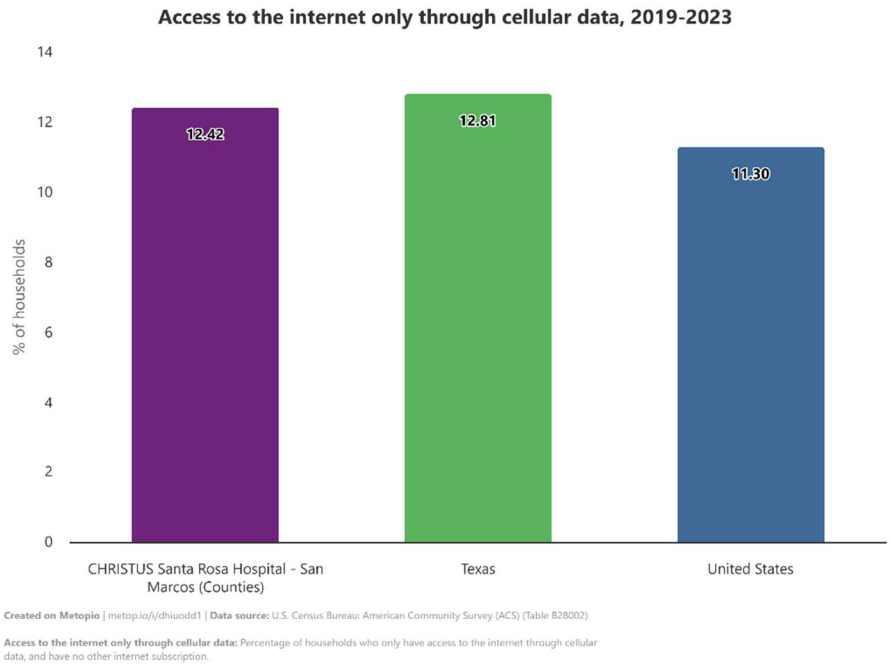


Created on Metopio | metop.io/i/nfpbzx8x | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Access to the Internet Only Through Cellular Data

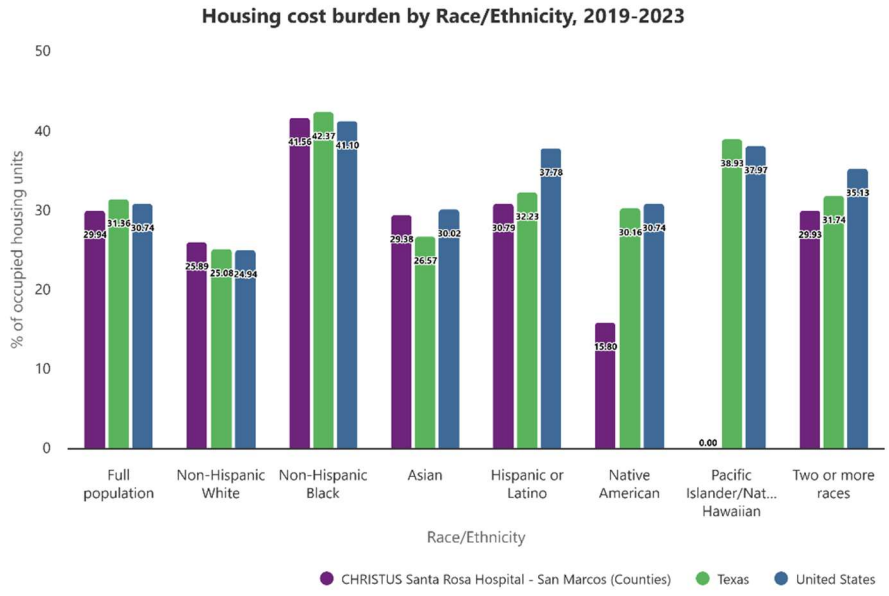
Cellular-only internet access affects 12.42% of households locally, similar to Texas (12.81%) but slightly higher than national levels (11.50%). This indicates that while most residents have internet access, more than one in ten households rely solely on mobile data, which can be expensive and have usage limitations. This dependency on cellular data may create barriers for activities requiring high-speed, unlimited internet access.



Housing

Severe Housing Cost Burden by Race and Ethnicity

Housing affordability varies significantly across racial and ethnic groups, with Non-Hispanic Black residents experiencing the highest cost burden at over 42% locally, compared to around 24% for Non-Hispanic White residents. Native American households show notably lower housing cost burdens at 15.8% locally, while most other groups fall between 29-32%. The local area generally performs similarly to state and national patterns, though with some variation in specific group outcomes.

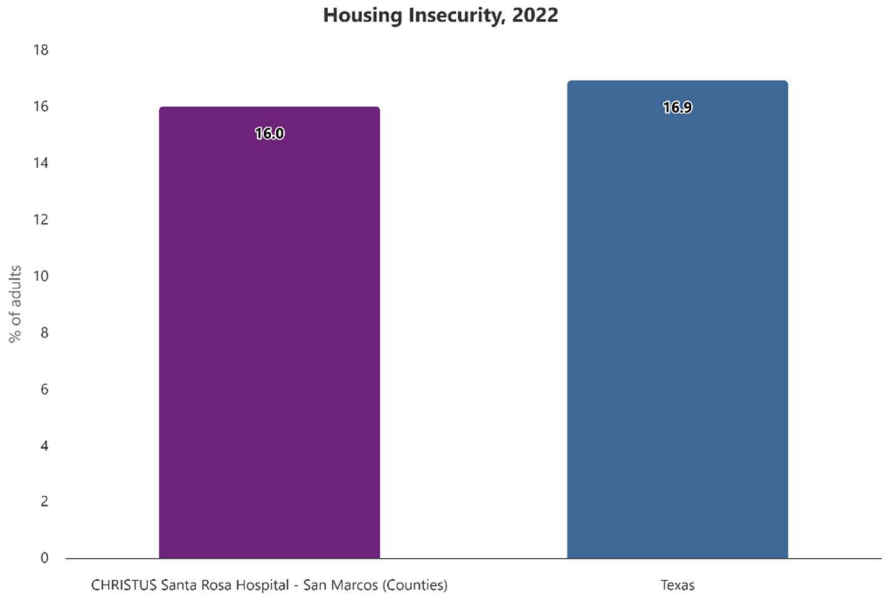


Created on Metopio | metop.io/i/pu9vuday | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/B25091)

Housing cost burden: Households spending more than 30% of income on housing are considered housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Housing Insecurity

Housing insecurity is notably lower in the local area at 16% compared to 16.9% in Texas, indicating that fewer residents struggle to pay housing costs. This measure captures adults who couldn't pay mortgage, rent or utility bills in the past year, reflecting the area's stronger economic conditions. The lower rate aligns with higher median incomes and homeownership rates shown in previous data.

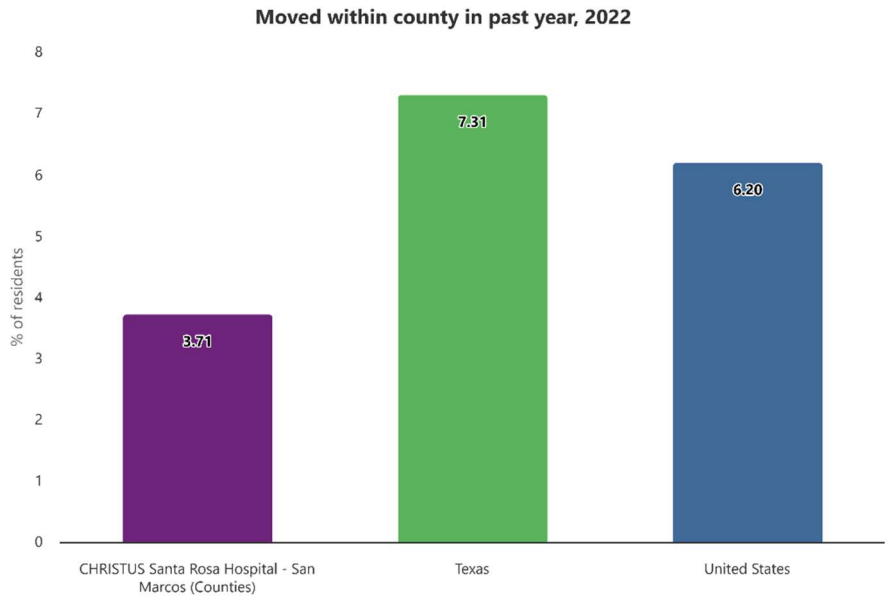


Created on Metopio | metop.io/i/vrwpw8oi | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)

Housing Insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.

Moved Within County in Past Year

Residential mobility is significantly lower in the local area, with only 3.71% of residents moving within the county in the past year compared to 7.31% in Texas and 6.20% nationally. This lower mobility rate suggests greater housing stability and community attachment, which can indicate both economic security and satisfaction with local conditions. The stability may reflect homeownership rates and established community ties.

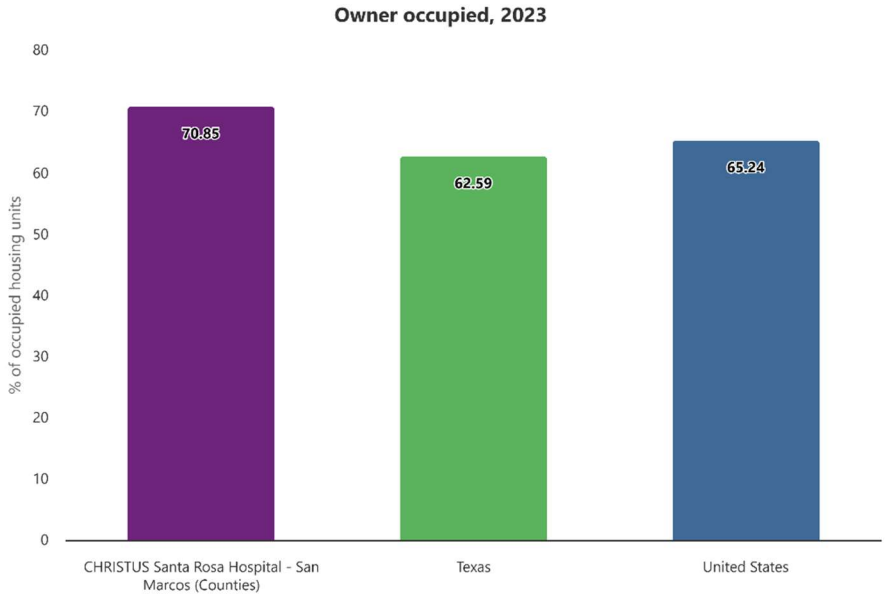


Created on Metopio | metop.io/i/ja6h9s7t | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

Moved within county in past year: Percent of residents 1 year and older who moved into current residence from within the same county in the past year. This can be used to proxy for evictions, especially when looking at vulnerable populations (infants, seniors) for whom frequent moving can be disruptive.

Owner Occupied

Homeownership rates in the local area are exceptionally high at 70.85%, significantly above both Texas (62.59%) and national levels (65.24%). This 8-percentage point advantage over state averages indicates strong economic conditions that enable residents to purchase homes rather than rent. The high homeownership rate contributes to community stability and wealth building opportunities for local families.



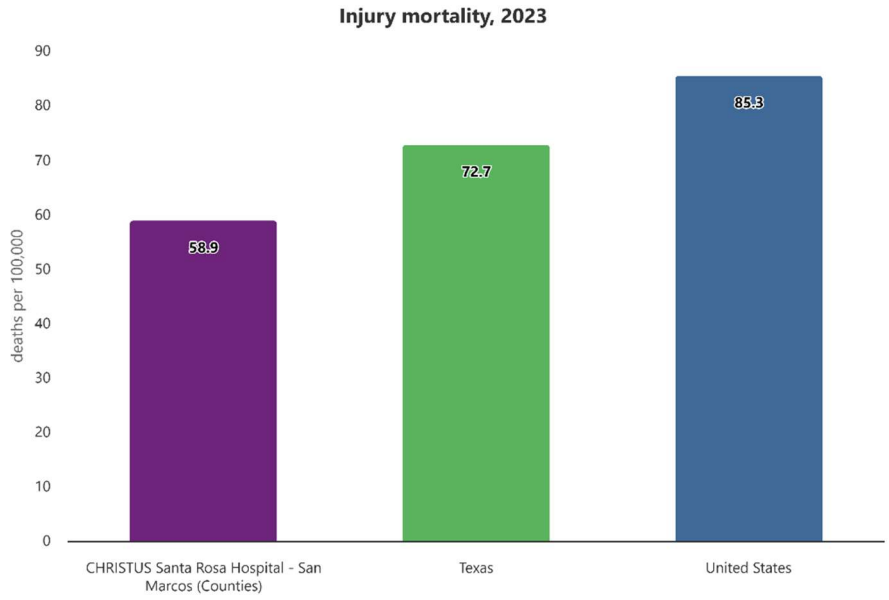
Created on Metopio | metop.io/i/wrt9tdw3 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

Injury

Injury Mortality

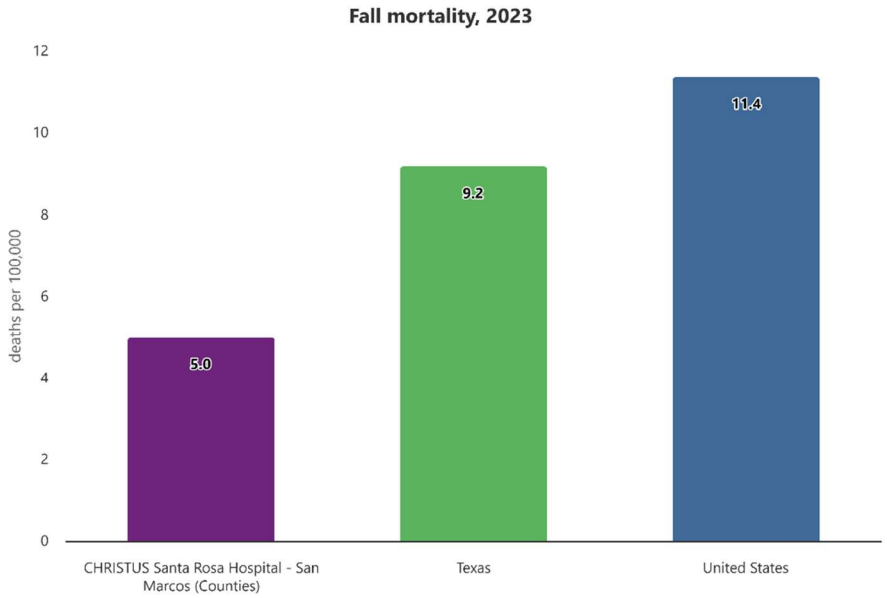
The local area demonstrates significantly better injury safety outcomes with 58.9 deaths per 100,000 residents compared to Texas (72.7) and national levels (85.3). This represents a substantial 14-point advantage over the state average and 26-point advantage over the national average, indicating fewer accidental deaths from injuries. The lower injury mortality rate suggests effective safety measures, better emergency response systems or community characteristics that reduce accidental death risks.



Created on Metopio | metop.io/i/z26np4ty | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Fall Mortality

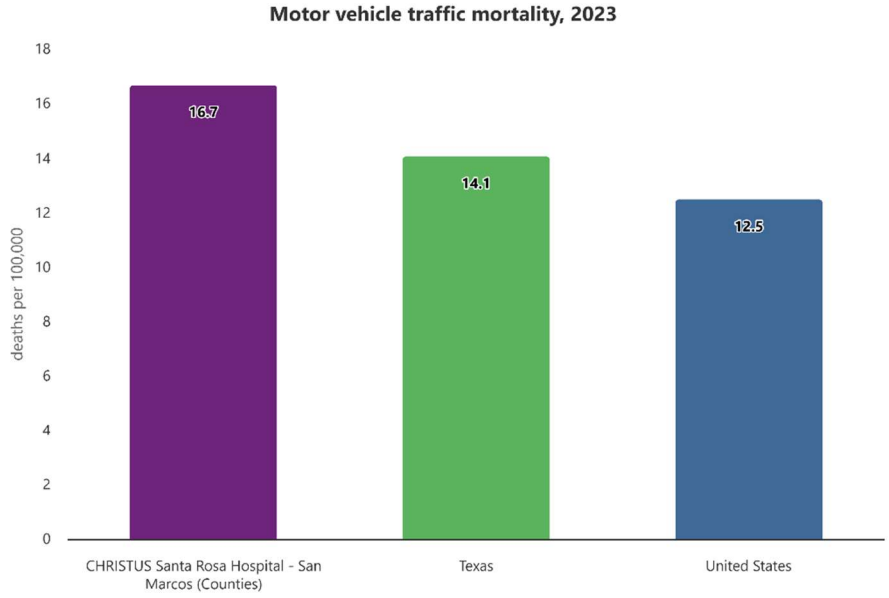
Fall-related deaths are dramatically lower in the local area at 5.0 per 100,000 residents compared to Texas (9.2) and national levels (11.4). This represents less than half the state rate and less than half the national rate, indicating significantly better fall prevention and safety measures. The lower fall mortality may reflect better building codes, safer home environments or more effective fall prevention programs for older adults.



Created on Metopio | metop.io/i/z799pwvq | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).

Motor Vehicle Traffic Mortality

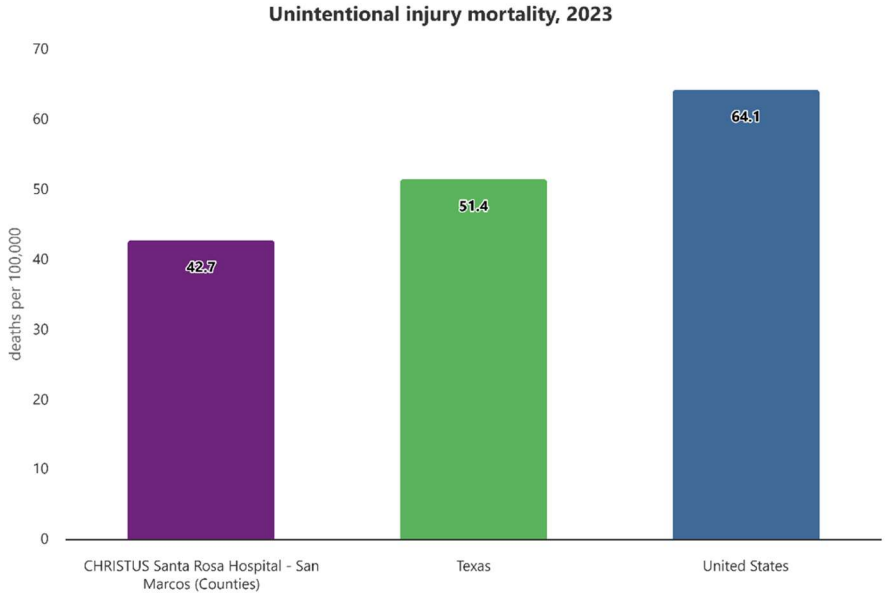
Traffic fatalities are concerning in the local area, with 16.7 deaths per 100,000 residents compared to Texas (14.1) and national levels (12.5). This represents a 2.6-point disadvantage compared to the state average and a 4.2-point gap above the national average, indicating higher road safety risks. The elevated traffic mortality rate suggests potential issues with road design, enforcement or driving behaviors that warrant targeted safety interventions.



Created on Metopio | metop.io/i/oeck2z3p | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2).

Unintentional Injury Mortality

Unintentional injury deaths are notably lower in the local area at 42.7 per 100,000 residents compared to Texas (51.4) and national levels (64.1). This represents an 8.7-point advantage over the state average and a 21.4-point advantage over the national average, indicating fewer accidental deaths from various causes. The lower rate suggests better overall safety conditions and accident prevention measures in the community.

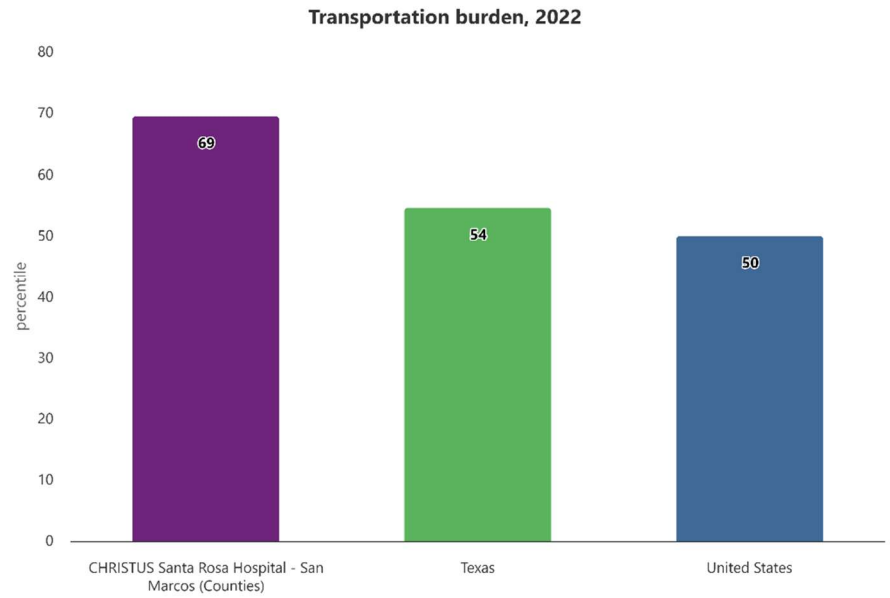


Created on Metopio | metop.io/i/d5wxn9qq | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

Transportation

Transportation Burden

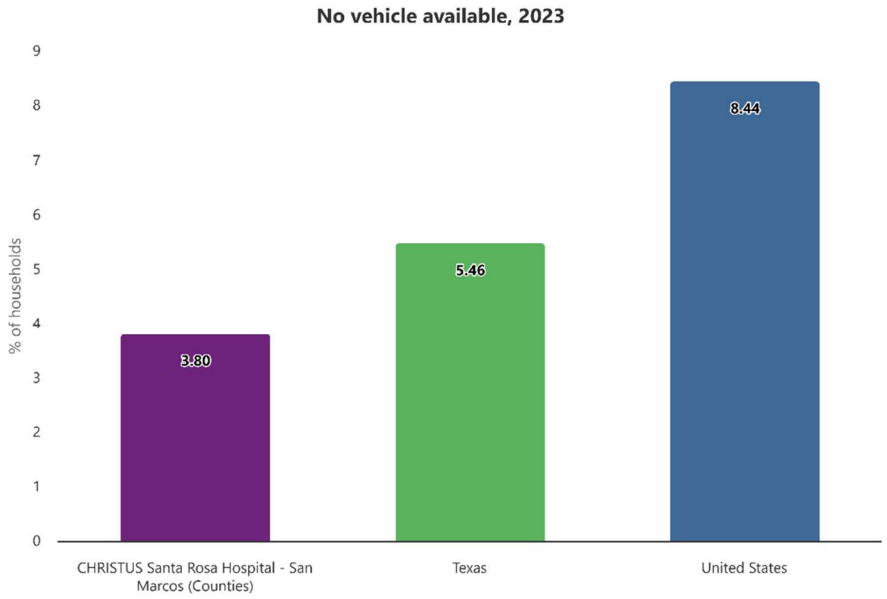
The data indicates that the transportation burden is highest at CHRISTUS Santa Rosa Hospital - San Marcos, located in Texas, with a rate of 69.47%. This is significantly higher than the overall transportation burden for Texas, which stands at 54.46%, and the national average of 49.85%. The higher burden at the hospital suggests potential issues with transportation accessibility or costs for patients in that area.



