



# Community Health Needs Assessment

2026 – 2028



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# Chapter 1: Letter to the Community





# Letter to the Community

## A Message of Gratitude

At **CHRISTUS Southeast Texas Health System**, our mission to extend the healing ministry of Jesus Christ guides every step we take toward building stronger, healthier communities. Grounded in compassion and a deep commitment to service, we recognize that health does not begin or end within the walls of our hospitals. It begins in homes, schools, workplaces and neighborhoods. And it is shaped by the daily experiences, environments and relationships that surround us all.

Every three years, we conduct a Community Health Needs Assessment (CHNA) to better understand the evolving needs of our community and ensure our efforts are rooted in lived experience. Through this process, we listen intentionally, welcoming voices from every corner of Southeast Texas, including patients, Associates, local organizations and community leaders. Their stories, insights and priorities shape not only this report but also the programs and partnerships that follow.

In our 2023–2025 CHNA, we heard clearly about several pressing health challenges: the need for expanded specialty care and better management of chronic conditions like diabetes, heart disease and obesity; the importance of improving behavioral health care, including mental health and substance use support; and the call to enhance access to healthy food, increase opportunities for physical activity and reduce smoking and vaping. In response, CHRISTUS Southeast Texas Health System has taken meaningful steps in collaboration with trusted community partners. To address food insecurity, for example, we joined with Catholic Charities' Market to HOPE program — helping families access healthy food with dignity and choice. This is just one example of how we are turning community priorities into actionable, compassionate care.

Now, as we present our 2026–2028 Community Health Needs Assessment (CHNA), we do so with even deeper resolve. This latest assessment represents a more comprehensive and in-depth examination of the underlying causes of health disparities throughout our region. Together, we've identified emerging and ongoing needs — including housing stability, workforce development and long-term support for managing chronic illness. These priorities remind us that health equity must be woven into everything we do.

This report is not the end of the journey — it is a renewed beginning. It charts a path forward, grounded in community wisdom and driven by shared accountability. At CHRISTUS Southeast Texas Health System, we will continue to build on the work already begun, strengthening partnerships, expanding innovative programs and advocating for systems-level change that brings quality, compassionate care within reach for all. To every community member, patient, Associate and partner who lent your voice to this effort: thank you. Your perspectives have not only been heard — they have been honored and acted upon. Together, we are creating lasting change rooted in faith, justice and love.



**Paul Trevino**  
Chief Executive Officer  
**CHRISTUS Southeast  
Texas Health System**

# 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 background or circumstance. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as 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.



**Dan Ford**  
Vice President of Mission  
Integration  
**CHRISTUS Southeast  
Texas 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 Southeast Texas 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 southeast Texas, health isn't just about access — it's about trust, community and the belief that every person deserves the chance to live a whole and healthy life. For decades, CHRISTUS Southeast Texas Health System has stood alongside this community, not only providing care but building relationships, fostering hope and honoring our mission to extend the healing ministry of Jesus Christ. That mission calls us to serve everyone, especially those too often overlooked or underserved.

We know that real change begins by listening. That's why every three years, we lead a Community Health Needs Assessment (CHNA). Through interviews, focus groups, surveys and data analysis, we gain a deeper understanding of the health needs, priorities and strengths of the communities we serve.

This 2026–2028 CHNA follows a lifespan approach, recognizing that health evolves across four key stages: maternal and early childhood, school-age children and adolescents, adults and older adults. We also explore the social determinants of health, the conditions in which people live, learn, work and age, that shape outcomes long before and long after a clinic visit.

Each life stage plays a vital role in the overall health of our community. By investing at every stage of life, we can create a more equitable and resilient system for everyone.





# Importance of Life Stages

## Maternal and Early Childhood Health

In early life, the foundation for health and well-being was established. Strong beginnings shape everything that follows — brain development, school readiness, emotional resilience and long-term physical health. In southeast Texas, we've seen more expectant mothers receiving timely prenatal care and more young children benefiting from community-based programs that promote vaccinations, breastfeeding and maternal mental health. These improvements are the result of intentional partnerships and outreach. Yet, many families still face obstacles — like housing instability, gaps in behavioral health support and lack of access to early childhood services. Addressing these challenges is critical to giving every child the healthy start they deserve.

## School Age Children and Adolescent Health

During childhood and adolescence, lifelong habits take root. This is a time of discovery, identity formation and increasing independence. In our region, schools and local partners have stepped up to support students through wellness education, mental health awareness campaigns and food assistance programs. These efforts are helping children and teens build healthier futures. Still, concerns remain around rising anxiety, substance use, food insecurity and lack of safe, supportive environments. Adolescents continue to express the need for connection, guidance and accessible behavioral health services. Focusing on this stage of life is not only about addressing problems, but also about nurturing the future.

## Adult Health

In adulthood, health is deeply shaped by the demands of daily life, caregiving, stress and financial pressures. We've made meaningful strides in expanding preventive care through community clinics and outreach efforts, helping more adults access screenings, wellness education and chronic disease support. However, many still struggle with managing conditions like diabetes, hypertension and depression — often made worse by the high cost of medications, lack of insurance and poverty. Addressing adult health is about supporting the workforce, stabilizing families and reducing health risks before they become crises.

## Older Adult Health

As people grow older, their health needs become more complex — but their contributions to our communities remain profound. Aging should come with dignity, not isolation. In southeast Texas, local organizations and caregivers have launched programs that support memory care, promote mobility and create social spaces that reduce loneliness. Caregiver networks and home-based services are helping more older adults remain independent. Yet, we continue to see challenges related to chronic disease, financial strain and limited access to transportation and housing. Prioritizing older adult health ensures that those who once cared for others receive the care and respect they've earned.

Across all life stages, the message from our community is clear: Southeast Texas is resilient, generous and ready for progress — but there's still work to be done. Health is not experienced in silos. When one stage is supported, the next one is strengthened. When care is accessible, lives are transformed. And when community voices guide the work, solutions become more rooted, more relevant and more powerful.



With this CHNA as our guide, CHRISTUS Southeast Texas Health System is moving forward — alongside local partners, families and organizations— to develop strategies that are responsive, inclusive and lasting. Together, we are building a region where every person, at every age, has the opportunity to live with health, purpose and dignity.

# Key Findings

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

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Access to care</li> <li>• Vaccines</li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Substance abuse</li> </ul> </li> <li>• Housing instability</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health (anxiety)</li> <li>○ Substance abuse</li> </ul> </li> <li>• Food insecurity</li> <li>• Housing instability</li> </ul>	<ul style="list-style-type: none"> <li>• Access to care               <ul style="list-style-type: none"> <li>○ Medication</li> </ul> </li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Substance abuse</li> </ul> </li> <li>• Poverty</li> </ul>	<ul style="list-style-type: none"> <li>• Chronic diseases               <ul style="list-style-type: none"> <li>○ Heart disease</li> <li>○ Cancer</li> </ul> </li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>• Caregiver support</li> <li>• Poverty</li> </ul>

## Chapter 3: Introduction





# Introduction

Beaumont, Texas is a dynamic city where cultural heritage, natural beauty and community resilience intersect. Known for its warm hospitality and rich traditions, Beaumont offers a family-friendly environment rooted in history and fueled by innovation. From its vibrant arts and music scene — home to events like the Beaumont Jazz & Blues Fest and the South Texas State Fair — to its proximity to scenic wetlands ideal for hiking, fishing and birdwatching, the city embodies both charm and opportunity.

Downtown Beaumont reflects the area's enduring spirit, with historic architecture, locally owned shops and a culinary scene that blends Southern, Cajun and coastal flavors. Cultural landmarks like the Spindletop-Gladys City Boomtown Museum and the Art Museum of Southeast Texas connect the community to its past while inspiring creativity and civic pride. Whether enjoying a day at Gator Country Adventure Park or exploring the waterways and green spaces that surround the city, residents and visitors alike are drawn to Beaumont's unique mix of adventure, reflection and community.

As part of CHRISTUS Health, CHRISTUS Southeast Texas Health System is proud to serve a region shaped by generations of hard work, faith and perseverance. Beaumont's evolution — from an energy and industrial hub to a culturally rich and economically diverse city — has brought growth and transformation. However, this progress also brings complex health challenges that demand attention, collaboration and action.

Despite its many strengths, southeast Texas continues to face persistent disparities in health outcomes. Generational poverty, environmental exposures and limited access to services contribute to health inequities that affect individuals and families across the region. Social determinants of health — such as access to nutritious food,

transportation, housing, education, income and affordable health care — play a significant role in shaping well-being. Behavioral, genetic and environmental factors further compound these challenges, reinforcing the need for inclusive, community-led solutions.

The COVID-19 pandemic heightened many of these disparities but also catalyzed a wave of collaboration across health care providers, nonprofit organizations, public agencies and community leaders. These partnerships remain critical, ensuring that the work to improve health equity, strengthen access and build community resilience is sustained and guided by those most impacted.

This Community Health Needs Assessment (CHNA) offers a comprehensive look at the current health landscape in southeast Texas. Grounded in both local data and lived experience, it serves as a roadmap for developing strategic initiatives that are responsive, effective and equitable. From bustling neighborhoods to rural communities, CHRISTUS Southeast Texas Health System is committed to honoring the voices of our region — building solutions hand in hand with those we serve.

Together, through collaboration, targeted investment and an unwavering commitment to our mission, we strive to extend the healing ministry of Jesus Christ and create a healthier, more just future for all who call southeast Texas home.

# 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 Southeast Texas Health System 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 Southeast Texas Health System and serves as a comprehensive resource for understanding the current health landscape in Northeast 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 on 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 Southeast Texas Health System

As part of CHRISTUS Health, CHRISTUS Southeast Texas Health System is a faith-based, not-for-profit health system dedicated to serving the communities of southeast Texas. With five hospitals and over 2,000 Associates, we are committed to delivering compassionate, high-quality care rooted in our mission to extend the healing ministry of Jesus Christ. Our areas of specialty include trauma, outpatient services, cardiology, oncology, neurology, orthopedics, sports medicine and neonatal care. 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 driven by a deep commitment to health, healing and human dignity.



## CHRISTUS Southeast Texas - St. Elizabeth

CHRISTUS Southeast Texas - St. Elizabeth is the flagship hospital of the CHRISTUS Southeast Texas Health System. Located in Beaumont, St. Elizabeth is known for its excellence in trauma care, cardiology, oncology, neurology, orthopedics, sports medicine, neonatal care and outpatient services. As part of CHRISTUS Health, our dedicated team of health professionals serves with compassion and purpose, inspired by our mission to extend the healing ministry of Jesus Christ. Guided by our sponsoring congregations, we are committed to advancing health equity, delivering clinical excellence and improving the well-being of every individual and community we serve.



## CHRISTUS St. Mary Outpatient Mid-County

CHRISTUS St. Mary Outpatient Mid-County is a vital part of the CHRISTUS Southeast Texas Health System, extending access to care throughout the Mid-County region. This facility offers a wide range of outpatient services, including imaging, laboratory and specialty care, making it easier for individuals and families to receive timely, personalized care close to home. Continuing the legacy of CHRISTUS St. Mary Hospital in Port Arthur, this location upholds our commitment to compassionate, faith-based care for the communities we serve.



## CHRISTUS Southeast Texas - Jasper Memorial

CHRISTUS Southeast Texas - Jasper Memorial is a 59-bed acute care hospital serving approximately 45,000 residents across East Texas. Located about 65 miles north of Beaumont and 60 miles south of Lufkin, the hospital offers general medical and surgical care, imaging, laboratory and a full suite of outpatient services. Jasper Memorial plays a vital role in addressing rural health care needs, ensuring access to quality care in the region.



## CHRISTUS Hospital - Orange

CHRISTUS Hospital - Orange provides essential access to emergency, outpatient and specialty services for residents of Orange County and surrounding areas. As part of the CHRISTUS Southeast Texas Health System, this facility serves as a critical link in our continuum of care, offering high-quality, patient-centered services in a convenient and compassionate setting. With a focus on community health, CHRISTUS Hospital - Orange continues to meet the evolving needs of the region through clinical excellence and dedicated service.



## CHRISTUS Health - West Beaumont

CHRISTUS Health - West Beaumont is a state-of-the-art, nearly 6-acre medical campus designed to expand access to emergency and specialty care in the region. The facility features a full-service emergency room, surgical suites and medical offices offering advanced services such as robotic-assisted surgery and comprehensive orthopedic care. Serving Beaumont, Port Arthur and surrounding communities, CHRISTUS Health - West Beaumont continues our mission of delivering innovative, patient-centered care in a modern, healing environment.



# 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 with 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 Southeast Texas Health System serves a diverse and geographically broad population across Jefferson, Hardin, Orange, Jasper and Newton counties. In accordance with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Southeast Texas defines its primary service area (PSA) as the group of ZIP codes that represent approximately 80% of hospital utilization (see Table 1 and Figure 1). This ensures the Community Health Needs Assessment (CHNA) reflects the communities most directly served by the health system.

From Beaumont and Port Arthur to surrounding rural areas, this regional diversity highlights the importance of a community-centered, equity-informed approach that addresses the social, economic and environmental factors shaping health outcomes in Southeast Texas.

CHRISTUS SOUTHEAST TEXAS' PSA			
Hardin County	Jasper County	Jefferson County	Orange County
77656 77657	75951 75956	77706 77705 77642 77627 77703 77707 77640 77701 77713 77708 77619	77662 77630 77632

Table 1. Primary Service Area (PSA) of CHRISTUS Southeast Texas

The PSA includes a unique mix of industrial cities, small towns, and rural communities—each with specific health challenges, strengths, and service needs.

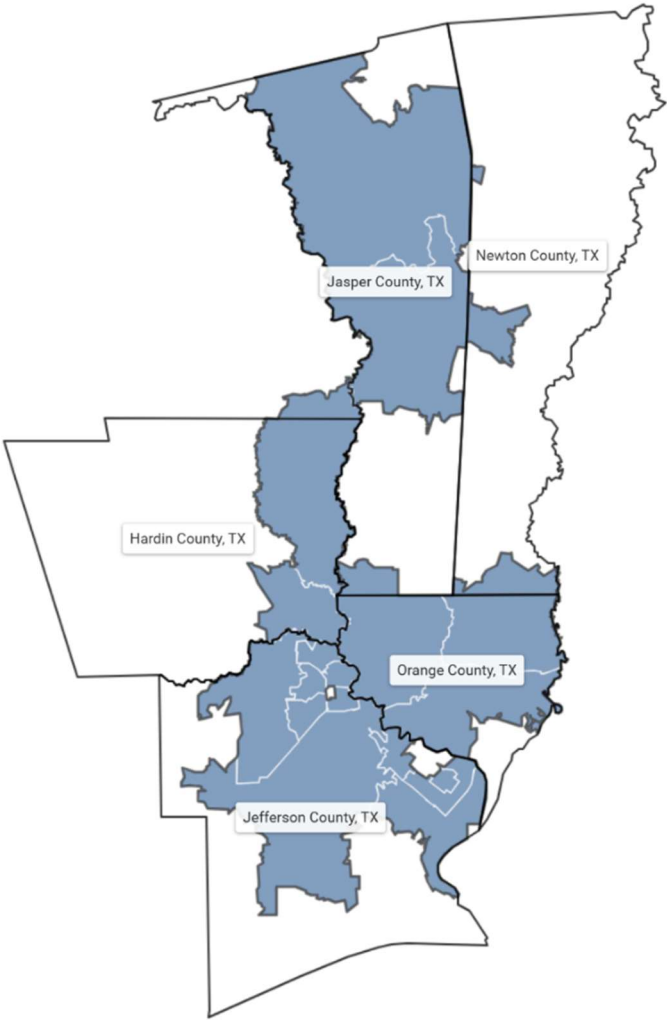


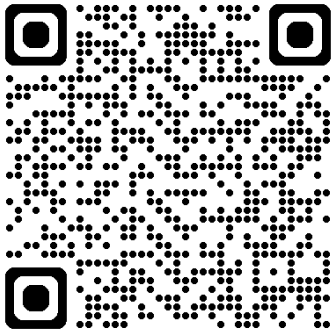
Figure 1. Primary Service Area (PSA) Map of CHRISTUS Southeast Texas



# 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](https://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
<b>CHRISTUS Southeast Texas Health System</b>	Comprehensive system including three acute care hospitals, outpatient centers, a long-term care facility, rural clinics and a trauma center serving the region
<b>Legacy Community Health</b>	Federally Qualified Health Center offering medical, dental, vision, OB/GYN, behavioral health, vaccinations and community outreach services across the region
<b>Gulf Coast Health Center, Inc.</b>	FQHC offers affordable medical, dental and pharmacy services, as well as community health fairs and insurance enrollment assistance
<b>Port Arthur Health Department</b>	Offers immunizations, reproductive health, nutritional counseling, STI testing, WIC and public health emergency preparedness
<b>Southeast Texas Food Bank</b>	Provides food distribution to individuals and families through local partners, as well as nutrition education, to combat hunger in the community
<b>Catholic Charities of Southeast Texas</b>	Offers a range of services including financial assistance, disaster response, immigration legal services and family strengthening programs rooted in Catholic social teaching
<b>Spindletop Center</b>	Local mental health authority providing crisis services, psychiatric care and support for individuals with mental illness and substance use disorders
<b>Gift of Life</b>	Provides free breast and prostate cancer screenings to underserved populations, plus community outreach and education events to promote early detection
<b>Communities in Schools of Southeast Texas</b>	Works directly in schools to surround at-risk students with a community of support, helping them stay in school and succeed in life
<b>United Way</b>	Mobilizes local nonprofits, businesses and agencies to address community health, education and financial stability needs

## 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 needs identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS Southeast Texas Health System 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 Southeast Texas Health System prioritized the following areas based on community input and data analysis:

Over the past three years, CHRISTUS Southeast Texas Health System, 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.

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
<ul style="list-style-type: none"><li>• Specialty care access and chronic disease management (including diabetes, obesity, heart disease)</li><li>• Behavioral health (including mental health and substance abuse)</li></ul>	<ul style="list-style-type: none"><li>• Improving food access</li><li>• Increasing physical activity</li><li>• Reducing smoking and vaping</li></ul>

# Prioritized Needs

## ADVANCE HEALTH AND WELL-BEING

- Specialty care access and chronic disease management (including diabetes, obesity, heart disease)
- Behavioral health (including mental health and substance abuse)

## Specialty care access and chronic disease management (including diabetes, obesity, heart disease)

### Strategy:

Expand patient centered specialty care through multiple strategies that increase access.

### Implementation Highlights:

- Clinics have been expanded for urgent care and specialty access. A Community Advisory Council was created to encourage community leaders to work with the hospital specialists to meet community needs.
- Telemedicine was expanded to meet specialty needs without having an immediate specialist on hand.
- Cardiology services were expanded by recruiting more surgeons, nurses and staff.
- Medications have been made more affordable through 340b programs.

### Progress:

- Emergency Room re-admissions have been reduced.
- Stroke response time from door to treatment has been reduced.
- Two new hospitals with outpatient specialty clinics have opened.



## Behavioral Health (Including Mental Health and Substance Abuse)

### Strategy:

Expand behavioral health services through both physical renovations and access to care.

### Implementation Highlights:

- Collaboration with community resources of behavioral and mental health services has been enhanced through implementing a Community Advisory Council.
- Advocacy and legal counsel have improved guardianship response where necessary.
- Inpatient behavioral health capacity has been expanded through additional behavioral health safe rooms in the Emergency Department.
- Screening for emotional and spiritual well-being was begun at all clinics with chaplains responding via a phone call to any request.

### Progress:

- Response times have been improved.
- Access to care has been increased.
- Expansion efforts resulted in a measurable increase in the number of individuals that have received referrals for help.

## BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

- Improving food access
- Increasing physical activity
- Reducing smoking and vaping

## Improving Food Access

### Strategy:

Through the Community Advisory Council find collaborative relationships with those best positioned to address Food Insecurity.

### Implementation Highlights:

- For several years in a row, the foodbank run by a local charity has received significant grant funding from CHRISTUS Health.
- In addition to grant funding, annual events have been held to bring attention to Food Insecurity in the area, to celebrate progress and prayerfully give thanks, and to learn more.
- A program of satellite Food Bank lockers has been seriously considered but has not yet been implemented.

### Progress:

- Patients discharged with dietary needs can now get specific foods such as diabetic friendly assortments of food.
- Local residents otherwise in “food deserts” are now able to obtain fresh produce at the Food Bank and experience something closer to grocery store selections of it.
- In addition to better choices of food in the Food Bank, the experience now contributes to the dignity of those in need.
- Drive-up distribution at the Food Bank has enabled easier access to those in need of food assistance.

## Increasing Physical Activity

### Strategy:

Deliver targeted chronic disease prevention and management through education, screenings, rehabilitation and case management.

### Implementation Highlights:

- AmeriCorps VISTA funding provided a Community Health Worker who provided hundreds of individuals with access to free resources, blood pressure monitors, diabetes education and case management. Case Management staff supplemented this.
- Ongoing Diabetes Self-Management Education classes were offered at the Diabetes Clinics.
- Physicians referred patients to the Cardiology Rehab Program for heart patients to learn safe programs of exercise.

### Progress:

- The hospital maintains a state of the art Wellness Center that provides an attractive atmosphere for a wide variety of exercise.
- The Wellness Center was recently renovated to enhance the experience of exercise with all new locker rooms and wet areas.
- Free blood pressure monitors were distributed, and participants reported improved understanding of self-monitoring practices.

## Reducing Smoking and Vaping

### Strategy:

Address Smoking and Vaping from a medical approach to reduce or eliminate the use of tobacco or vaping products.

### Implementation Highlights:

- Smoking or Vaping will be part of the Admission registration questions and be flagged for a conversation with the physician or nurse practitioner provider.
- A holistic program of exercise, smoking or vaping reduction and education of risk and benefits will be provided per physician-patient relationship.
- Schools will be invited to participate in the Community Advisory Council.

### Progress:

- When a patient identifies they are a smoker and requests patches they are provided them while in the hospital.
- The entire hospital campus is a no-smoking campus.
- 1500 Associates that work in our hospital system are encouraged to not smoke or to stop by having incentives provided such as an insurance discount, as well providing smoking cessation services.

## Chapter 5: 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 the 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 Health 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

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 the 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

###  
Survey  
Respondents

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 Workgroups

#  
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 to improve health where it matters most.



## Data Dictionary Work Sessions

### # 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

### # 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			

DATA DICTIONARY WORK SESSION PARTICIPANTS			

COMMUNITY FOCUS GROUPS			

# Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Southeast Texas Health System 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 life stage approach ensures that the needs of people at every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs and partnerships with the goals of the community.



The table below lists all the indicators discussed during the CHNA community indicator workgroup process, covering a wide range of health concerns and community priorities identified across various life stages.

ALL INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Vaccines</li> <li>• Substance abuse</li> <li>• Mental health</li> <li>• Chronic disease</li> <li>• Family stability</li> <li>• STIs</li> <li>• Homelessness/housing stability</li> <li>• Health literacy</li> <li>• Prenatal/health care access</li> <li>• Access to care</li> <li>• Food access</li> <li>• Access to technology</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccines</li> <li>• Substance abuse</li> <li>• Family stability</li> <li>• Homelessness</li> <li>• Access to health care</li> <li>• Food access</li> <li>• Mental health</li> <li>• Access to technology</li> <li>• Depression</li> <li>• Anxiety</li> </ul>	<ul style="list-style-type: none"> <li>• Preventative care (ER utilization)</li> <li>• Primary care access</li> <li>• Cancer</li> <li>• Cardiovascular</li> <li>• Lack of coverage</li> <li>• Homelessness</li> <li>• Victims of domestic abuse</li> <li>• Mental Health</li> <li>• Trauma</li> <li>• Substance abuse</li> <li>• Medication costs</li> <li>• Income stability</li> <li>• Literacy</li> <li>• Diabetes</li> <li>• Food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>• Income stability</li> <li>• Caregiver support</li> <li>• Abuse/exploitation</li> <li>• Safe living environments</li> <li>• Lack of advocacy/navigation</li> <li>• Literacy</li> <li>• Cardiovascular/cancer</li> <li>• Food access/nutrition</li> <li>• Mental health (diagnosed and not diagnosed)</li> <li>• Lack of proficiency/access to technology</li> </ul>



The table below highlights the leading indicators across southeast Texas.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Substance/drug abuse</li> <li>• Mental health</li> <li>• Homelessness/housing stability</li> <li>• Access to care</li> <li>• Vaccines</li> </ul>	<ul style="list-style-type: none"> <li>• Family stability</li> <li>• Mental health</li> <li>• Food access</li> <li>• Substance abuse</li> <li>• Anxiety</li> <li>• Homelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Mental health</li> <li>• Substance abuse</li> <li>• Medication cost</li> <li>• Income stability</li> </ul>	<ul style="list-style-type: none"> <li>• Income stability</li> <li>• Caregiver support</li> <li>• Mental health</li> <li>• Cardiovascular/cancer</li> </ul>

# 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 recent 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 Southeast Texas Health System 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 Southeast Texas Health System service area.





# Community Demographics

The communities served by CHRISTUS Southeast Texas Health System exhibit unique demographic and socioeconomic characteristics compared to Texas overall. Population growth in these counties has been modest, with increases ranging from 1.69% to 3.63%, significantly lower than Texas's 15.91% growth. Birth rates in all three counties exceed the state average, particularly in Jefferson County. Mortality rates, however, are higher than the state's average, indicating potentially lower health outcomes or older populations. Housing occupancy rates are slightly below the

state average, with Jefferson County showing the lowest at 84.97%. Poverty rates among children under five are alarmingly high, especially in Jefferson County at nearly 26%, pointing to critical economic challenges. Overall, these indicators highlight both strengths and vulnerabilities in southeast Texas, underscoring the need for targeted community health and social support initiatives.

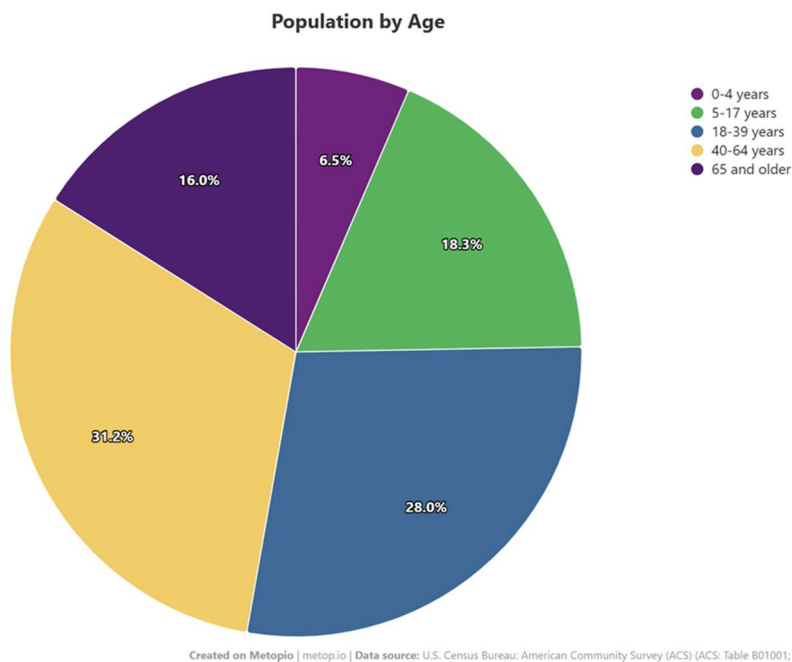
Topic	Texas	Hardin County, TX	Jefferson County, TX	Orange County, TX
Population <i>residents</i> 2023	30,503,301	57,126*	251,496	85,722
Population density <i>residents/mi^2</i> 2019-2023	113.45	64.14	289.63	254.63
Change in population <i>% change</i> 2010-2020	15.91	2.92	1.69	3.63
Land area <i>square miles</i> 2020	261,267.836	890.588	876.762	333.786
Birth rate <i>births per 1,000 women</i> <i>ages 15-50</i> Female, 2023	55.44	60.02*	70.69	66.46*

Topic	Texas	Hardin County, TX	Jefferson County, TX	Orange County, TX
Mortality rate, all causes <i>deaths per 100,000</i> 2023	761.8	1,186.0	986.9	1,220.2
Occupied <i>% of housing units</i> 2023	90.85	88.11*	84.97	87.13
Poverty rate <i>% of residents</i> 2023	13.67	12.32*	20.31	14.00

\*Data is showing for 2019-2023

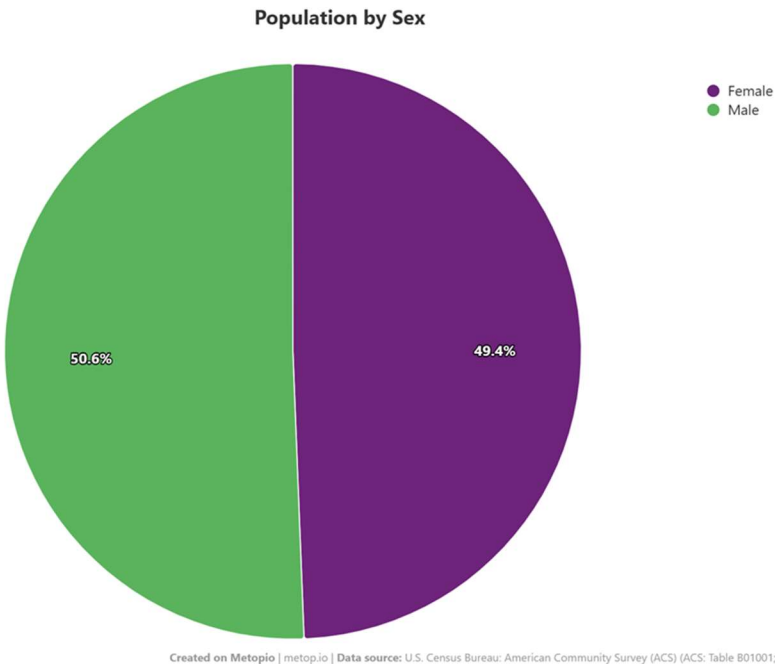
## Age

The population distribution in the CHRISTUS Southeast Texas service area shows a significant number of residents across various age groups. The largest group is those aged 40-64, with 133,946 individuals. This is followed by those aged 18-39, with 120,208 individuals. The younger population, aged 0-4, is the smallest group, with 27,700 individuals.



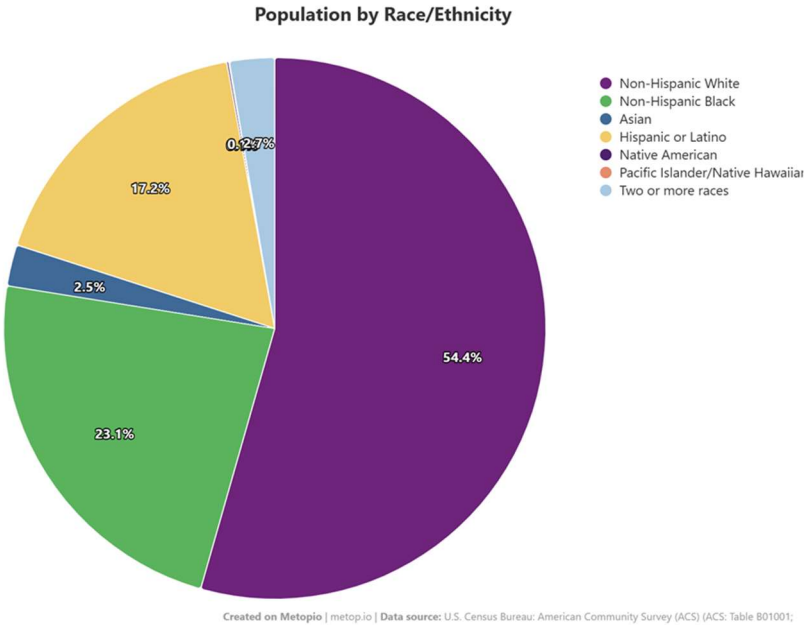
## Sex

The population of the CHRISTUS Southeast Texas service area is approximately 428,865. The male population slightly outnumbers the female population, with 217,083 males compared to 211,782 females. This indicates a relatively balanced gender distribution in the region.



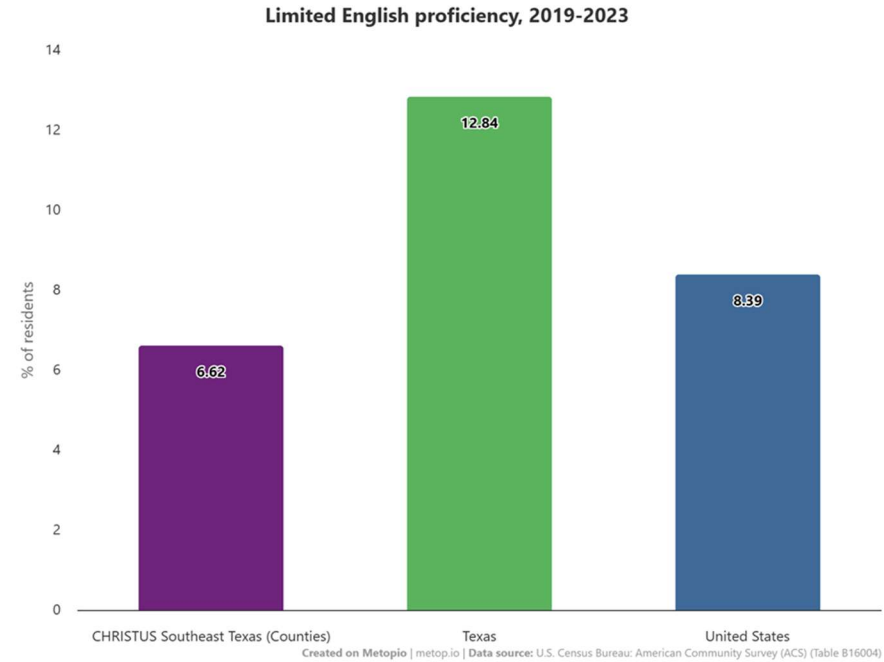
Race and Ethnicity

The population data for CHRISTUS Southeast Texas service area reveals a diverse demographic composition. The majority of the population is Non-Hispanic White, accounting for 232,927 individuals. Significant populations of Non-Hispanic Black and Hispanic or Latino individuals are also present, with 98,909 and 73,493 individuals respectively. Smaller populations of Asian, Native American, Pacific Islander/Native Hawaiian and individuals of two or more races are also represented.



Limited English Proficiency

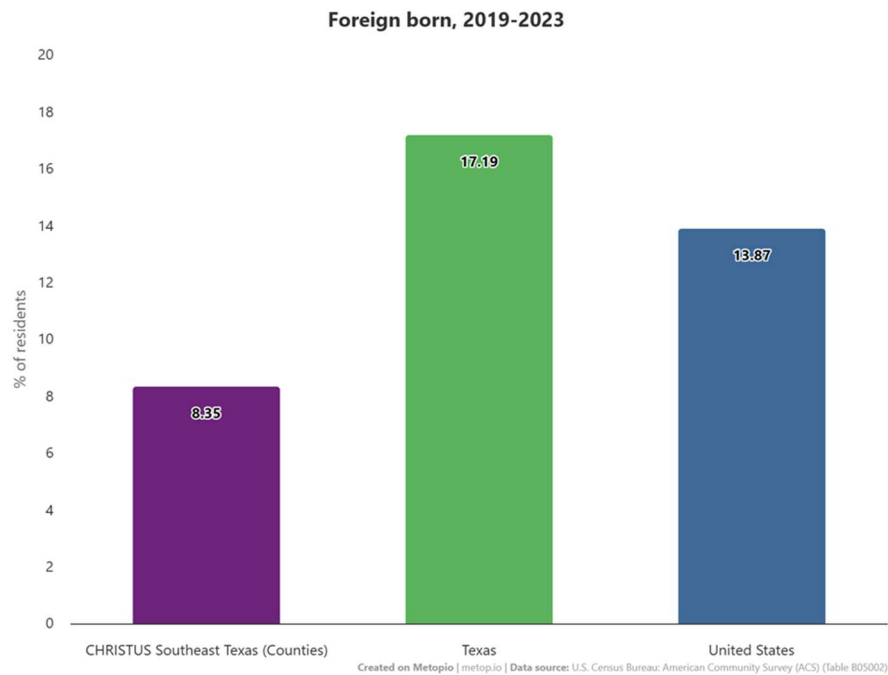
The data indicates the percentage of individuals with limited English proficiency in various regions. The CHRISTUS Southeast Texas service area has a rate of 6.62%, which is lower than the overall rate in Texas at 12.84%. The United States has a limited English proficiency rate of 8.39%. This suggests that Texas has a higher prevalence of limited English proficiency compared to the national average, while CHRISTUS Southeast Texas has a lower rate within the state.





# Foreign Born Population

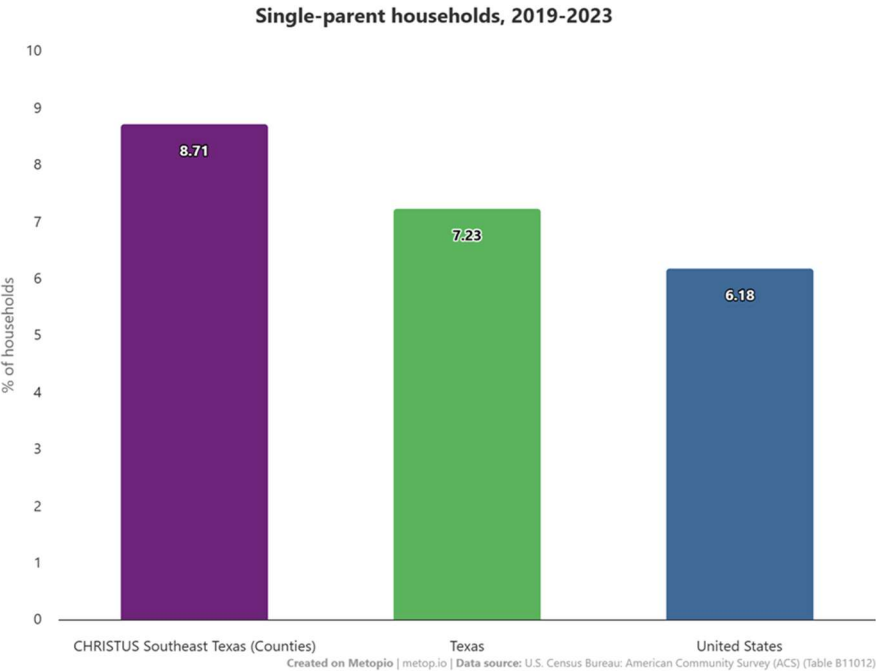
The percentage of foreign-born individuals in the United States is 13.87%. Texas has a higher percentage at 17.19%, while the CHRISTUS Southeast Texas service area has a lower percentage at 8.35%. This indicates a significant variation in the foreign-born population across different regions.



# Household and Family Structure

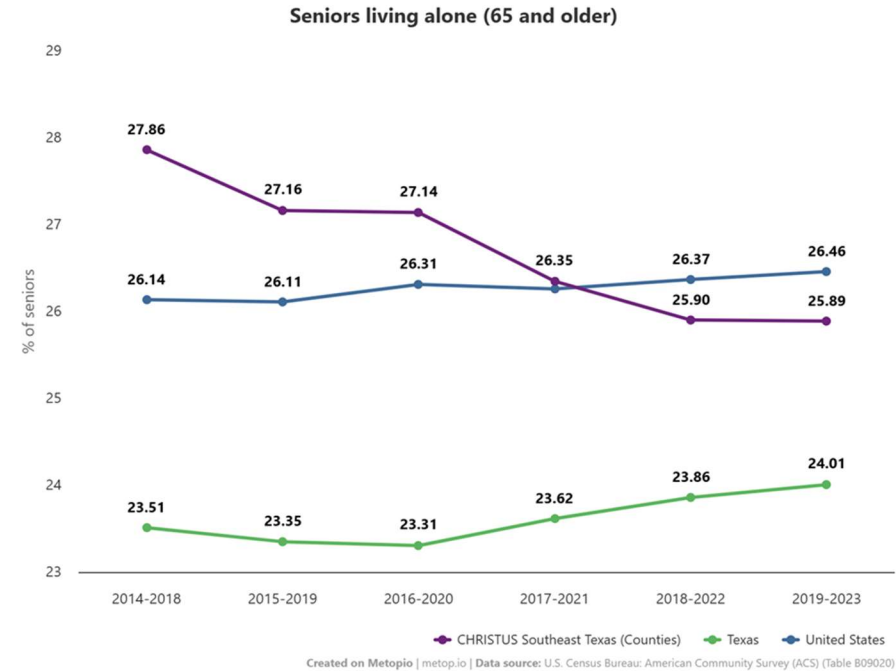
## Single-Parent Households

Single-parent households are a significant concern across various regions in the United States. In the CHRISTUS Southeast Texas service area, which includes multiple counties, the rate of single-parent households stands at 8.71%, notably higher than the state average of 7.23% and the national average of 6.18%. This indicates a greater prevalence of single-parent families in this region compared to both Texas and the United States as a whole.



## Seniors Living Alone

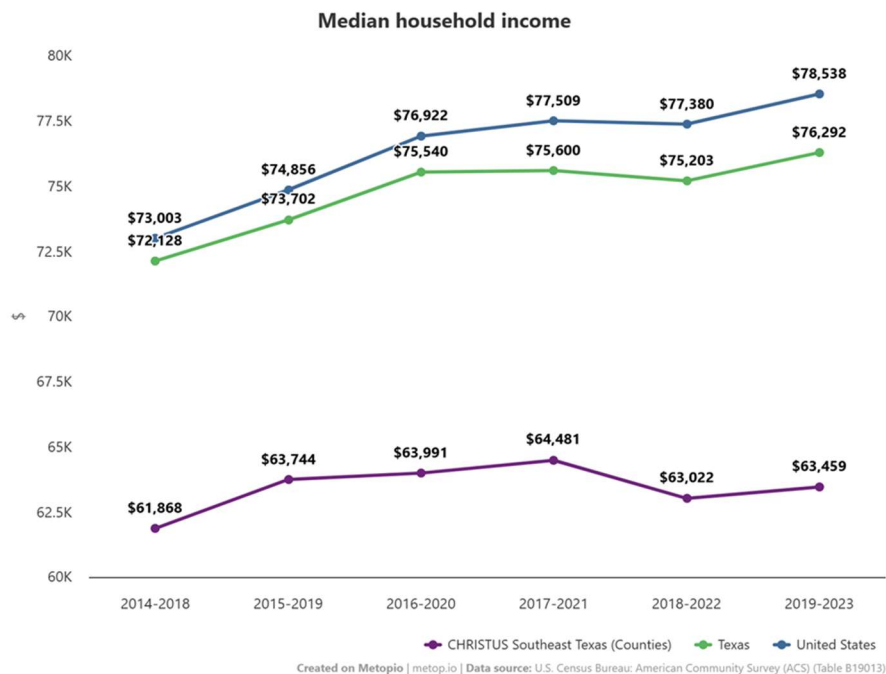
Seniors living alone in the United States have shown a slight increase over the years, rising from 26.14% in 2014-2018 to 26.46% in 2019-2023. In Texas, the percentage has remained relatively stable, fluctuating between 23.31% and 24.01% over the same period. In contrast, the CHRISTUS Southeast Texas service area has seen a decrease in the percentage of seniors living alone, dropping from 27.86% in 2014-2018 to 25.9% in 2018-2022.



# Economics

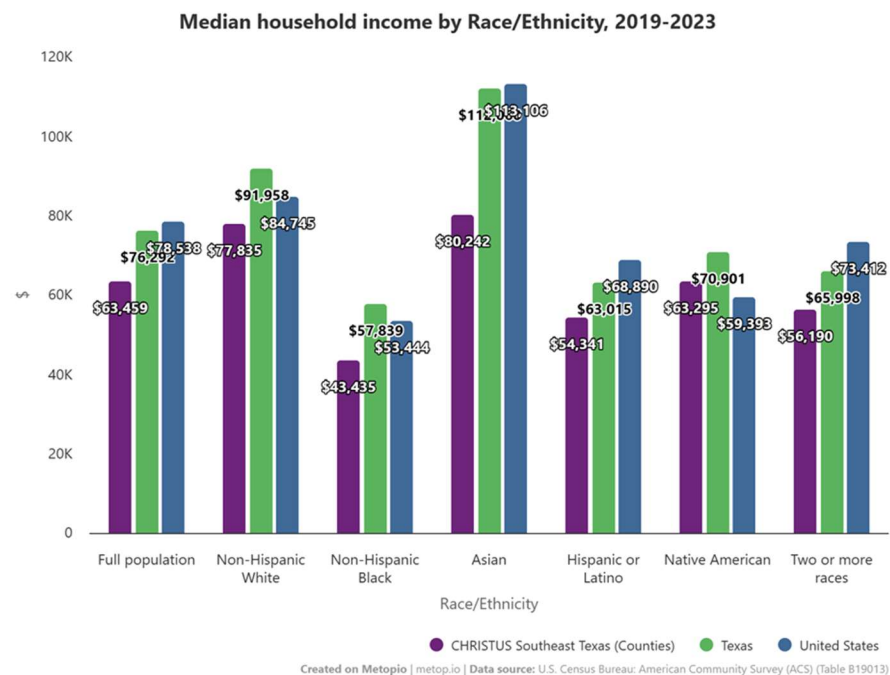
## Median Household Income

The median household income in the United States has steadily increased from 2014-2018 to 2019-2023, rising from \$73,003.03 to \$78,538.00. Texas has also seen a consistent rise in median household income, growing from \$72,127.62 to \$76,292.00 over the same period. However, the CHRISTUS Southeast Texas service area has experienced a slight increase in median household income, with an increase from \$61,867.86 in 2014-2018 to \$63,459.19 in 2019-2023.



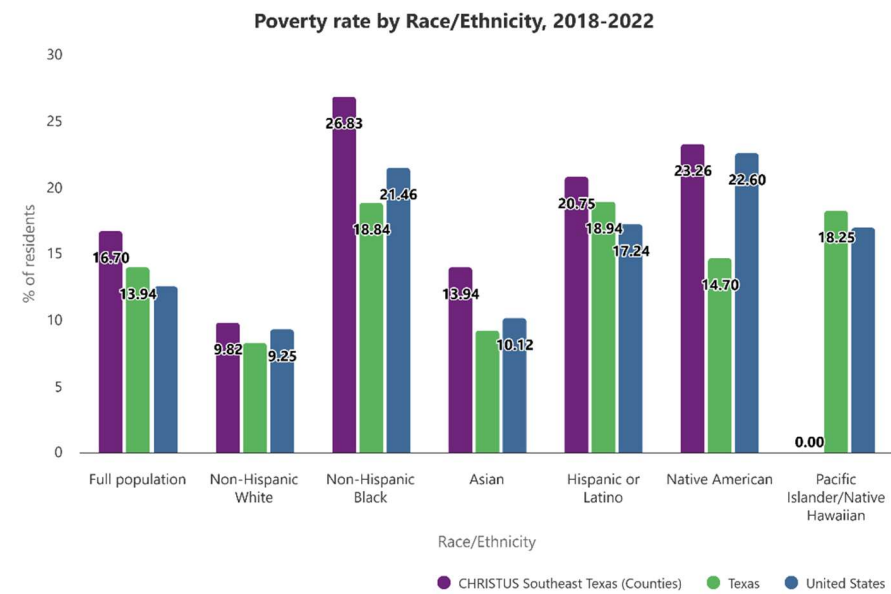
## Median Household Income by Race and Ethnicity

The median household income in the United States is \$78,538.00, with Texas slightly lower at \$76,292.00 and the CHRISTUS Southeast Texas service area reporting \$63,459.19. Asian households have the highest median income in all three regions, while Non-Hispanic Black households have the lowest. Hispanic or Latino households also have a lower median income compared to the overall population in all regions.



# Poverty Rate by Race and Ethnicity

The poverty rate in the United States is 12.44%, with notable variations across different racial and ethnic groups. In Texas, the poverty rate is 13.8%, while in the CHRISTUS Southeast Texas service area, it is significantly higher at 16.99%. Non-Hispanic Black individuals experience the highest poverty rates in all three areas, with the national rate at 21.28%, Texas at 18.91%, and CHRISTUS Southeast Texas at 28.66%.



Created on Metopio | metop.io/i/3bezwpwra | Data source: U.S. Census Bureau; American Community Survey (ACS) (Table B17001)

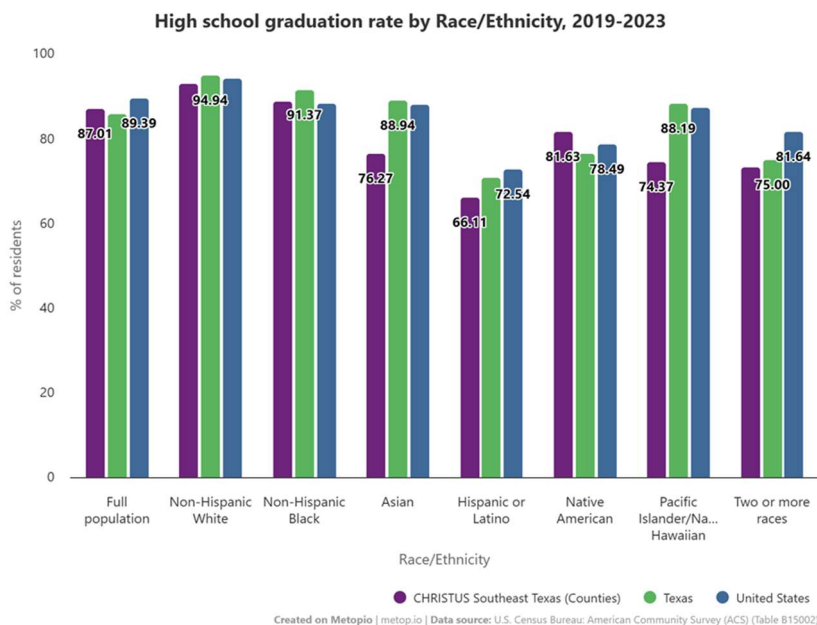
Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).



# Education

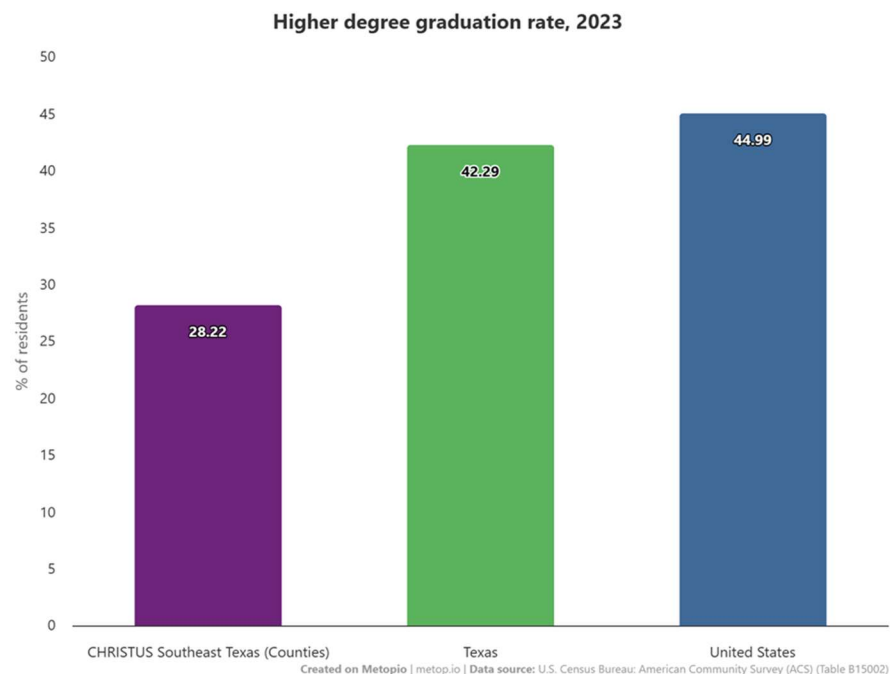
## High School Graduation Rate by Race and Ethnicity

The high school graduation rate for the full population in the United States is 89.39%, with Texas at 85.7% and the CHRISTUS Southeast Texas service area at 87.01%. Non-Hispanic White students have the highest graduation rates across all three regions, with the United States leading at 94.03%. Hispanic or Latino students have the lowest graduation rates, with the CHRISTUS Southeast Texas service area at 66.11%, Texas at 70.78%, and the United States at 72.54%. Asian students in Texas have a significantly higher graduation rate (88.94%) compared to those in the CHRISTUS Southeast Texas service area (76.27%) and the United States (88.03%).



## Higher Degree Graduation Rate

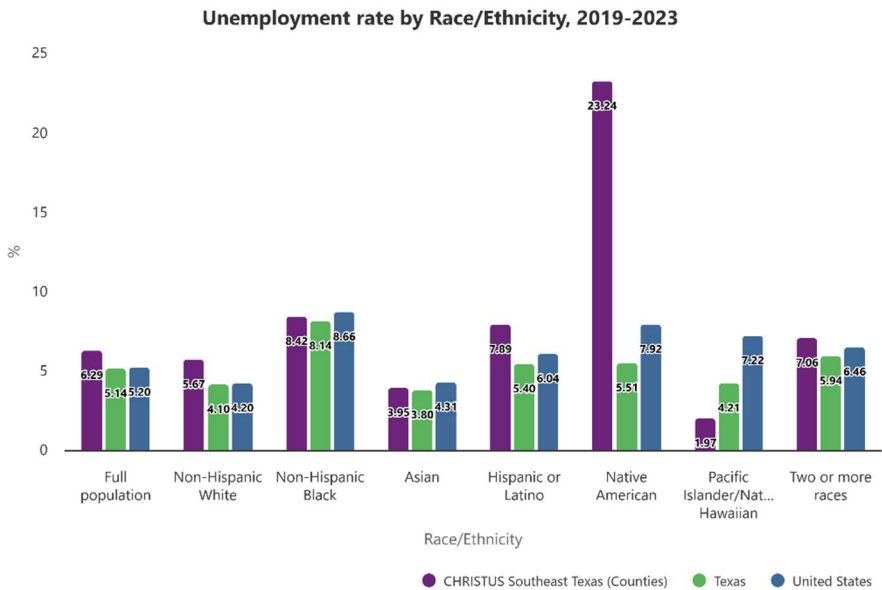
The higher degree graduation rate in the United States is 44.99%. Texas has a rate of 42.29%, slightly below the national average. The CHRISTUS Southeast Texas service area, encompassing several counties, has the lowest rate at 28.22%.



# Employment

## Unemployment Rate by Race and Ethnicity

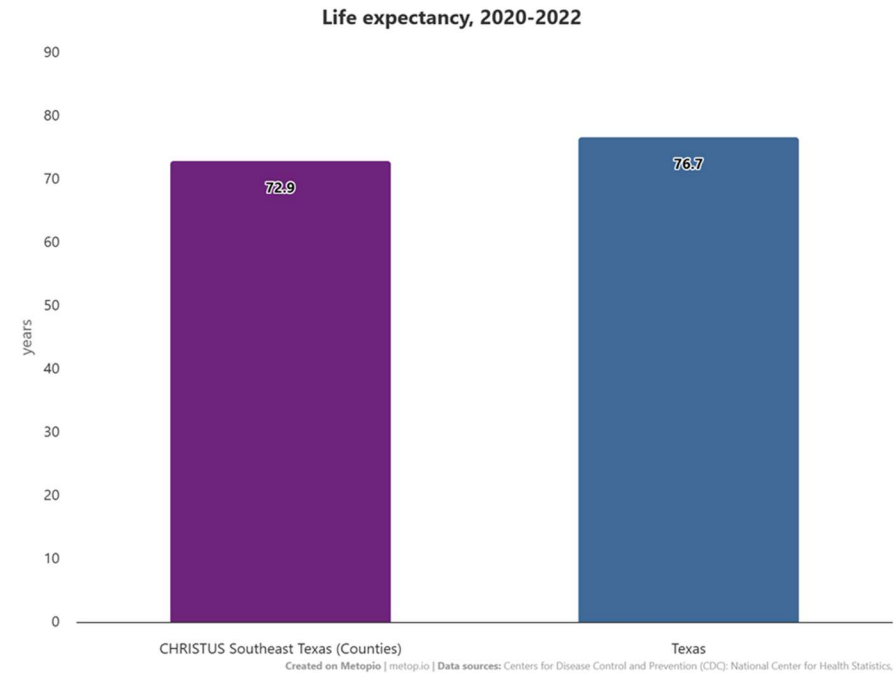
The unemployment rate for the full population in the CHRISTUS Southeast Texas service area is 6.29%, higher than the Texas and United States averages. Native American individuals face the highest unemployment rate at 23.24%, significantly above the state and national rates. Hispanic or Latino individuals also experience higher unemployment at 7.89%, while Asian individuals have the lowest rate at 3.95%. Pacific Islander/Native Hawaiian groups have notably lower unemployment rates, at 1.97%.



Created on Metopio | metop.io | 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

The data points relate to life expectancy in Texas, specifically within the service area of CHRISTUS Southeast Texas. The life expectancy in this service area is 72.94 years, which is lower than the overall life expectancy in Texas, at 76.66 years. This indicates a significant disparity in health outcomes within the state. The lower life expectancy in the CHRISTUS Southeast Texas service area may reflect underlying health issues or socioeconomic challenges that need to be addressed.