Created on Metopio | metop.io/i/utmddmd4 | **Data source:** Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

No Vehicle Available

Vehicle access is excellent in the local area, with only 3.80% of households lacking access to a vehicle compared to 5.46% in Texas and 8.44% nationally. This superior vehicle access supports mobility for employment, health care and daily activities, which is particularly important in areas with limited public transportation. The higher vehicle availability aligns with the area's better economic conditions and lower transportation burden.



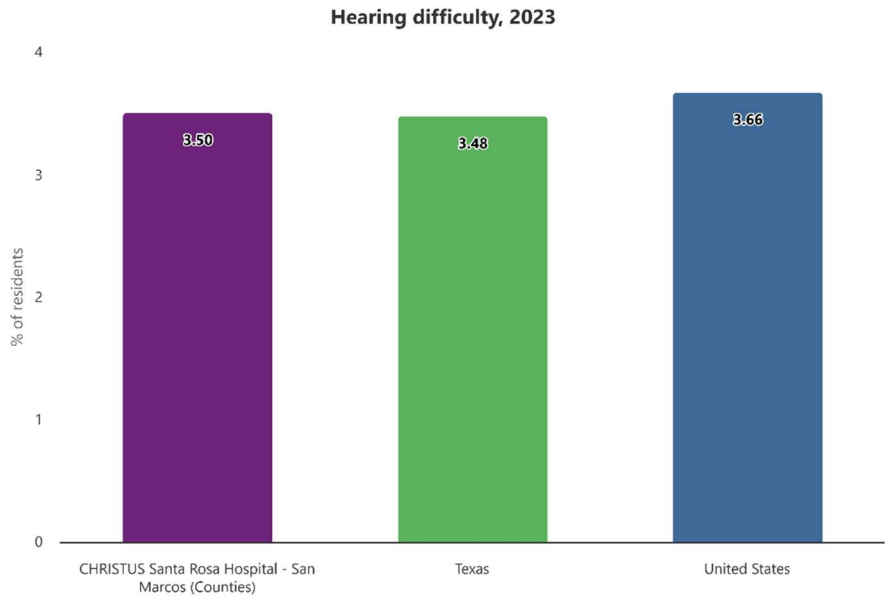
Created on Metopio | metop.io/i/h69jn7wv | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

No vehicle available: Percent of occupied households with no vehicles available.

Disability

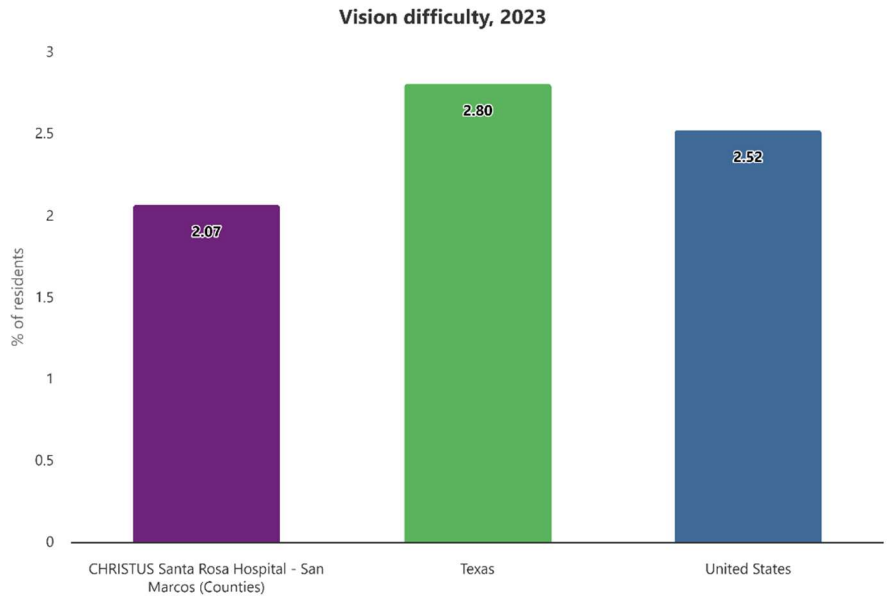
Hearing Difficulty

Hearing difficulties are slightly more prevalent in the local area at 3.50% compared to Texas (3.48%) and national levels (3.66%). The rates are very similar across all geographic levels, with the local area falling between state and national averages. This consistency suggests hearing difficulties are largely age-related and not significantly influenced by local environmental or occupational factors.



Vision Difficulty

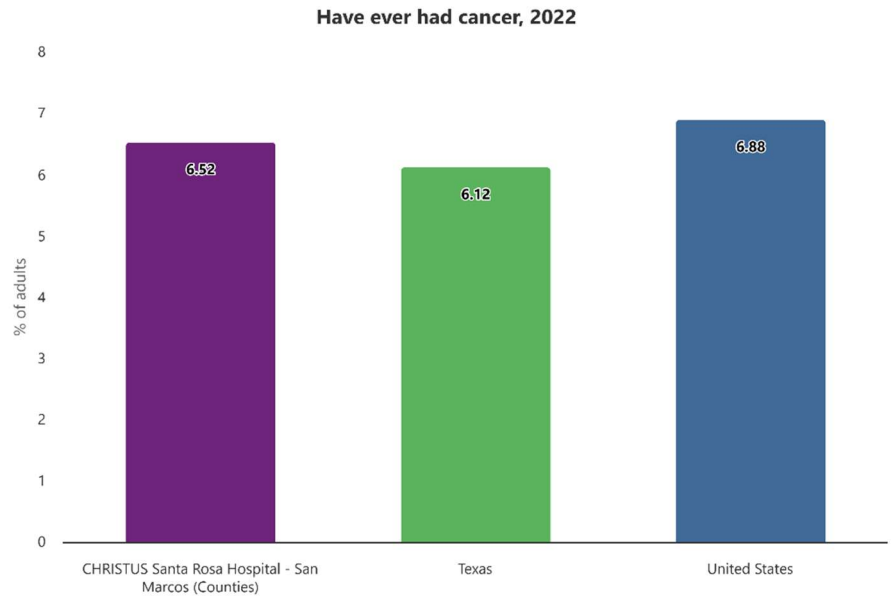
Vision difficulties are less common in the local area at 2.07% compared to Texas (2.80%) and national levels (2.52%). This represents a 0.73-point advantage over the state average and a 0.45-point advantage over the national average, indicating better eye health outcomes. The lower rate may reflect better access to eye care services, healthier lifestyle factors or demographic characteristics that reduce vision problems.



Cancer

Have Ever Had Cancer

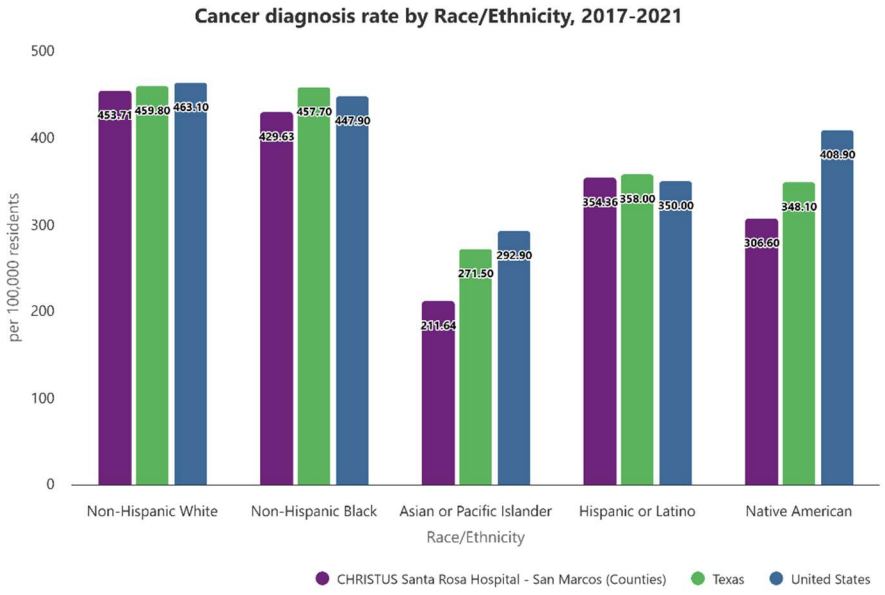
Cancer prevalence in the local area is slightly higher at 6.52% compared to Texas (6.12%) but lower than national levels (6.88%). This represents a 0.4-percentage point increase over the state average, indicating that cancer survivors make up a slightly larger portion of the local population. The rates are relatively similar across all geographic levels, suggesting consistent cancer incidence and survival patterns nationwide.



Created on Metopio | metop.io/i/bkaaigzi | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Have ever had cancer: 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 cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Cancer Diagnosis Rate by Race and Ethnicity

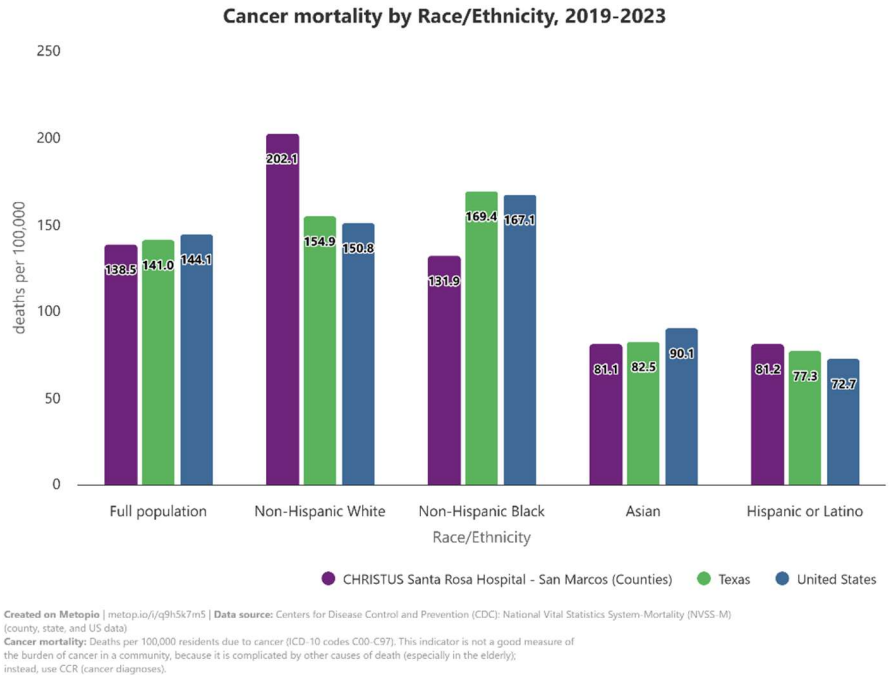
Cancer diagnosis rates vary significantly by race and ethnicity, with Non-Hispanic White residents having the highest rates at around 453-463 per 100,000 residents across all geographic levels. Asian or Pacific Islander populations show the lowest diagnosis rates at approximately 201-293 per 100,000, while Hispanic/Latino and Native American populations fall in the middle range. The local area generally shows similar patterns to state and national trends, with some variation in specific ethnic group rates.



Created on Metopio | metop.io/i/m3qt92jj | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.

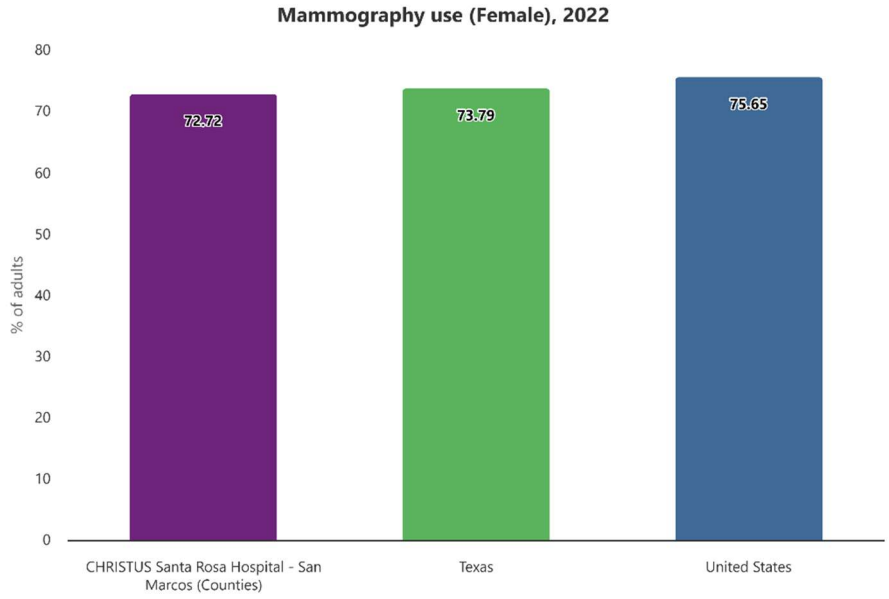
Cancer Mortality Rate by Race and Ethnicity

Cancer death rates show stark racial disparities, with Non-Hispanic Black residents experiencing the highest mortality at over 200 deaths per 100,000 locally, significantly above other groups. Non-Hispanic White residents have moderate mortality rates around 135-155 per 100,000, while Asian, Hispanic/Latino and other groups show lower rates between 70-90 per 100,000. The local area generally performs similarly to state and national patterns, though with some variations in specific group outcomes.



Mammography Use

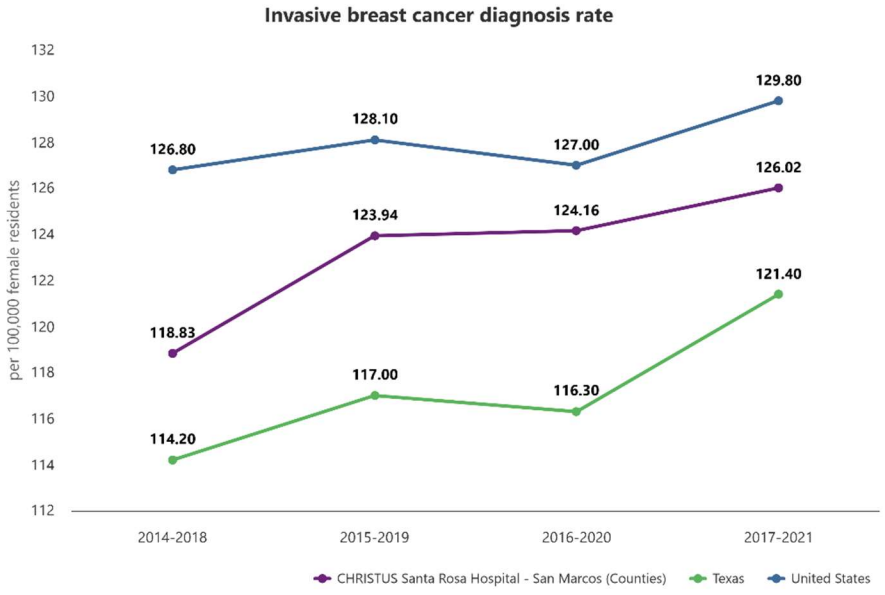
Mammography screening rates are slightly lower in the local area at 72.72% compared to Texas (73.79%) and national levels (75.63%). This represents a 1-percentage point gap below the state average and a 3-percentage point gap below the national average, indicating room for improvement in breast cancer screening. The lower screening rates may impact early detection and treatment outcomes for breast cancer in the community.



Created on Metopio | metop.io/i/3mfj53jv | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive Breast Cancer Diagnosis Rate

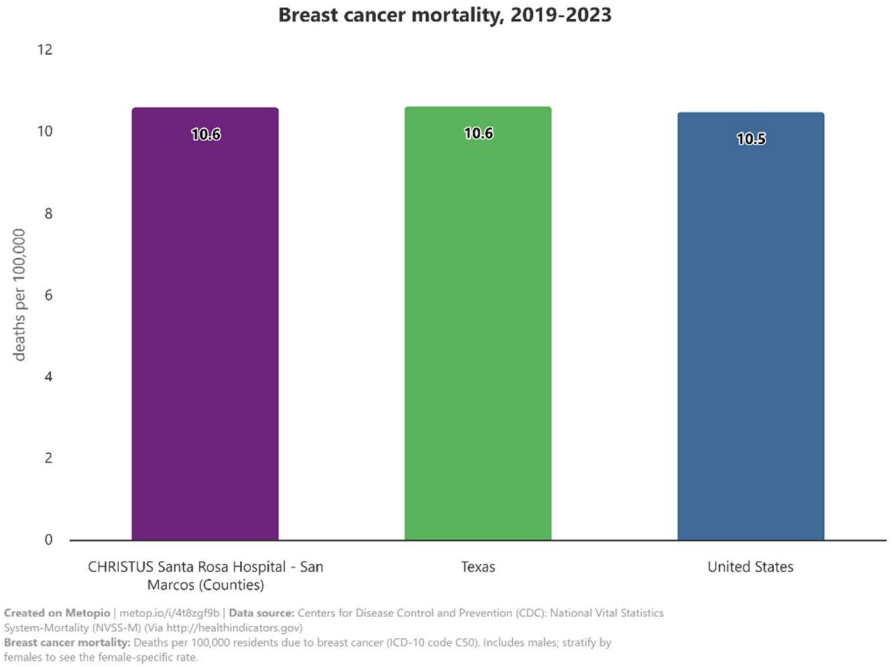
Invasive breast cancer diagnosis rates have increased over time in the local area, rising from 118.8 per 100,000 women in 2014-2018 to 126.02 in 2017-2021. The local area maintains rates between Texas (121.4) and national levels (129.8), though the upward trend is concerning. This increase may reflect improved detection methods, changing risk factors or demographic shifts in the population.



Created on Metopio | metop.io/i/ixmyvbvv | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

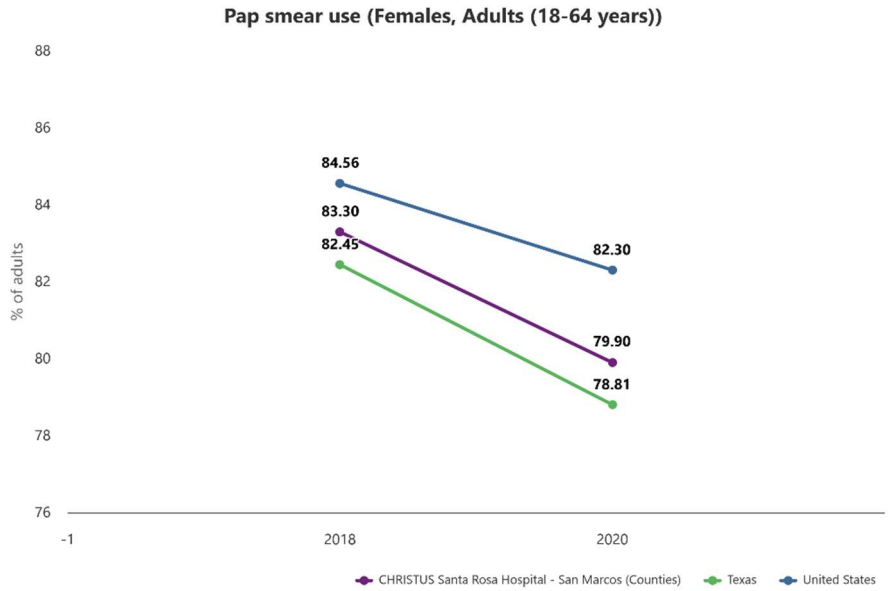
Breast Cancer Mortality

Breast cancer mortality rates are remarkably consistent across all geographic levels, with the local area at 10.6 deaths per 100,000, Texas at 10.6 and the United States at 10.5. This uniform mortality pattern suggests that while diagnosis rates may vary, treatment outcomes and survival rates are relatively consistent nationwide. The similar rates indicate effective breast cancer treatment protocols across different health care systems.



Pap Smear Use

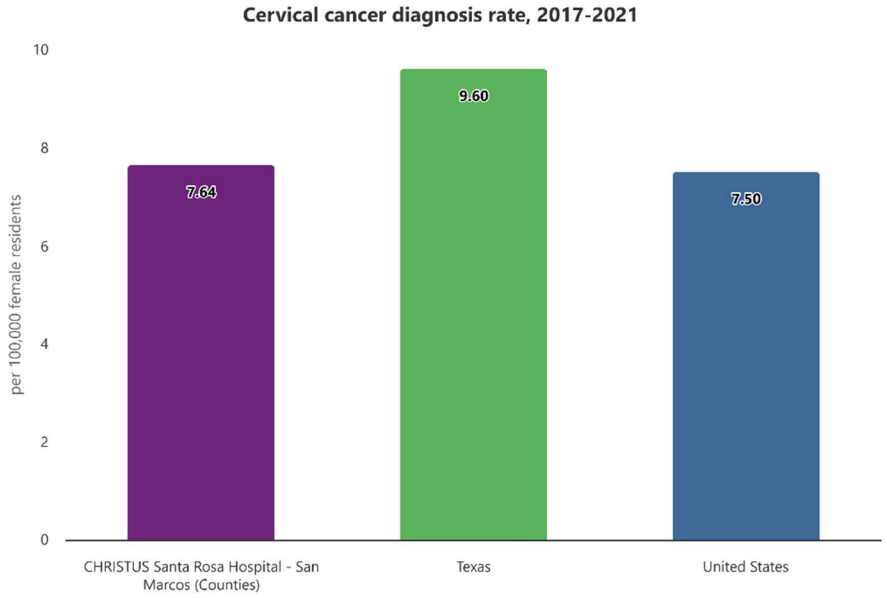
Pap smear screening rates have declined across all geographic levels from 2018 to 2020, with the local area dropping from 83.3% to 79.9%. The local area shows slightly higher screening rates than Texas (78.8%) but lower than national levels (82.3%) in 2020. This decline may reflect disruptions from the COVID-19 pandemic or other barriers to preventive care access.



Created on Metopio | metop.io/i/n29y4zkf | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Pap smear use: Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Cervical Cancer Diagnosis Rate

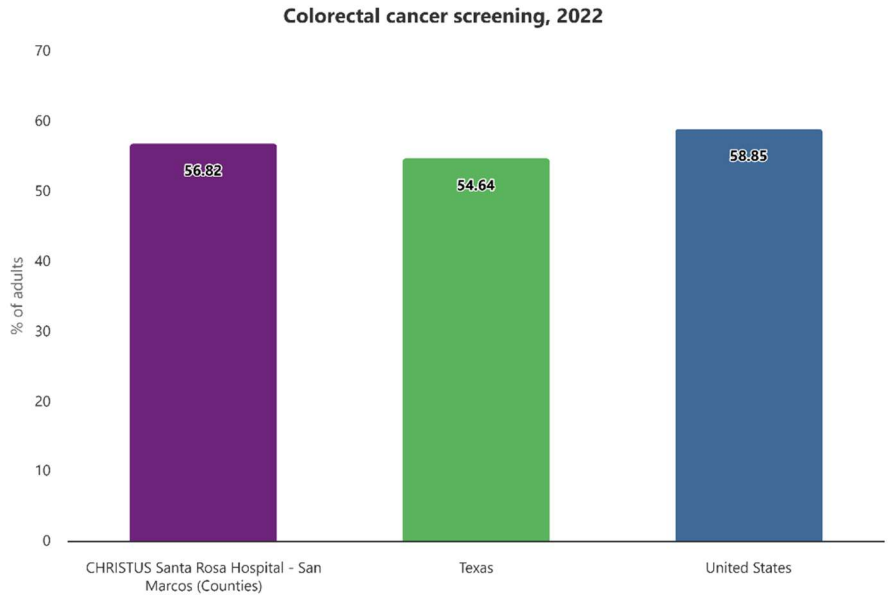
Cervical cancer diagnosis rates are notably lower in the local area at 7.64 per 100,000 women compared to Texas (9.60) and national levels (7.50). The local area performs better than the state average by nearly 2 percentage points, indicating either better prevention efforts or demographic factors that reduce cervical cancer risk. This lower rate aligns with the area's generally better health outcomes shown in previous data.



Created on Metopio | metop.io/i/q62f89bi | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cervical cancer diagnosis rate: Annual diagnosis rate for cervical cancer. Ages 15 and over, age-adjusted.

Colorectal Cancer Screening

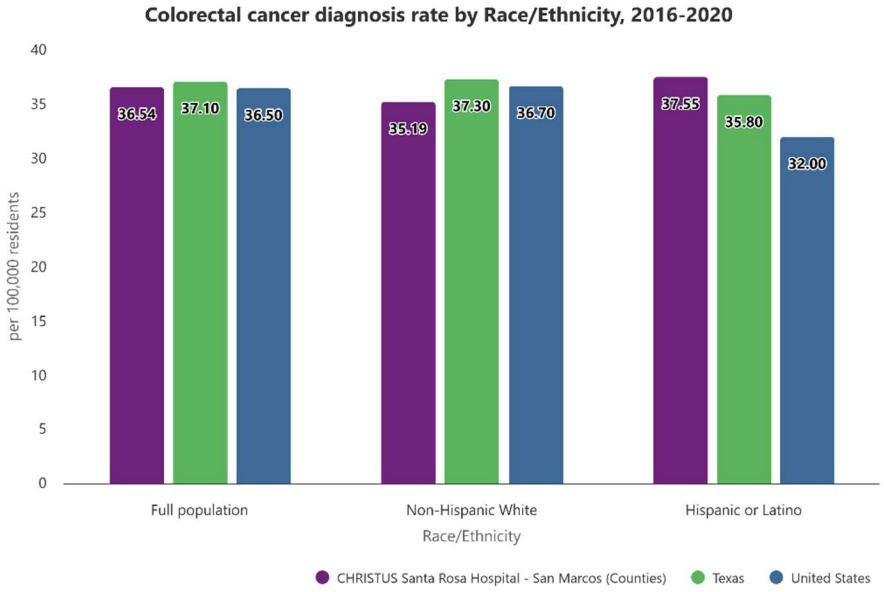
Colorectal cancer screening rates are higher in the local area at 56.82% compared to Texas (54.64%) but slightly lower than national levels (58.85%). This represents a 2-percentage point advantage over the state average, indicating better adherence to screening guidelines. The higher screening rates may contribute to earlier detection and better outcomes for colorectal cancer in the community.



Created on Metopio | metop.io/i/o17f64xg | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Colorectal Cancer Diagnosis Rate by Race and Ethnicity

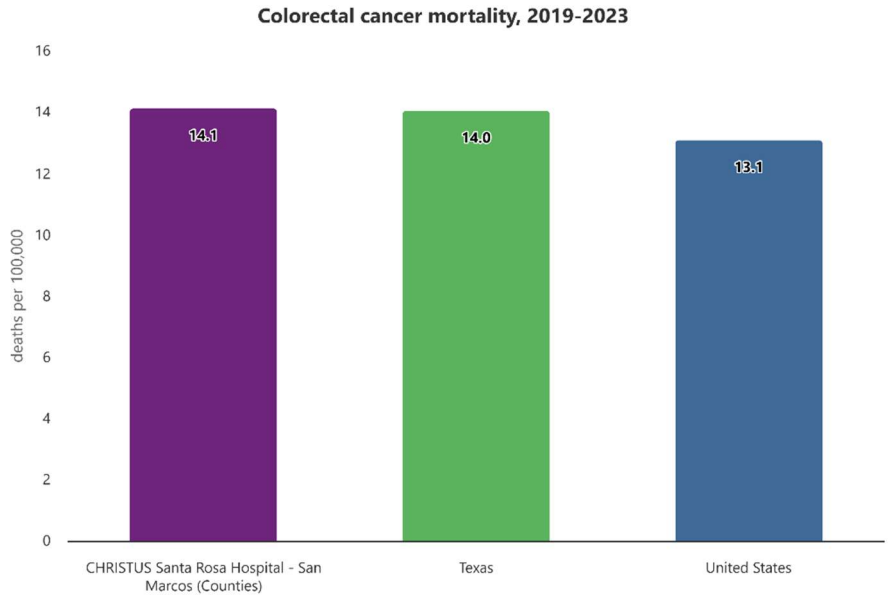
Colorectal cancer diagnosis rates show some variation by race and ethnicity, with the local area generally showing slightly lower rates than state and national averages. Non-Hispanic White residents have rates around 35 per 100,000, while Hispanic/Latino residents show higher local rates at 37.5 compared to state (35.8) and national levels (32.0). The overall patterns are relatively consistent across geographic levels, suggesting similar risk factors and detection rates.



Created on Metopio | metop.io/i/f11mwsrz | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Colorectal cancer diagnosis rate: Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.

Colorectal Cancer Mortality

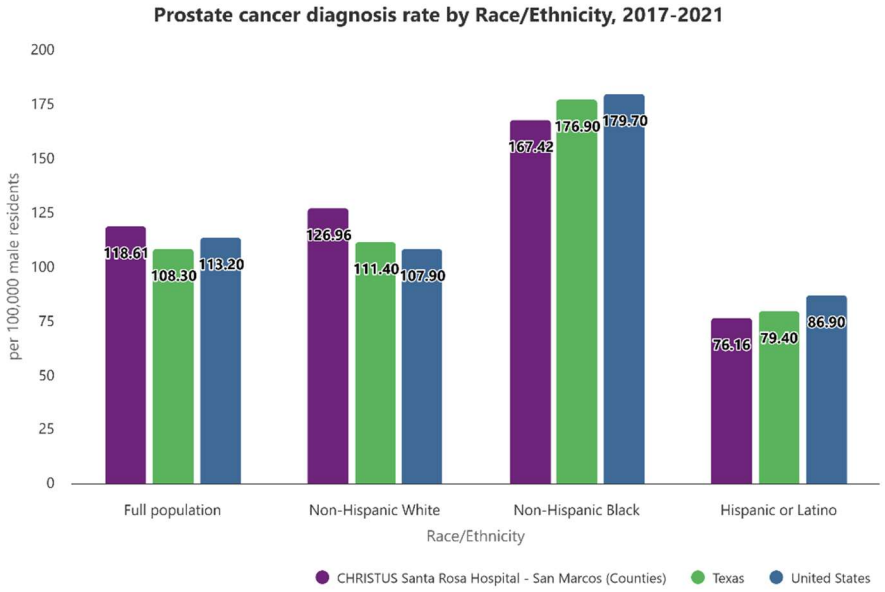
Colorectal cancer mortality rates are similar across all geographic levels, with the local area at 14.1 deaths per 100,000, Texas at 14.0, and the United States at 13.1. The local area shows slightly higher mortality than the national average by one death per 100,000, though rates are very close to state levels. This consistency suggests similar treatment outcomes despite variations in screening and diagnosis rates.



Created on Metopio | metop.io/i/a5ze2v21 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate by Race and Ethnicity

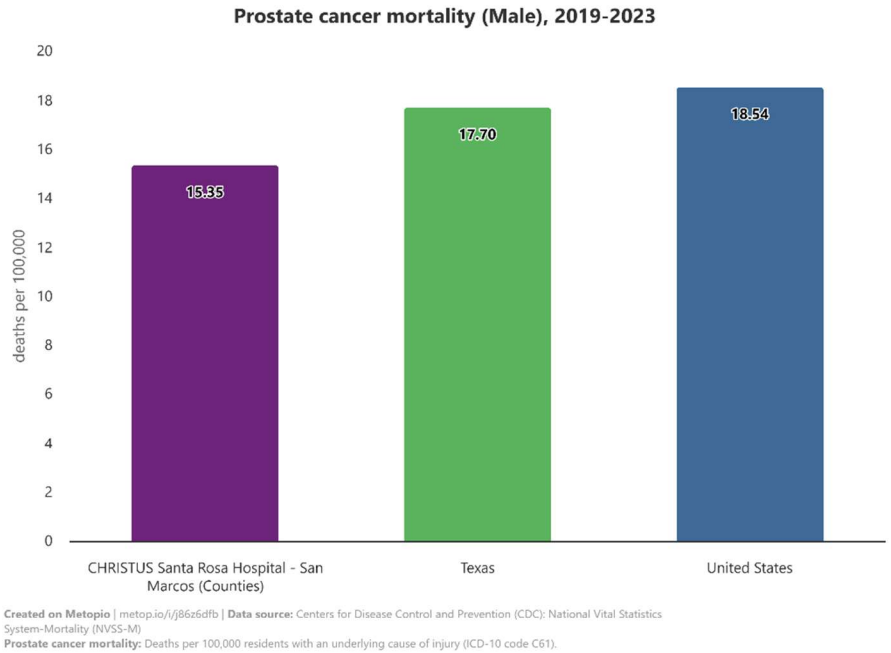
Prostate cancer diagnosis rates show dramatic racial disparities, with Non-Hispanic Black men experiencing rates of 167-180 per 100,000 compared to 111-127 for Non-Hispanic White men and 76-87 for Hispanic/Latino men. The local area generally shows similar patterns to state and national trends, with some variation in specific group rates. These disparities highlight the need for targeted screening and prevention efforts for high-risk populations.



Created on Metopio | metop.io/i/rho5vau6 | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

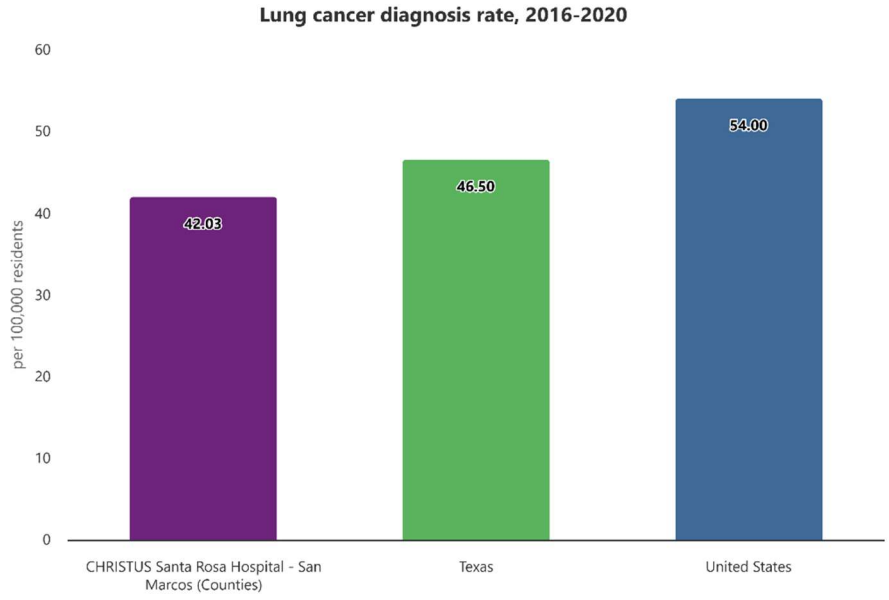
Prostate Cancer Mortality Rate

Prostate cancer mortality is lower in the local area at 15.35 deaths per 100,000 men compared to Texas (17.70) and national levels (18.54). This represents a 2.35-point advantage over the state average and a 3.2-point advantage over the national average, indicating better treatment outcomes or earlier detection. The lower mortality rate suggests effective prostate cancer care and management in the local health care system.



Lung Cancer Diagnosis Rate

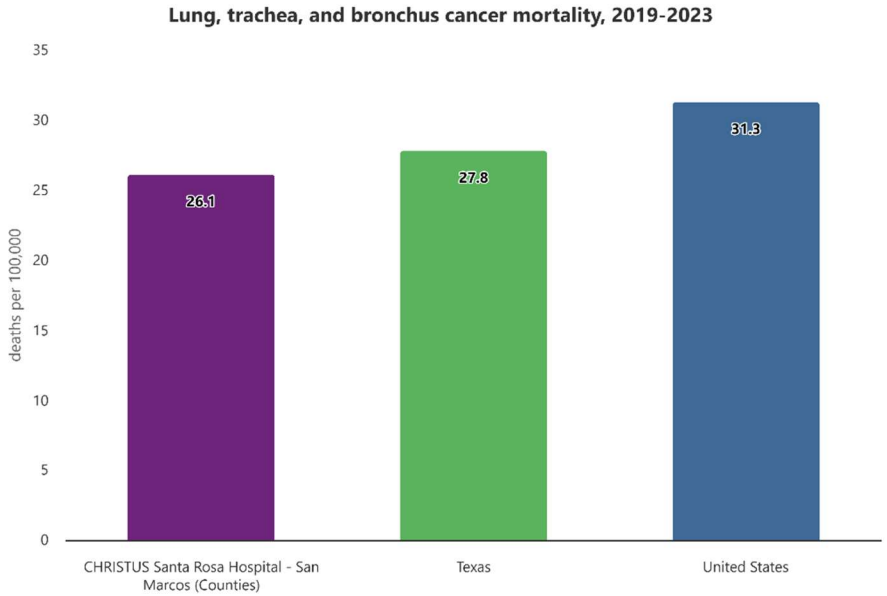
Lung cancer diagnosis rates are lower in the local area at 42.03 per 100,000 residents compared to Texas (46.50) and national levels (54.00). This represents a 4.5-point advantage over the state average and a 12-point advantage over the national average, indicating fewer lung cancer cases. The lower rates may reflect better smoking cessation efforts, less environmental exposure or demographic factors that reduce lung cancer risk.



Created on Metopio | metop.io/i/e3vbw9jy | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

Lung cancer mortality is notably lower in the local area at 26.1 deaths per 100,000 residents compared to Texas (27.8) and national levels (31.3). This represents a 1.7-point advantage over the state average and a 5.2-point advantage over the national average, indicating better outcomes for lung cancer patients. The lower mortality rate suggests effective treatment protocols or earlier detection in the local health care system.

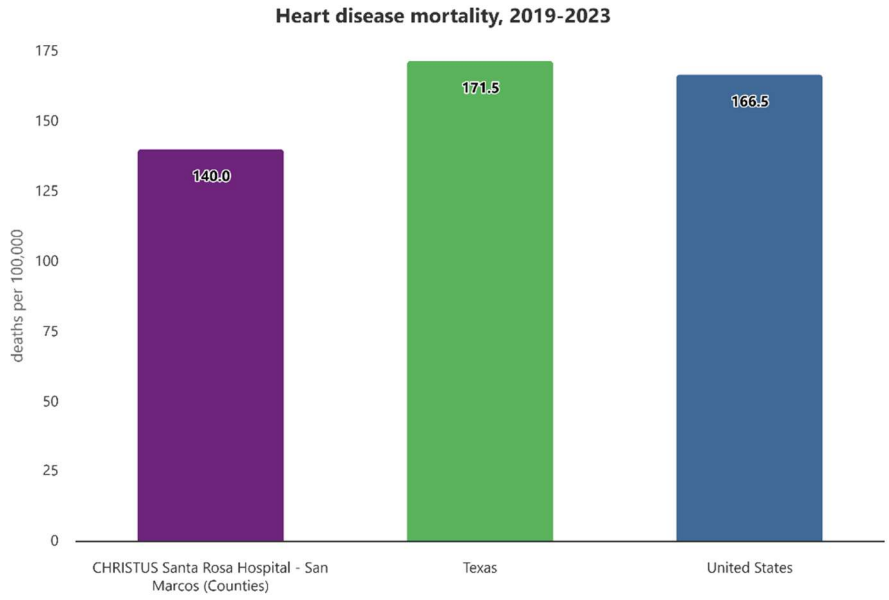


Created on Metopio | metop.io/i/upmitx56 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease

Heart Disease Mortality

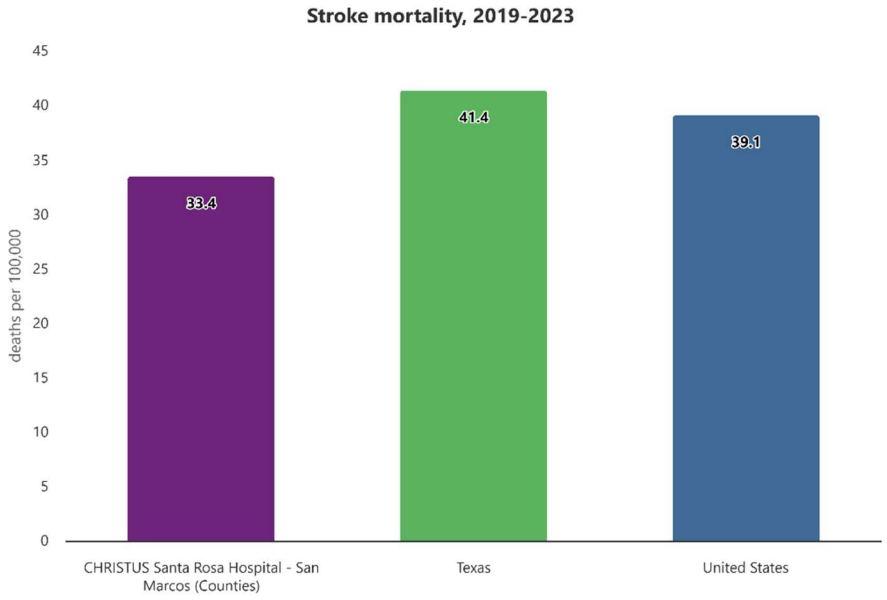
Heart disease mortality is significantly lower in the local area at 140.0 deaths per 100,000 residents compared to Texas (171.5) and national levels (166.5). This represents a substantial 31.5-point advantage over the state average and a 26.5-point advantage over the national average, indicating much better cardiovascular health outcomes. The lower mortality rate suggests effective prevention, treatment and management of heart disease in the community.



Created on Metopio | metop.io/i/wp43vxdq | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Stroke Mortality

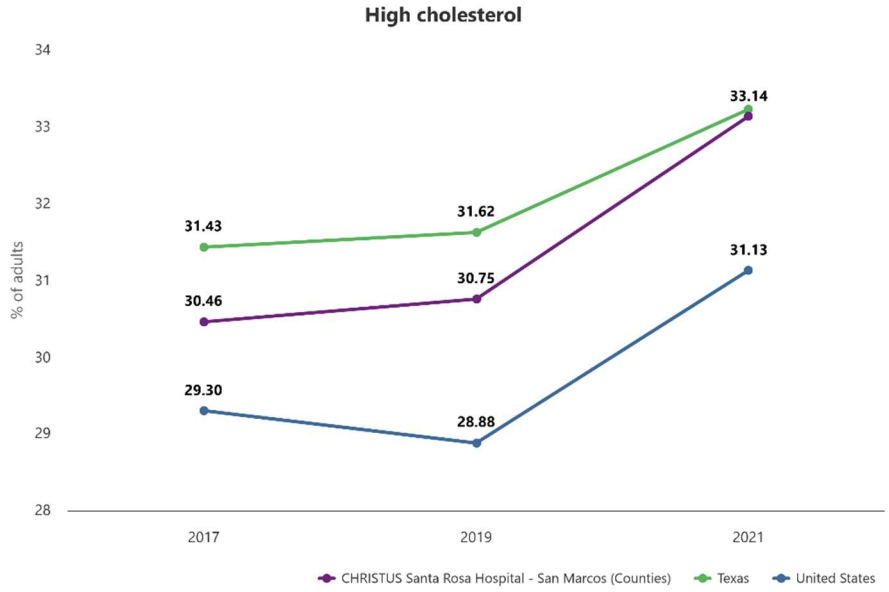
Stroke mortality is lower in the local area at 33.4 deaths per 100,000 residents compared to Texas (41.4) and national levels (39.1). This represents an 8-point advantage over the state average and a 5.7-point advantage over the national average, indicating better stroke prevention and treatment outcomes. The lower rates may reflect better management of risk factors like hypertension and diabetes, or more effective emergency stroke care.



Created on Metopio | metop.io/i/y5z6qqz2 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

High Cholesterol

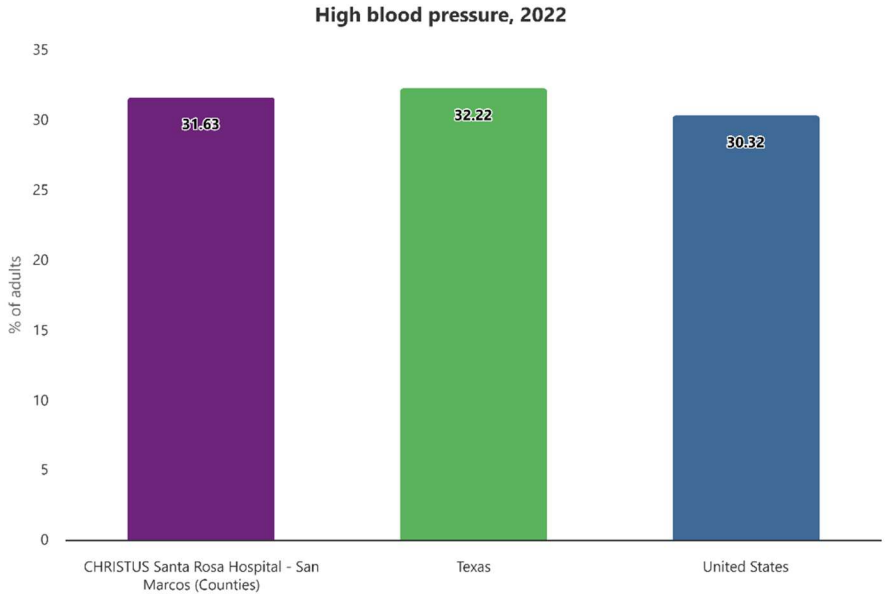
High cholesterol prevalence has increased across all geographic levels from 2017 to 2021, with the local area rising from 30.5% to 33.1%. The local area now has slightly higher rates than Texas (33.1%) and matches national levels (31.1%) in 2021. This upward trend is concerning as high cholesterol is a major risk factor for heart disease and stroke, though the area's excellent cardiovascular mortality outcomes suggest effective management.