# Health Access and Barriers to Care

Communities served by CHRISTUS Southeast Texas Health System face unique health care access challenges shaped by chronic economic fluctuations, environmental and industrial exposures, geographic isolation and distinctive social determinants of health:

## **Economic Instability and High Uninsured Rates**

The economy of southeast Texas is heavily tied to the petrochemical industry, maritime commerce, construction and manufacturing, resulting in cyclical employment patterns and income instability. This economic volatility leaves many residents uninsured or inconsistently insured, resulting in delayed preventive screenings, unmanaged chronic illnesses (particularly diabetes, heart disease and respiratory conditions) and elevated reliance on emergency care.

## **Environmental Health Risks and Industrial Exposure**

With significant oil refining, chemical manufacturing and port operations, residents of southeast Texas are uniquely vulnerable to environmental health hazards. Communities in Beaumont, Port Arthur and Orange experience elevated incidences of respiratory conditions, asthma, COPD and higher rates of cancer due to air and water pollution. Low-income neighborhoods adjacent to industrial sites face disproportionate exposure risks and associated health disparities.

## **Lingering Impacts from Natural Disasters**

Southeast Texas continues to recover from severe weather events, notably Hurricanes Harvey, Imelda, Laura and Delta, which significantly impacted health care infrastructure, housing stability and mental health. Persistent housing shortages, infrastructure damage and community

displacement intensify mental health issues, anxiety, depression, substance use disorders and disrupt continuity of medical care.

## **Significant Behavioral Health and Substance Use Needs**

The region faces acute shortages of behavioral health providers, psychiatrists, counselors and addiction specialists, exacerbating mental health crises and substance abuse issues. Limited inpatient psychiatric facilities and outpatient mental health programs lead to prolonged wait times, unmet treatment needs and increased emergency department utilization.

## **Rural Isolation and Transportation Barriers**

Residents in rural areas of Jasper, Newton, Hardin and Tyler counties face considerable transportation barriers, with long distances separating them from specialty health care services concentrated in Beaumont and Port Arthur. Sparse public transportation and limited community shuttle services impede regular attendance at medical appointments, chronic disease management and timely follow-up care.

## **Community Violence and Safety Concerns**

Elevated rates of violent crime, including gun violence in Beaumont and Port Arthur, significantly impact community health, contributing to traumatic injuries, chronic psychological stress and reduced participation in health-promoting activities. Fear of violence also inhibits community engagement in preventive care, wellness events and outdoor physical activities.

### **Human Trafficking and Exploitation along Major Corridor**

Located along the I-10 corridor, with proximity to major ports and the Louisiana-Texas border, the region faces significant vulnerability to human trafficking, particularly sex and labor exploitation. Survivors require specialized trauma-informed medical and psychological care, yet often hesitate to seek help due to fear, stigma, language barriers and legal concerns.

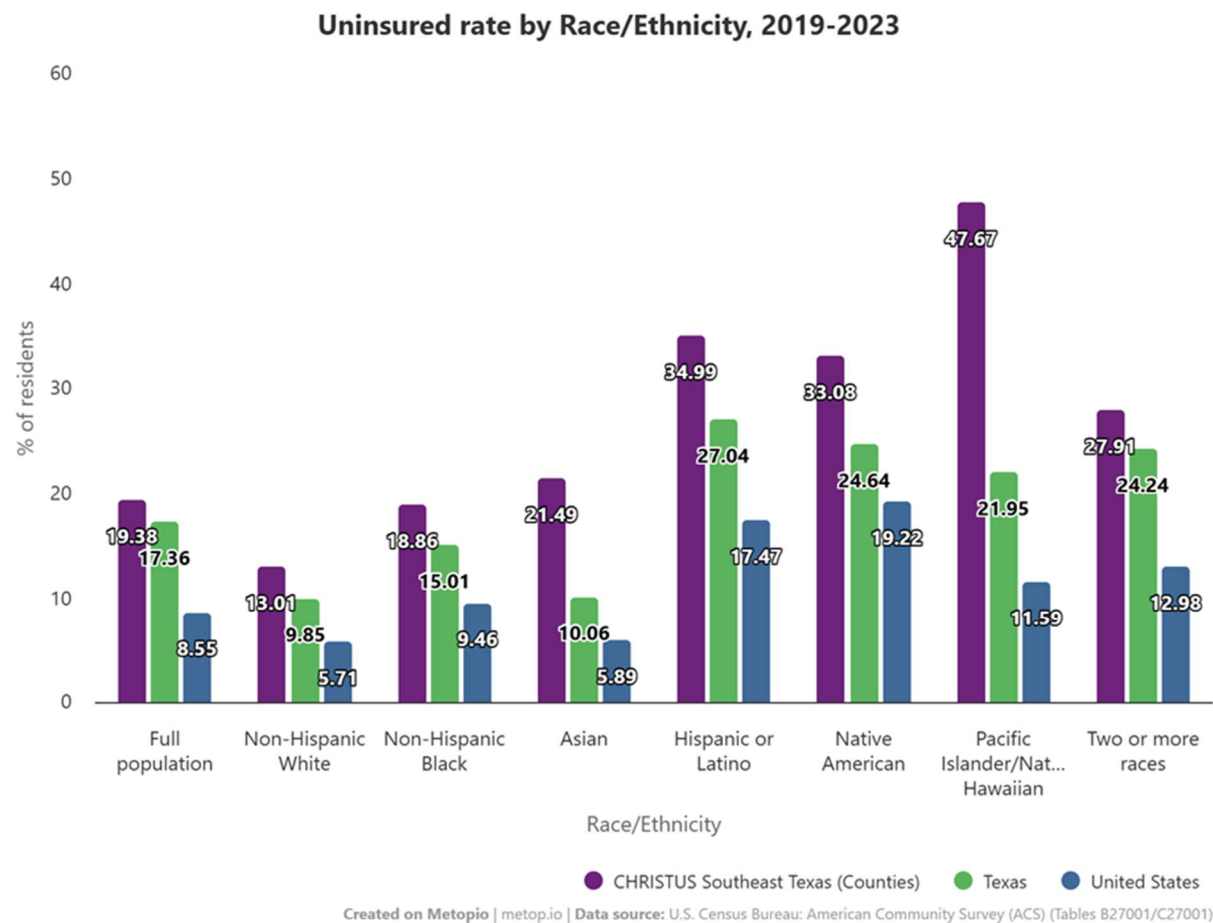
### **Cultural and Health-Literacy Barriers**

Diverse communities, including substantial African American, Hispanic, Vietnamese and immigrant populations, face linguistic, cultural and health-literacy barriers. These challenges complicate health care navigation, medication adherence, chronic disease self-management and patient-provider communication, underscoring the need for culturally competent outreach and bilingual health care resources.

# Health Care Coverage

## Uninsured Rate by Race and Ethnicity

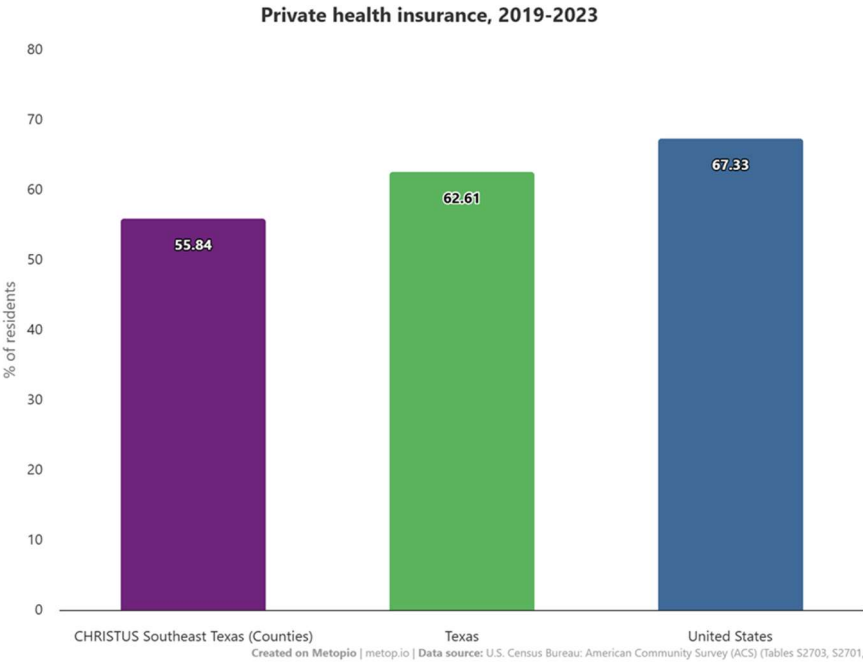
The uninsured rate varies significantly across different racial and ethnic groups in the United States, with Pacific Islander/Native Hawaiian and Hispanic or Latino populations experiencing the highest rates. In Texas, the uninsured rate is generally higher than the national average across all groups. The CHRISTUS Southeast Texas service area, covering multiple counties, reports the highest uninsured rates among Pacific Islander/Native Hawaiian and Hispanic or Latino populations, indicating a notable disparity in health coverage within this region.





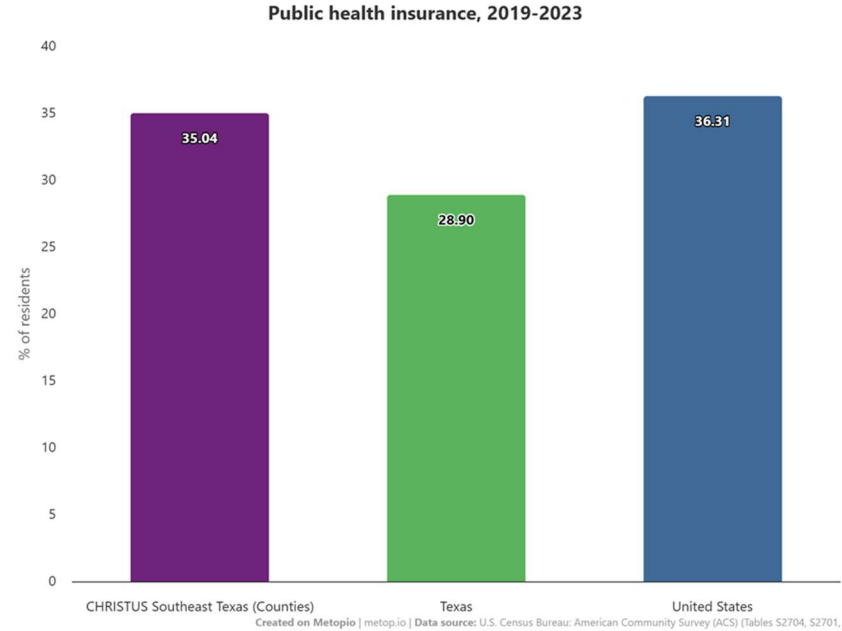
### Private Health Insurance

Private health insurance coverage varies across different regions in the United States. In Texas, 62.61% of the population has private health insurance, while the national average is 67.33%. The CHRISTUS Southeast Texas service area has a lower coverage rate of 55.84%, indicating a significant disparity within the state. These variations highlight the need for targeted health care policies to address regional gaps in private health insurance coverage.



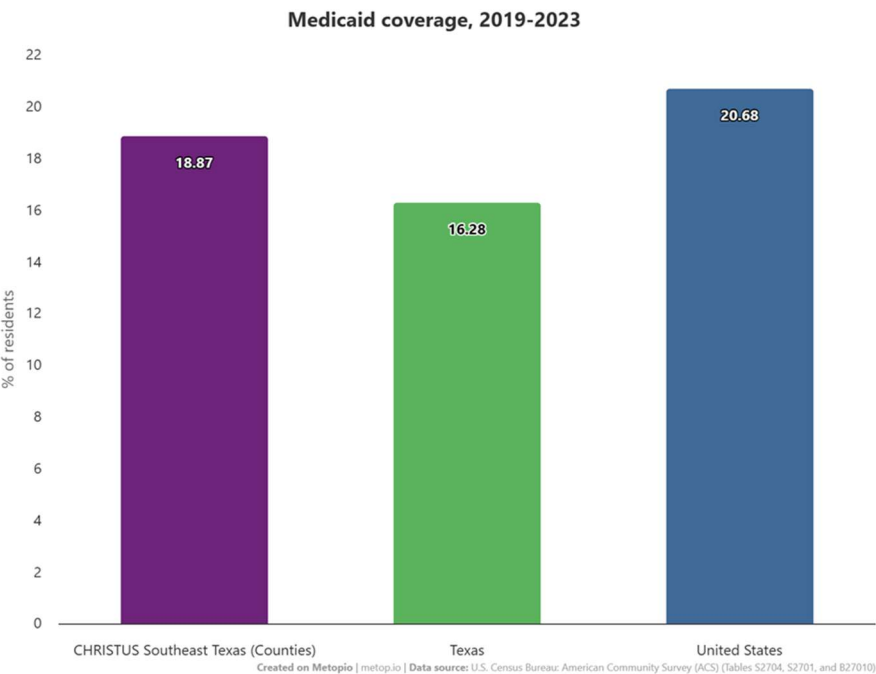
### Public Health Insurance

Public health insurance coverage varies across different regions in the United States. In Texas, the coverage rate is 28.9%, which is lower than the national average of 36.31%. However, the CHRISTUS Southeast Texas service area has a higher coverage rate of 35.04%. These disparities highlight the need for targeted interventions to improve public health insurance coverage across the state and the nation.



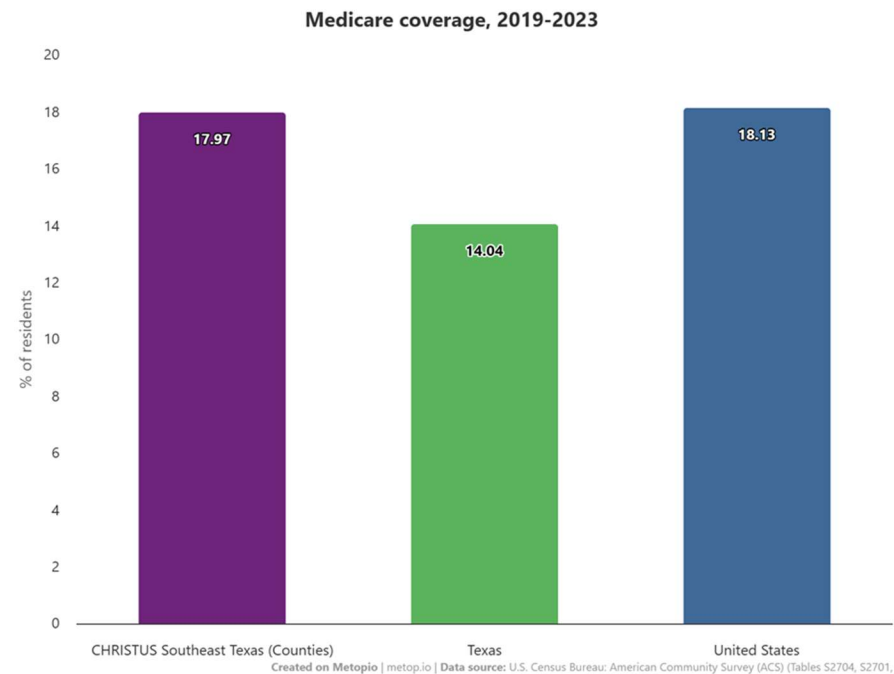
## Medicaid Coverage

Medicaid coverage in Texas is lower than the national average, with a rate of 16.28% compared to 20.68% in the United States. The CHRISTUS Southeast Texas service area has a slightly higher coverage rate of 18.87%. This indicates that there is room for improvement in Medicaid enrollment across Texas, particularly in the CHRISTUS Southeast Texas region.



## Medicare Coverage

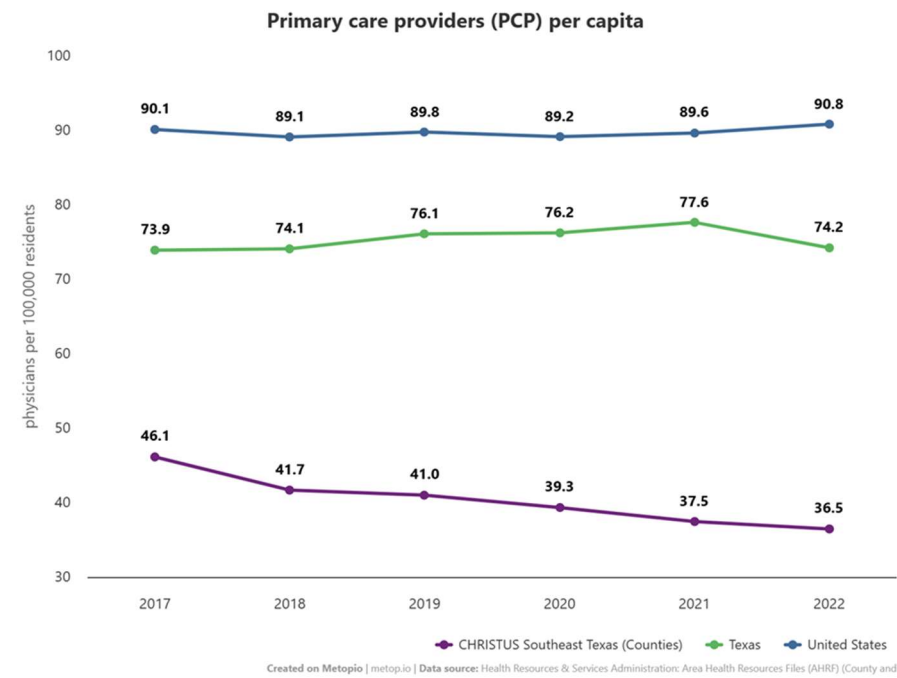
Medicare coverage in the United States stands at 18.13%. Texas has a lower coverage rate at 14.04%, while CHRISTUS Southeast Texas, encompassing several counties, reports a higher coverage rate of 17.97%. This indicates that CHRISTUS Southeast Texas has better Medicare coverage compared to the overall state of Texas but slightly below the national average.



# Access to Care

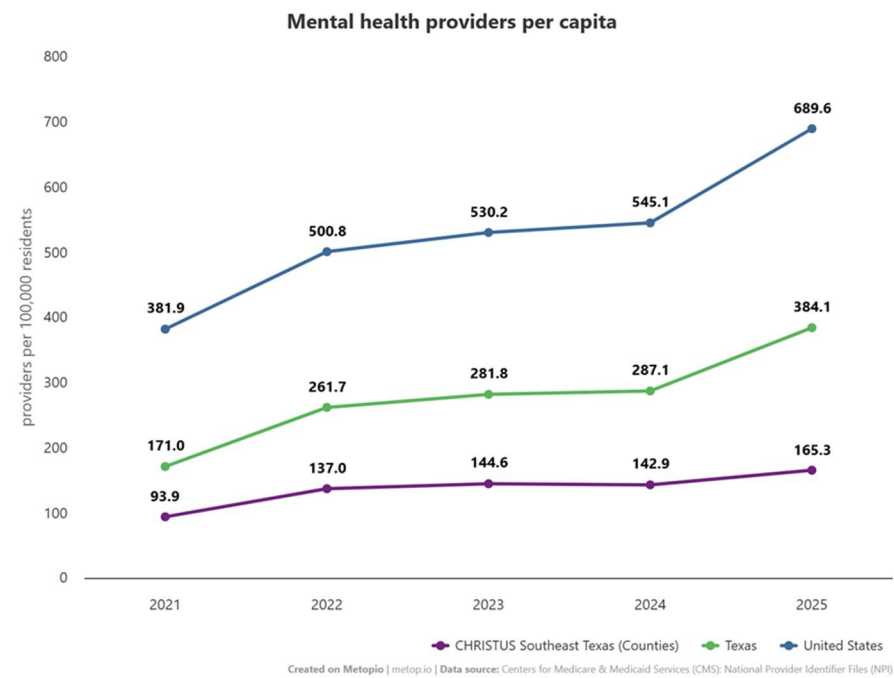
## Primary Care Providers per Capita

The chart shows the number of primary care providers (PCP) per capita in the CHRISTUS Southeast Texas service area, Texas and the United States from 2017 to 2022. The PCP per capita in the CHRISTUS Southeast Texas service area is consistently lower than the state and national averages. Over the years, the PCP per capita in Texas and the United States has increased, while it has decreased in the CHRISTUS Southeast Texas service area.



## Mental Health Providers per Capita

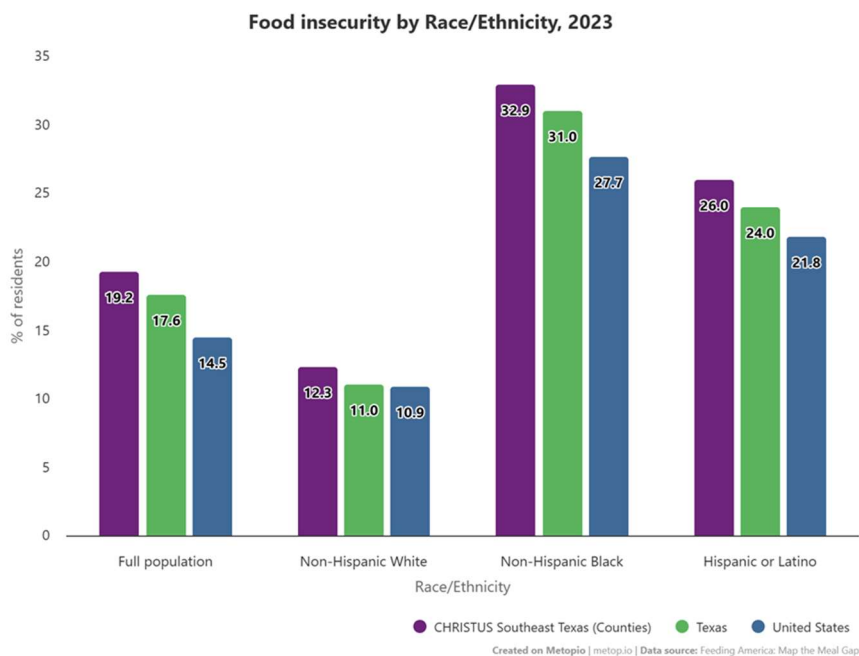
Mental health providers per capita in the United States have steadily increased from 381.91 in 2021 to 689.6 in 2025. The CHRISTUS Southeast Texas service area has also seen a rise, from 93.86 in 2021 to 165.3 in 2025. However, Texas has experienced a more significant increase, growing from 171.0 in 2021 to 384.1 in 2025.



# Nutrition

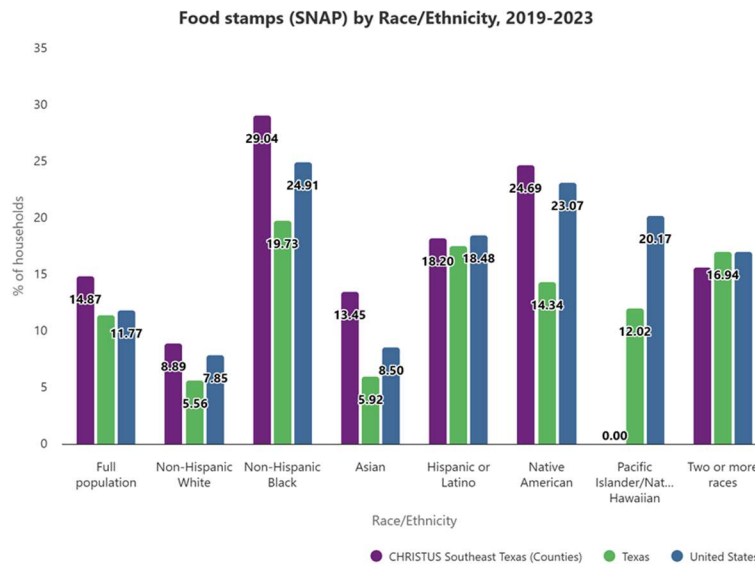
## Food Insecurity by Race/Ethnicity

Food insecurity rates vary significantly across different racial and ethnic groups in the United States. In the CHRISTUS Southeast Texas service area, the overall food insecurity rate is 19.23%, with Non-Hispanic Black individuals experiencing the highest rate at 32.92%. Texas and the United States have slightly lower overall rates at 17.6% and 14.46%, respectively. However, Hispanic or Latino individuals in Texas face a higher rate of food insecurity (24.0%) compared to the national average (21.85%).



## Food Stamps (SNAP) by Race/Ethnicity

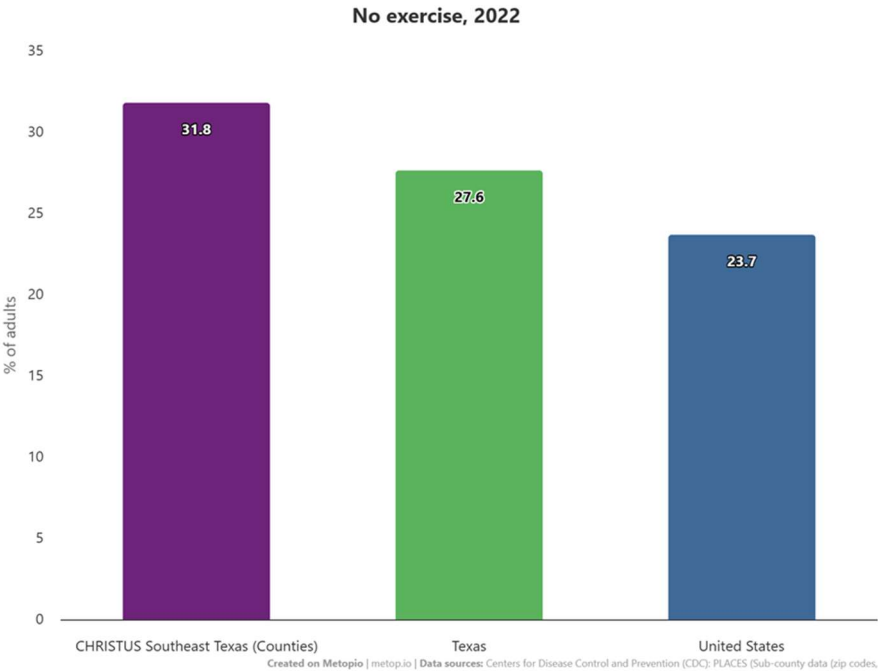
The data reveals the percentage of individuals receiving food stamps (SNAP). In the CHRISTUS Southeast Texas service area, Non-Hispanic Black individuals have the highest SNAP usage at 29.04%, while Non-Hispanic White individuals have the lowest at 8.89%. In Texas, Hispanic or Latino individuals have the highest SNAP usage at 17.47%, and Pacific Islander/Native Hawaiian individuals have the lowest at 12.02%. Nationally, Hispanic or Latino individuals also have the highest SNAP usage at 18.48%, and Pacific Islander/Native Hawaiian individuals have the lowest at 20.17%.



# Physical Activity

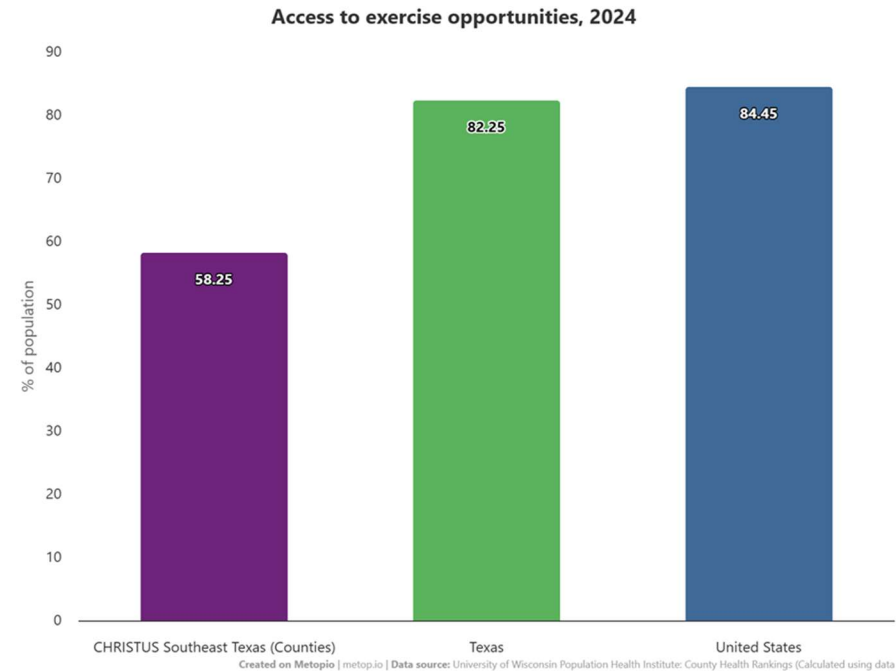
## No Exercise

The data indicates that a significant portion of the population in Texas and the United States does not engage in regular exercise. Specifically, Texas has a higher rate of inactivity compared to the national average, with 27.64% of its population not exercising. The CHRISTUS Southeast Texas service area reports an even higher rate of inactivity at 31.79%. This highlights a concerning trend of physical inactivity in these regions, which could have broader implications for public health.