Created on Metopio | metop.io/i/7hzur31z | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High cholesterol: 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 high cholesterol. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

High Blood Pressure

High blood pressure prevalence is slightly lower in the local area at 31.6% compared to Texas (32.22%) and national levels (30.52%). The local area falls between state and national averages, indicating moderate hypertension rates that align with broader population patterns. Despite this prevalence, the area's superior heart disease and stroke mortality outcomes suggest effective blood pressure management and treatment.

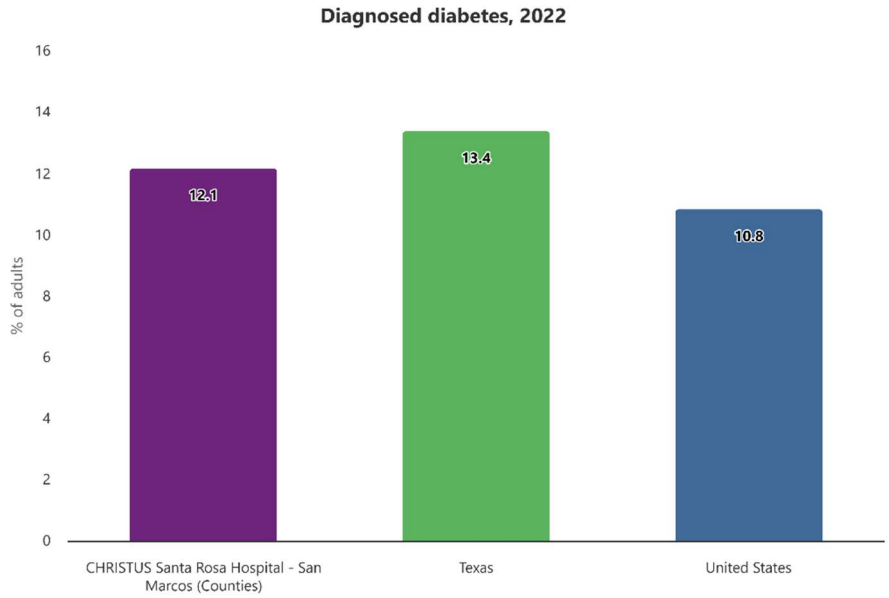


Created on Metopio | metop.io/i/xvxvfuf4 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Diabetes

Diagnosed Diabetes

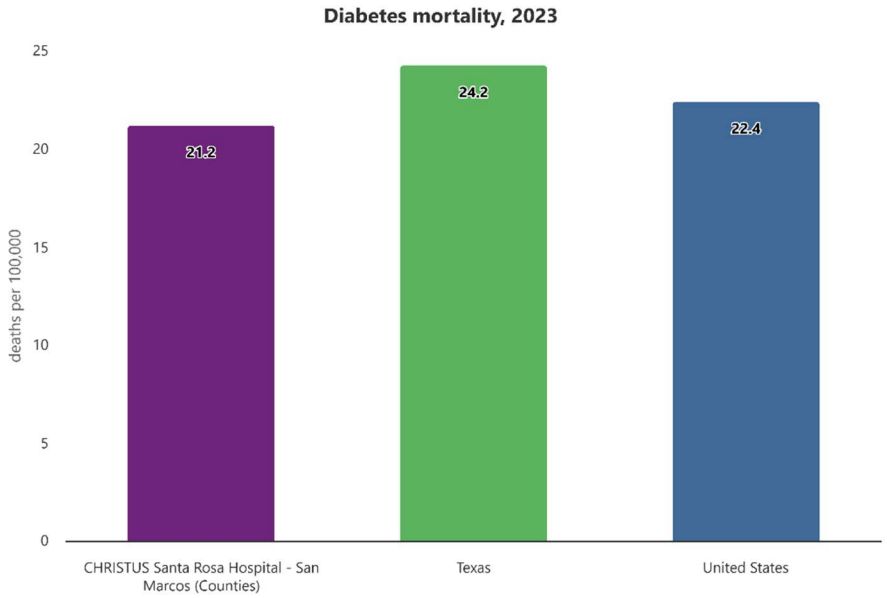
Diabetes prevalence is lower in the local area at 12.1% compared to Texas (13.4%) and national levels (10.8%). The local area performs better than the state average by 1.3 percentage points but slightly higher than the national average. The moderate diabetes rates, combined with better cardiovascular outcomes, suggest effective diabetes management and prevention of complications in the community.



Created on Metopio | metop.io/i/ngq8285z | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)
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. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Diabetes Mortality

Diabetes mortality is lower in the local area at 21.2 deaths per 100,000 residents compared to Texas (24.2) and national levels (22.4). This represents a 3-point advantage over the state average and a 1.2-point advantage over the national average, indicating better diabetes management and complication prevention. The lower mortality rate suggests effective diabetes care and patient education programs.

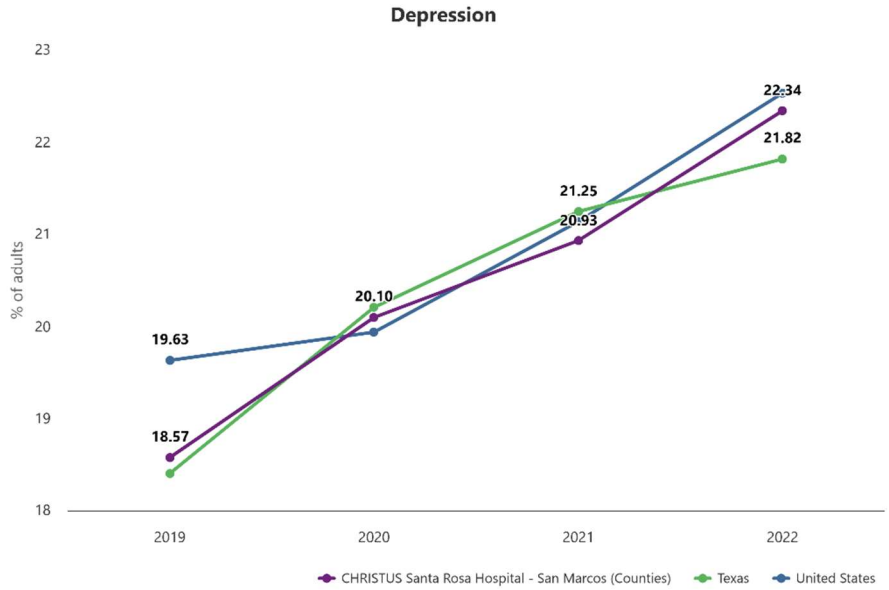


Created on Metopio | metop.io/i/fsnqgngh | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Mental Health

Depression

Depression prevalence has increased dramatically across all geographic levels from 2019 to 2022, with the local area rising from 18.6% to 22.3%. The local area now has slightly higher depression rates than Texas (21.8%) and matches national levels (22.3%) in 2022. This concerning trend reflects the mental health impacts of recent years and highlights the need for expanded mental health services.

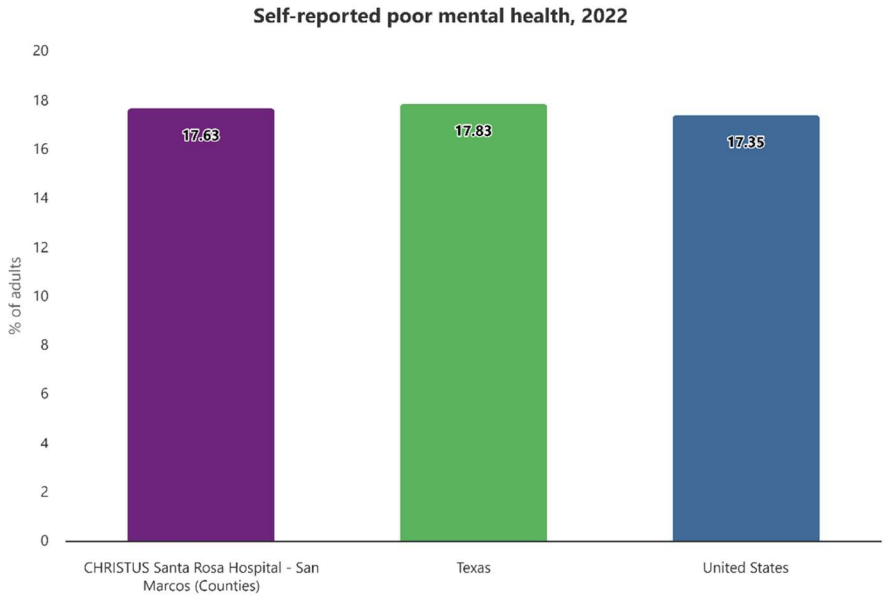


Created on Metopio | metop.io/i/dz8s4rks | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-Reported Poor Mental Health

Self-reported poor mental health rates are remarkably consistent across all geographic levels, with the local area at 17.43%, Texas at 17.83%, and the United States at 17.35%. This uniform pattern suggests that mental health challenges affect communities similarly regardless of other socioeconomic factors. The consistency indicates that mental health issues are a widespread concern requiring attention across all communities.

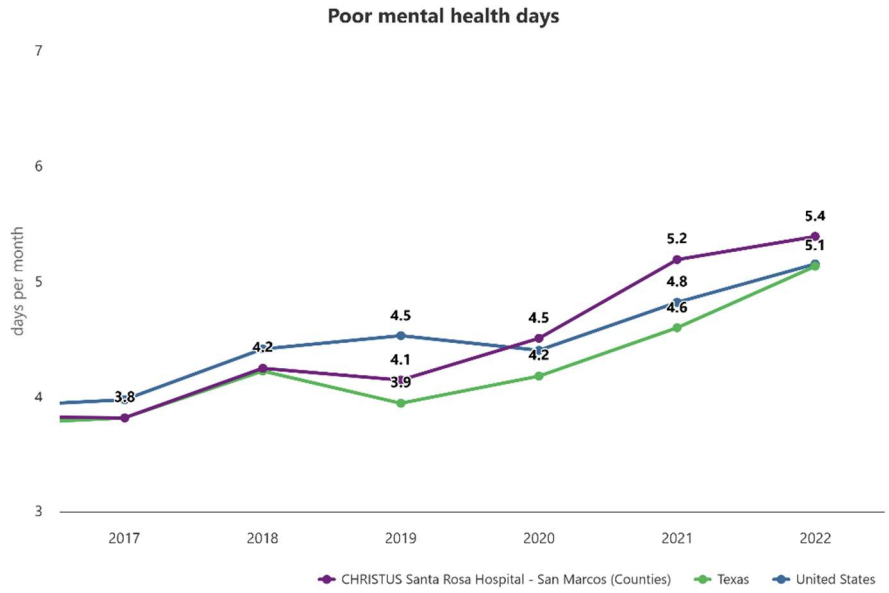


Created on Metopio | metop.io/i/raooisqu | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Poor Mental Health Days

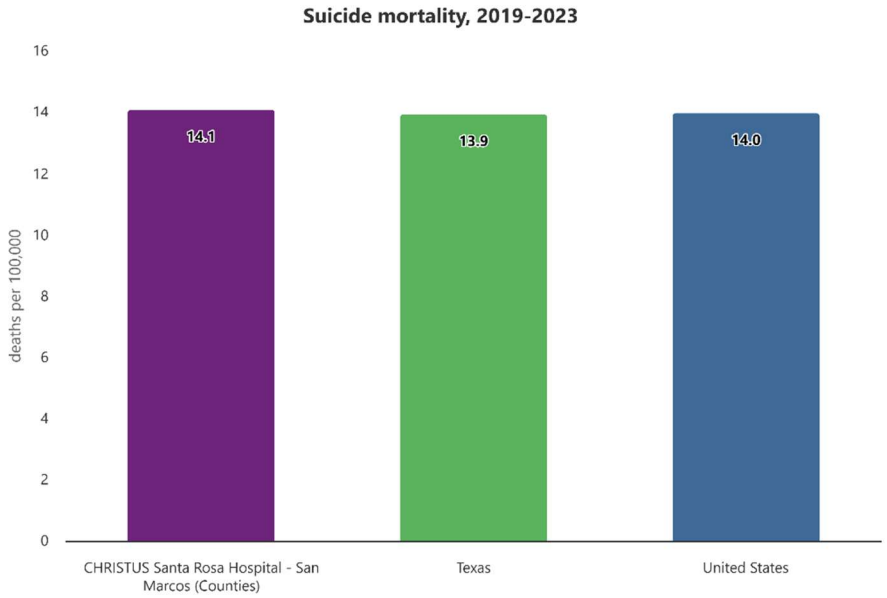
Poor mental health days have increased significantly from 2017 to 2022, with the local area rising from 3.8 to 5.4 days per month. The local area now has slightly more poor mental health days than Texas (5.1) and matches national levels (5.4) in 2022. This upward trend indicates worsening mental health conditions and increased stress levels affecting daily functioning.



Created on Metopio | metop.io/i/dbhj77cz | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (Pre-2017 data), University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

Suicide mortality rates are nearly identical across all geographic levels, with the local area at 14.1 deaths per 100,000 residents, Texas at 13.9 and the United States at 14.0. This consistency suggests that suicide risk factors and prevention challenges are similar nationwide, regardless of local economic or social conditions. The uniform rates indicate that suicide prevention requires continued attention across all communities.



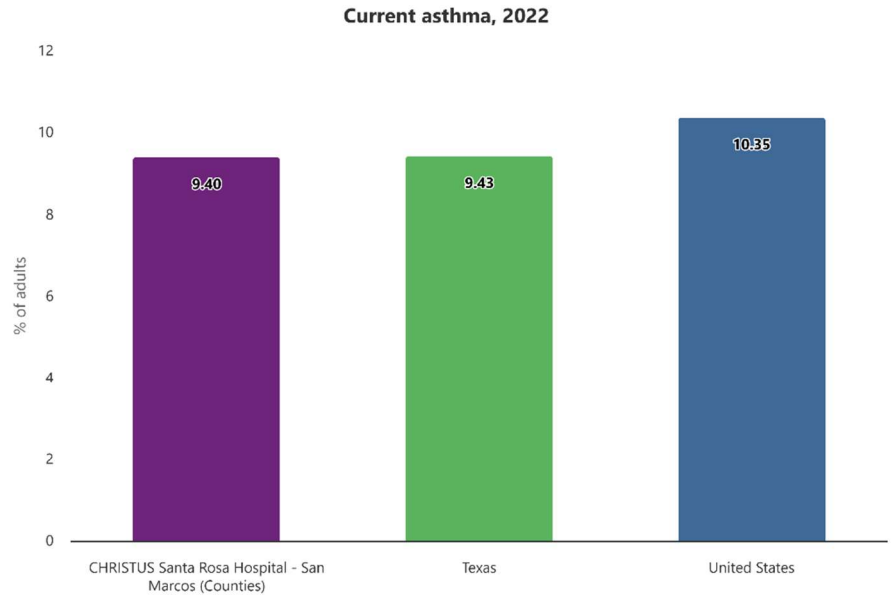
Created on Metopio | metop.io/i/9hbcqcab | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Respiratory Illness

Current Asthma

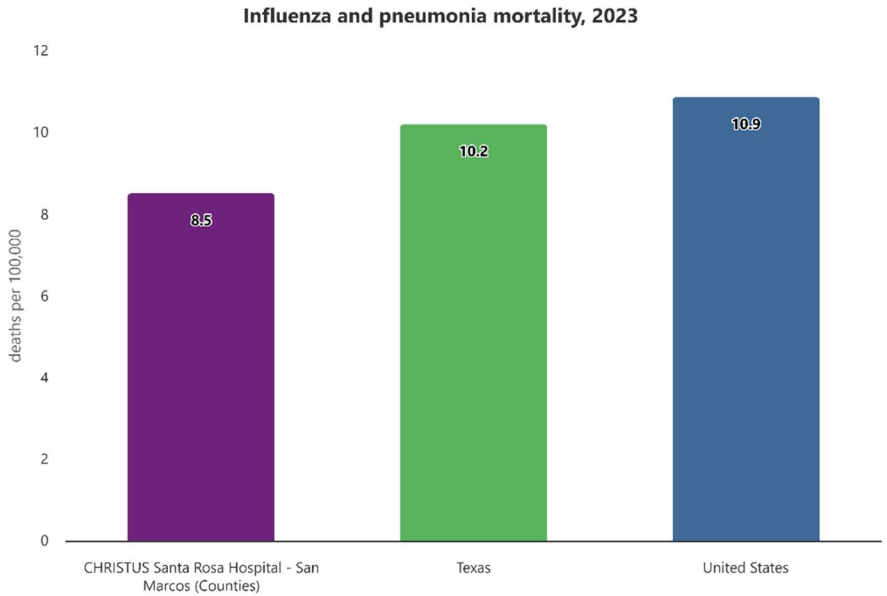
Asthma prevalence is slightly lower in the local area at 9.40% compared to Texas (9.43%) and national levels (10.35%). The local area performs similarly to the state average but shows a 1-percentage point advantage over the national average. The lower asthma rates may reflect better air quality, reduced environmental triggers or demographic factors that influence respiratory health.



Created on Metopio | metop.io/i/r82n9uwc | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Influenza and Pneumonia Mortality

Influenza and pneumonia mortality is notably lower in the local area at 8.5 deaths per 100,000 residents compared to Texas (10.2) and national levels (10.9). This represents a 1.7-point advantage over the state average and a 2.4-point advantage over the national average, indicating better outcomes for respiratory infections. The lower mortality may reflect effective vaccination programs, prompt treatment or better overall health status.

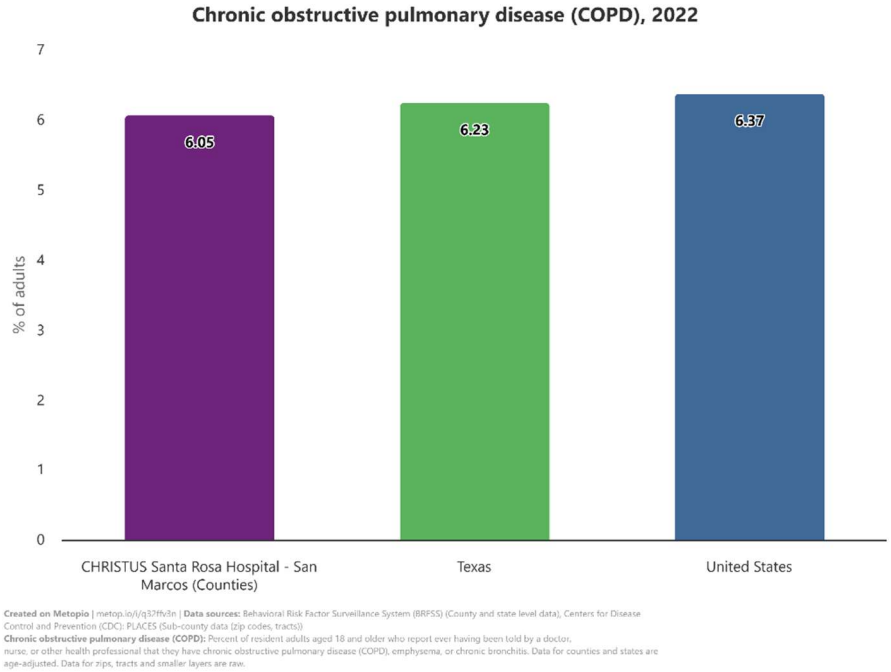


Created on Metopio | metop.io/i/a9bxx7v7 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

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 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.

Chronic Obstructive Pulmonary Disease

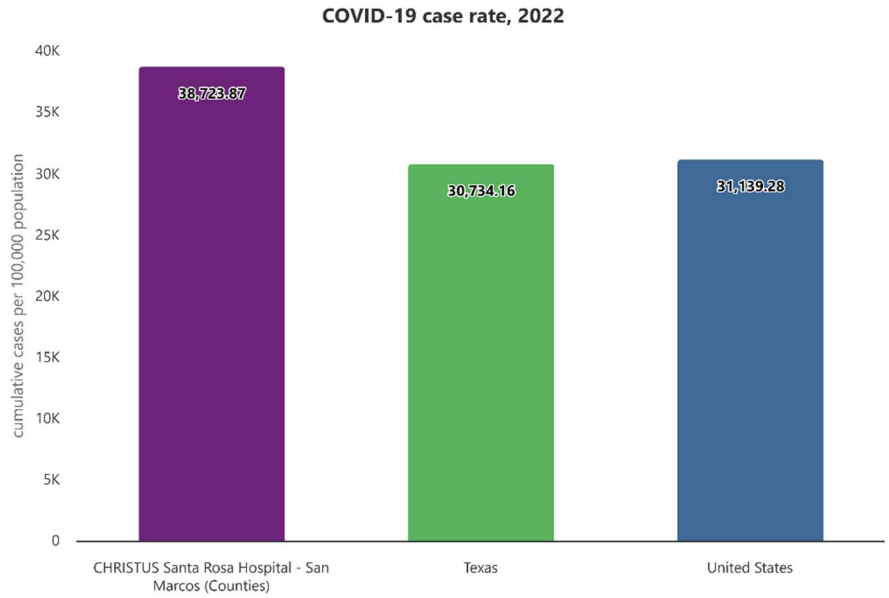
Chronic obstructive pulmonary disease (COPD) prevalence is slightly lower in the local area at 6.05% compared to Texas (6.23%) and national levels (6.37%). The local area shows modest advantages over both state and national averages, indicating fewer cases of this chronic respiratory condition. The lower COPD rates may reflect better smoking cessation efforts, reduced environmental exposures or demographic factors that influence respiratory health.



COVID-19

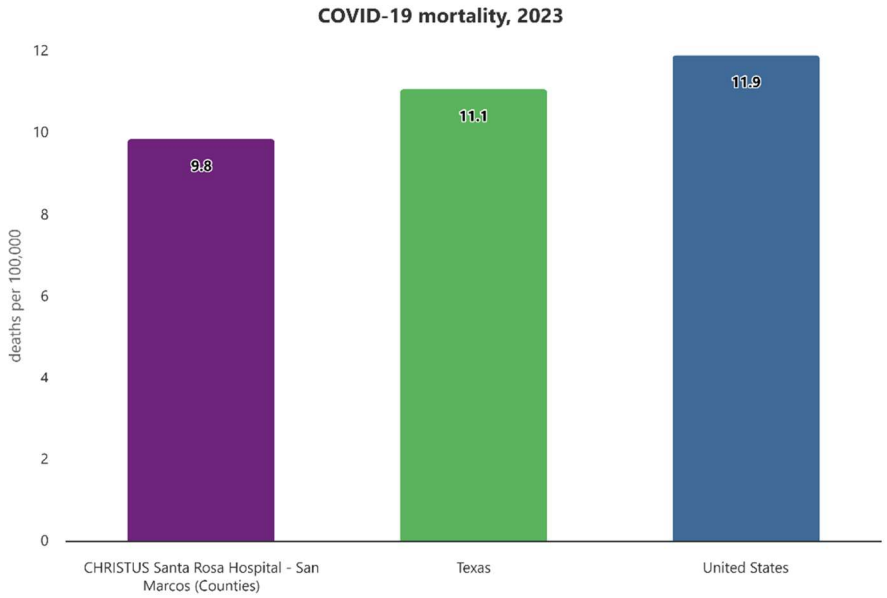
COVID-19 Case Rate

COVID-19 case rates were higher in the local area with 38,723 cases per 100,000 residents in 2022 compared to Texas (30,734) and national levels (31,139). This represents nearly 8,000 more cases per 100,000 than the state average, indicating the area experiencing more intensive COVID-19 transmission. The higher case rate may reflect testing practices, population density or community factors that influenced virus spread.



COVID-19 Mortality

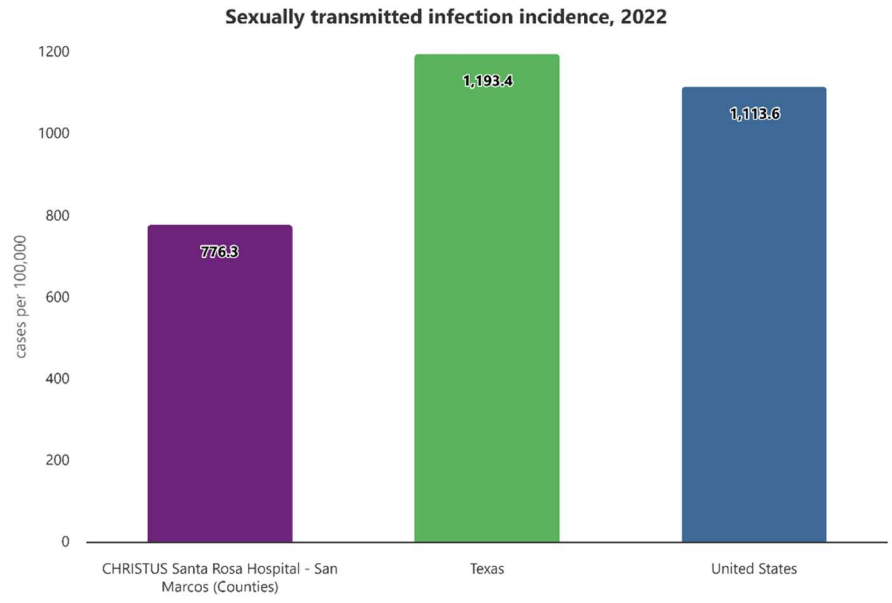
COVID-19 mortality is lower in the local area at 9.8 deaths per 100,000 residents compared to Texas (11.1) and national levels (11.9). Despite having higher case rates, the local area achieved better survival outcomes with a 1.3-point advantage over the state average and a 2.1-point advantage over the national average. This suggests effective treatment protocols, better health care access or population characteristics that improved COVID-19 outcomes.



STI

Sexually Transmitted Infection Incidence

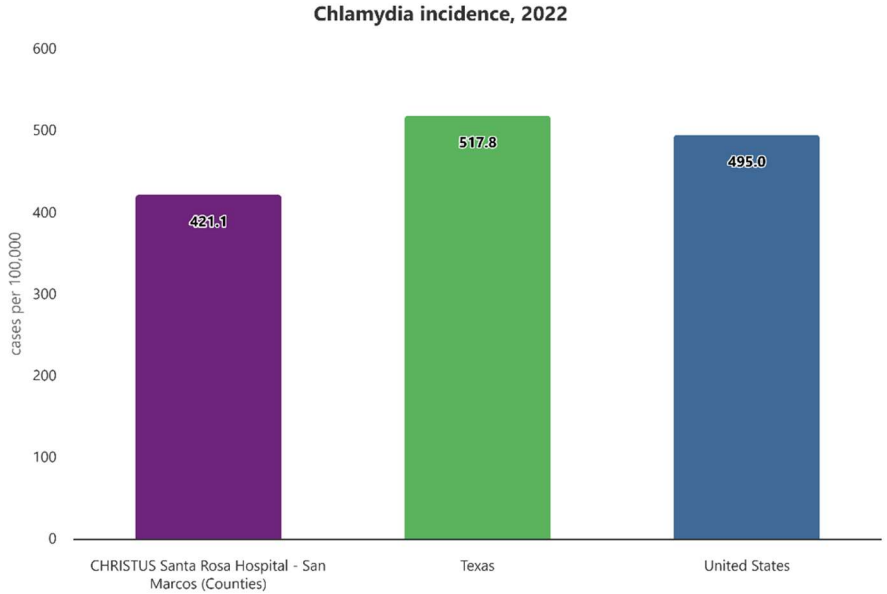
Sexually transmitted infection rates are significantly lower in the local area with 776.3 cases per 100,000 residents compared to Texas (1,193.4) and national levels (1,113.6). This represents a substantial 417-case advantage over the state average and a 337-case advantage over the national average, indicating much better sexual health outcomes. The lower STI rates may reflect effective prevention programs, better health care access or demographic factors that reduce transmission risk.



Created on Metopio | metop.io/i/9ruxbcfy | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Sexually transmitted infection incidence: The number of sexually transmitted infections per 100,000 residents. Includes chlamydia, gonorrhea, syphilis, and HIV/AIDS cases. More than half of these cases are from chlamydia alone.

Chlamydia Incidence

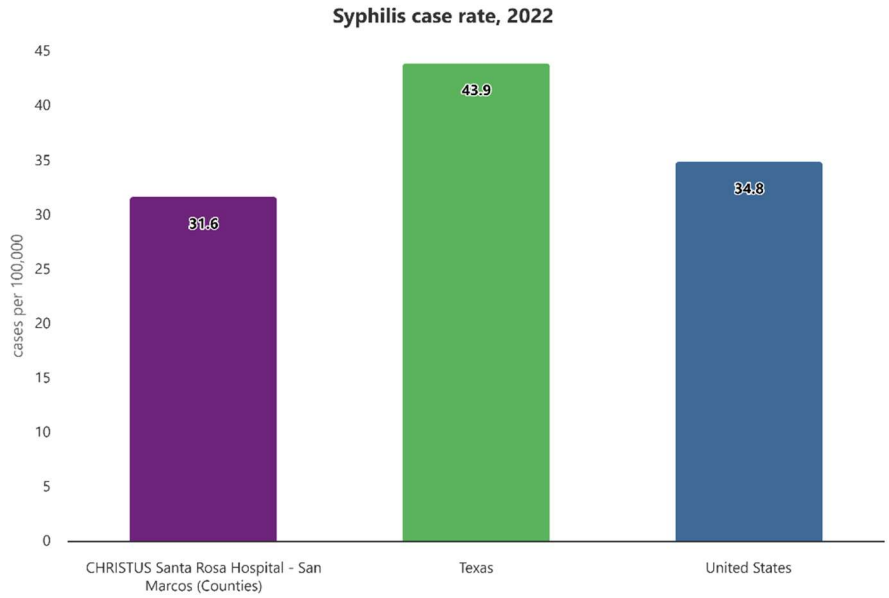
Chlamydia rates are notably lower in the local area at 421.1 cases per 100,000 residents compared to Texas (517.8) and national levels (495.0). This represents a 97-case advantage over the state average, and a 74-case advantage over the national average, indicating better prevention and treatment of this common STI. The lower rates contribute significantly to the area's overall superior STI outcomes shown in the previous chart.



Created on Metopio | metop.io/i/5dj2u4fi | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

Syphilis Case Rate

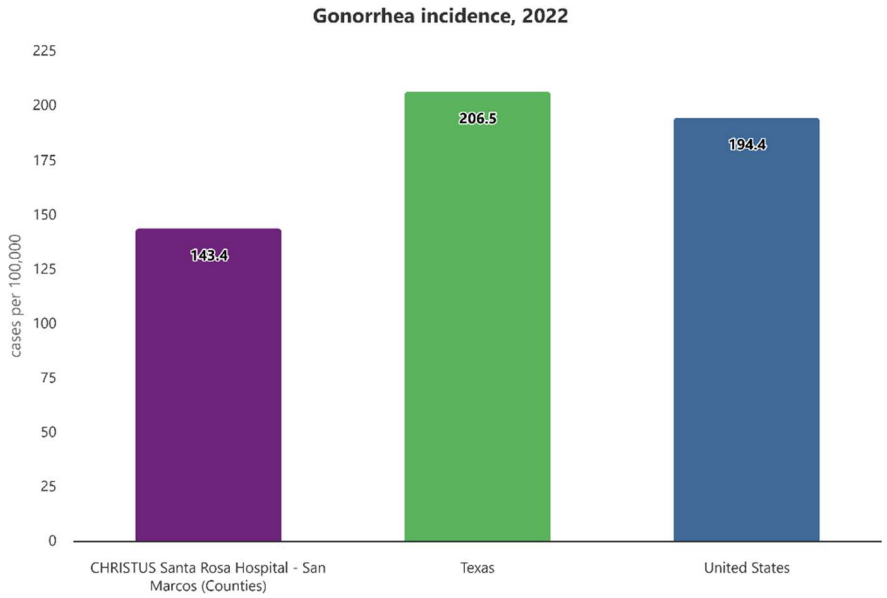
Syphilis rates are lower in the local area at 31.6 cases per 100,000 residents compared to Texas (43.9) and national levels (34.8). This represents a 12.3-case advantage over the state average and a 3.2-case advantage over the national average, indicating better prevention of this serious STI. The lower syphilis rates are particularly important given the potential severe health consequences of untreated infection.



Created on Metopio | metop.io/i/3waqap?s | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Syphilis case rate: Reported syphilis cases per 100,000 residents, including primary and secondary syphilis (the initial stages of the disease) and early latent syphilis (the stage with no symptoms). Syphilis is a sexually transmitted disease that progresses through a series of clinical stages and can cause long-term complications if not treated correctly.

Gonorrhea Incidence

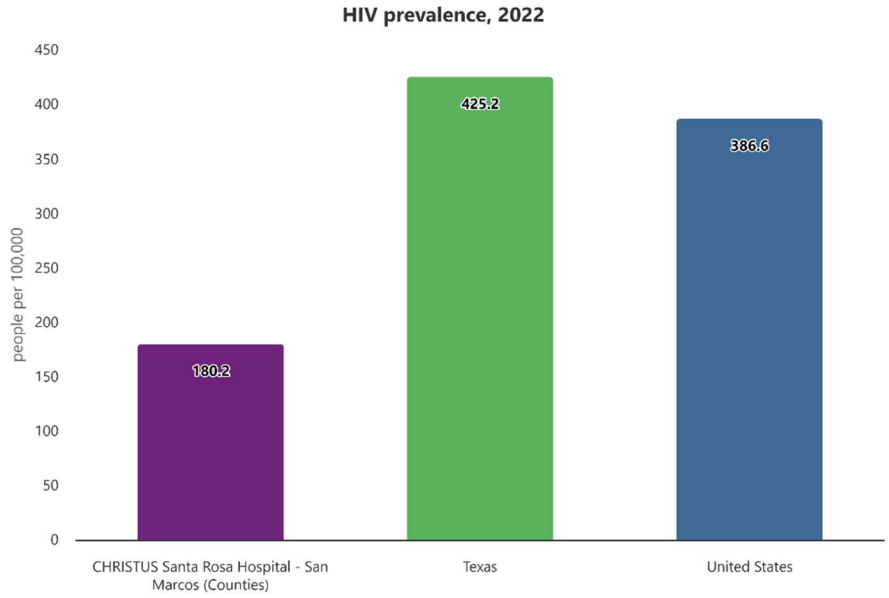
Gonorrhea rates are significantly lower in the local area at 143.4 cases per 100,000 residents compared to Texas (206.5) and national levels (194.4). This represents a 63-case advantage over the state average and a 51-case advantage over the national average, indicating effective prevention and control of this bacterial infection. The substantially lower rates contribute to the area's overall better STI prevention outcomes.



Created on Metopio | metop.io/i/iucwjhmw | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Gonorrhea incidence: Reported gonorrhea cases per 100,000 residents. Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults.

HIV Prevalence

HIV prevalence is dramatically lower in the local area with 180.2 people per 100,000 residents living with HIV compared to Texas (425.2) and national levels (386.6). This represents a remarkable 245-person advantage over the state average and a 206-person advantage over the national average, indicating much better HIV prevention and care outcomes. The significantly lower prevalence suggests effective prevention programs, testing and treatment services.

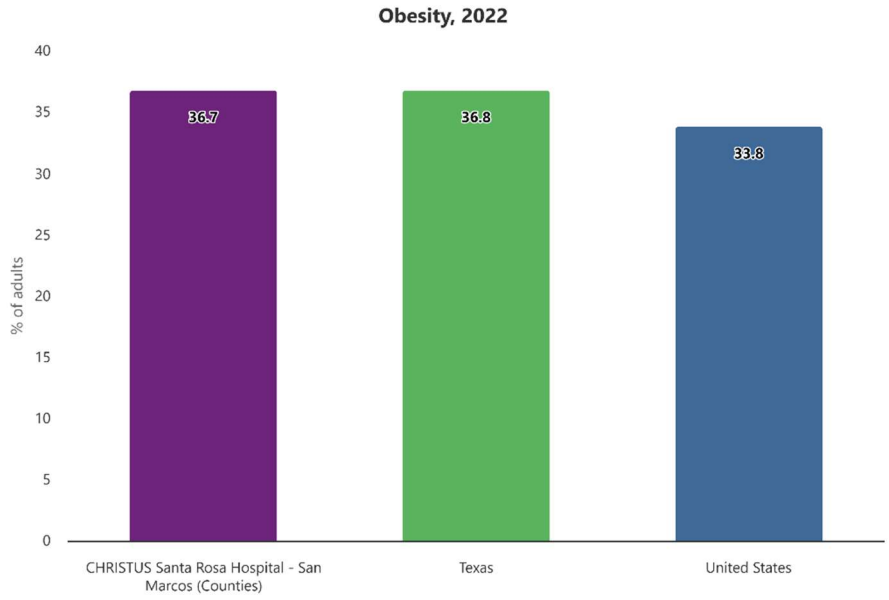


Created on Metopia | metop.io/i/fpa7dcpb | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
HIV prevalence: Reported cases of adolescents and adults aged 13 years and older, per 100,000, living with HIV (human immunodeficiency virus), an incurable viral infection which leads to AIDS. This indicator is the prevalence (people living with HIV), not the incidence (new diagnoses of HIV). It increases with newly diagnosed cases and decreases with deaths (whether caused by AIDS or not).

Obesity

Obesity

Obesity rates are nearly identical across all geographic levels, with the local area at 36.7%, Texas at 36.8% and the United States at 33.8%. The local area performs similarly to the state average but shows slightly higher rates than the national average by about 3 percentage points. This consistency suggests that obesity is influenced by broader societal factors rather than local conditions, highlighting the nationwide challenge of weight management.



Created on Metopio | metop.io/i/6u9p3v75 | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

Clinical utilization data offers a valuable window into the health issues most affecting our communities. By examining hospital and clinic diagnoses across outpatient, emergency, inpatient and behavioral health settings, we gain insight into the conditions driving care needs; highlighting where prevention, chronic disease management or improved access may be needed.

This section summarizes the most common diagnoses across CHRISTUS Santa Rosa facilities from 2022 to 2025, including outpatient and pediatric visits, emergency department use, hospital admissions and behavioral health encounters. These data reflect the realities of care delivery on the ground and help identify where community resources and system efforts can be better aligned to improve health outcomes. With these insights, we can better respond to the community and meet people where they are, building a healthier future together.

Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS SANTA ROSA - SAN MARCOS HOSPITAL
Childbirth
Sepsis
Heart/circulatory
Cardiorenal disease
Maternal care
Pneumonia
Kidney failure/disease
Respiratory system
Infections
Diabetes

What This Data Tells Us

Hospital admission data from Santa Rosa San Marcos Hospital reveals a complex mix of maternal care needs, chronic disease burdens and acute medical conditions. These patterns reflect ongoing challenges in managing preventable conditions, supporting maternal health and addressing the growing impact of chronic and infectious diseases in the community.

- **Maternal health and obstetric care:** Admissions related to childbirth and maternal care represent a significant portion of hospitalizations. These cases highlight the hospital's essential role in supporting women through pregnancy, delivery and postpartum recovery.
- **Chronic disease:** Conditions such as heart and circulatory disorders, cardiorenal disease, kidney failure and diabetes are among the most common reasons for hospitalization. These chronic illnesses often overlap and are influenced by risk factors like obesity, hypertension and limited access to preventive care.
- **Infectious and respiratory illnesses:** Frequent admissions for pneumonia, respiratory system disorders, urinary system infections and sepsis point to the continued impact of infectious diseases.

These health trends underscore the need for continued investment in maternal health services, chronic disease prevention and infection control at Santa Rosa San Marcos Hospital. Strengthening partnerships between hospitals, outpatient providers and community organizations will be essential to improving outcomes and reducing preventable hospitalizations across the region.

How Our Emergency Rooms Are Being Used

CHRISTUS SANTA ROSA - SAN MARCOS HOSPITAL
Respiratory infection
Chest pain
Other viral infection
COVID-19
Urinary tract infection site
Nausea
Headache
Streptococcal pharyngitis
Influenza
Syncope

What This Data Tells Us

Emergency department data from Santa Rosa San Marcos Hospital reveals a dynamic mix of acute symptoms, infectious diseases and common viral illnesses. These patterns reflect the hospital's critical role in providing rapid assessment, symptom relief and early intervention for a wide range of urgent health concerns.

- **Respiratory and viral infections:** Respiratory infections, COVID-19, influenza and other viral illnesses are among the most frequent reasons for emergency visits. These conditions often present with overlapping symptoms and require swift diagnostic testing and isolation protocols to prevent spread, especially during peak seasons.
- **Pain and symptom-driven visits:** Chest pain, headache and nausea are common complaints that prompt emergency care. While some cases are benign, others may signal serious underlying conditions such as cardiac events, neurological issues or gastrointestinal distress, necessitating thorough evaluation and monitoring.
- **Infectious conditions:** Urinary tract infections and streptococcal pharyngitis (strep throat) continue to drive emergency visits, particularly among children, older adults and individuals with compromised immune systems. These infections are typically treatable but can escalate without timely care.
- **Acute episodes:** Syncope, or temporary loss of consciousness, rounds out the top diagnoses.

These trends highlight the importance of accessible emergency services, timely diagnostics and public health education at Santa Rosa San Marcos Hospital.

How Our Outpatient Clinics Are Being Used

CHRISTUS SANTA ROSA - SAN MARCOS HOSPITAL
Mammograms
Hypertension
Chest pain
Hyperlipidemia
Respiratory infection
Other viral infection
Urinary tract infection
Low back pain
Nausea
Encounter for general adult medical examination

What This Data Tells Us

Outpatient clinic data from Santa Rosa San Marcos Hospital highlights a broad spectrum of preventive care, chronic disease management and acute symptom evaluation. These trends reflect the hospital's ongoing commitment to early intervention, routine screening and comprehensive primary care for both adults and children.

- **Preventive and routine care:** Mammograms and general adult medical examinations are among the most common outpatient visits, underscoring the importance of preventive screenings and annual check-ups in maintaining long-term health and detecting issues early.
- **Chronic disease management:** Hypertension and hyperlipidemia are leading diagnoses in the outpatient setting, reflecting the high burden of cardiovascular risk factors in the community. These conditions require consistent monitoring, lifestyle counseling and medication management to prevent complications such as heart disease and stroke.
- **Symptom-driven visits:** Chest pain, nausea and low back pain are frequent reasons for outpatient consultations. While often benign, these symptoms can also signal more serious underlying conditions, making timely evaluation and follow-up essential.
- **Infectious conditions:** Respiratory infections, other viral infections and urinary tract infections are common, particularly during seasonal peaks. These visits highlight the role of outpatient clinics in managing mild to moderate infections and reducing unnecessary emergency department utilization.

These patterns emphasize the critical role of outpatient clinics in delivering accessible, preventive and patient-centered care. Continued investment in primary care infrastructure, chronic disease education and early screening programs will be key to improving health outcomes and reducing long-term health care costs in the Santa Rosa San Marcos community.

How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS SANTA ROSA - SAN MARCOS HOSPITAL
Acute adjustment reaction and psychosocial dysfunction
Organic disturbances and intellectual disability (dementia)
Psychoses
Alcohol drug abuse or dependence left against medical advice (AMA)
Alcohol drug abuse or dependence with rehabilitation therapy with major complications and comorbidities (MCC)
Alcohol drug abuse or dependence without rehabilitation therapy without major complications and comorbidities (MCC)

What This Data Tells Us

Behavioral health data from Santa Rosa San Marcos Hospital highlights a complex mix of acute psychological distress, substance use disorders and cognitive impairments. These patterns reflect the growing demand for integrated mental health services and the need for coordinated care across inpatient, outpatient and community-based settings.

- **Acute psychological distress:** Acute adjustment reactions and psychosocial dysfunction are among the most common behavioral health diagnoses. These cases often stem from sudden life changes, trauma or overwhelming stress, and they underscore the importance of timely mental health support and crisis intervention services.
- **Cognitive and organic disorder:** Organic disturbances, including dementia and intellectual disabilities, represent a significant portion of behavioral health diagnoses.
- **Severe mental illness:** Psychoses, including schizophrenia and related disorders, continue to be a leading cause of behavioral health admissions. These complex conditions often require intensive psychiatric care, medication management and long-term follow-up to support recovery and community reintegration.
- **Substance use disorders:** Alcohol and drug abuse or dependence appears across multiple diagnostic categories, including cases where patients leave against medical advice (AMA), receive rehabilitation therapy with major complications or comorbidities (MCC) or receive care without rehabilitation or MCC. These patterns highlight the urgent need for accessible addiction treatment, harm reduction strategies and supportive recovery services.

These behavioral health trends emphasize the need for expanded mental health infrastructure, integrated substance use treatment and community-based support systems. Santa Rosa San Marcos Hospital plays a vital role in addressing these challenges through early intervention, coordinated care and partnerships with behavioral health providers across the region.

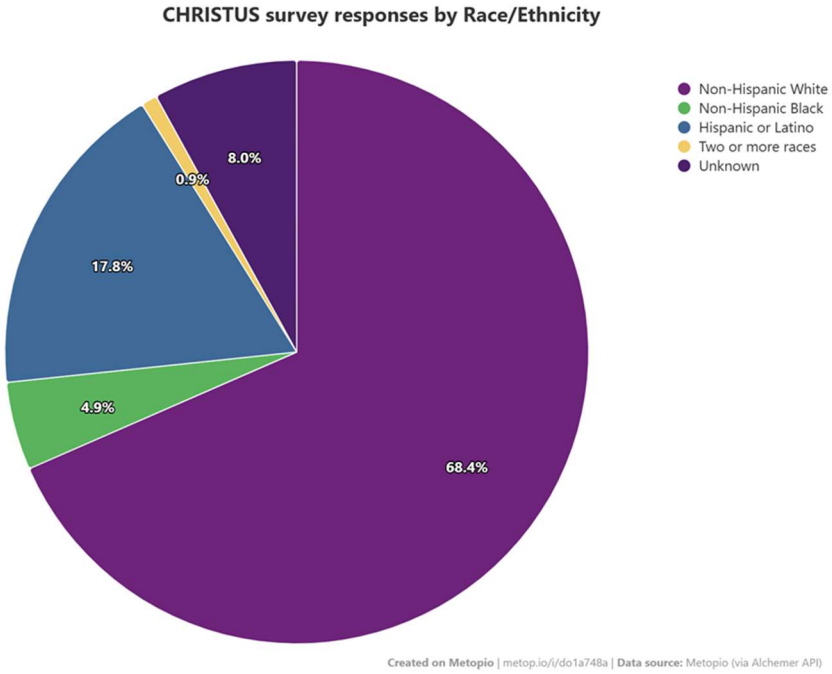
Community Survey

As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available in both online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. This year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access and ability to pay for medical care.