## Access to Exercise Opportunities

Access to exercise opportunities is a crucial aspect of public health, impacting overall well-being and quality of life. In the United States, the national average for access to exercise opportunities stands at 84.45%. Texas, as a state, slightly trails behind with 82.25%, while the CHRISTUS Southeast Texas service area reports a lower access rate of 58.25%.

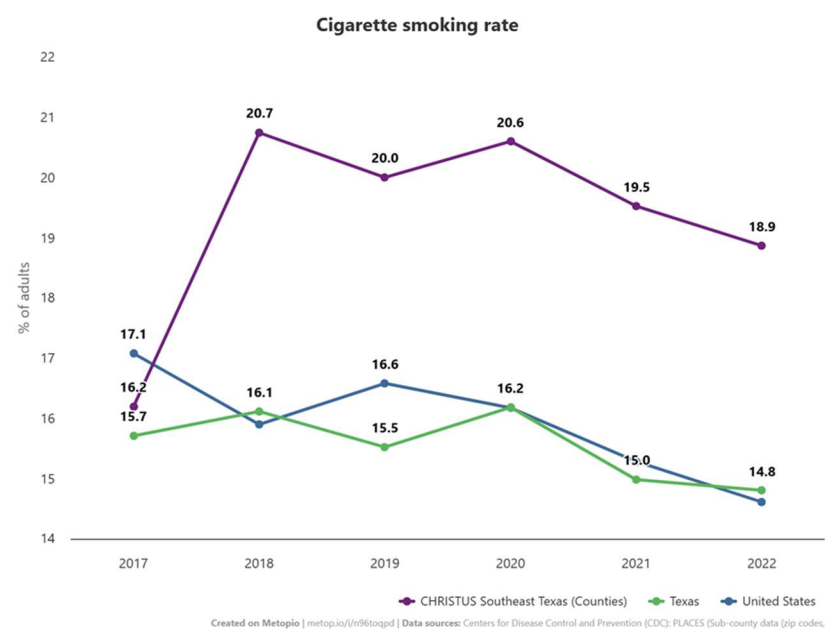




# Substance Use

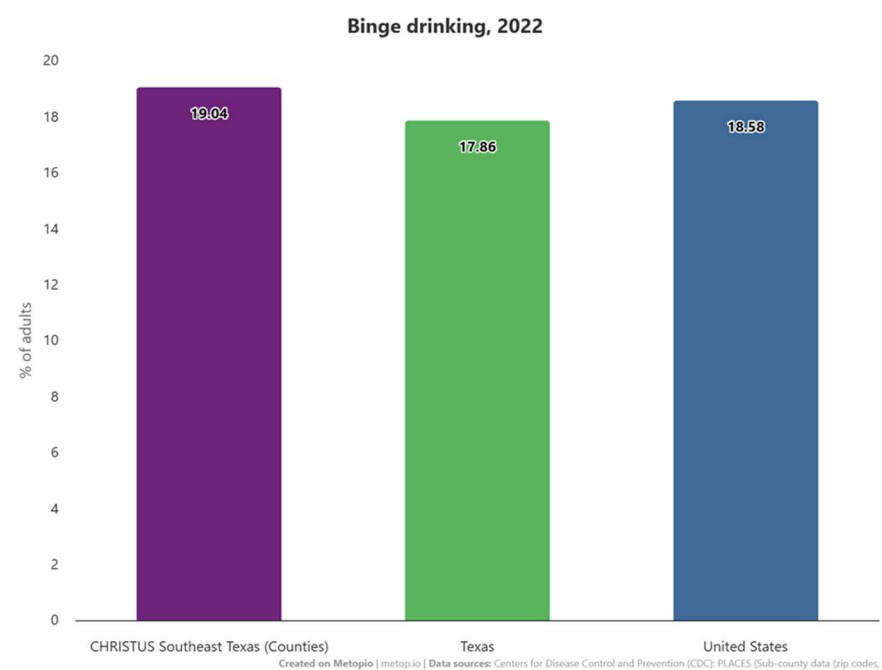
## Cigarette Smoking

The cigarette smoking rate in the CHRISTUS Southeast Texas service area has been consistently higher than the Texas state average and the national average over the past six years. The rate peaked in 2018 at 20.75% but has since declined to 18.87% in 2022. Despite this decline, the smoking rate in these counties remains significantly higher than the state and national averages.



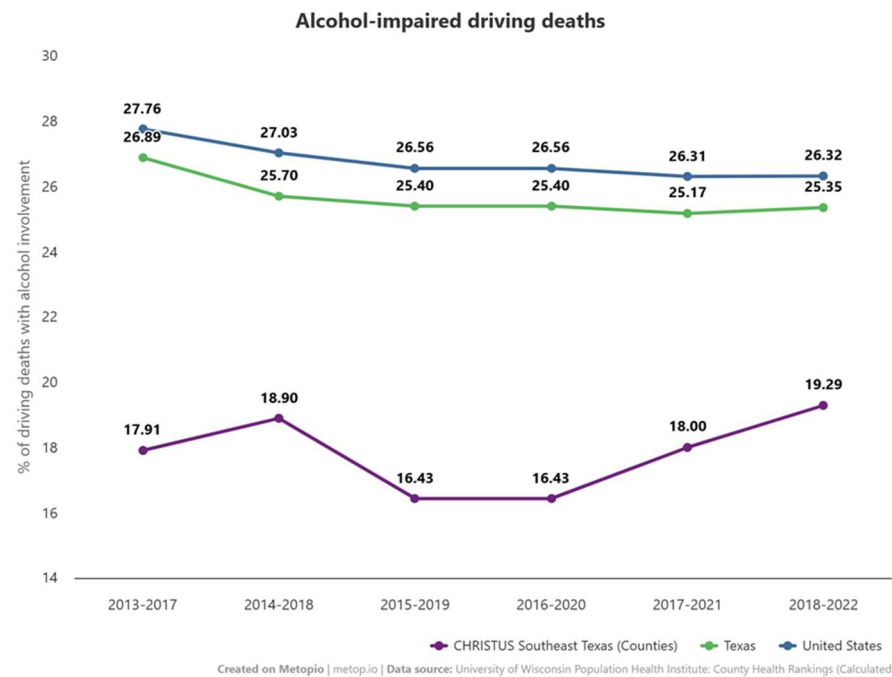
## Binge Drinking

Binge drinking is a significant public health concern across various regions. In Texas, the rate of binge drinking is 17.86%, which is slightly below the national average of 18.58%. However, the CHRISTUS Southeast Texas service area reports a higher rate of 19.04%, indicating a more pronounced issue in this region.



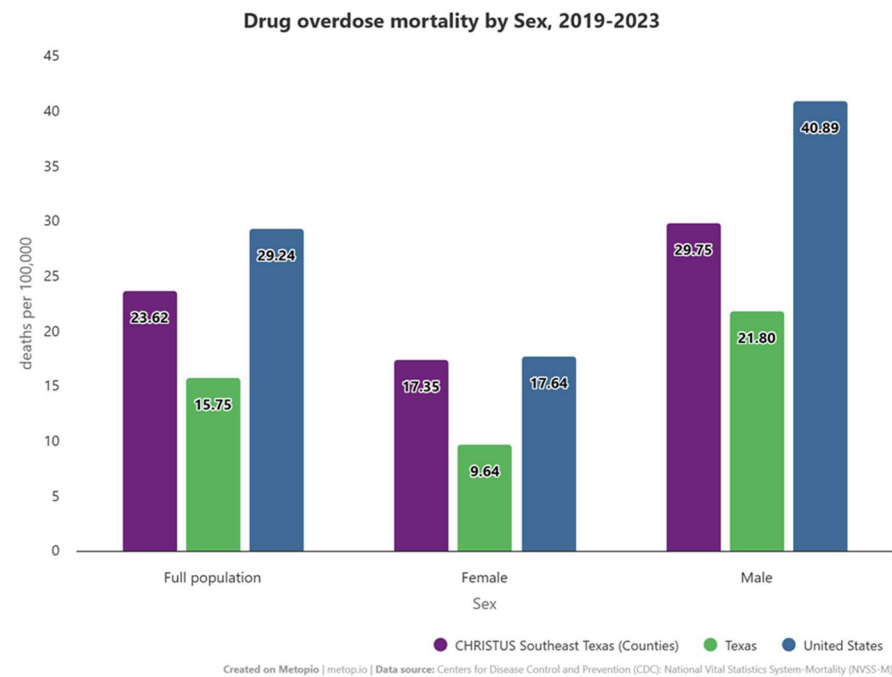
## Alcohol-impaired Driving Deaths

Alcohol-impaired driving deaths in the CHRISTUS Southeast Texas service area have shown fluctuations over the years, with a peak in 2018-2022 at 19.29%. In comparison, Texas and the United States have experienced a general decline in such incidents, with Texas seeing a drop from 26.89% in 2013-2017 to 25.17% in 2017-2021. The United States overall has also seen a decrease, with the rate falling from 27.76% in 2013-2017 to 26.32% in 2018-2022.



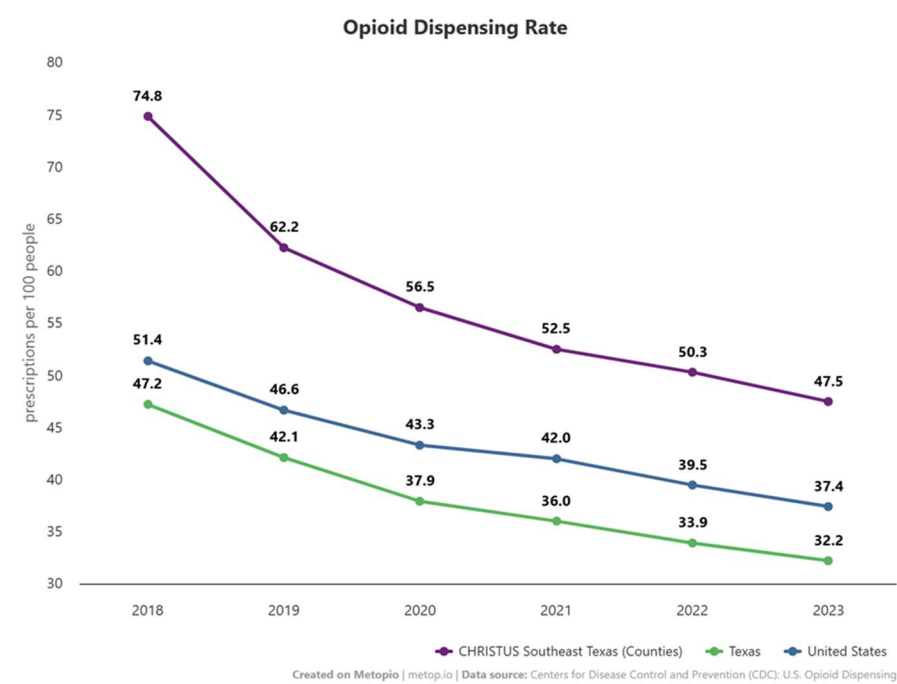
## Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different regions and demographics. In the United States, the overall mortality rate is 29.24 per 100,000 people, with males having a higher rate of 40.89 compared to females at 17.64. In Texas, the overall rate is lower at 15.74, with males at 21.80 and females at 9.64. The CHRISTUS Southeast Texas service area has the highest rates, with the full population at 23.62, females at 17.35, and males at 29.75.



# Opioid Dispensing Rate

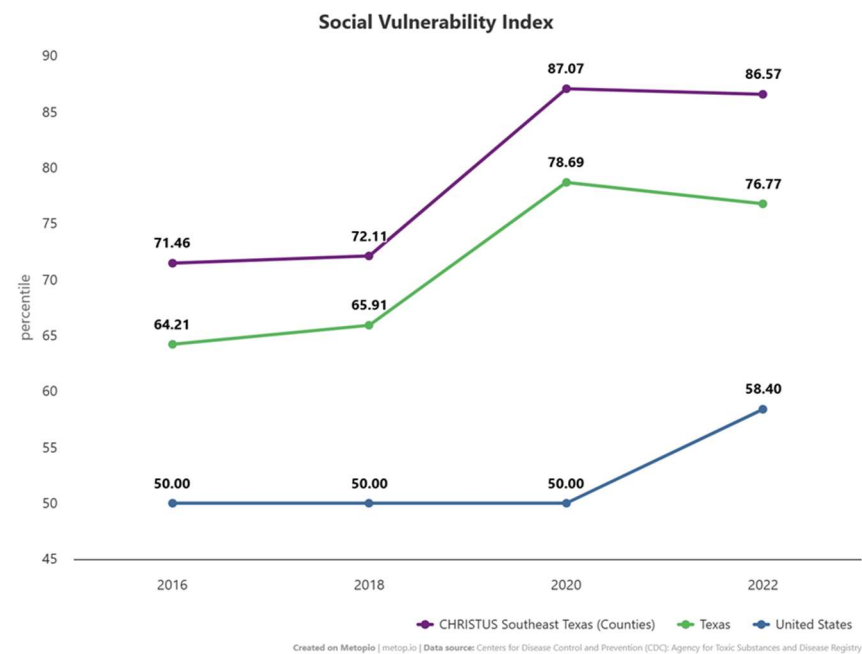
The opioid dispensing rate in the CHRISTUS Southeast Texas service area has consistently been higher than the state and national averages from 2018 to 2023. In 2018, the rate was 74.83 per 100 residents, significantly above Texas' 47.2 and the United States' 51.38. By 2023, the rate had decreased to 47.47, but it remained above the Texas rate of 32.2 and the national rate of 37.4. This indicates a sustained higher opioid dispensing rate in this region compared to broader areas.



# Socioeconomic Needs

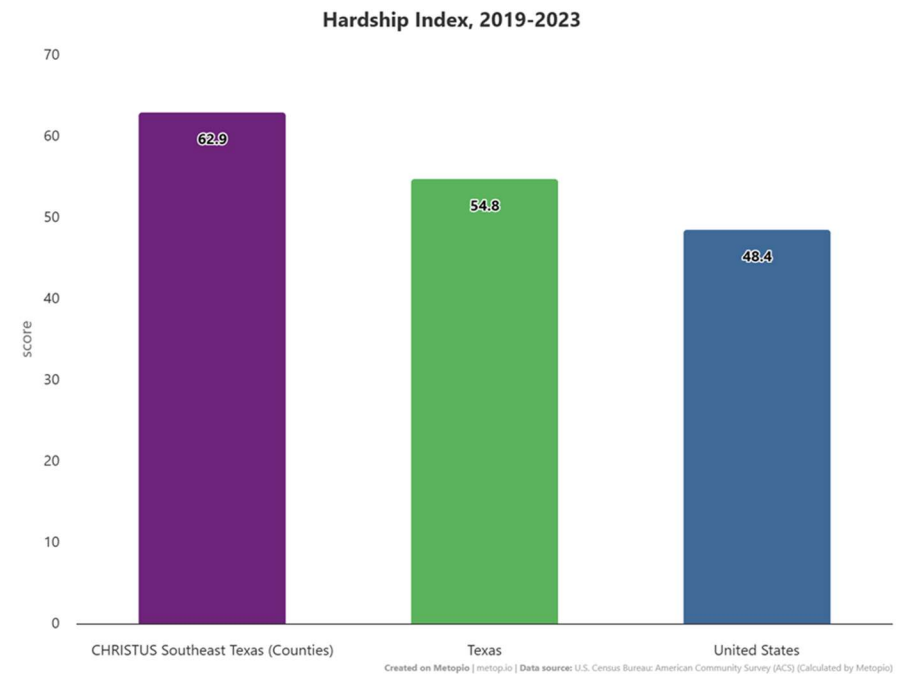
## Social Vulnerability Index

The Social Vulnerability Index (SVI) assesses the social factors that make communities vulnerable to natural disasters and public health crises events, focusing on factors like socioeconomic status, household composition, minority status and housing/transportation. A higher SVI indicates a greater level of social vulnerability in the areas. In the CHRISTUS Southeast Texas service area, the SVI has been consistently higher than the state and national averages from 2016 to 2022. In 2020, the index in this region peaked at 87.07, significantly surpassing both Texas and the United States.



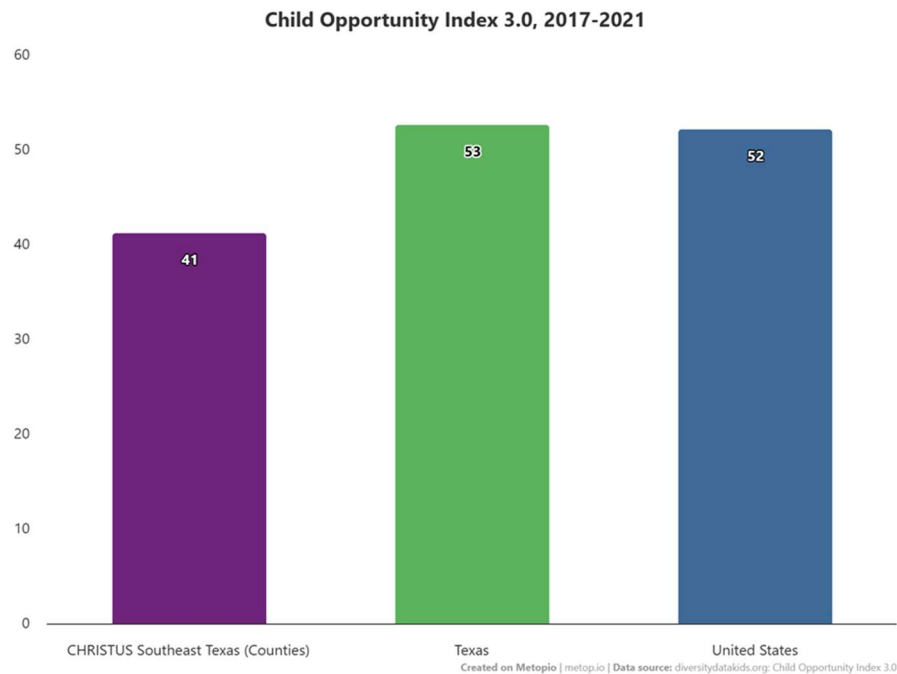
## Hardship Index

The Hardship Index for CHRISTUS Southeast Texas is 62.89, indicating a higher level of hardship compared to the state of Texas, which has an index of 54.75. The United States as a whole has a lower hardship index of 48.44. This suggests that the region served by CHRISTUS Southeast Texas faces more significant challenges than the national average.



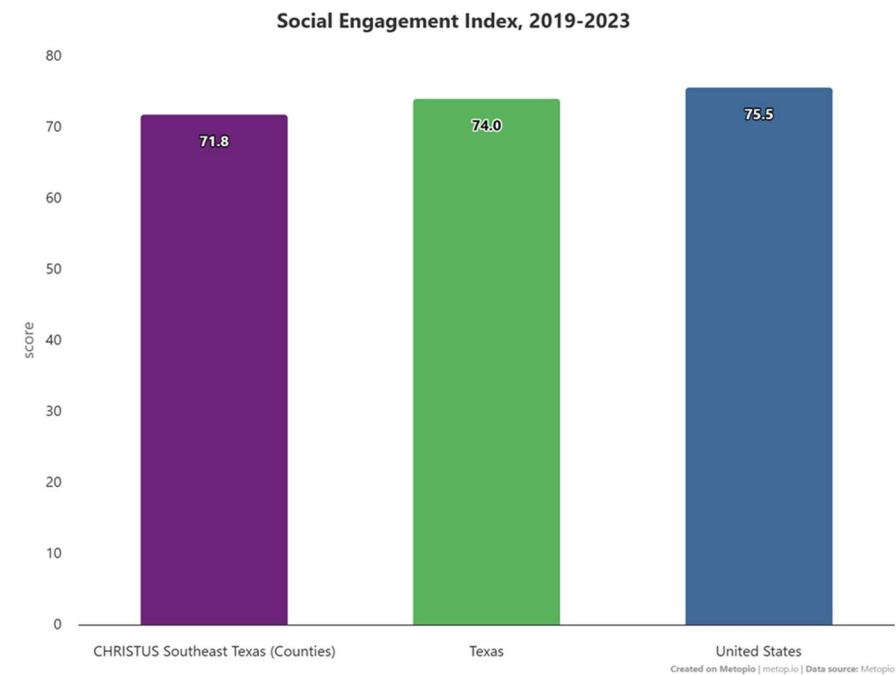
## Childhood Opportunity Index

The Child Opportunity Index 3.0 measures the quality of resources and conditions that impact child development across various regions. In this dataset, the CHRISTUS Southeast Texas service area has a lower score of 41.19 compared to the overall scores for Texas and the United States, which are 52.62 and 52.16 respectively. This indicates that child development opportunities in this specific area are relatively lower.



## Social Engagement Index

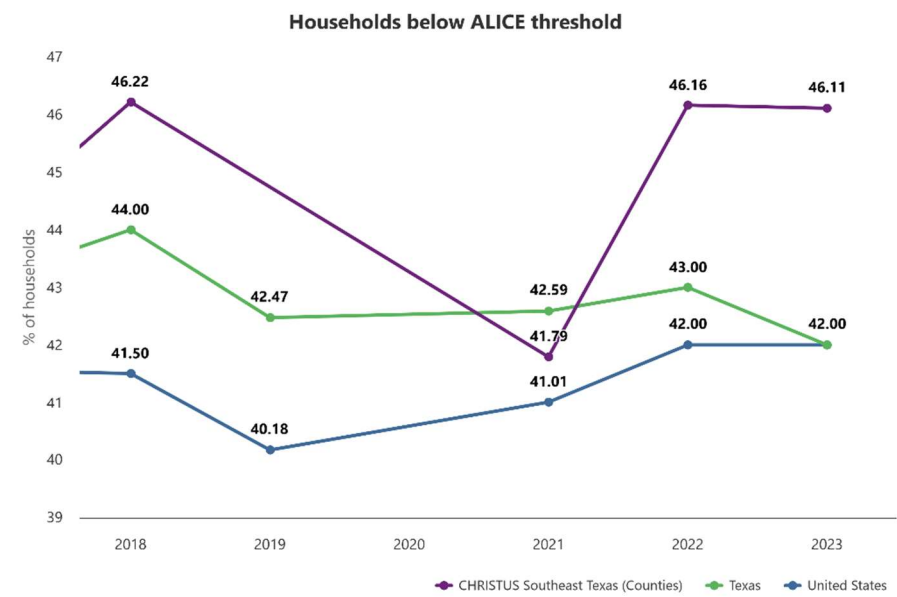
The Social Engagement Index measures the level of community involvement and interaction within a given area. The CHRISTUS Southeast Texas service area has a Social Engagement Index of 71.79, which is slightly below the state average of 74.04 and the national average of 75.5.





# Households Below ALICE Threshold

ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child care, health care and transportation due to the lack of jobs that can support necessities and increases in the basic cost of living. The CHRISTUS Southeast Texas service area has seen a decline from 46.22% in 2018 to 41.79% in 2021, but has since risen back to 46.11% in 2023 and is higher than the United States and Texas.



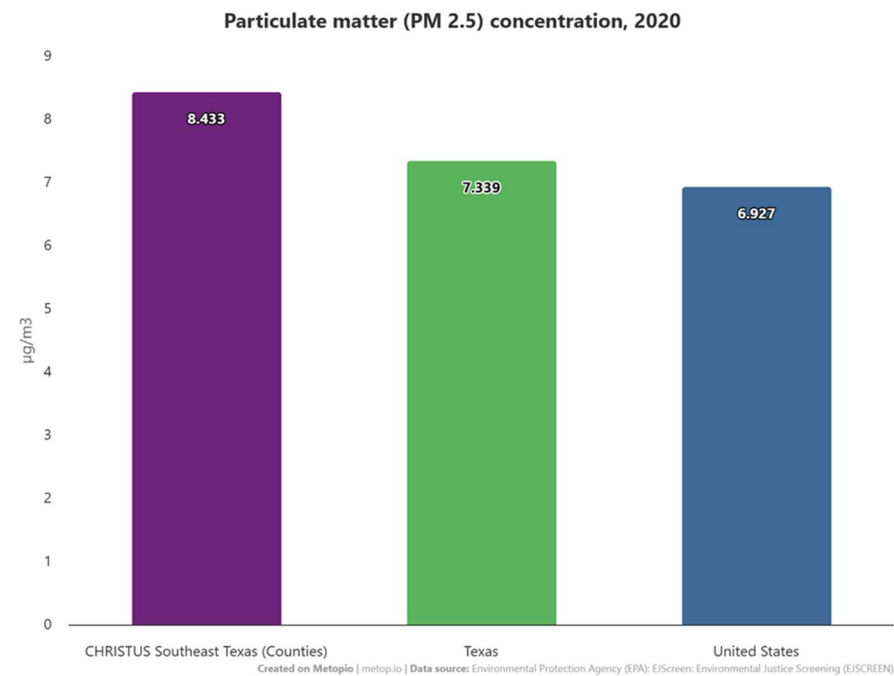
Created on Metopla | metop.io | Data source: United for ALICE: United Way ALICE Data

**Households below ALICE threshold:** ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty line but are still unable to afford the basic necessities of housing, food, child care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

# Environmental Health

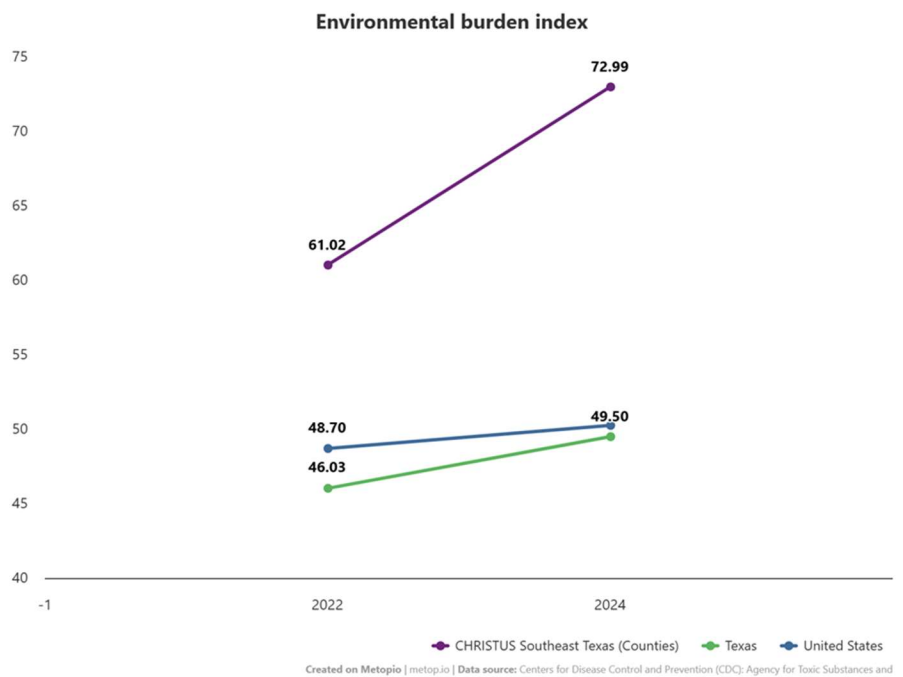
## Particulate Matter Concentration

Particulate matter (PM 2.5) concentration is a critical environmental and health metric. In the given data, the CHRISTUS Southeast Texas service area has the highest concentration at 8.43, followed by Texas at 7.34, and the United States overall at 6.93. This indicates that the air quality in these areas, particularly in CHRISTUS Southeast Texas counties, may pose a greater health risk due to higher pollution levels. Addressing these elevated concentrations is essential for improving public health outcomes.



## Environmental Burden Index

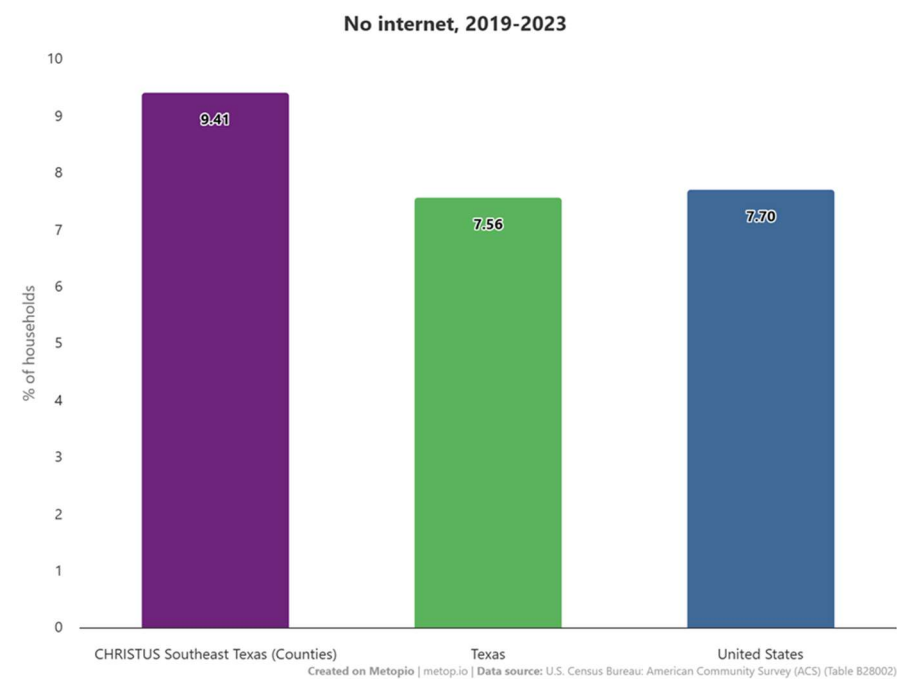
The Environmental Burden Index for CHRISTUS Southeast Texas service area has increased significantly from 61.02 in 2022 to 72.99 in 2024. In contrast, the state of Texas and the United States have seen more modest increases in their indices. This suggests a growing environmental burden in the CHRISTUS Southeast Texas service area compared to the broader regions.