A total of 241 surveys were completed by Associates, community residents and patients within the communities that CHRISTUS Santa Rosa - San Marcos Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.

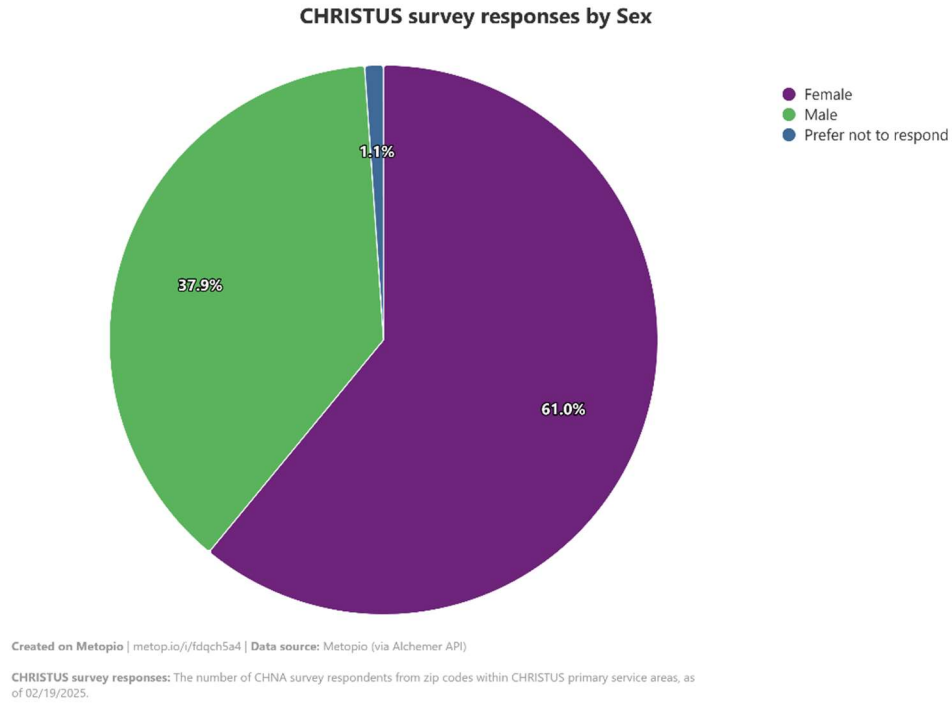
Responses by Race and Ethnicity

The data represents survey responses from CHRISTUS Santa Rosa Hospital - San Marcos, focusing on race and ethnicity. The majority of respondents are Non-Hispanic White, accounting for 154 responses. Hispanic or Latino respondents are significantly fewer, with only 40 responses. Additionally, there are 11 Non-Hispanic Black respondents, two respondents of two or more races, and 18 respondents with unknown race/ethnicity.



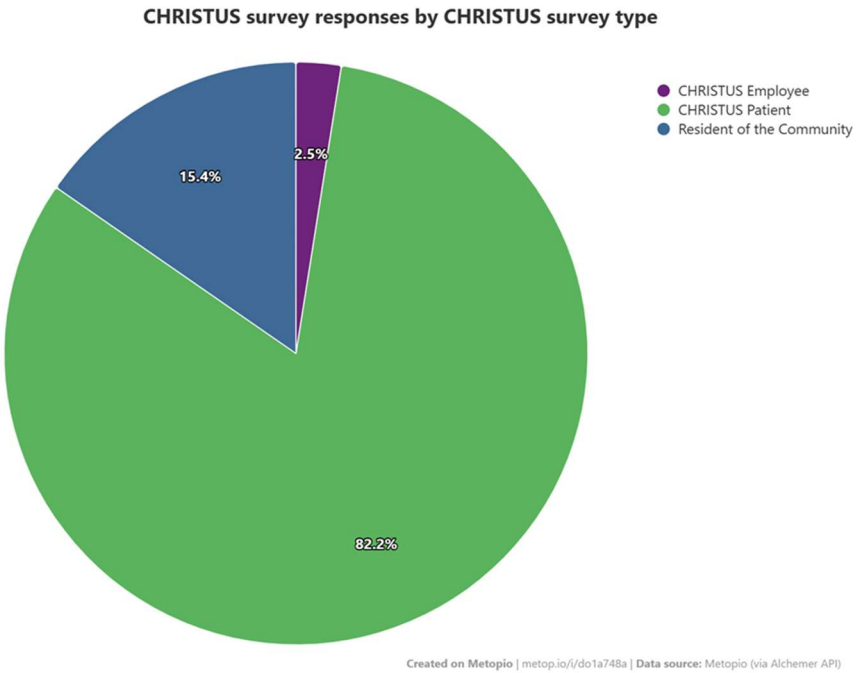
Responses by Sex

The data represents survey responses from the CHRISTUS Santa Rosa Hospital - San Marcos, focusing on the gender distribution of respondents. The majority of respondents are female, accounting for 889 responses, while 553 respondents are male. A small portion of respondents, 16 in total, preferred not to disclose their gender. This data provides insight into the gender demographics of the survey participants within this health system.



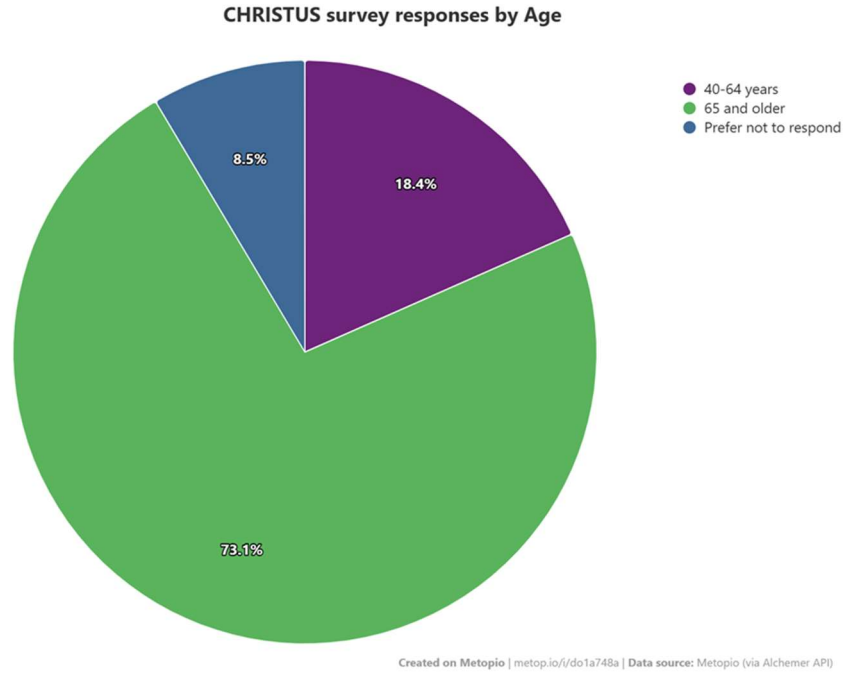
Responses by Type of Survey

The data represents survey responses from various groups related to CHRISTUS Santa Rosa Hospital - San Marcos. The majority of responses come from CHRISTUS patients, with 198 responses. Additionally, there are 37 responses from residents of the community and six responses from CHRISTUS employees.



Responses by Age

The data pertains to CHRISTUS survey responses from CHRISTUS Santa Rosa Hospital - San Marcos, focusing on age demographics. The majority of respondents are aged 65 and older, accounting for 171 responses. Additionally, 43 respondents fall within the 40-64 years of age group, while 20 preferred not to disclose their age. This indicates a significant representation of older adults in the survey.

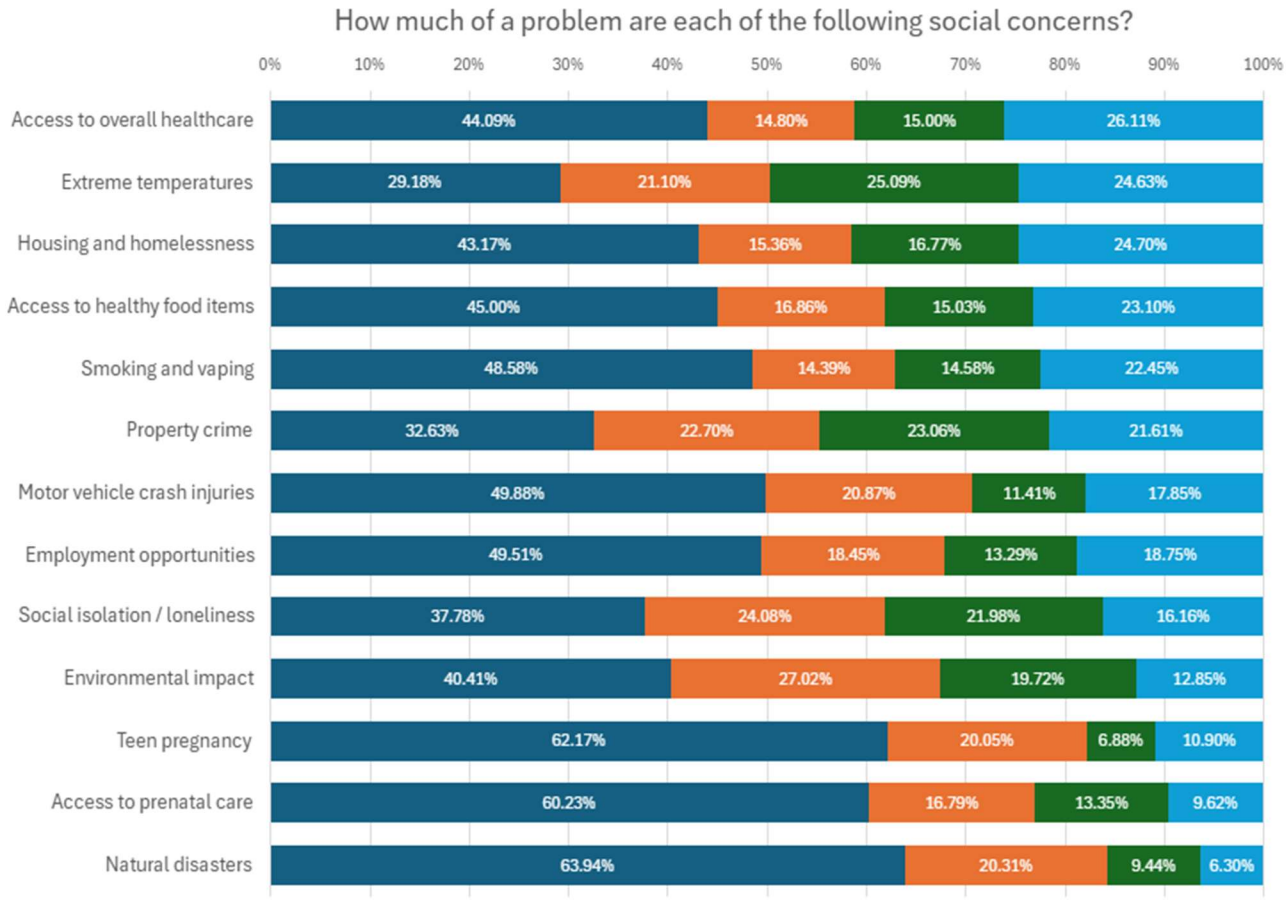


Social Concerns

The social concerns data from CHRISTUS SNM show that smoking and vaping, social isolation, food access and employment opportunities were commonly rated as significant problems. Housing, health care access and environmental stressors — especially extreme temperatures — also stand out as serious concerns. These insights reflect the intertwined effects of socioeconomic and environmental factors on community health.

The chart's legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem

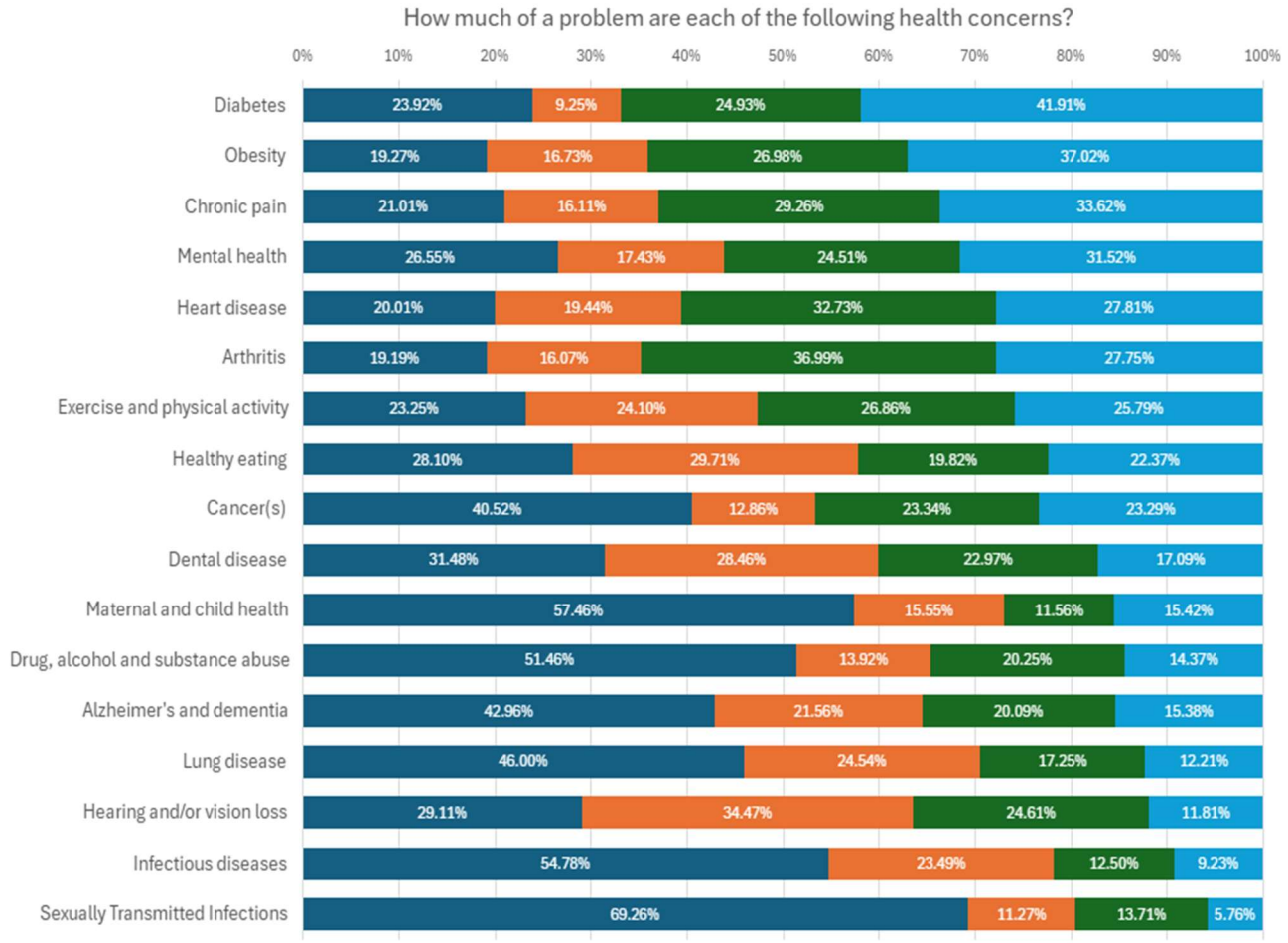


Health Concerns

In the CHRISTUS Santa Rosa Community Health Survey, diabetes, obesity and chronic pain were the most frequently reported health concerns, with mental health and heart disease also ranking high in perceived severity. Lower levels of concern were noted for STIs, hearing loss and infectious diseases. These responses suggest a primary community focus on managing chronic physical and behavioral health conditions.

The chart's legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem



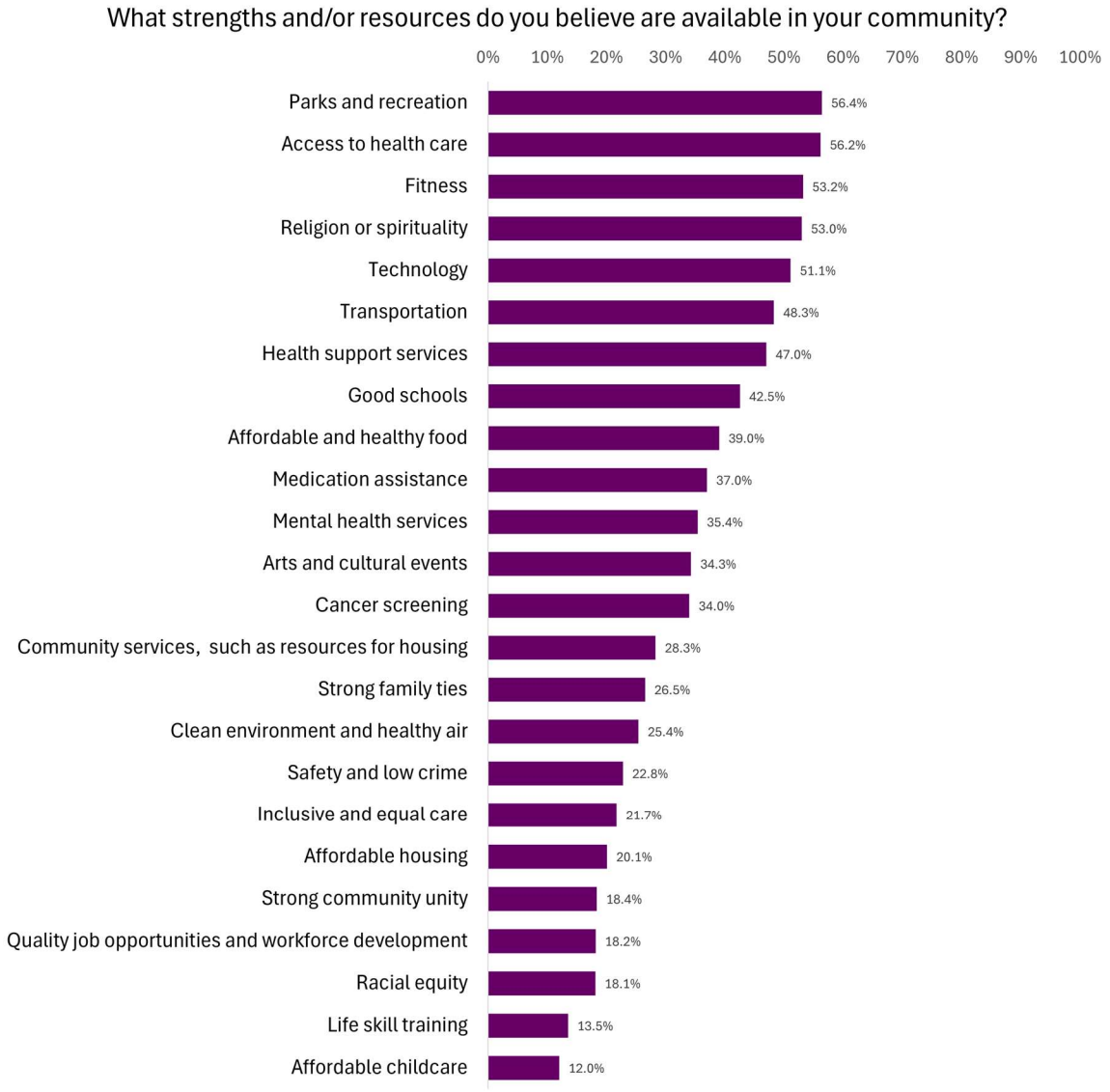
The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes. Many participants expressed concerns about the accessibility and affordability of health care, including issues with insurance, high medical costs and long wait times for appointments. There is a significant demand for better end-of-life care, senior care and mental health services. Social issues such as homelessness, crime and aggressive driving were frequently mentioned, alongside concerns about the impact of political divisiveness and infrastructure challenges like road congestion and inadequate public transportation. Additionally, respondents noted the need for more community resources, such as support for immigrants, affordable housing and better communication and education on health and social services.

Strengths and Resources Available

The common themes identified from the community health survey responses regarding neighborhood strengths include a sense of peace and quiet, the presence of nature preserves and opportunities for civic engagement through city boards and commissions. Additionally, some respondents appreciate having good neighbors and friends. However, there are also concerns about the complexity of accessing services and the safety of children walking home alone.

What strengths and/or resources do you believe are available in your community?



Opportunities for Services or Resources

The community health survey responses highlight several common themes regarding additional services needed in the neighborhood. Many participants expressed a need for improved access to affordable health care, including free or low-cost screenings, dental care and mental health services. Transportation emerged as a significant concern, with calls for better public transport options, especially for seniors and those attending medical appointments. There is also a demand for more resources and education services available, particularly for older generations and those with disabilities. Affordable healthy food options, housing and child care were also frequently mentioned, alongside a desire for increased safety measures, such as neighborhood watch groups and greater police presence. Additionally, respondents noted the need for more community engagement activities, such as fitness classes and social events, to foster a sense of community and improve overall well-being.

Are there any additional services or resources you want in our community to help residents maintain or improve their health?

Chapter 7: The Life Span

Understanding the health of a community requires more than just examining illness; it also requires looking at people across every stage of life. This chapter explores the key health and social factors that impact individuals at four critical life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. By focusing on each stage, we gain deeper insight into how early conditions shape long-term health, how prevention and support opportunities vary across age groups and how health systems and communities must evolve to meet changing needs.

Each stage of life brings distinct challenges and opportunities. The foundation for lifelong health is established before birth and in the earliest years, making maternal and early childhood support a powerful investment. As children transition into adolescence, they encounter new social and emotional pressures that shape their behaviors and future health. In adulthood, chronic disease, mental health needs and systemic barriers like cost and access become more prominent. For older adults, priorities shift toward managing complex conditions, maintaining independence and aging with dignity.

In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state and national data. Each graph, where possible, includes data from the ministry's primary service area (PSA) counties, allowing comparisons to broader state and national benchmarks. While not all indicators contain data for all three geographic levels, this comparative approach helps illustrate the unique realities and disparities facing each community. Community voices and narratives are also included throughout to bring lived experience and local context to the numbers.

This life stage framework not only supports the development of targeted strategies and equitable interventions but also reinforces a central truth: healthier communities begin when we recognize and respond to the unique needs of people across the full span of their lives.

Maternal and Early Childhood Health

Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.

A child's lifelong health journey begins long before their first steps. The maternal and early childhood life stage encompasses three critical phases — pregnancy, newborns, infants and toddlers — each representing foundational opportunities to influence a child's well-being and a family's future stability.

Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

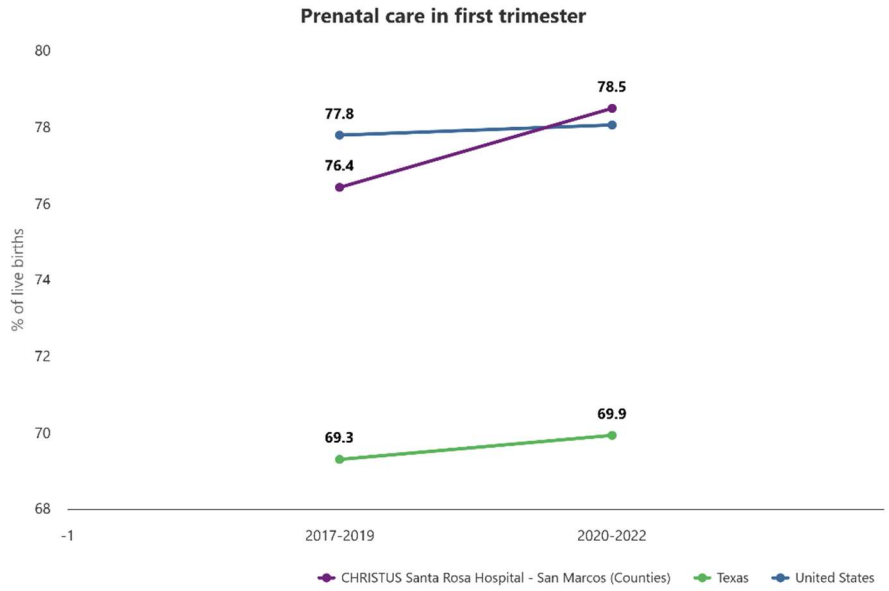
- Access to care
- Healthy births
- Food insecurity
- Child care

These indicators not only reflect current health outcomes but also illuminate systemic challenges and opportunities for upstream intervention. Investing in the earliest stages of life — when brain development is most rapid, and families are forming critical bonds — can profoundly shape educational achievement, chronic disease risk and emotional resilience later in life. Addressing maternal and early childhood health is not just a health care imperative; it's a commitment to ensuring every child has a strong, healthy start, and every parent has the support they need to thrive.

How Are We Doing?

Prenatal Care in First Trimester

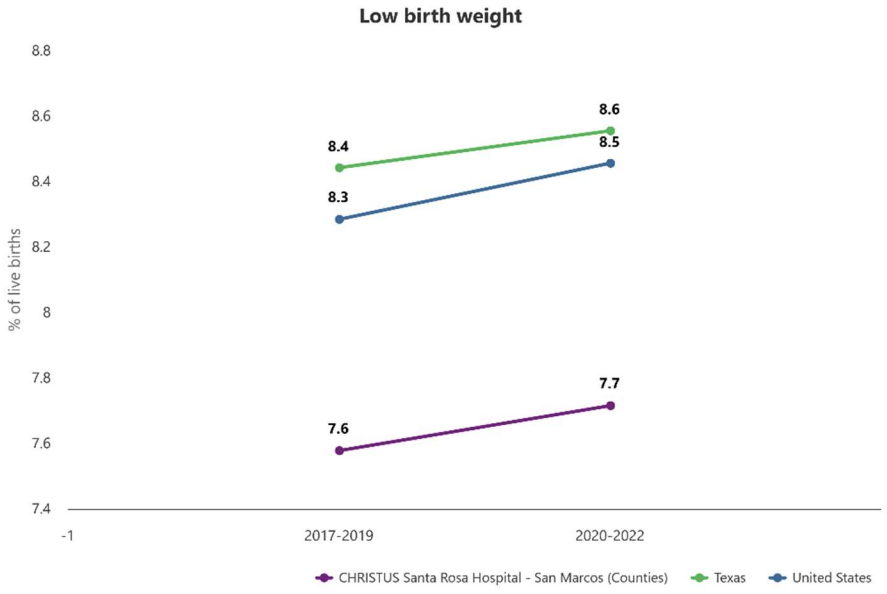
Prenatal care in the first trimester is a critical aspect of maternal health. In the United States, the rate of prenatal care in the first trimester increased slightly from 77.79% in 2017-2019 to 78.06% in 2020-2022. Texas saw a similar trend, with the rate rising from 69.3% to 69.93% over the same period. However, CHRISTUS Santa Rosa Hospital - San Marcos in Texas reported a higher rate of 78.49% in 2020-2022, up from 76.42% in 2017-2019. This indicates an overall positive trend in prenatal care across these regions.



Created on Metopio | metop.io/i/qcut8ado | **Data source:** Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)
Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

Low Birth Weight

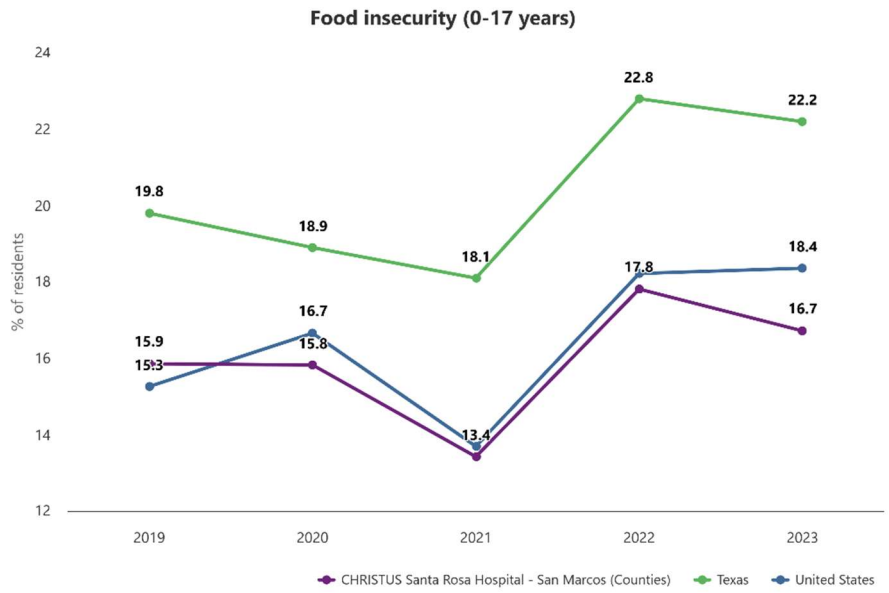
The data pertains to the rate of low birth weight across three regions: CHRISTUS Santa Rosa Hospital - San Marcos, Texas and the United States. From 2017-2019, the rate in CHRISTUS Santa Rosa Hospital - San Marcos was 7.58%, slightly lower than the Texas average of 8.44% and the national average of 8.28%. By 2020-2022, the rate in CHRISTUS Santa Rosa Hospital - San Marcos increased to 7.72%, while Texas and the United States saw rates of 8.56% and 8.46%, respectively. This indicates a slight upward trend in low-birth-weight rates in all three regions.



Created on Metopio | metop.io/i/491x48c8 | **Data sources:** State public health departments (via KIDS COUNT, https://datacenter.kidscount.org), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health
Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.

Food Insecurity (0 – 17 Years)

Food insecurity in the United States has fluctuated over the past five years, with notable trends observed in Texas and at CHRISTUS Santa Rosa Hospital - San Marcos. Nationally, the food insecurity rate peaked in 2022 at 18.22% before slightly decreasing to 18.36% in 2023. Texas experienced a similar pattern, with a high of 22.8% in 2022, dropping to 22.2% in 2023. CHRISTUS Santa Rosa Hospital - San Marcos saw its highest rate in 2022 at 17.81%, decreasing to 16.72% in 2023. Overall, while there have been improvements, food insecurity remains a significant issue across all levels.

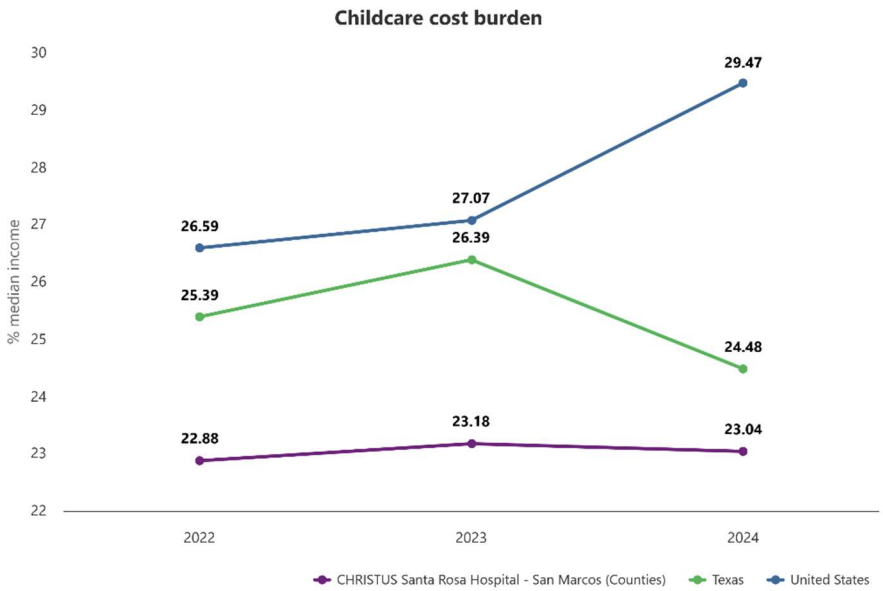


Created on Metopio | metop.io/i/g453ifyh | **Data source:** Feeding America: Map the Meal Gap

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.

Child Care Cost Burden

The data illustrates the child care cost burden across three regions: CHRISTUS Santa Rosa Hospital - San Marcos, Texas and the United States from 2022 to 2024. In 2022, the child care cost burden was highest in the United States at 26.59%, followed by Texas at 25.39% and CHRISTUS Santa Rosa Hospital - San Marcos at 22.88%. By 2023, Texas's burden increased to 26.39%, surpassing CHRISTUS Santa Rosa Hospital - San Marcos's 23.18%, while the United States saw a slight rise to 27.07%. In 2024, the United States experienced a significant increase to 29.47%, while Texas and CHRISTUS Santa Rosa Hospital - San Marcos saw decreases to 24.48% and 23.04%, respectively.



Created on Metopio | metop.io/i/zos77d7c | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Living Wage Institute and Small Area Income and Poverty Estimates)
Childcare cost burden: Child care costs for a household with two children as a percent of median household income.

What Is the Story Behind the Data?

Community members noted early, and consistent prenatal care remains out of reach for many women in the region. Barriers such as lack of insurance, limited transportation and unfamiliarity with how and when to access care contribute to missed opportunities for early intervention. This often results in poor maternal outcomes, including high-risk pregnancies and deliveries with preventable complications.

Food insecurity and inadequate nutrition for expectant mothers were significant concerns. Many families struggle to afford balanced meals, and access to formula and baby food is limited, especially when government assistance programs experience delays or disruptions. These conditions compromise both maternal health and infant development, increasing the risk of long-term health challenges.

Mental health was another recurring issue. Focus group participants described a lack of available and culturally sensitive mental health services for women experiencing postpartum depression or anxiety. Many women choose not to disclose their struggles due to stigma or fear of intervention from social services. As a result, psychological distress frequently goes untreated.

Participants also noted gaps in early childhood development resources. Parents often lack access to affordable child care, early learning opportunities and developmental screenings. These deficits can hinder school readiness and lead to lasting disparities in cognitive and social development. Participants cited a need for more coordinated support services starting in the first year of their lives.

Support systems for young and first-time parents were described as inconsistent or inaccessible. Parenting education programs, home visits and peer support were seen as effective but insufficiently available. There was strong interest in expanding services that help new parents navigate health care, education and child development systems.

Lastly, trust and outreach were central themes. Many community members, particularly those in historically underserved populations, are reluctant to engage with traditional health care institutions. Participants recommended expanding partnerships with community leaders and organizations that already have relationships with young families to encourage early and sustained engagement.

School-Age Children and Adolescent Health

Children will be well-equipped with the care and support to grow physically and mentally healthy.

School-age children and adolescents represent the future of every community. This life stage marks a period of critical development — physically, mentally, emotionally and socially. As children transition through school and adolescence, they begin forming lifelong habits, establishing their identities and encountering new pressures and environments that shape their health and well-being.

Recognizing the importance of this stage, priority indicators were identified to reflect the health status and needs of youth in our communities:

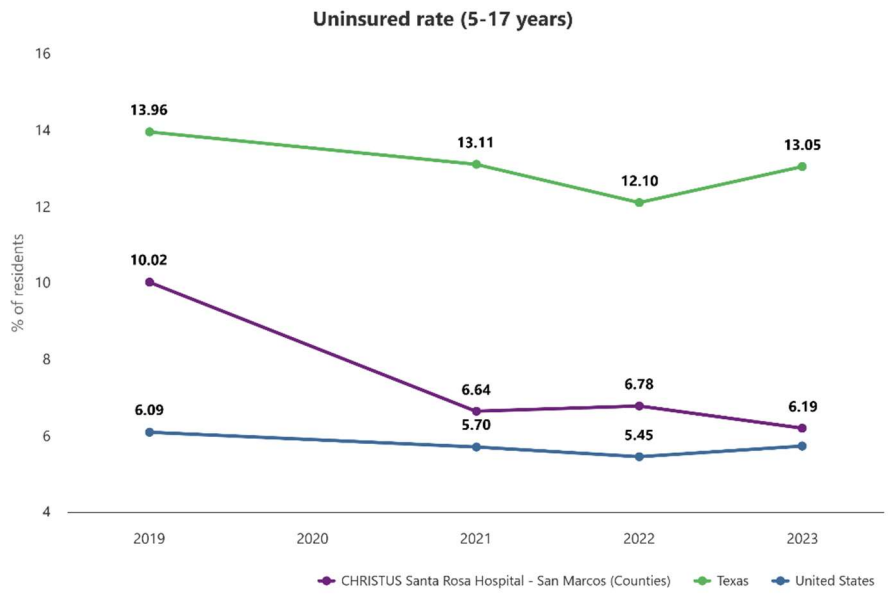
- Access to care
- Food insecurity
- Behavioral health: suicide

Adolescents have distinct health needs that differ from both younger children and adults. Unfortunately, not all youth have equal access to the protective factors that foster resilience, such as supportive relationships, safe environments and accessible behavioral health care. Concerning trends persist in areas such as mental health, obesity and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this life stage, we have an opportunity to intervene early, supporting not just better health outcomes for young people, but long-term benefits for families, schools and the broader community.

How Are We Doing?

Uninsured Rate (5 – 17 Years)

The uninsured rate at CHRISTUS Santa Rosa Hospital - San Marcos in Hays County, Texas, has shown a significant decline from 10.02% in 2019 to 6.19% in 2023. This decrease is part of a broader trend observed across Texas and the United States, where uninsured rates have also dropped, though they remain higher than the national average. The data indicates an overall improvement in insurance coverage, reflecting broader health care policy impacts and local efforts to increase coverage.

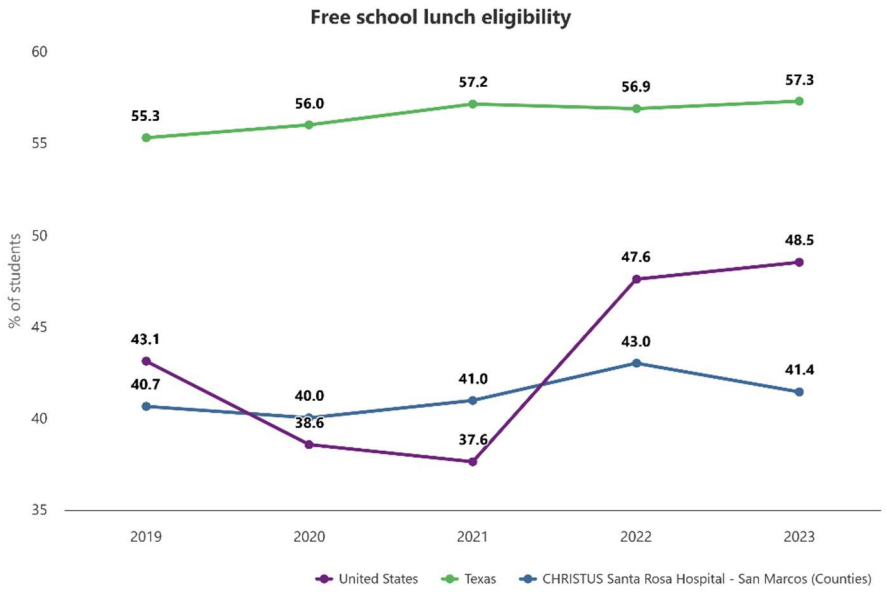


Created on Metopio | metop.io/i/8k43uma2 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Free School Lunch Eligibility

Free school lunch eligibility in the United States has fluctuated over the past five years, with a notable increase in 2022 and 2023. Texas has consistently had higher eligibility rates compared to the national average. CHRISTUS Santa Rosa Hospital - San Marcos, located in Texas, has maintained lower eligibility rates than the state average, with a slight increase in 2021 and 2023.

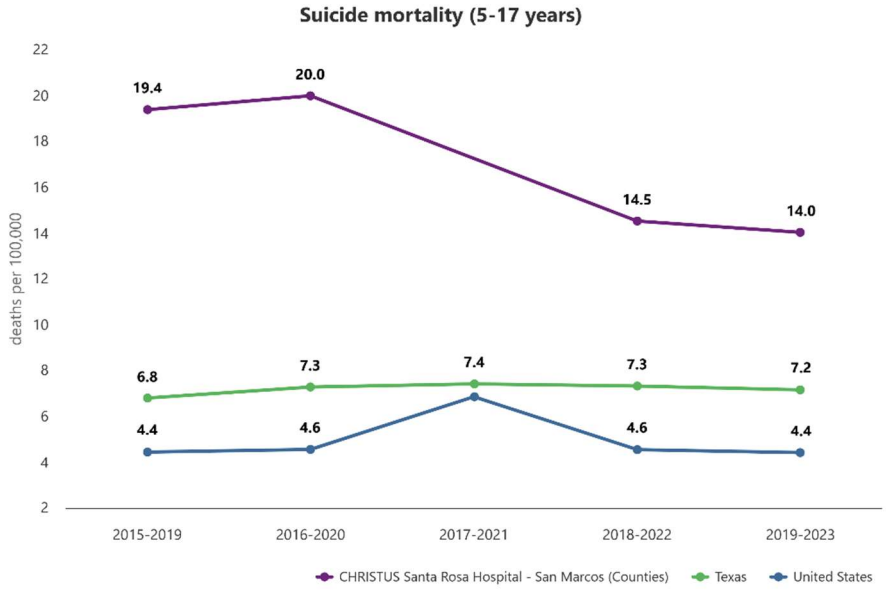


Created on Metopio | metop.io/i/18jreatu | **Data source:** National Center for Education Statistics: Common Core of Data (CCD)

Free school lunch eligibility: Percentage of students in public schools who are eligible for free lunch. The National School Lunch Program (NSLP) is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions, providing nutritionally balanced, low-cost or free lunches to children each school day. Data is based on the date of the start of the school year

Suicide Mortality (5 – 17 years)

Suicide mortality rates at CHRISTUS Santa Rosa Hospital - San Marcos have fluctuated over the years, with a peak in 2015-2019 at 19.39 per 100,000 people. In contrast, the statewide rate in Texas has remained relatively stable, ranging from 6.8 to 7.42. Nationwide, the suicide mortality rate has been consistently lower, fluctuating between 4.42 and 4.56. The data indicates a significant disparity between local, state and national suicide mortality rates, highlighting the need for targeted interventions in specific regions.



Created on Metopio | metop.io/i/hosftzpbq | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD 10 codes *U03, X60 X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

What Is the Story Behind the Data?

Community members noted mental health and safety as top health challenges among school-aged children and teenagers. One individual said their volunteers “see a lot of grandparents suddenly raising kids while Mom’s in crisis,” and those individuals often lack stable food, transportation and counseling services. Individuals face challenges obtaining transportation to pantries, after-school programs and primary care.

Individuals noted food insecurity rising fast among school-age families. One pantry leader reported distributing “800 amounts of food every month” and still turning away new clients when rides fall through or fuel costs spike. Participants urged a better public information push, pointing out that “kids won’t use free-meal lines if they’re embarrassed,” and that many families do not know that every student in the district already qualifies for free lunch. Without consistent nutrition and behavioral health support, children arrive at school hungry, anxious and far behind on preventive care.

Focus group participants noted that school absenteeism is often linked to untreated chronic health issues, transportation barriers or caregiving responsibilities. Families with limited resources may delay seeking care, which leads to worsening conditions and further disruptions to the child’s education. Interventions that bring services directly into schools or nearby communities are recommended.

Bullying and peer-related challenges were also raised as concerns, with participants noting that children are often exposed to stress and conflict online and offline. There is a need for additional school-based programming that teaches emotional regulation, conflict resolution and positive social skills to prevent escalation and support mental health.

Lastly, participants emphasized the value of after-school activities and safe recreational spaces. These outlets not only provide physical activity but also help students develop relationships with supportive adults and peers. However, access is limited, especially in underserved neighborhoods, due to transportation, funding constraints and program capacity.

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Adult Health

Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.

Adults form the core of our communities — raising families, supporting local economies and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early career to retirement, and is shaped by evolving responsibilities, stressors and health risks.

To better understand the needs of this population, priority indicators were identified to represent adult health across our communities:

- Access to care
- Behavioral health: mental health
- Food insecurity
- Housing instability

The cumulative impact of earlier life experiences and social conditions often influences an individual's health in adulthood. While many adults report good health, disparities persist due to differences in income, employment, education, housing and access to care. Chronic diseases such as diabetes, heart disease and hypertension often emerge or progress during this stage, and mental health challenges, including anxiety, depression and substance use, are commonly reported. Addressing adult health requires a focus on prevention, early detection and equitable access to services that support physical, emotional and social well-being. By investing in the health of adults today, we strengthen families, workplaces and the fabric of our communities for generations to come.

How Are We Doing?