# Internet

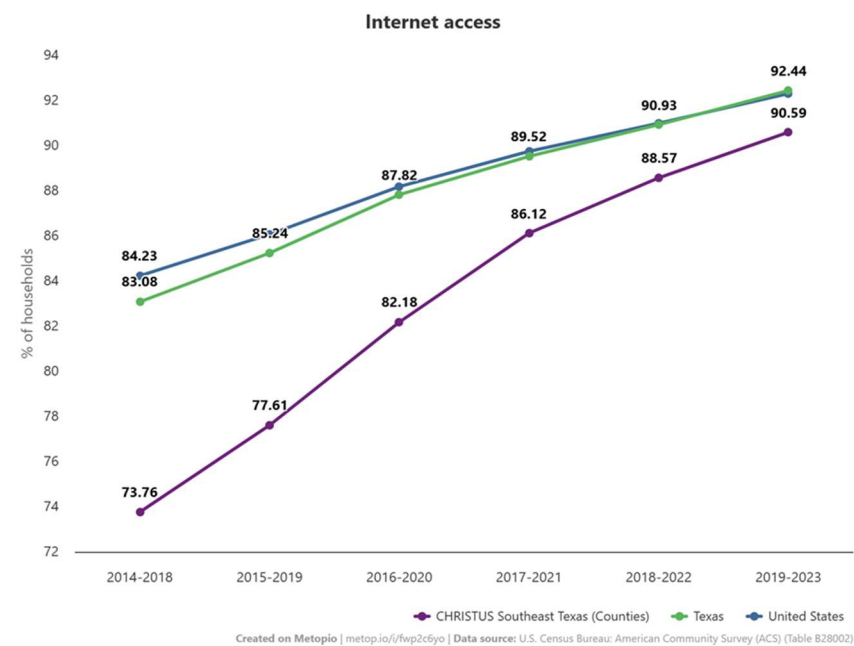
## No Internet

The data indicates the percentage of households without internet access in various regions. The CHRISTUS Southeast Texas service area has the highest rate at 9.41%, followed by Texas at 7.56% and the United States overall at 7.7%. This highlights a significant digital divide, particularly in the specified areas. Addressing this issue is crucial for improving access to information and opportunities.



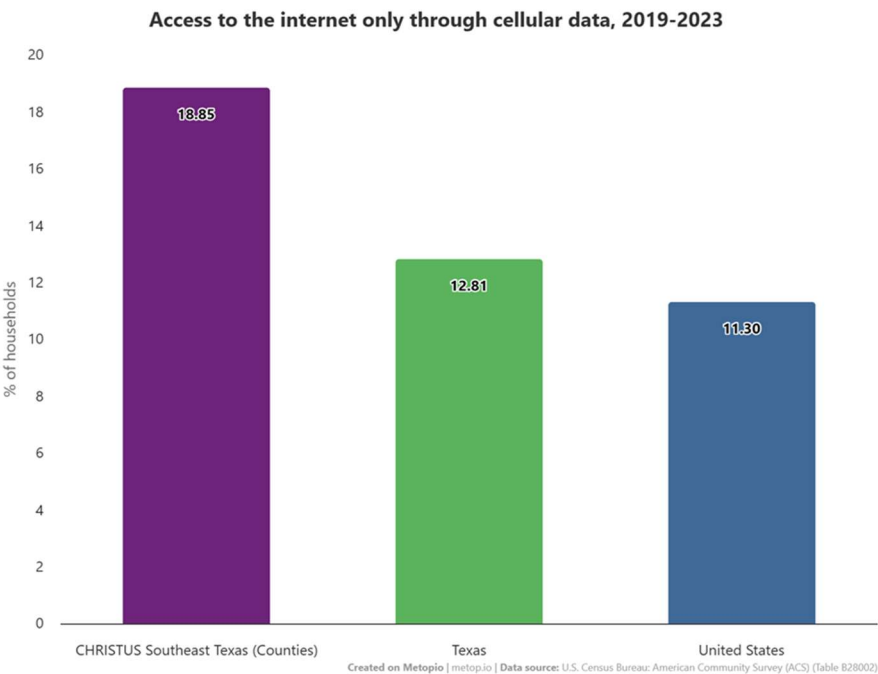
## Internet Access

Internet access in CHRISTUS Southeast Texas service area has steadily increased from 73.76% in 2014-2018 to 90.59% in 2019-2023. This improvement is consistent with the overall trend in Texas and the United States, which have seen increases from 83.08% to 92.44% and 84.23% to 92.3%, respectively. Despite starting with a lower rate, CHRISTUS Southeast Texas service area has made significant progress, narrowing the gap with the state and national averages.



## Access to the Internet Only Through Cellular Data

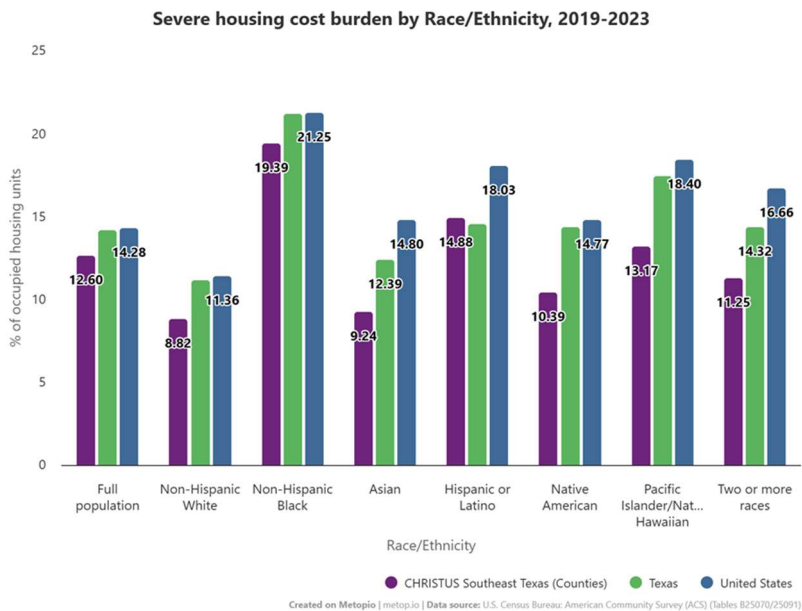
Access to the internet only through cellular data is a significant issue in certain regions. In CHRISTUS Southeast Texas service area, 18.85% of the population relies solely on cellular data for internet access, which is higher than the state average of 12.81% and the national average of 11.3%. This disparity highlights the need for improved internet infrastructure in this region.



# Housing

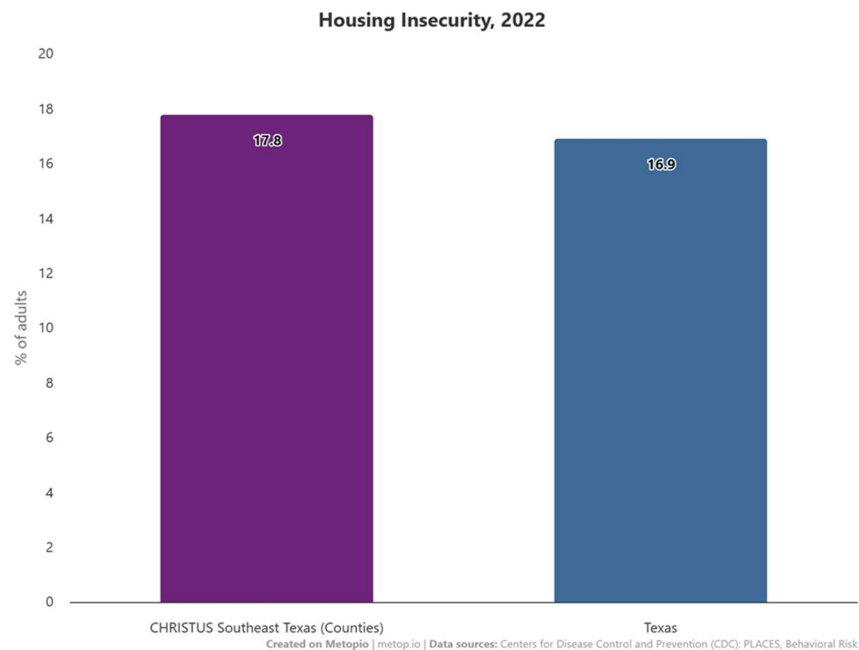
## Severe Housing Cost Burden by Race and Ethnicity

Severe housing cost burden affects various racial and ethnic groups differently across the United States, Texas and CHRISTUS Southeast Texas service area. Nationally, 14.28% of the full population faces this burden, with the highest rates among Non-Hispanic Black individuals at 21.25%. In Texas, the overall rate is slightly lower at 14.15%, but Non-Hispanic Black individuals still experience the highest burden at 21.19%. Within CHRISTUS Southeast Texas service area, the overall rate is 12.6%, with Non-Hispanic Black individuals again facing the highest burden at 19.39%.



## Housing Insecurity

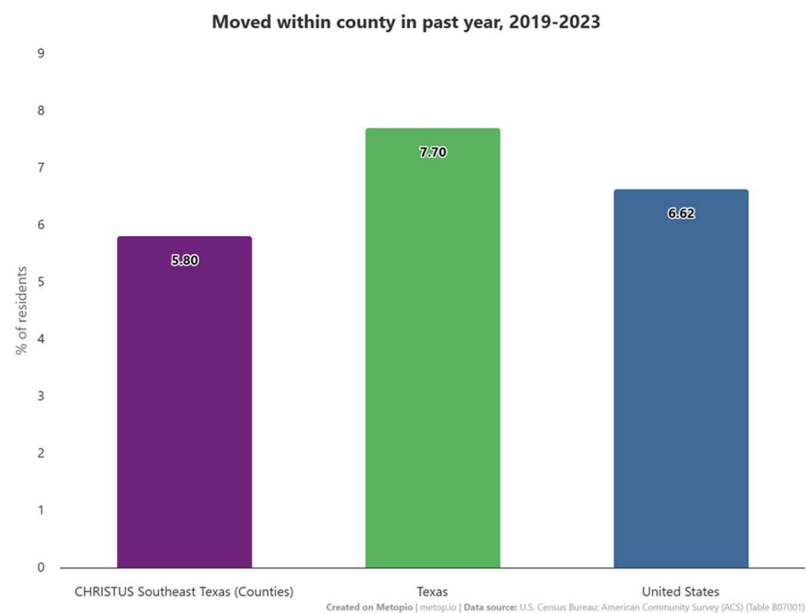
Housing insecurity is a significant issue, with the CHRISTUS Southeast Texas service area experiencing a rate of 17.78%, which is higher than the overall Texas rate of 16.92%. This indicates that the counties served by CHRISTUS Southeast Texas have a greater prevalence of housing insecurity compared to the state average. The data suggests a need for targeted interventions and support in these specific areas to address housing instability. Addressing this issue could improve overall community well-being and stability.





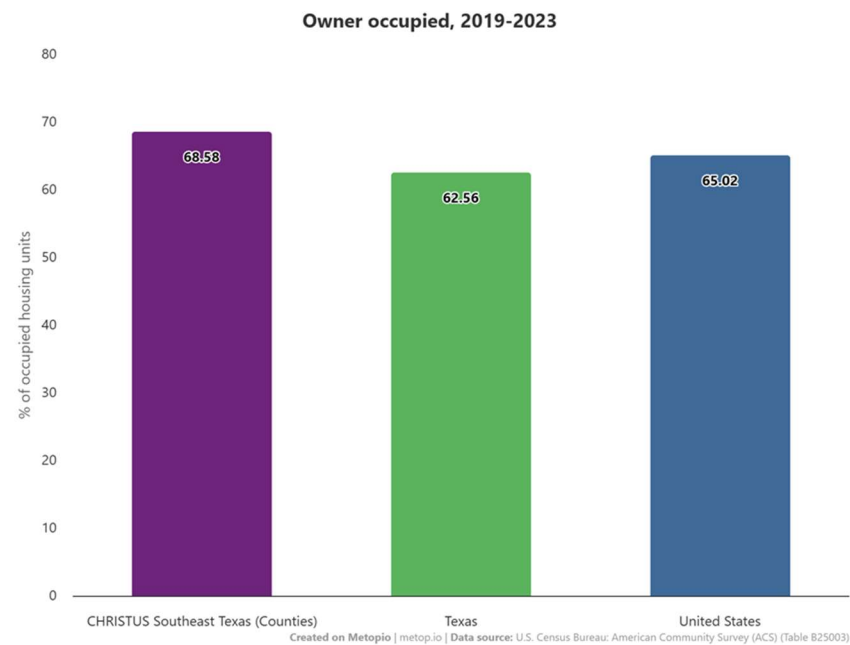
## Moved Within County in Past Year

The data indicates the percentage of people who moved within the same county in the past year. The percentage for Texas is 7.7%, which is higher than the national average of 6.62%. The CHRISTUS Southeast Texas service area has a lower rate of 5.8%. This suggests that while Texas as a whole has a higher rate of intra-county movement, certain areas within the state, like the CHRISTUS Southeast Texas service area, have lower rates.



## Owner Occupied

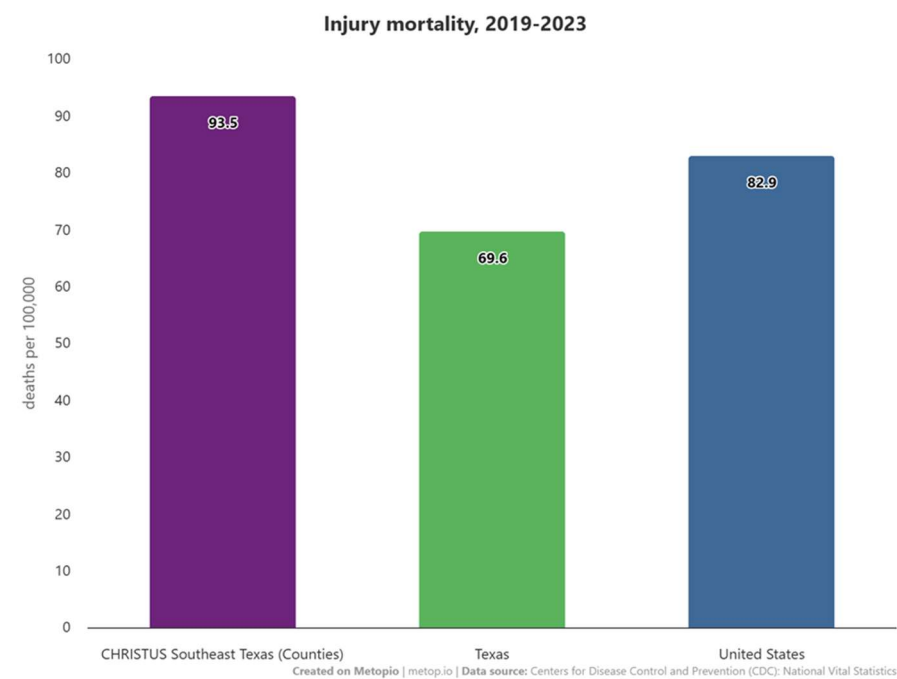
Owner-occupied housing rates in the United States are 65.02%. Texas has a slightly lower rate at 62.56%, while the CHRISTUS Southeast Texas service area has a higher rate at 68.58%. This indicates that the CHRISTUS Southeast Texas service area has a higher proportion of owner-occupied homes compared to the national average.



# Injury

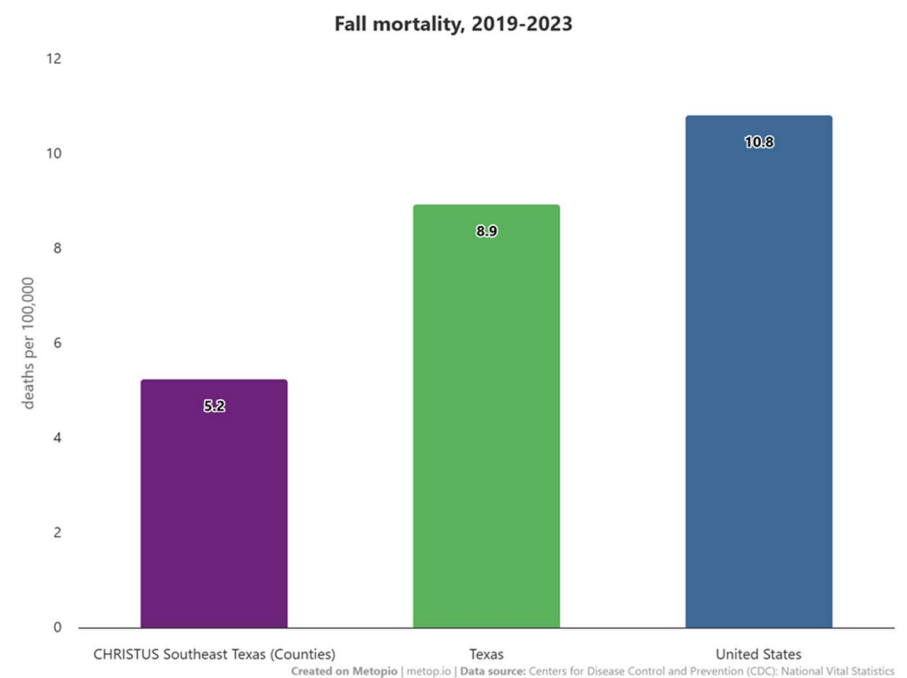
## Injury Mortality

Injury mortality rates vary significantly across different regions. CHRISTUS Southeast Texas has the highest rate at 93.47, while Texas and the United States have lower rates at 69.61 and 82.94, respectively. This indicates a notable disparity in injury-related deaths within the specified areas. Understanding these variations can help in targeting interventions to reduce injury mortality.



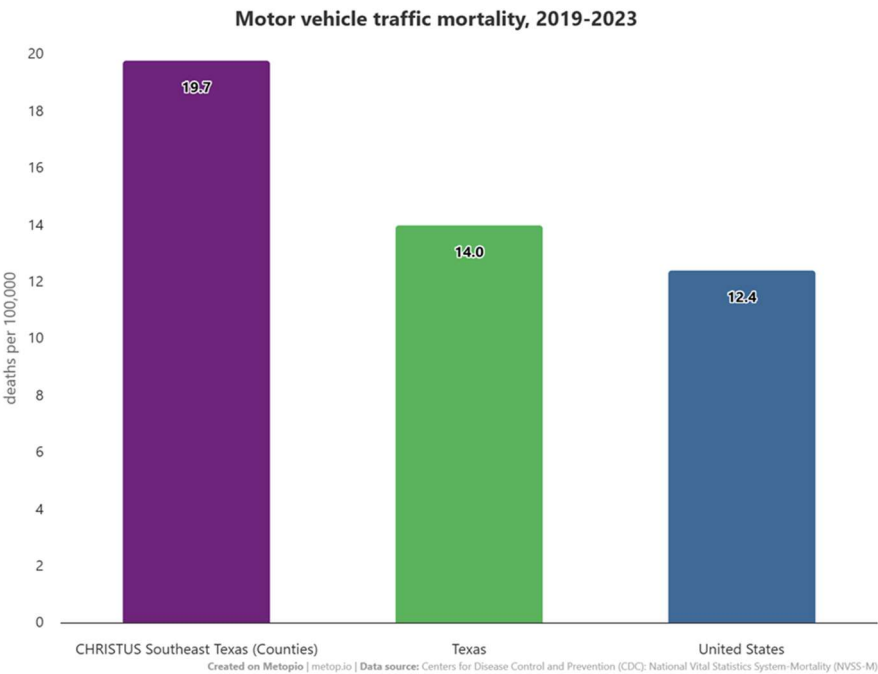
## Fall Mortality

Fall mortality in the United States is significantly high, with a national average of 10.81%. Texas has a lower rate at 8.94%, but still exceeds the rate of CHRISTUS Southeast Texas counties, which is 5.23%. This suggests that CHRISTUS Southeast Texas counties have a relatively lower fall mortality rate compared to the state and national averages.



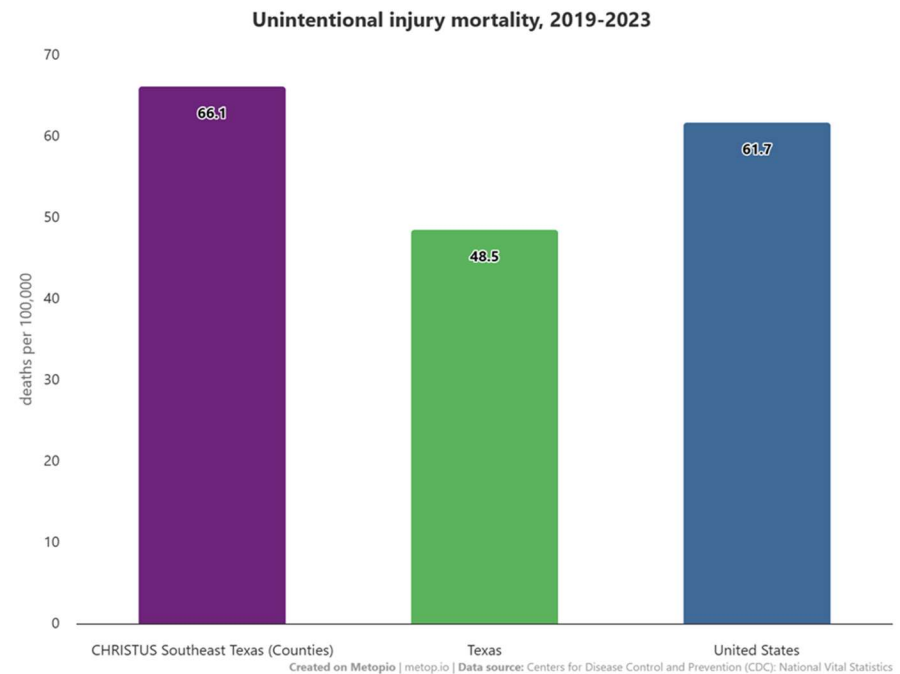
## Motor Vehicle Traffic Mortality

Motor vehicle traffic mortality rates vary significantly across different regions. The CHRISTUS Southeast Texas service area has the highest rate at 19.75, followed by Texas at 13.97 and the United States at 12.36. This indicates a higher risk of motor vehicle traffic fatalities in these areas compared to the national average. The data highlights the need for targeted interventions to improve road safety in these regions.



## Unintentional Injury Mortality

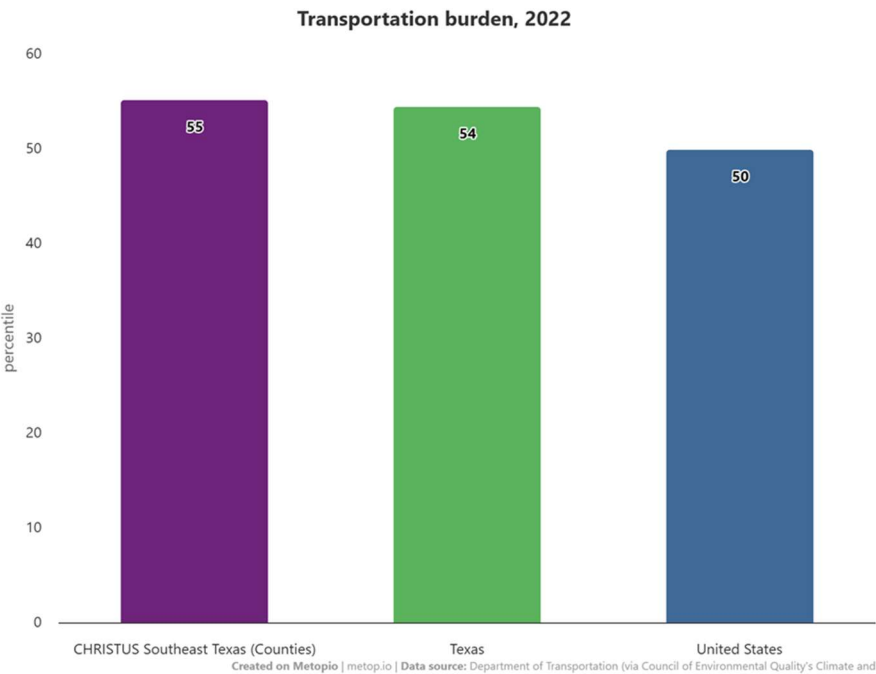
Unintentional injury mortality rates vary significantly across different regions. The CHRISTUS Southeast Texas service area has a notably high rate of 66.09, surpassing both the state and national averages. Texas, 48.52, while the United States overall stands at 61.65. These disparities highlight the need for targeted interventions in high-risk areas.



# Transportation

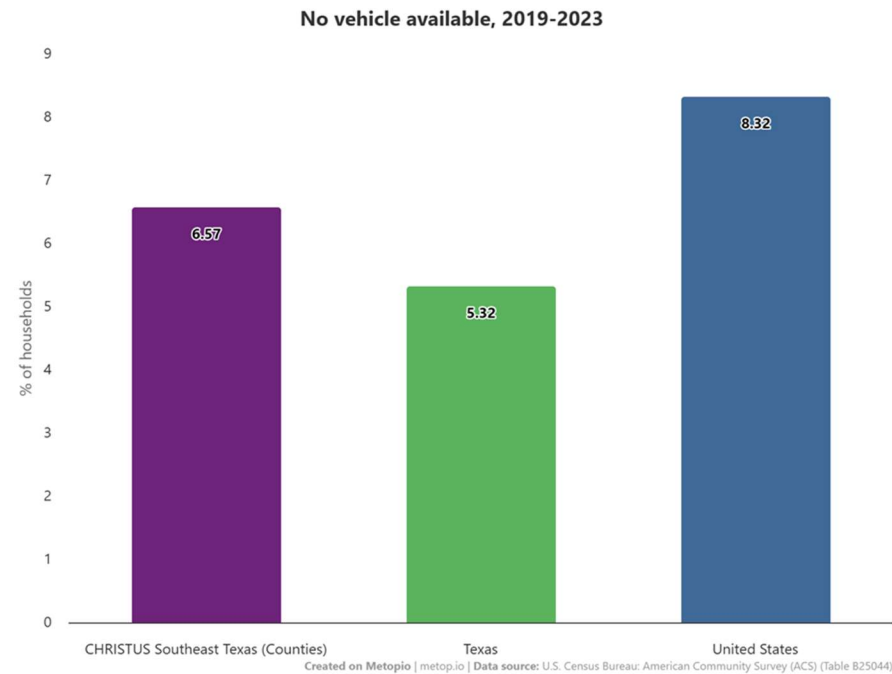
## Transportation Burden

The transportation burden in the United States is significant, with a national average of 49.85%. Texas faces a higher burden at 54.46%, while the CHRISTUS Southeast Texas service area experienced the highest burden at 55.13%. This indicates a substantial impact on residents in these areas, potentially affecting their access to essential services and overall quality of life.



## No Vehicle Available

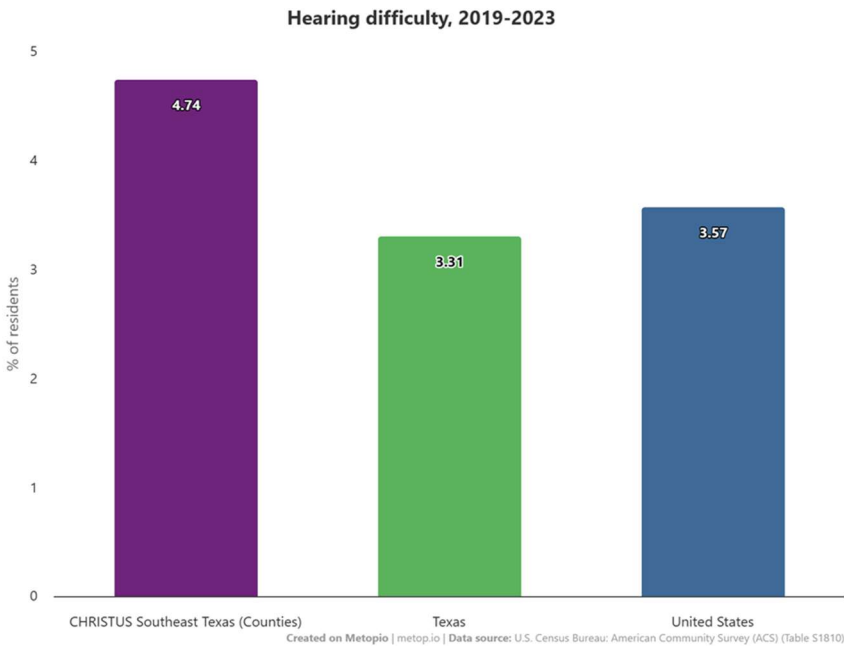
The data highlights the percentage of households with no vehicle available across different regions. The CHRISTUS Southeast Texas service area has the highest rate at 6.57%, followed by Texas at 5.32% and the United States at 8.32%. This indicates that the CHRISTUS Southeast Texas service area has a higher rate of households without vehicles compared to the state and national averages.



# Disability

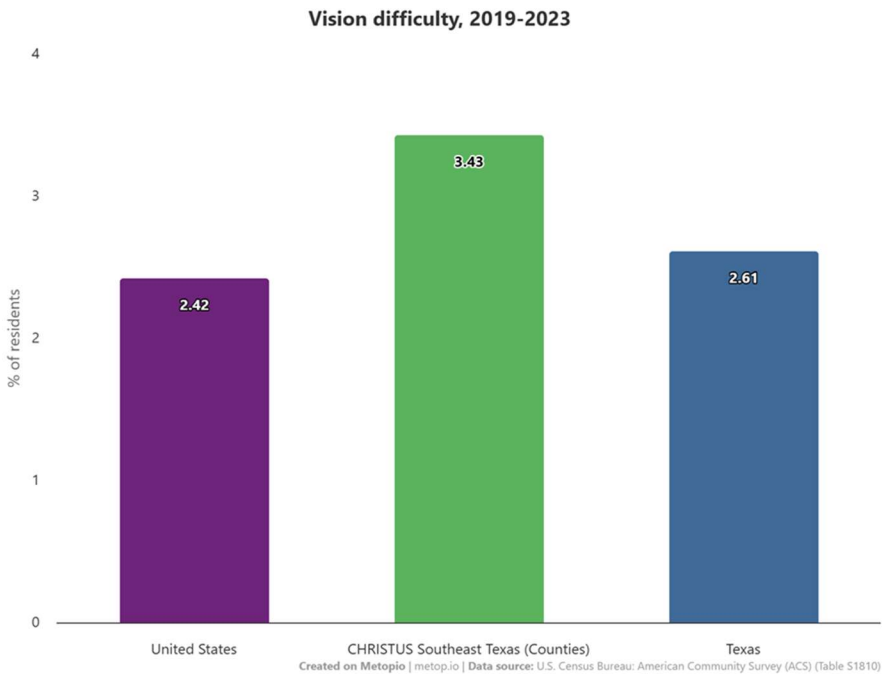
## Hearing Difficulty

The data indicates that the rate of hearing difficulty in the CHRISTUS Southeast Texas service area is significantly higher than the state and national averages. Specifically, the rate in these counties is 4.74%, compared to 3.31% in Texas and 3.57% across the United States. This suggests a notable regional disparity in hearing health within this area.



## Vision Difficulty

Vision difficulty is a prevalent issue across the United States, with a national average of 2.42%. The CHRISTUS Southeast Texas service area reports a higher rate of vision difficulty at 3.43%, indicating a significant local impact. Texas as a whole has a slightly higher rate than the national average at 2.61%. These figures highlight the need for targeted vision care initiatives in specific regions.

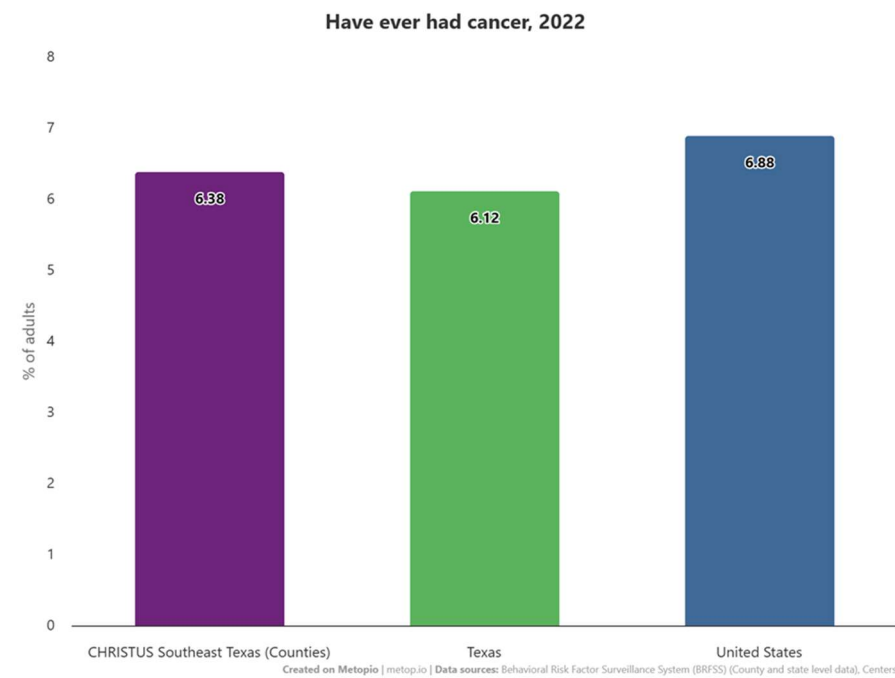




# Cancer

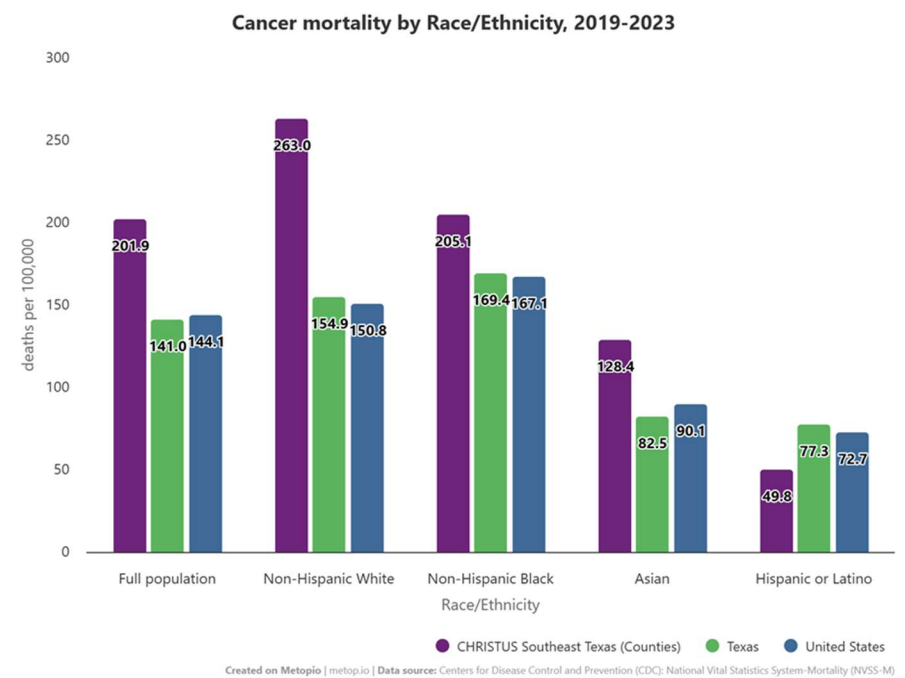
## Have Ever Had Cancer

The data indicates that 6.38% of individuals in the CHRISTUS Southeast Texas service area has ever had cancer. This is slightly higher than the state average of 6.12% in Texas. However, both figures are lower than the national average of 6.88% in the United States.



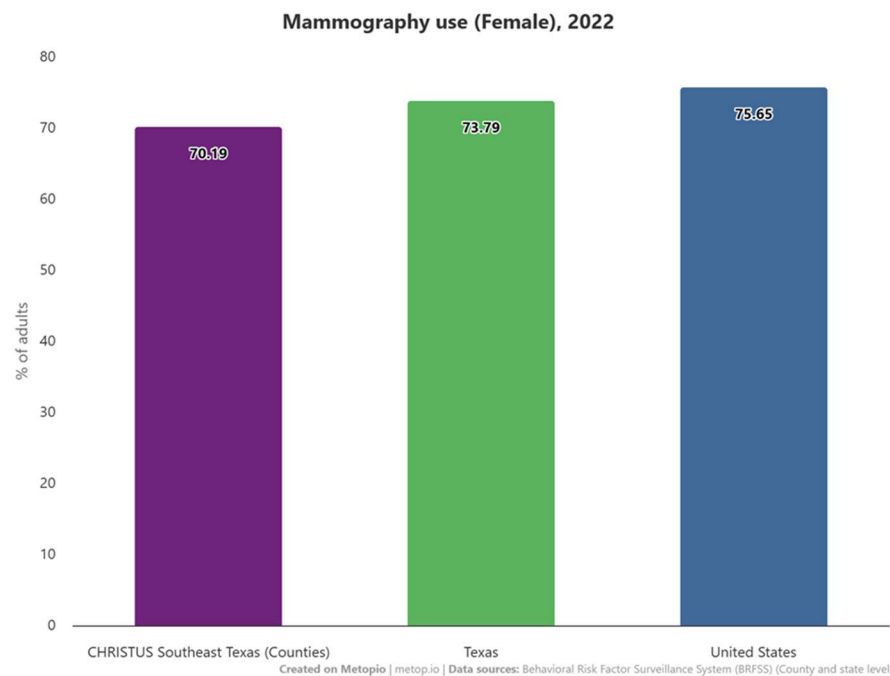
## Cancer Mortality Rate by Race/Ethnicity

Cancer mortality rates vary significantly across different racial and ethnic groups. Overall, the CHRISTUS Southeast Texas service area has a higher cancer mortality rate than the state and the country. In the CHRISTUS Southeast Texas service area, Non-Hispanic White individuals have the highest cancer mortality rate at 263.0 deaths per 100,000. Non-Hispanic Black and Asian individuals also had a higher mortality rate than the state and national averages.



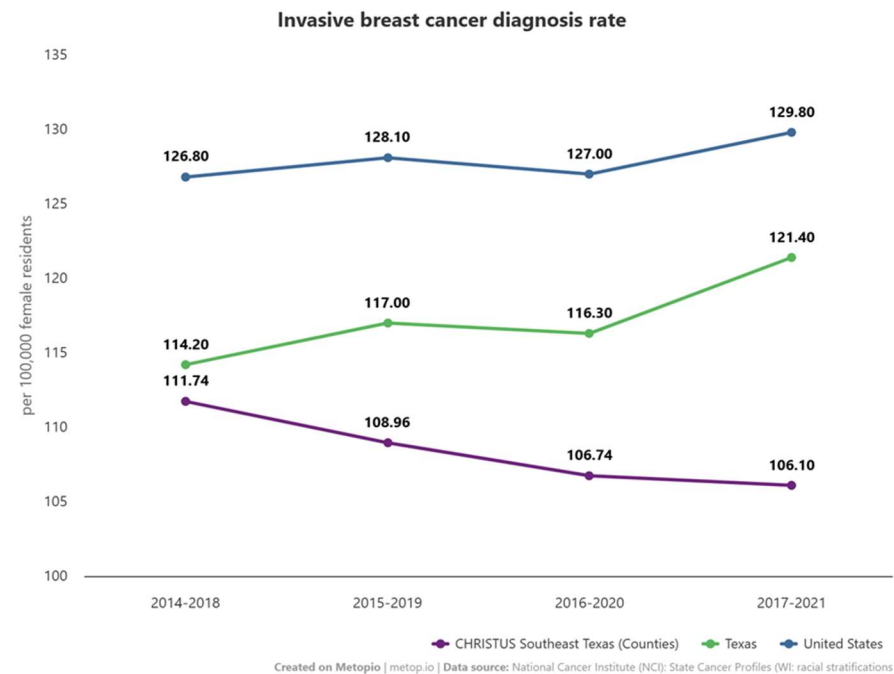
## Mammography Use

Mammography use rates vary across different regions, with the CHRISTUS Southeast Texas service area showing a usage rate of 70.19%. Texas has a slightly higher rate at 73.79%, while the United States overall reports a usage rate of 75.65%. This indicates that while the CHRISTUS Southeast Texas service area is below the national average, Texas is closer to the national norm. The data highlights regional disparities in mammography use, suggesting potential areas for targeted health interventions.



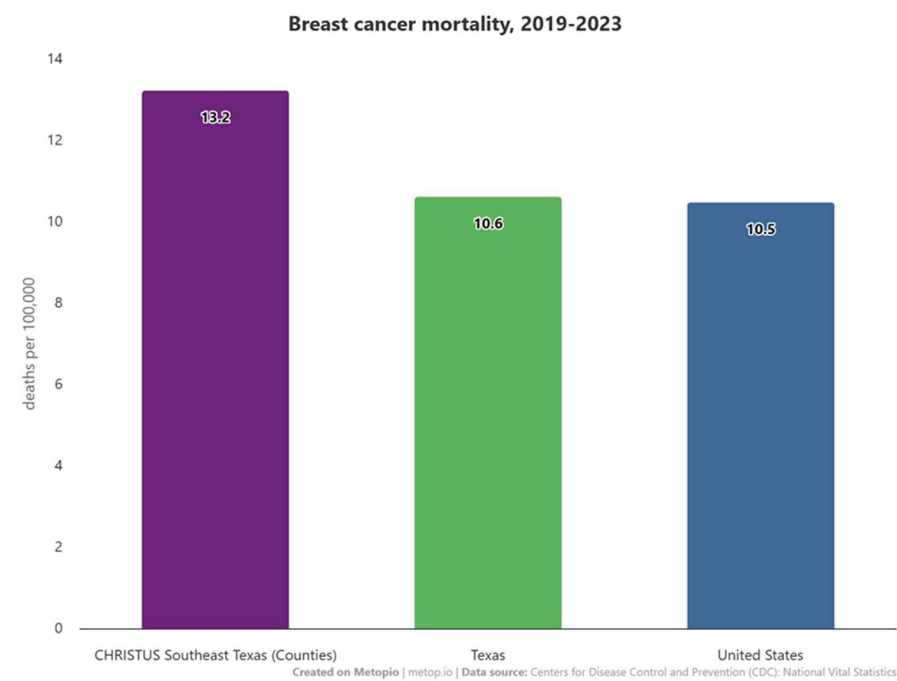
## Invasive Breast Cancer Diagnosis Rate

The invasive breast cancer diagnosis rate in the United States has remained relatively stable over the past few years, averaging around 128 cases per 100,000 women. In Texas, the rate has been slightly lower, averaging around 116 cases per 100,000 women. The CHRISTUS Southeast Texas service area has reported a consistently lower rate, averaging around 107 cases per 100,000 women.



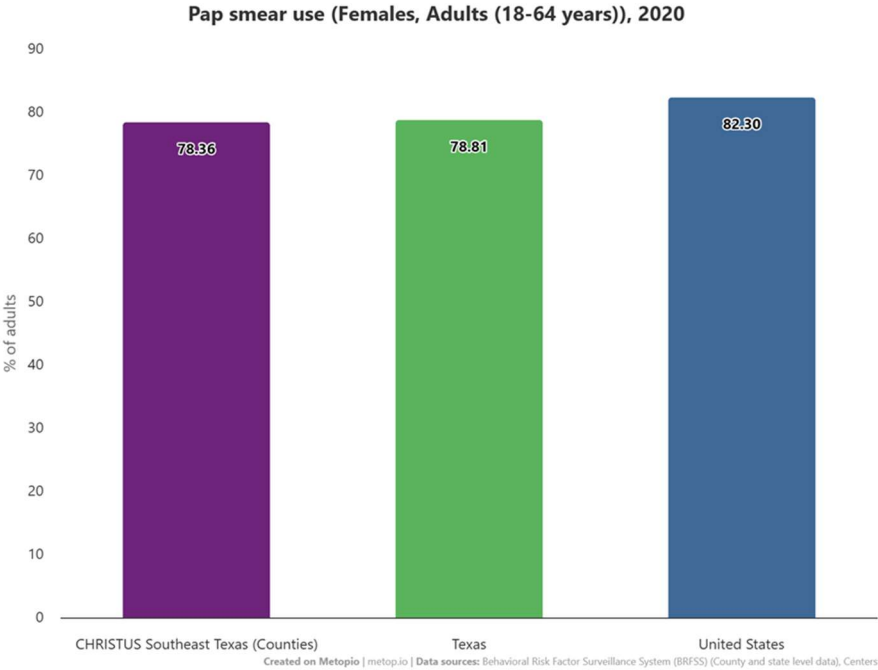
# Breast Cancer Mortality

Breast cancer mortality rates are presented for three categories: CHRISTUS Southeast Texas service area, Texas and the United States. The mortality rate in the CHRISTUS Southeast Texas service area is 13.24, which is significantly higher than the Texas state average of 10.62 and the national average of 10.46. This indicates a concerning disparity in breast cancer mortality within this specific region compared to broader areas.



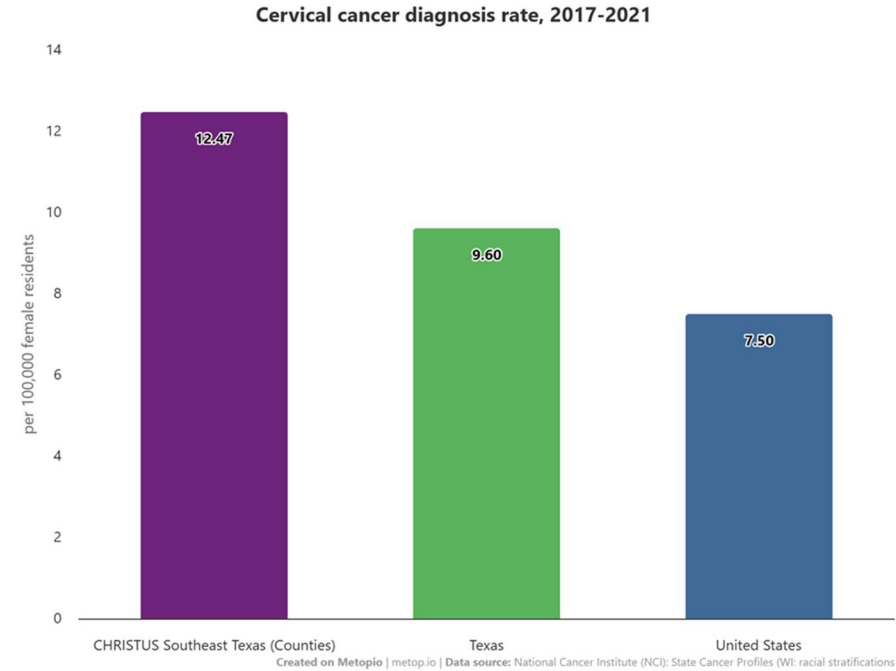
## Pap Smear Use

Pap smear use is relatively high in the United States, with a national average of 82.3%. Texas has a slightly lower rate at 78.81%, while the CHRISTUS Southeast Texas service area has a comparable rate of 78.36%. These rates indicate a strong overall adherence to Pap smear screenings across these regions.



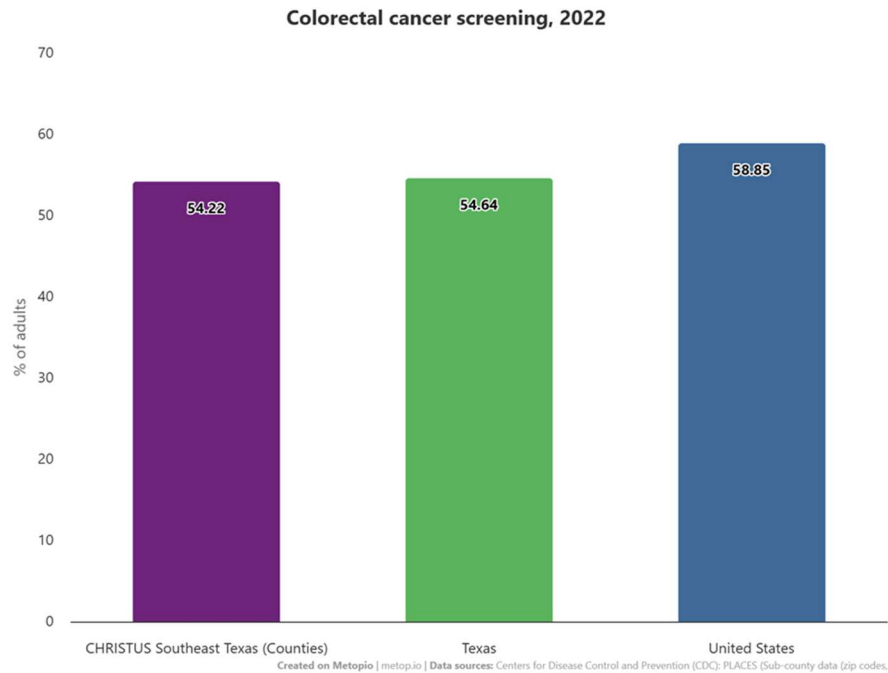
## Cervical Cancer Diagnosis Rate

The cervical cancer diagnosis rate in the United States is 7.5 per 100,000 women. Texas has a higher rate at 9.6, and the CHRISTUS Southeast Texas service area has the highest rate at 12.47. This indicates a significant regional variation in diagnosis rates.



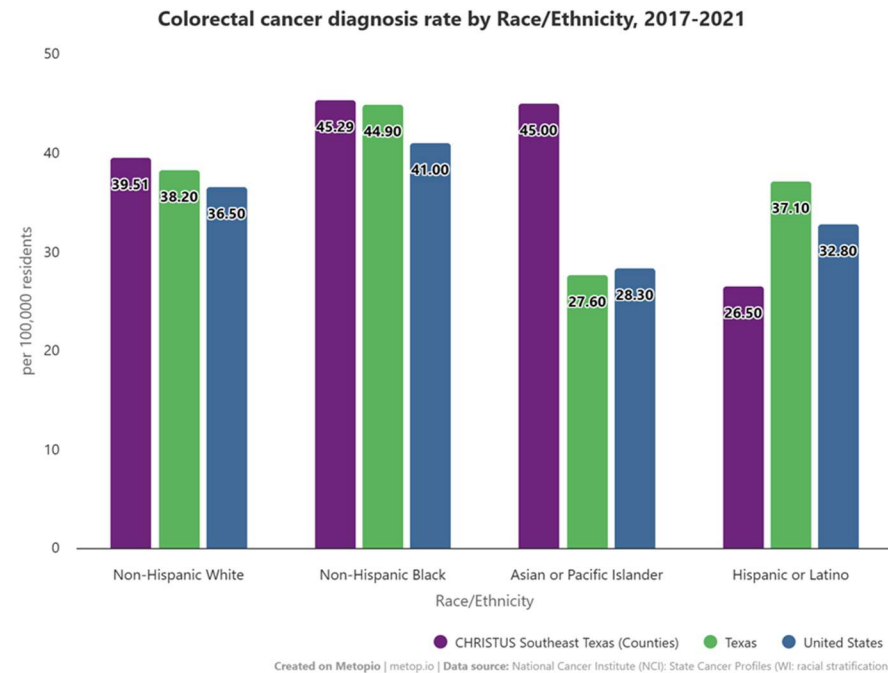
## Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions. In Texas, the screening rate is 54.64%, which is slightly higher than the rate for the CHRISTUS Southeast Texas service area at 54.22%. Nationwide, the screening rate is higher at 58.85%.



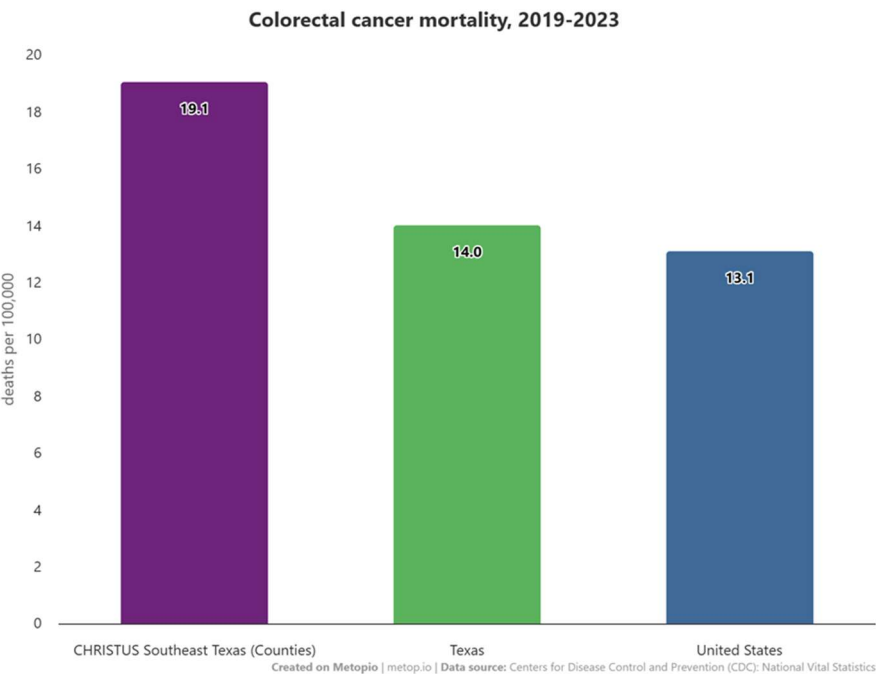
## Colorectal Cancer Diagnosis Rate by Race and Ethnicity

In the CHRISTUS Southeast Texas service area, Non-Hispanic Black individuals have the highest diagnosis rate at 45.29, followed by Asian or Pacific Islander at 45.0. Texas and the United States show similar trends, with Non-Hispanic Black individuals having the highest rates, while Hispanic or Latino individuals have the lowest rates.



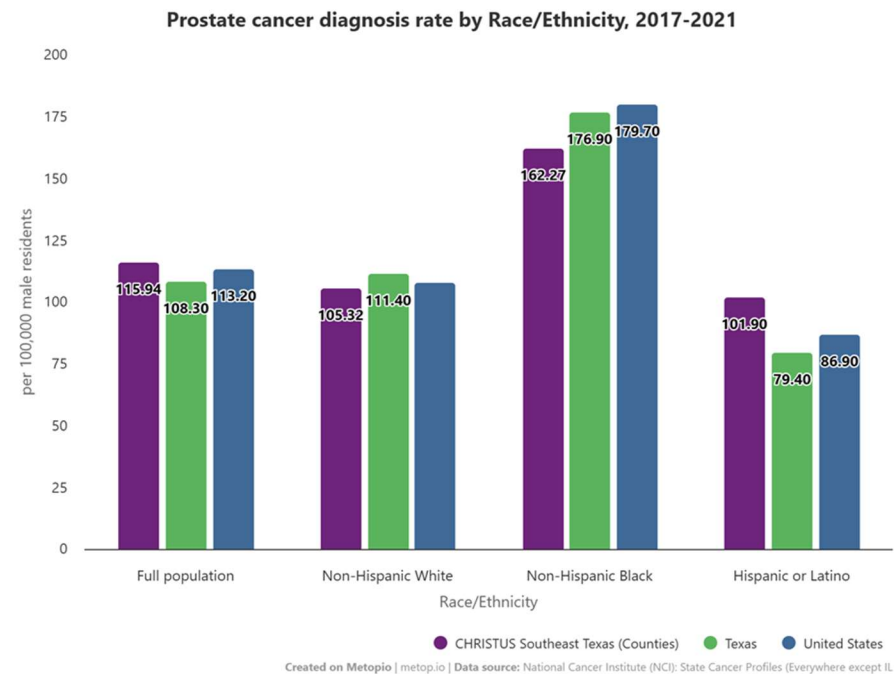
## Colorectal Cancer Mortality

Colorectal cancer mortality rates vary significantly across different regions. In the United States, the national average is 13.08 deaths per 100,000 people. Texas has a higher rate at 14.02, while the CHRISTUS Southeast Texas service area reports a notably higher rate of 19.05. These disparities highlight the need for targeted health interventions in specific areas.