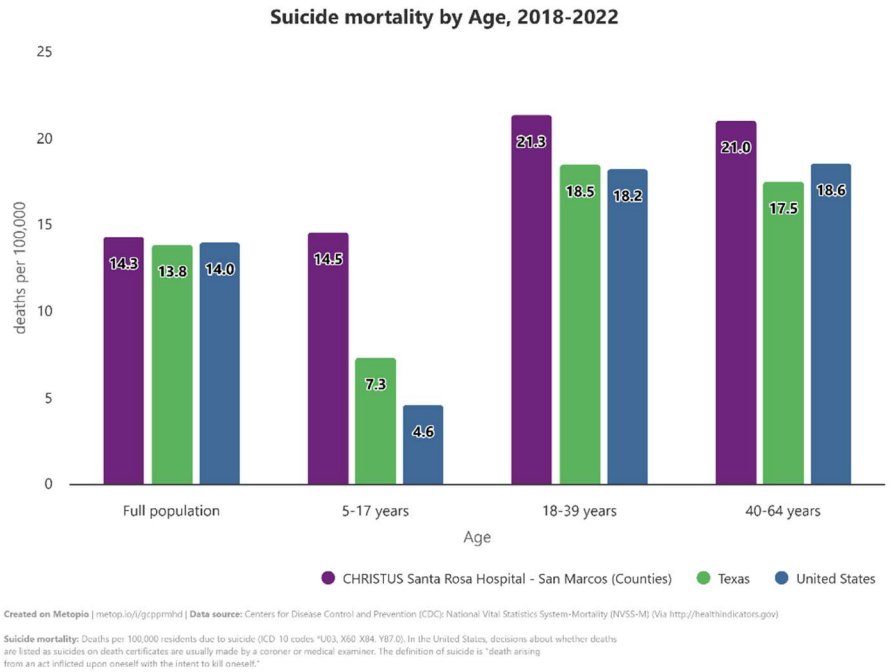
Medication Affordability

One in four adults taking prescription drugs report difficulty affording their medication, including 40% of those with household income of less than $40,000 per year.

Access to affordable medication remains a significant barrier to health for many adults in the San Marcos region. One in four adults who take prescription drugs report difficulty affording their medication — a challenge that directly impacts chronic disease management, treatment adherence and long-term health outcomes. Among those with household incomes under $40,000 per year, the burden is even greater: 40% report cost-related barriers to filling their prescriptions. These disparities highlight the need for targeted strategies that improve medication affordability and access, especially for low-income residents, as part of a broader commitment to equitable and preventive adult care.

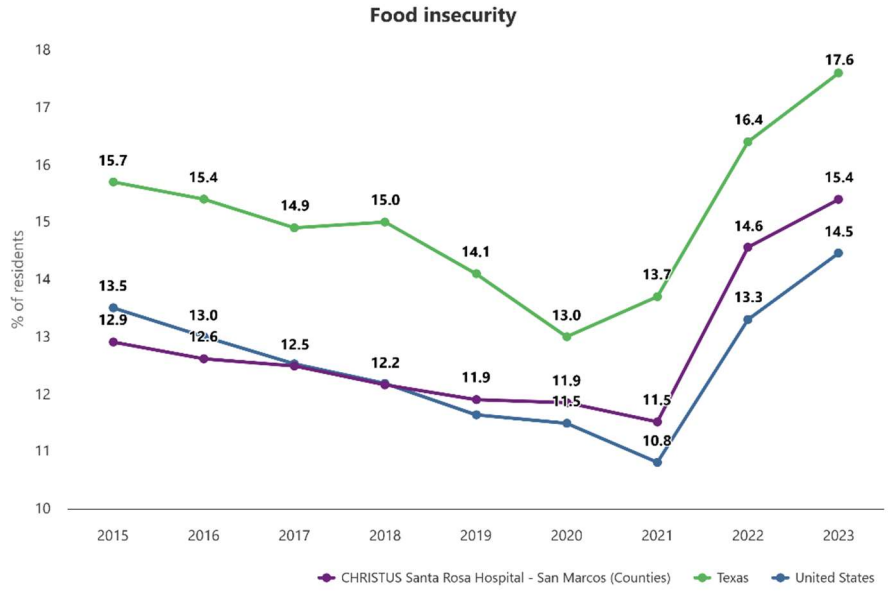
Suicide Mortality

Suicide mortality rates vary significantly across different age groups and locations. In the United States, the overall suicide mortality rate is 14.0 per 100,000 people. At CHRISTUS Santa Rosa Hospital - San Marcos, the rate is higher at 14.28, with the 18-39 age group experiencing the highest rate of 21.32. Texas has a slightly lower overall rate of 13.81, with the highest rate also in the 18-39 age group at 18.5.



Food Insecurity

Food insecurity in the United States has shown a fluctuating trend from 2015 to 2023. Nationally, the rate decreased from 13.5% in 2015 to 10.81% in 2021, before rising to 14.46% in 2023. Texas experienced a similar pattern, with rates decreasing from 15.7% in 2015 to 13.7% in 2021, then increasing to 17.6% in 2023. CHRISTUS Santa Rosa Hospital - San Marcos, located in San Marcos, Texas, had a food insecurity rate in 2023 at 15.4%.



Created on Metopio | metop.io/i/8yaf7dmw | **Data source:** Feeding America: Map the Meal Gap

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.

Housing Cost Burden

Housing insecurity continues to affect many adults in Hays County. According to the 2025 Point-in-Time Count conducted on January 23rd by the Hays County Homeless Coalition, 187 individuals were experiencing homelessness — 55 were unsheltered, living in places not meant for habitation such as streets or encampments, and 132 were in temporary shelter, including emergency and domestic violence shelters or transitional housing. These figures reflect ongoing gaps in affordable housing and support services and underscore the urgent need for coordinated community responses that address both immediate needs and long-term housing stability.

Source: Hays County Homeless Coalition, 2025 Point-In-Time Count Data Highlight

What Is the Story Behind the Data?

Access to primary care was identified as the top adult health gap. Even insured residents face three month waits; as one woman put it, “Unless I’m on death’s door, they tell me to go to urgent care.” Those urgent care visits then funnel into overcrowded ERs when prescriptions or imaging can’t be filled after hours. Adults also struggle to keep a doctor, with one individual noting: “My doctor’s retiring again, I’m on my fourth one.”

Cost-of-living pressures compound medical issues. One individual described calling five practices that didn’t accept their insurance. Focus group participants linked rising rents, property taxes and utilities to skipping medications, poor diet and mounting stress. Transportation was noted as an additional barrier, with limited routes and long lead-times for the bus. The group asked for a unified resource directory and more community health worker positions to navigate insurance, rides and specialty referrals.

Chronic illnesses such as diabetes, hypertension and cardiovascular conditions are also prevalent. Poor dietary options, low physical activity and delayed care contribute to worsening disease management. Participants emphasized that community members often do not receive adequate preventive care, and many rely on emergency departments as their primary source of health services.

Transportation and economic instability continue to be significant barriers to care. Individuals without reliable transportation struggle to reach health care facilities, while those working hourly or multiple jobs find it difficult to attend appointments during traditional office hours. These structural issues lead to missed follow-ups and gaps in treatment.

Mental health was a dominant concern among adults discussed by community members. Anxiety, depression and stress-related disorders are widespread but rarely addressed due to stigma, cost and limited availability of services. Many adults prioritize work and caregiving responsibilities over personal well-being, delaying care until a crisis occurs.

Older Adult Health

Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.

Older adults are the wisdom-keepers, caregivers and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems.

To better understand and address these needs, key indicators were identified to represent older adult health across the communities we serve:

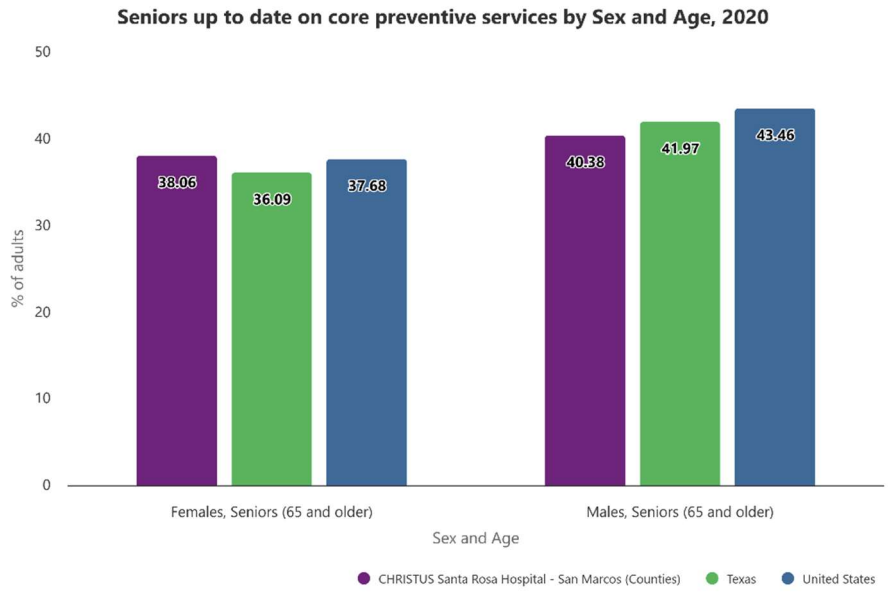
- Access to care
- Poverty
- Caregivers

Health in older adulthood is deeply influenced by a lifetime of experiences, shaped by social, economic and environmental factors. Many older adults live with multiple chronic conditions, mobility limitations or cognitive changes, and they often face barriers such as social isolation, transportation challenges and fixed incomes. Access to coordinated care, affordable medications, safe housing and supportive services are becoming increasingly essential in this stage of life. By focusing on the well-being of older adults, we honor their contributions and ensure that our communities remain inclusive, age-friendly and responsive to the needs of every generation.

How Are We Doing?

Seniors Up to Date on Core Preventive Services

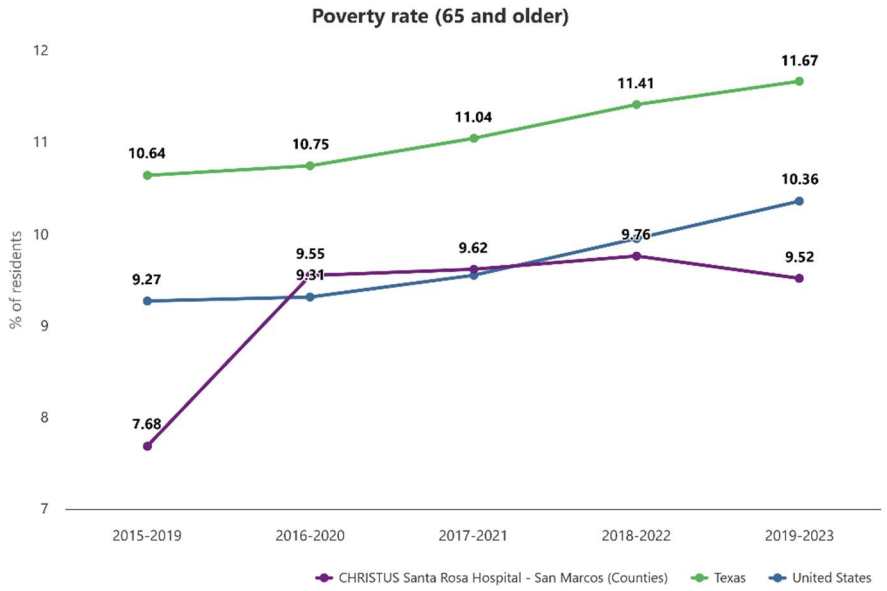
Seniors up to date on core preventive services are represented in the data for Texas, United States. In CHRISTUS Santa Rosa Hospital - San Marcos, 38.06% of female seniors and 40.38% of male seniors are up to date on these services. Statewide, these figures are 36.09% for females and 41.97% for males. Nationwide, the percentages are 37.68% for females and 43.46% for males.



Created on Metopio | metop.io/i/5mn5o8sg | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Seniors up to date on core preventive services: Percent of resident adults aged 65 and older who report being up to date on a core set of clinical preventive services. Women reporting having received all of the following: an influenza vaccination in the past year; a pneumococcal vaccination (PPV) ever; either a fecal occult blood test (FOBT) within the past year, a sigmoidoscopy within the past 5

Poverty Rate (65 and Older)

The poverty rate in the United States has shown a general upward trend from 2015 to 2023, increasing from 9.27% to 10.36%. Texas has consistently had a higher poverty rate than the national average, peaking at 11.67% in 2019-2023. CHRISTUS Santa Rosa Hospital - San Marcos, located in Texas, has also seen an increase in its poverty rate, though it remains lower than the state average, reaching 9.76% in 2018-2022. The data indicates a growing issue of poverty both locally and nationally, with Texas being particularly affected.



Created on Metopio | metop.io/i/yvkjm4t2 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Caregivers

Care giving for older adults is a growing responsibility that increasingly falls on family members — particularly those aged 55 and older. In the San Marcos region, caregivers in this age group are providing an average of four to nearly five hours of care per day, often while managing their own health concerns, retirement planning or employment. The data also show that spouses, unmarried partners and individuals without young children in the household shoulder the majority of this care, underscoring a quiet but heavy burden carried behind closed doors.

These caregivers are the backbone of aging support in our community, yet many do so without formal training, compensation or access to respite. Supporting caregivers is essential not only to protect their well-being, but also to ensure quality, sustainable care for our aging population.

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Average hours per day eldercare providers spent providing care on days they engaged in eldercare by selected characteristics, 2021–22

Characteristic	Hours
Total, 15 years and over	3.59
Age of provider	
15 to 24 years	2.45
25 to 34 years	1.59
35 to 44 years	2.71
45 to 54 years	2.32
55 to 64 years	4.09
65 years and over	4.85
Sex	
Men	3.61
Women	3.58
Employment status	
Employed	2.75
Full-time workers	2.65
Part-time workers	3.04
Not employed	4.40
Parental Status	
Parent of one or more household children	2.38
Parent of a household child age 6 to 17, none younger	2.60
Parent of a household child under age 6	1.52
Not a parent of a household child	3.79
Marital status	
No spouse or unmarried partner present in household	2.96
Spouse or unmarried partner present in household	4.05

NOTE: Eldercare providers are those who, in the previous 3 to 4 months, cared for someone with a condition related to aging. Estimates were calculated for persons who cared for at least one person age 65 or older. Data refer to persons 15 years and over.

Source: U.S. Bureau of Labor Statistics, 2021–2022 American Time Use Survey

What Is the Story Behind the Data?

Caregiver burden, isolation and fixed-income poverty were the main challenges noted by community members. Individuals shared caregiving burden frequently falls on family members, noting that many 55-plus caregivers now juggle full-time jobs due to cost. For older adults without nearby relatives, welfare checks from utility or code-enforcement staff often reveal dangerous situations: “I see them sitting out in 104-degree weather because it’s cooler outside than inside.”

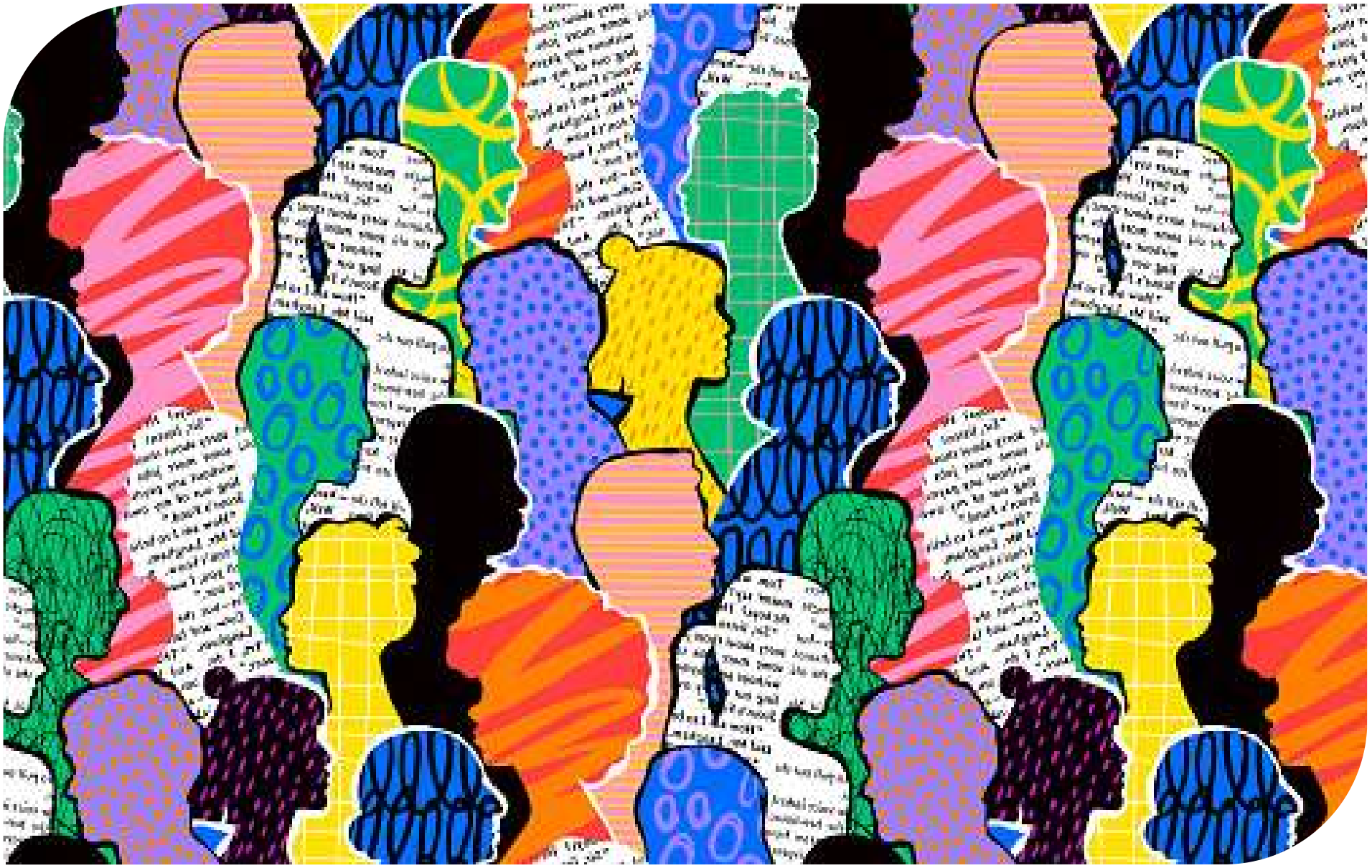
Utility costs, property tax hikes and rent increases force seniors to choose between medication, food and air-conditioning. Meals-on-Wheels is vital, yet some refuse service because “they bring too much food,” highlighting the need for tailored education as well as deliveries. Pets add another layer; seniors will “never leave the street if the shelter won’t take their dog.”

Access to in-home care and geriatric-focused services was described as insufficient. Many older adults who wish to age in place cannot do so safely due to lack of personal care aides, home health visits or support with daily tasks. Waitlists and cost barriers limit access to these essential services.

Transportation remains a major challenge for seniors. With limited or no access to public transportation and many unable to drive, older adults often miss medical appointments, medication refills or social activities. Paratransit services are inconsistent or unavailable in many areas, exacerbating health risks and deepening isolation.

Focus group participants agreed that keeping older adults engaged in meaningful community life is vital. Opportunities for social connections — such as volunteering, group exercise or intergenerational activities — are important for both mental and physical health. However, many programs are underfunded, inaccessible or not widely known among those who could benefit. Participants recommended expanding ride programs, tax-relief education and coordinated outreach so that seniors are not “suffering in silence behind closed doors.”

Chapter 8: Conclusion



Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude for the many individuals and organizations who contributed their time, expertise and lived experience to this community-driven process. This CHNA reflects the shared commitment of CHRISTUS Health, internal teams and local partners to understand and address the root causes of health disparities across our communities.

This assessment is not only a regulatory requirement, but also a reflection of our mission to extend the healing ministry of Jesus Christ by engaging with those we serve, listening deeply to their experiences and responding with compassion, clarity and action. Across multiple phases — from surveys and focus groups to data analysis and community-led workgroups — diverse voices guided our understanding of health needs and helped shape the priorities for the next three years. The process was grounded in the Results-Based Accountability (RBA) framework to ensure that our strategies and metrics are meaningful, measurable and mission-driven. It is our hope that the insights shared in this report not only inform action plans but also deepen relationships and build stronger, more equitable systems of care.

Looking Ahead

As we move from assessment to action, the findings in this CHNA will directly inform the development of the 2026–2028 Community Health Implementation Plan. Our next steps include:

- Sharing findings with internal teams, community members and key stakeholders
- Collaborating across sectors to design evidence-based, community-centered strategies
- Aligning programs and investments with the identified health priorities
- Tracking impact using the RBA framework to ensure accountability and transparency

With continued partnership, we remain committed to creating healthier, more equitable communities across every stage of life. We are grateful for all those who walk with us and look forward to what we can achieve together in the years ahead.

Acknowledgements

This CHNA was made possible by the collective effort of countless individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

CHRISTUS Santa Rosa -San Marcos Hospital Leadership

We extend our sincere gratitude to the CHRISTUS Santa Rosa - San Marcos Hospital leadership team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS Santa Rosa Hospital - San Marcos mission integration department and CHRISTUS Health's community health and health equity team. The following individuals played key roles in data collection, analysis, writing and editing:

- Bob Honeycutt, President
- Deb Roybal, PhD, MS, Vice President, Mission Integration
- Esmeralda "Mela" Perez, Director, Community Health
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health and Health Equity
- Nadine Nadal Monforte, Director, Community Health
- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu and Micah Dennis, AmeriCorps VISTA Members
- Marcos Pesquera, Chief Diversity Officer and Vice President of Community Health
- Sarah Vanausdall and Annie Elliott, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the community indicator workgroup. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

Data Dictionary Work Sessions

The data dictionary work sessions provided essential guidance in defining and refining the key indicators for the assessment. Your feedback ensured that our data is both accessible and meaningful. We extend our appreciation to the individuals who contributed to this effort.

Community Survey Workgroup and Distributors

We are grateful to the members of the survey workgroup who reviewed, disseminated and analyzed community surveys. Your efforts helped us accurately capture the voices of our communities. Special thanks to our distribution partners who expanded the survey's reach.

Community Focus Groups

We are especially thankful for the residents, faith leaders, students, front-line workers and others who shared their experiences during focus groups. Your stories brought depth and humanity to our findings.

CHRISTUS Community Impact Fund Grantees

To our grant partners — thank you for your tireless work to address health disparities. Your impact is an extension of our shared mission and a vital force for change in our communities.

Community Partners

·To our community partners — thank you for walking with us throughout this process. Your commitment to collaboration and equity made this work possible.

Board of Directors

We are grateful to the board of directors for your ongoing support, leadership and alignment with our mission. Your guidance helps ensure we remain responsive to evolving community needs.

Subject Matter Experts and Consultants

We appreciate the contributions of consultants and technical experts who provided research support, data analysis and facilitation of the CHNA process. Their expertise has been instrumental in ensuring a comprehensive and data-driven assessment.

Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs and issues. We hope the collaborative nature of the 2026 CHNA is valued as an enhanced asset. We invite all members of the community to submit questions and feedback regarding this collective assessment.

To request a print copy of this report, or to submit your comment, please contact:

Deb Roybal, PhD MS

deb.roybal@christushealth.org

Esmeralda “Mela” Perez

esmeralda.perez2@christushealth.org

CHRISTUS Health Community Health Team

communityhealth@christushealth.org

An electronic version of this Community Health Needs Assessment is publicly available at:

CHRISTUS Health’s website:
https://www.christushealth.org/connect/community/community-needs