## Prostate Cancer Diagnosis Rate by Race and Ethnicity

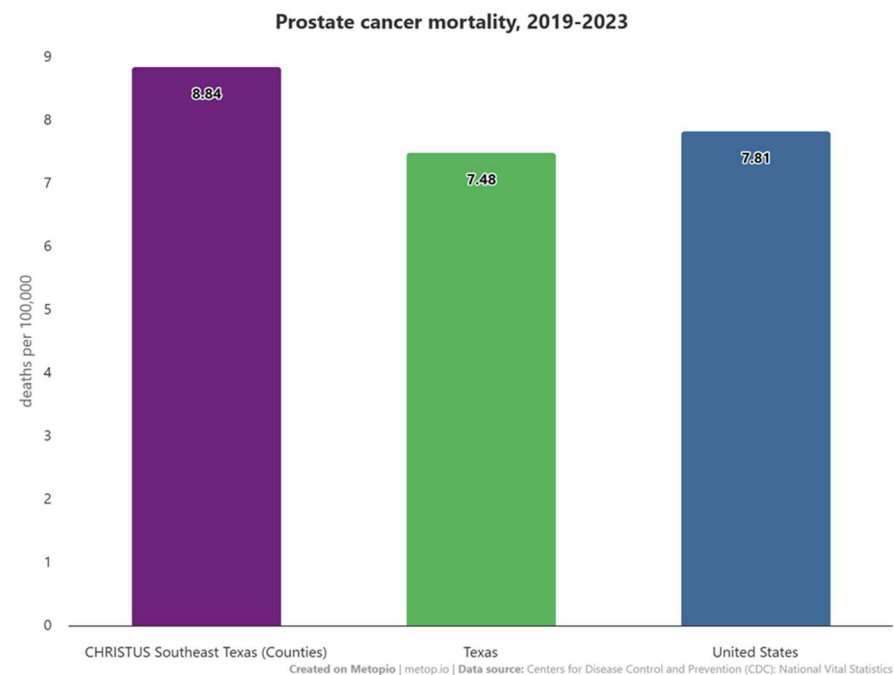
Prostate cancer diagnosis rates vary significantly across different racial and ethnic groups. In the CHRISTUS Southeast Texas service area, the rate for Non-Hispanic Black individuals is notably higher at 162.27 per 100,000, compared to the national rate of 179.7. The overall population rate in Texas is slightly lower than the national average, indicating regional disparities in diagnosis rates.





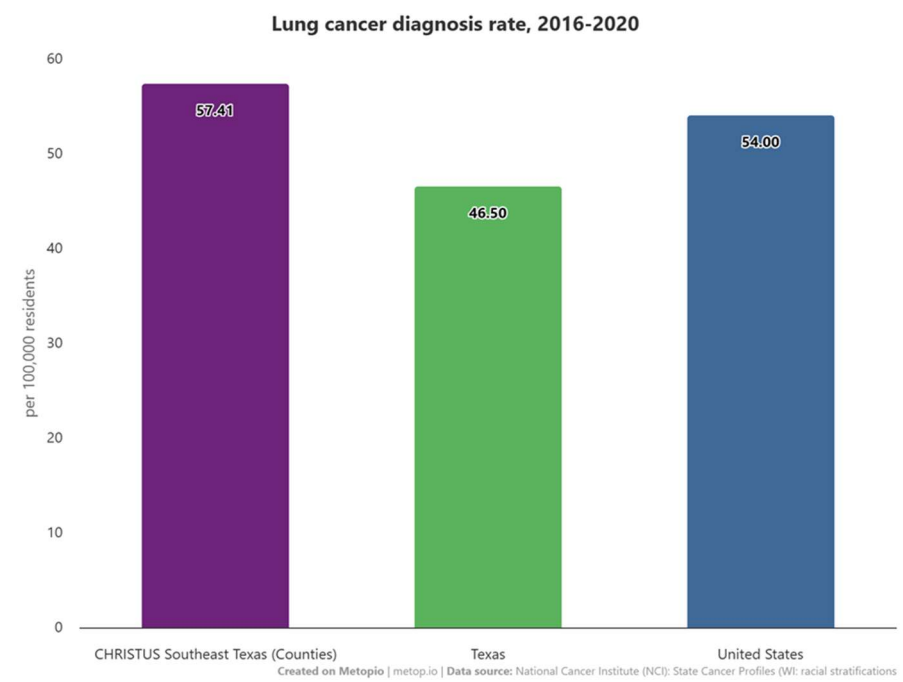
# Prostate Cancer Mortality Rate

Prostate cancer mortality rates vary across different regions. The mortality rate in the CHRISTUS Southeast Texas service area is 8.84, which is higher than the state average of 7.48 and the national average of 7.81. This indicates a significant health disparity in this region compared to broader areas.



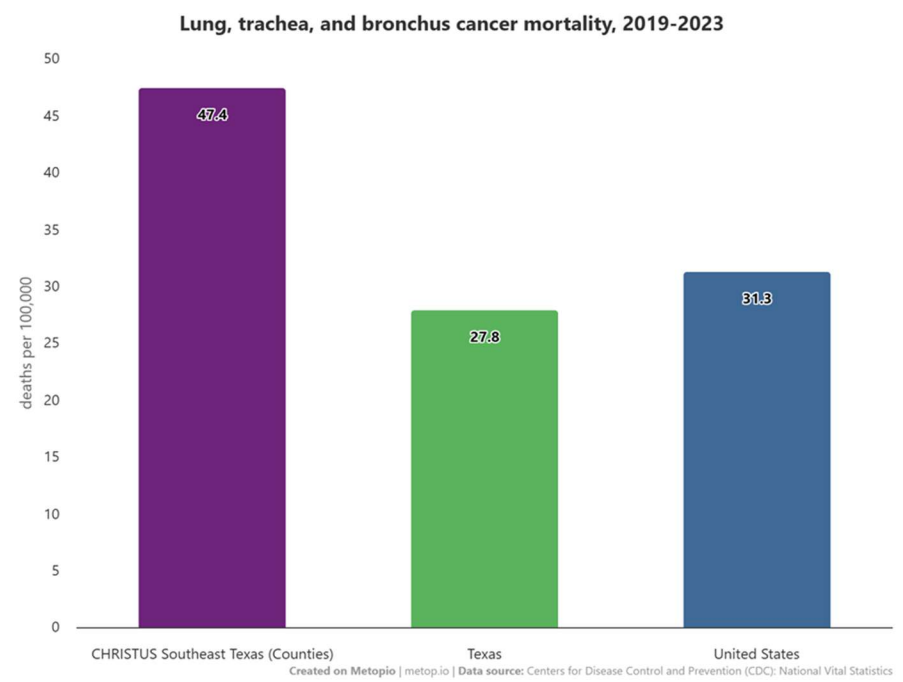
### Lung Cancer Diagnosis Rate

Lung cancer diagnosis rates vary across different regions. The CHRISTUS Southeast Texas service area has the highest rate at 57.41, surpassing both the state of Texas and the national average. Texas has a rate of 46.5, which is lower than the national average of 54.0. These disparities highlight the need for targeted health care interventions in specific regions.



### Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

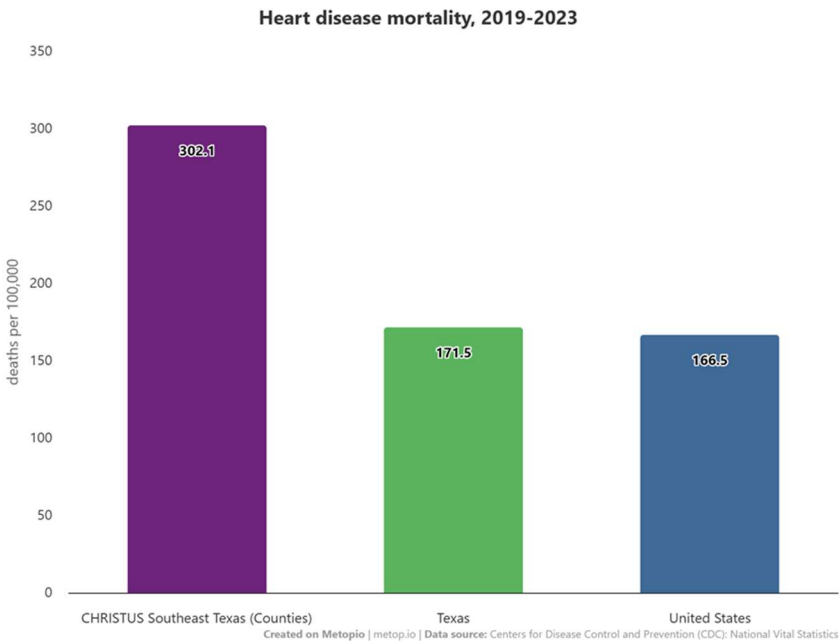
Lung, trachea and bronchus cancer mortality in the CHRISTUS Southeast Texas service area is significantly higher than both the state of Texas and the national average. The mortality rate in this region is 47.41 per 100,000 people, compared to Texas' 27.84 and the United States' 31.29. This indicates a concerning health disparity in the CHRISTUS Southeast Texas service area. Addressing this issue may require targeted public health interventions and improved health care access.



# Cardiovascular Disease

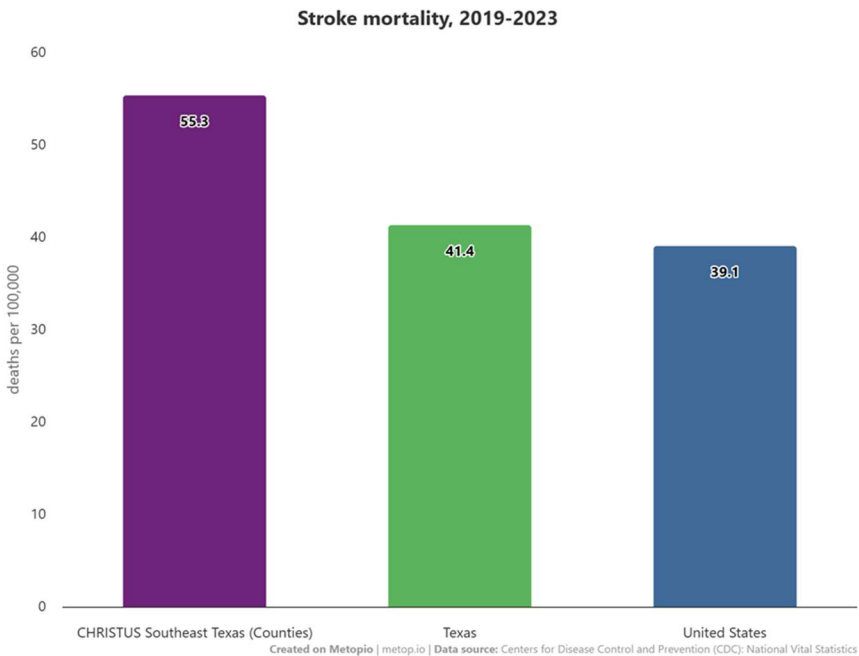
## Heart Disease Mortality

Heart disease mortality rates are presented for CHRISTUS Southeast Texas counties, Texas and the United States. The highest rate is observed in the CHRISTUS Southeast Texas service area at 302.11 per 100,000 people. Texas and the United States have lower rates at 171.5 and 166.48, respectively. This indicates a significant health concern in the specified counties compared to the state and national averages.



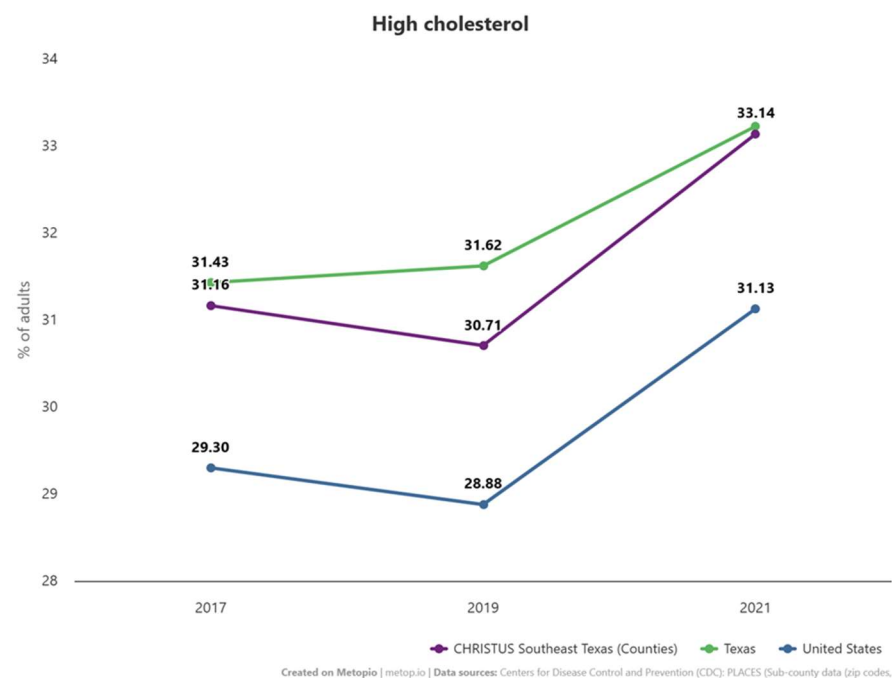
## Stroke Mortality

Stroke mortality in the United States is significantly lower than in Texas and even more so compared to the CHRISTUS Southeast Texas service area. The national average is 39.05 deaths per 100,000 population, while Texas reports 41.35 and the CHRISTUS Southeast Texas service area has the highest rate at 55.31. This indicates a concerning disparity in stroke-related deaths within these specific counties.



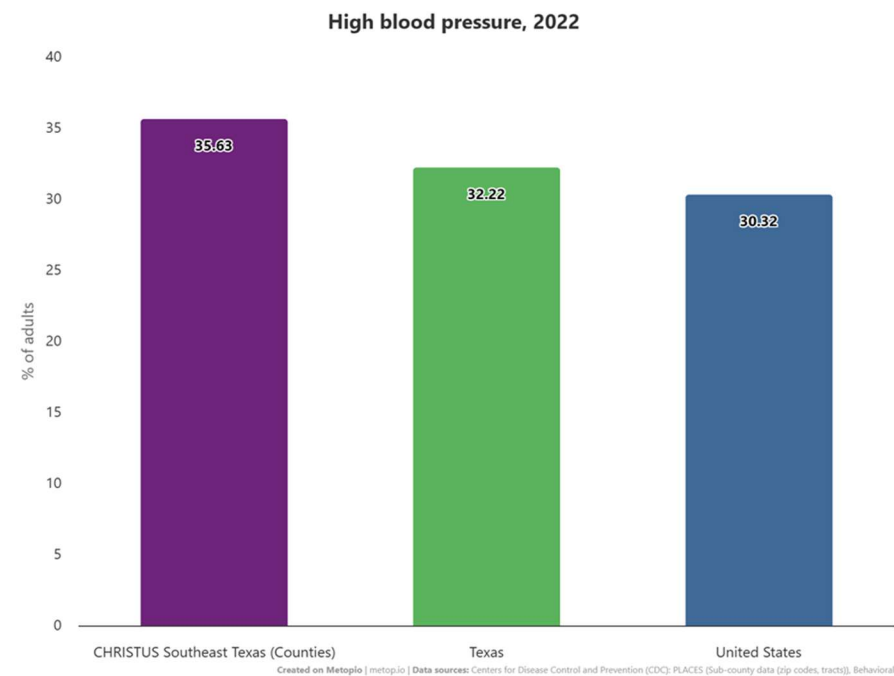
## High Cholesterol

High cholesterol levels in the CHRISTUS Southeast Texas service area have fluctuated over the years, starting at 31.16% in 2017, decreasing slightly in 2019, and then increasing again in 2021. In comparison, Texas and the United States have shown similar trends, with Texas generally having higher rates than the national average. Notably, the United States experienced a significant increase in high cholesterol levels from 2019 to 2021.



## High Blood Pressure

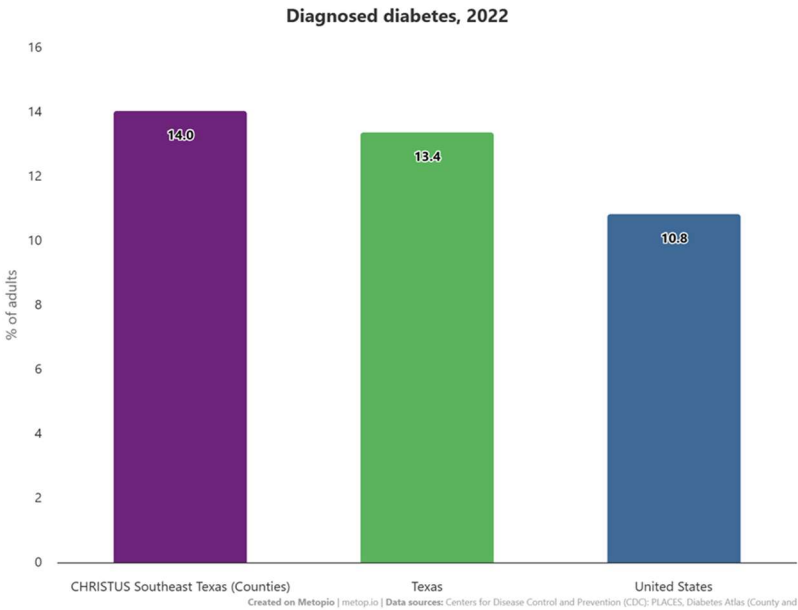
High blood pressure is a significant health concern in the United States. The data shows that the CHRISTUS Southeast Texas service area has the highest prevalence at 35.63%, followed by Texas at 32.22% and the United States overall at 30.32%. This indicates a higher incidence in these specific regions compared to the national average.



# Diabetes

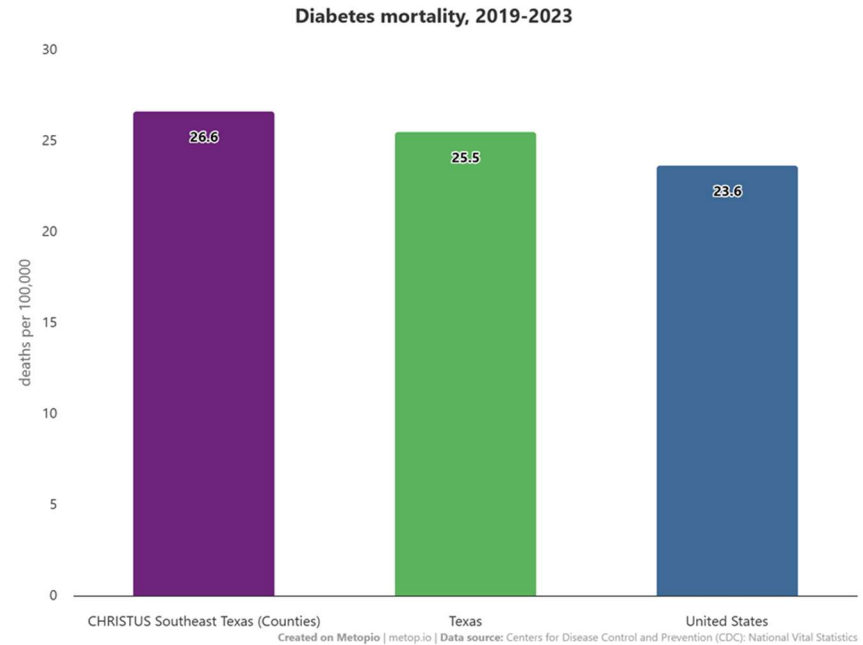
## Diagnosed Diabetes

The data shows the percentage of diagnosed diabetes cases in Texas, the United States and specifically in the CHRISTUS Southeast Texas service area. The rate of diagnosed diabetes in the CHRISTUS Southeast Texas service area is 14.03%, which is higher than the Texas state average of 13.37% and the national average of 10.84%. This indicates a significant health concern in this region. The higher prevalence in this area suggests a need for targeted health interventions and resources to address diabetes management and prevention.



## Diabetes Mortality

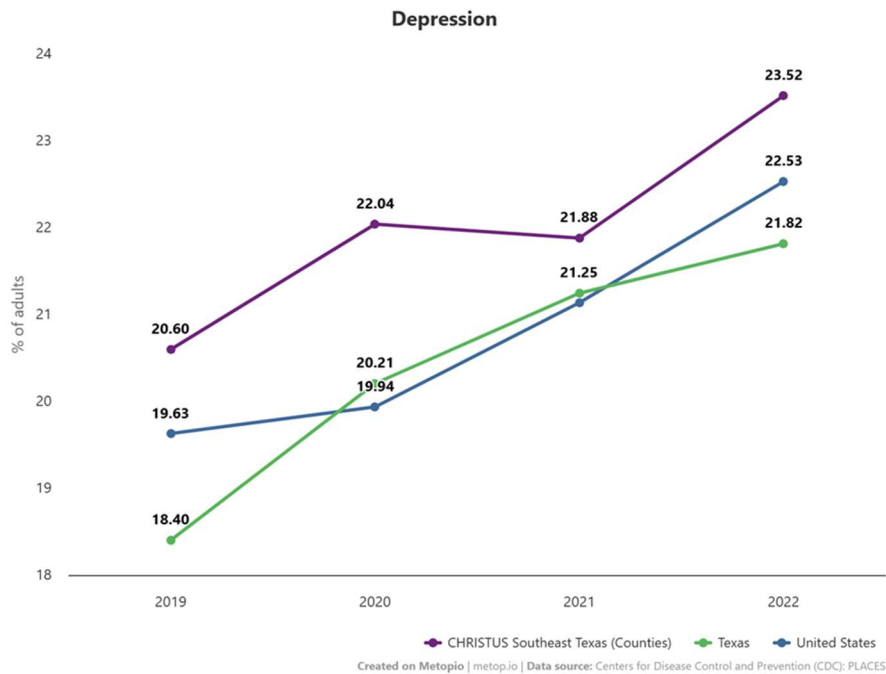
Diabetes mortality rates in the United States are relatively high, with a national average of 23.65 deaths per 100,000 people. Texas has a slightly higher rate at 25.5 deaths per 100,000. The highest rate is found in the counties served by CHRISTUS Southeast Texas, with a mortality rate of 26.59 per 100,000.



# Mental Health

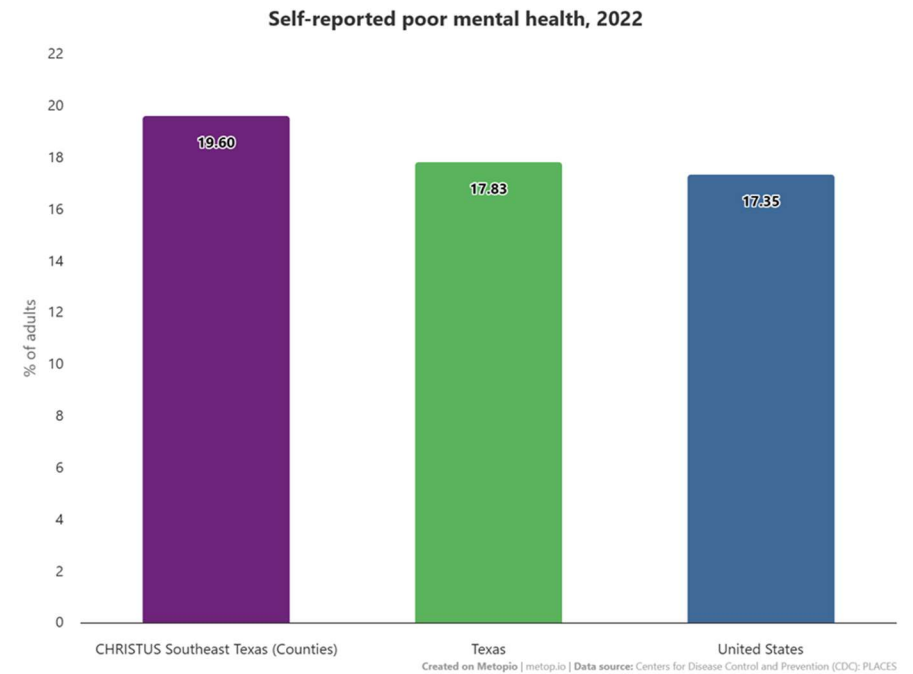
## Depression

The data shows the prevalence of depression in the United States, Texas and the CHRISTUS Southeast Texas service area from 2019 to 2022. In 2022, the depression rate in the CHRISTUS Southeast Texas service area was 23.52%, higher than the Texas rate of 21.82% and the national rate of 22.53%. The depression rate in these counties has consistently been higher than the state and national averages over the years.



## Self-Reported Poor Mental Health

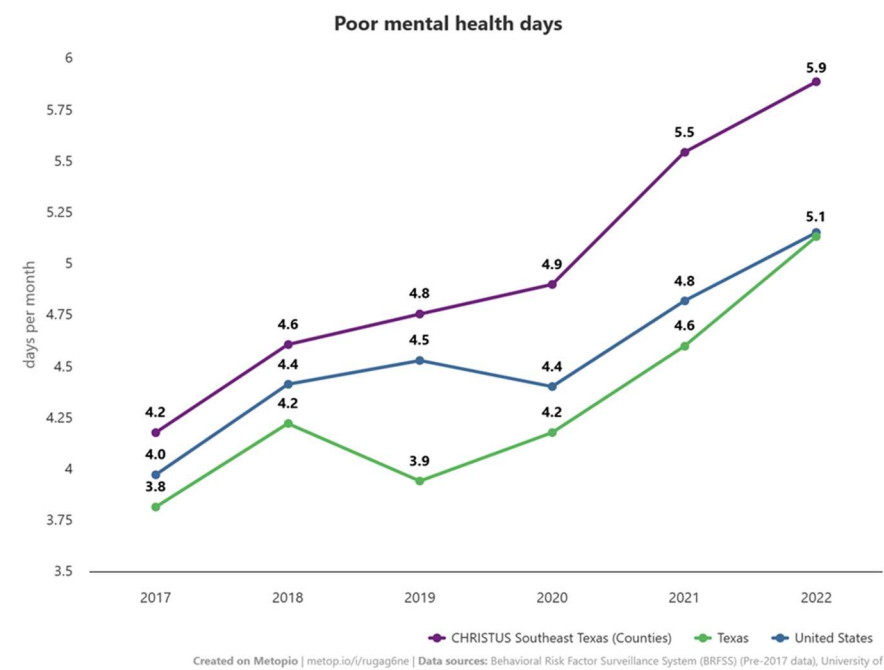
Self-reported poor mental health is a significant issue across various regions in the United States. In Texas, the rate stands at 17.83%, which is slightly higher than the national average of 17.35%. The CHRISTUS Southeast Texas service area reports an even higher rate of 19.6%. This indicates a greater prevalence of mental health challenges in this area compared to the broader state and national averages.





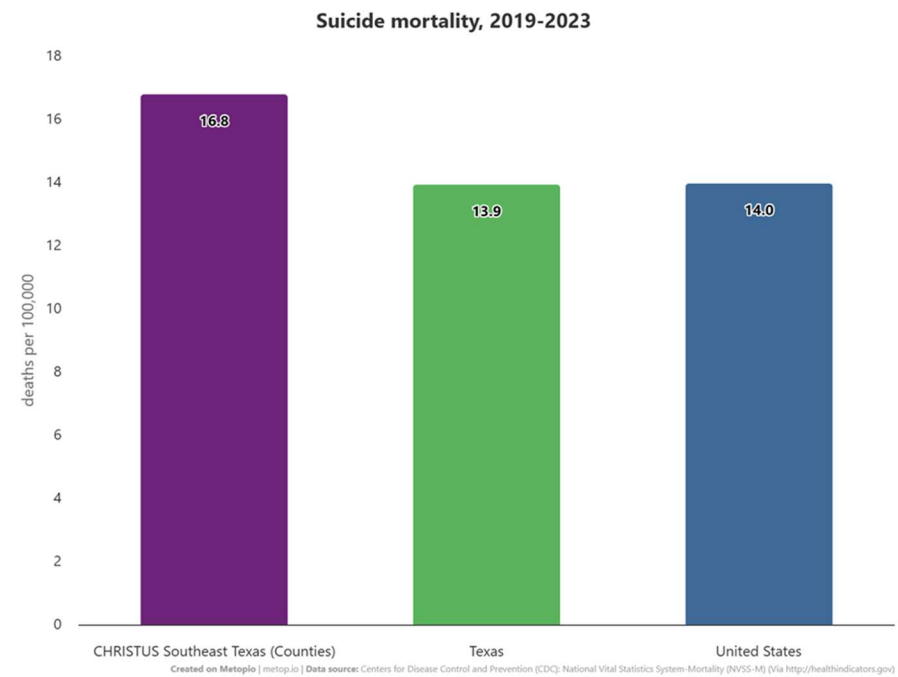
## Poor Mental Health Days

Poor mental health days have been increasing in the CHRISTUS Southeast Texas service area, Texas and the United States from 2017 to 2022. In 2022, the CHRISTUS Southeast Texas service area reported the highest number of poor mental health days at 5.89, compared to 5.13 in Texas and 5.15 in the United States. This trend indicates a growing mental health crisis in these areas, which may require increased attention and resources to address.



## Suicide Mortality

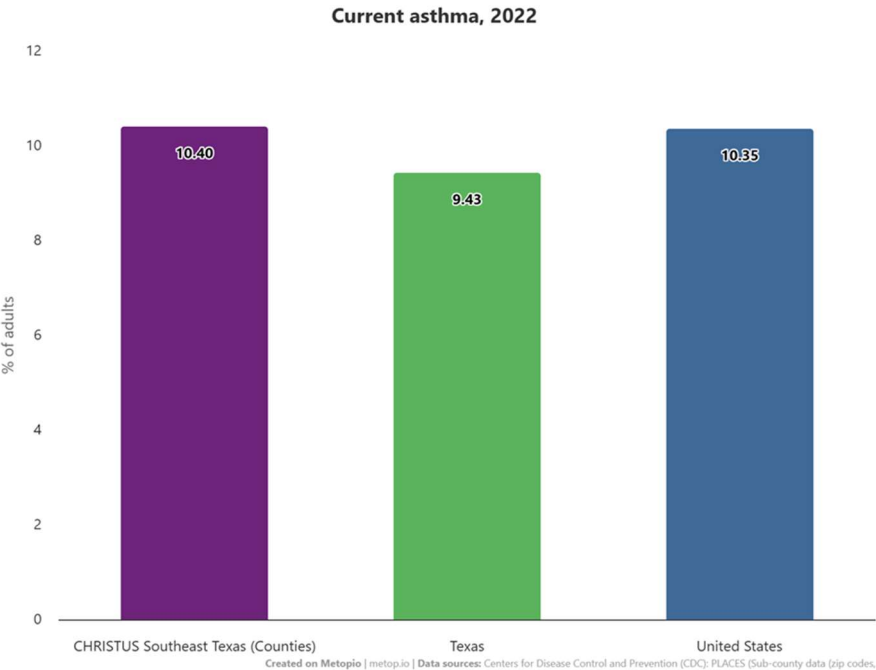
Suicide mortality in the United States is slightly higher than the national average, at 13.98 per 100,000 people. Texas has a lower rate of 13.94. The CHRISTUS Southeast Texas service area reports the highest rate at 16.79.



# Respiratory Illness

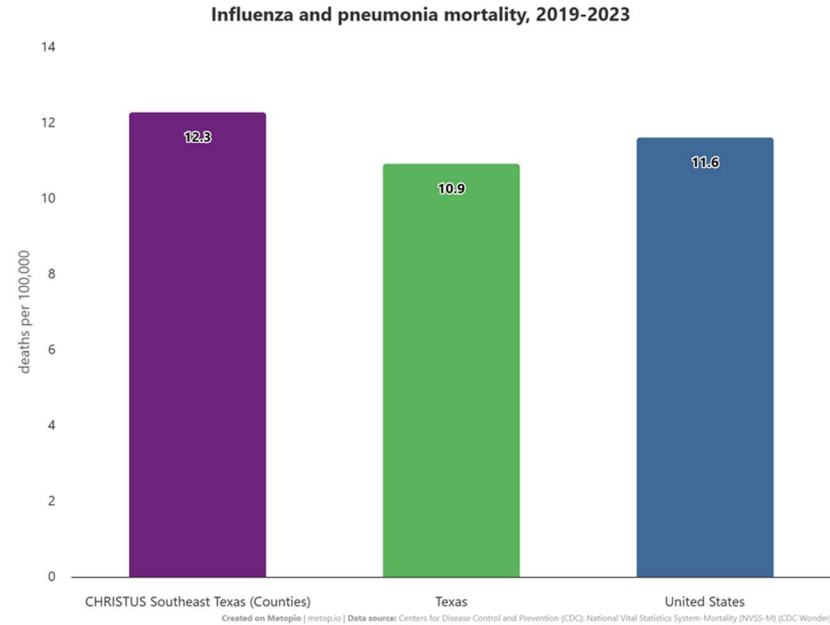
## Current Asthma

The data highlights the prevalence of current asthma across different regions. The CHRISTUS Southeast Texas service area has a higher rate of 10.4%, surpassing both the state average of 9.43% and the national average of 10.35%. This indicates a localized health concern within this specific area.



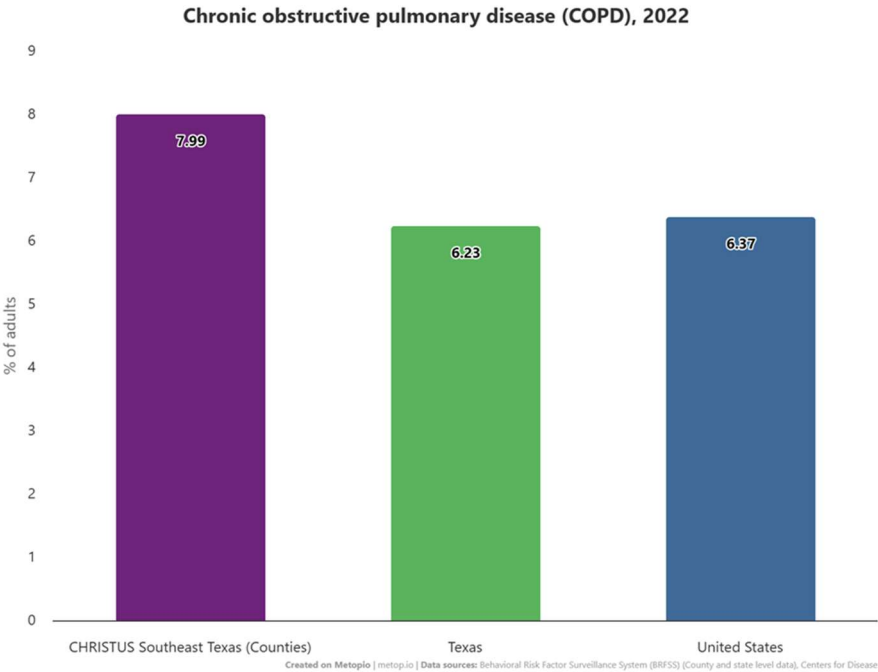
## Influenza and Pneumonia Mortality

Influenza and pneumonia mortality in the CHRISTUS Southeast Texas service area is 12.29, which is higher than both the state and national averages. This indicates a significant health concern in this region compared to broader areas. Addressing this issue could involve targeted public health interventions to reduce these mortality rates.



# Chronic Obstructive Pulmonary Disease

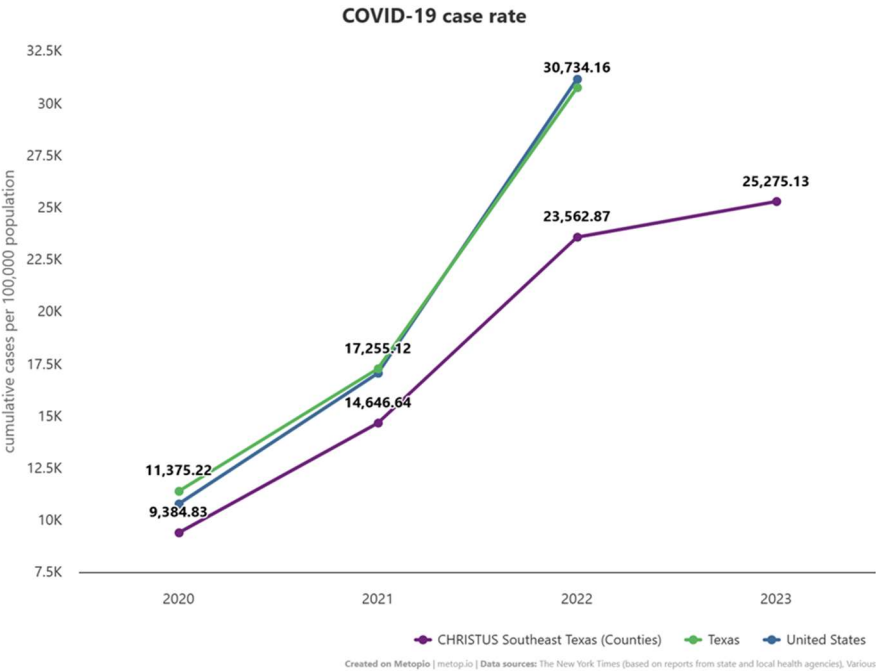
Chronic obstructive pulmonary disease (COPD) prevalence is notably higher in the service area of CHRISTUS Southeast Texas, which covers multiple counties, compared to the overall state of Texas and the United States. The COPD rate in this service area is 7.99%, significantly exceeding the Texas state average of 6.23% and the national average of 6.37%. This indicates a higher burden of COPD in the counties served by CHRISTUS Southeast Texas.



# COVID-19

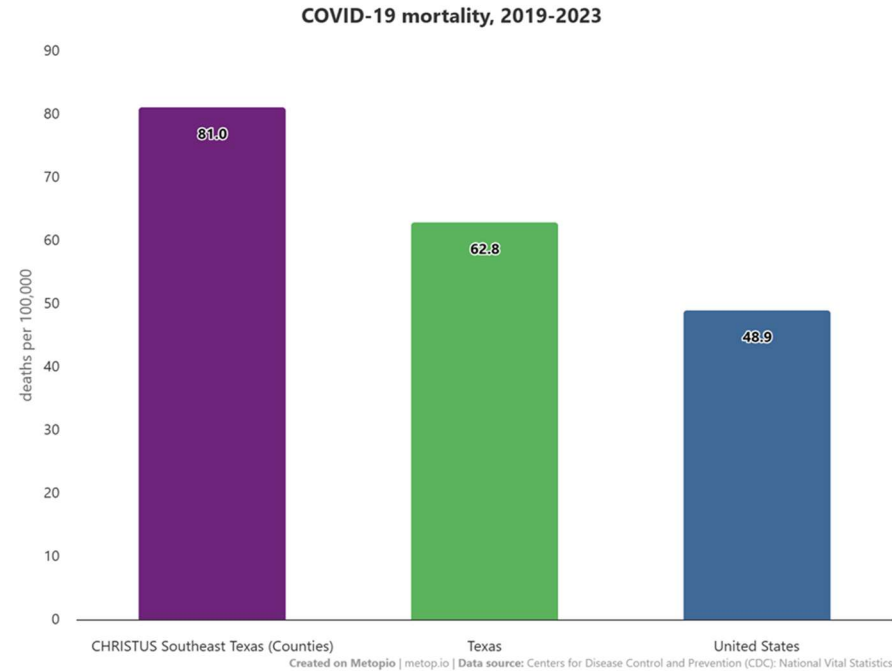
## COVID-19 Case Rate

The COVID-19 case rate in the United States has seen a significant increase from 2020 to 2022, with the national rate rising from 10,768.72 to 31,139.28. In Texas, the case rate has also surged, reaching 30,734.16 in 2022. The CHRISTUS Southeast Texas service area has experienced an even higher case rate, peaking at 25,275.13 in 2023.



## COVID-19 Mortality

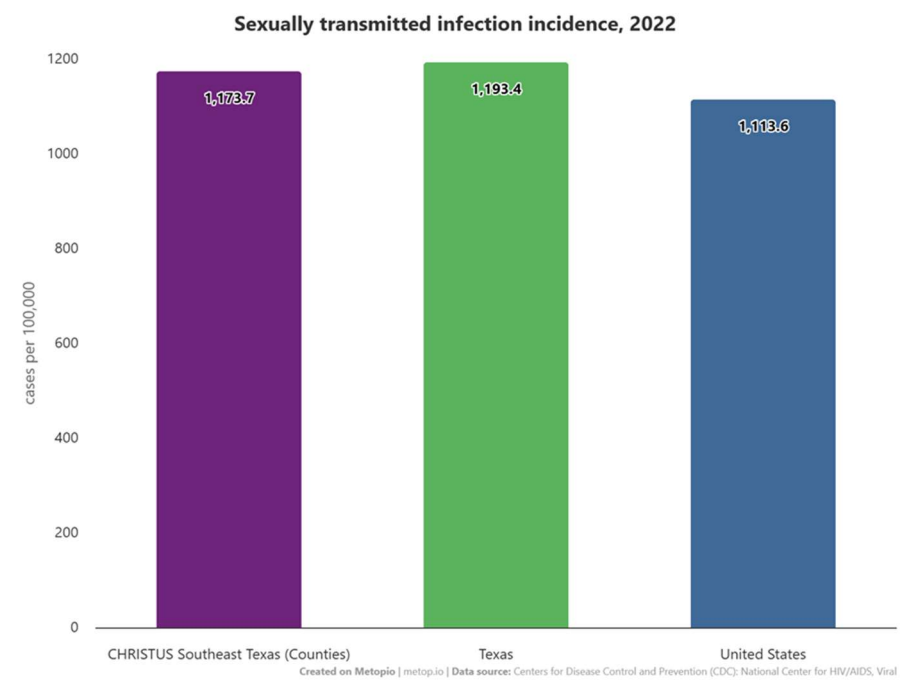
The COVID-19 mortality rate in the CHRISTUS Southeast Texas service area is significantly higher than the state and national averages. Texas has a lower mortality rate than the CHRISTUS Southeast Texas service area but still exceeds the national average. The United States has the lowest mortality rate among the three, indicating a substantial regional disparity in COVID-19 deaths.



# STI

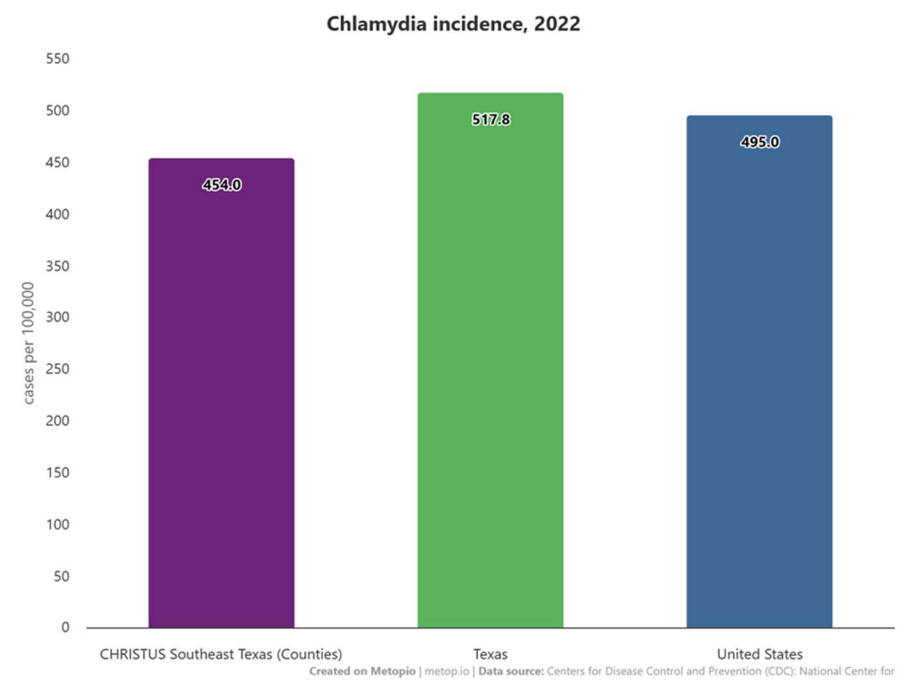
## Sexually Transmitted Infection Incidence

Sexually transmitted infection incidence is depicted in the provided data. The CHRISTUS Southeast Texas service area reports an incidence rate of 1173.74 per 100,000 people. Texas as a whole has a slightly higher incidence rate of 1193.4, while the United States overall has a lower rate of 1113.6.



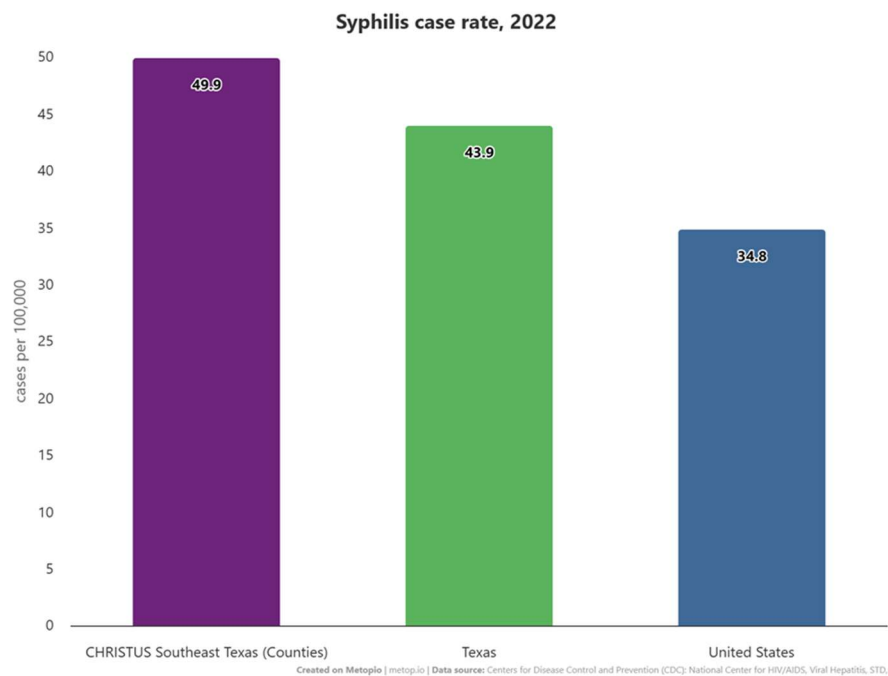
## Chlamydia Incidence

The data indicates chlamydia incidence rates across various regions. The CHRISTUS Southeast Texas service area has an incidence rate of 453.96 per 100,000 people. Texas reports a higher rate of 517.8, while the United States overall has a slightly lower rate of 495.0. This suggests regional variations in chlamydia incidence, with Texas showing a notably higher rate compared to the national average.



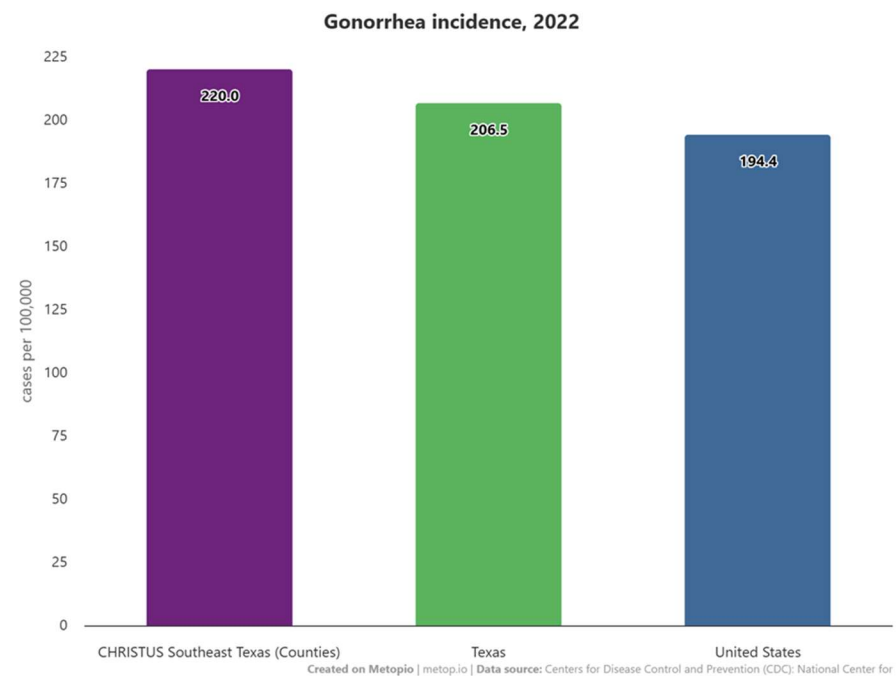
## Syphilis Case Rate

The syphilis case rate in the United States is 34.8 per 100,000 people. Texas has a higher rate at 43.9, while the CHRISTUS Southeast Texas service area reports an even higher rate of 49.91. This indicates a significant regional variation in syphilis prevalence within the state and the country.



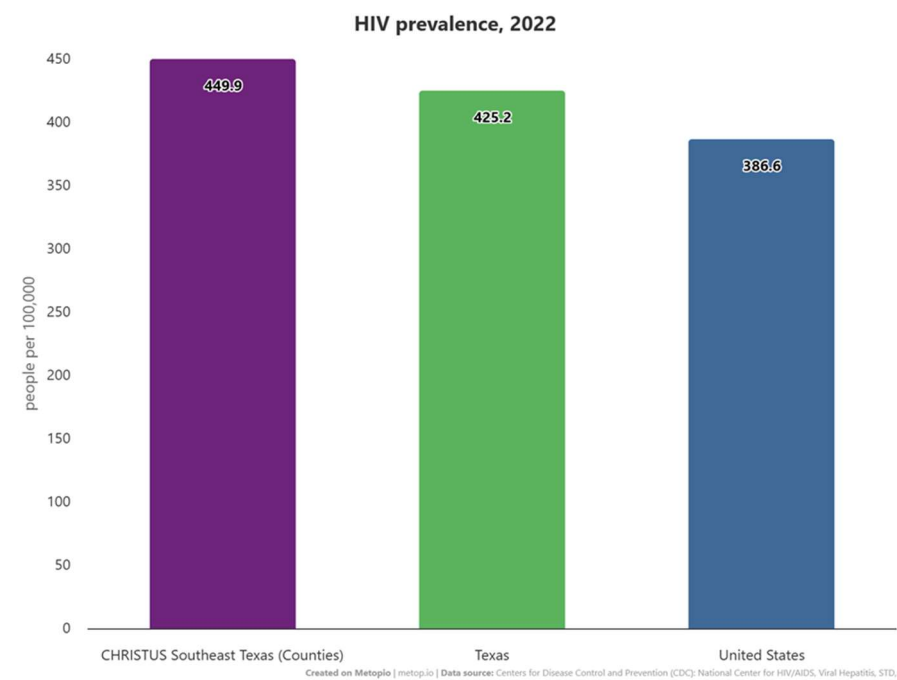
## Gonorrhea Incidence

Gonorrhea incidence rates are presented for various regions, including the United States, Texas and the CHRISTUS Southeast Texas service area. The highest incidence rate is observed in the CHRISTUS Southeast Texas service area at 219.98 cases per 100,000 population. Texas and the United States have lower incidence rates, at 206.5 and 194.4 cases per 100,000 population, respectively. These figures indicate a higher prevalence of gonorrhea in the specified counties compared to the state and national averages.



# HIV Prevalence

The data indicates HIV prevalence rates across different regions, with the CHRISTUS Southeast Texas service area having the highest rate at 449.88 per 100,000 people. Texas follows with a prevalence rate of 425.2, while the United States has a lower rate of 386.6. This suggests that the CHRISTUS Southeast Texas service area has a significantly higher HIV prevalence compared to both the state and national averages.

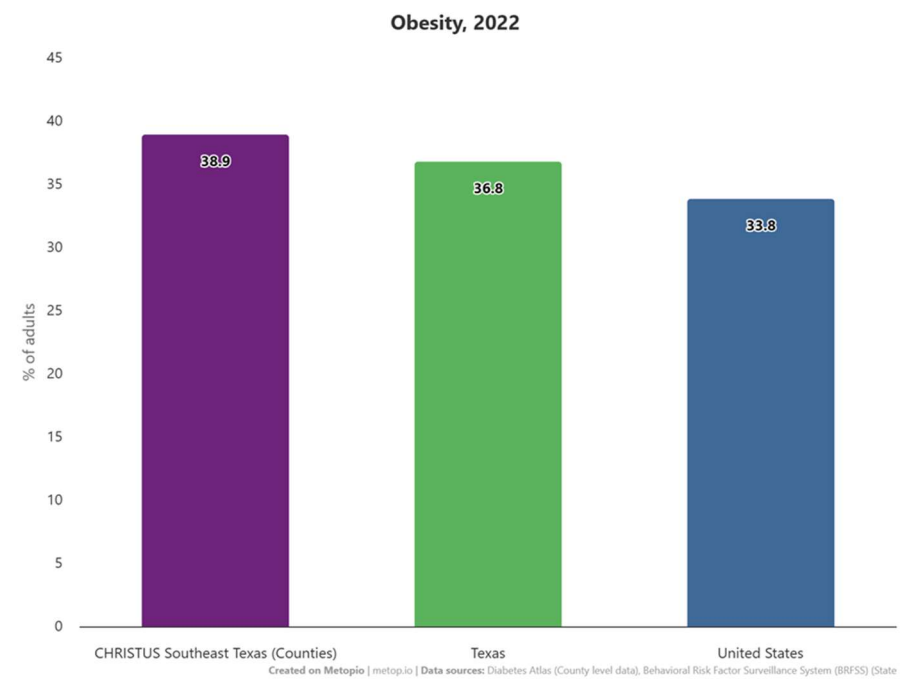




# Obesity

## Obesity

Obesity rates in the United States are a significant concern, with the national average standing at 33.83%. Texas has a higher obesity rate of 36.76%, indicating a more pronounced issue within the state. The CHRISTUS Southeast Texas service area reports an even higher rate of 38.91%, suggesting a concentrated problem in this region. These figures highlight the need for targeted interventions to address obesity in Texas and the broader United States.



# 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 Spohn 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.

# How Our Hospitals Are Being Used

## Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS SOUTHEAST TEXAS - ST. ELIZABETH	CHRISTUS SOUTHEAST TEXAS - JASPER MEMORIAL HOSPITAL
Childbirth	Respiratory system
Sepsis	Pneumonia
Heart/circulatory	Infections
Kidney failure/disease	Sepsis
Respiratory system	Kidney failure/disease
Cardiorenal disease	Heart/circulatory
Maternal care	Cardiorenal disease
Pneumonia	Anemia
Infections	Pancreatitis
Obesity	Urinary tract infection

### What This Data Tells Us

Hospital admission trends at St. Elizabeth Hospital and Jasper Memorial Hospital reflect a mix of acute medical conditions, chronic disease complications and maternal health needs. These patterns highlight the importance of preventive care, chronic disease management and coordinated inpatient services.

- **Childbirth and maternal care:** High admission rates for labor and pregnancy-related complications emphasize the need for strong perinatal care and maternal health support.
- **Respiratory system conditions and pneumonia:** These remain leading causes of hospitalization, especially among older adults and those with chronic lung disease, reinforcing the need for vaccination and respiratory care access.

- **Sepsis and infections:** Repeated admissions for sepsis and general infections point to the importance of early detection, outpatient treatment and infection prevention strategies.
- **Heart/circulatory and cardiorenal disease:** These chronic and often co-occurring conditions drive significant hospital use, highlighting the need for integrated cardiovascular and renal care.
- **Kidney failure/disease:** Frequent admissions for kidney-related issues reflect the burden of chronic illness and the need for early intervention and dialysis support.
- **Anemia and pancreatitis:** These conditions often signal underlying health issues and require timely diagnosis and treatment to prevent complications.

- **Obesity:** Obesity-related admissions point to the broader impact of metabolic health on hospital utilization, emphasizing the need for preventive and lifestyle-focused care.
- **Urinary tract infections:** Common but often preventable, UTIs highlight the importance of early outpatient care and infection control.

Admissions at St. Elizabeth and Jasper Memorial are driven by a combination of chronic disease, maternal health and preventable infections. Strengthening outpatient care, early intervention and chronic disease management can reduce hospitalizations and improve community health outcomes.

## How Our Emergency Rooms Are Being Used

CHRISTUS SOUTHEAST TEXAS - ST. ELIZABETH	CHRISTUS SOUTHEAST TEXAS - JASPER MEMORIAL HOSPITAL
Cardiac arrest	Cardiac arrest
Sepsis unspecified organism	Sepsis
Respiratory failure	Anemia
Myocardial infarction	Unspecified foreign body in respiratory tract
COVID-19	Inappropriate secretion of antidiuretic hormone
Pneumonitis	Intracranial injury
Acute and chronic respiratory failure with hypoxia	Myocardial infarction
Acute kidney failure unspecified	Other injuries
Hypertensive heart and chronic kidney disease	Drowning and nonfatal submersion
	Palliative care

### What This Data Tells Us

Emergency room data from St. Elizabeth and Jasper Memorial Hospital shows a high volume of visits for life-threatening conditions, critical care needs and complex chronic disease complications. These patterns highlight the importance of rapid response capacity, chronic disease management and preventive care.

- **Cardiac arrest and myocardial infarction:** Frequent ER visits for cardiac emergencies underscore the need for robust cardiovascular care, early risk detection and public awareness of heart attack symptoms.
- **Sepsis and respiratory failure:** These life-threatening conditions require immediate intervention, pointing to the importance of early infection control and chronic respiratory disease management.
- **COVID-19, pneumonitis and other respiratory conditions:** Ongoing respiratory-related emergencies reflect the lasting impact of

infectious diseases and the need for continued vaccination and respiratory care access.

- **Acute kidney failure and hypertensive heart/kidney disease:** These complex conditions highlight the need for integrated chronic disease care and early outpatient intervention to prevent escalation.
- **Anemia, dizziness and syncope:** These symptoms often signal underlying chronic or acute conditions, reinforcing the need for accessible diagnostics and follow-up care.
- **Injuries, intracranial trauma and foreign bodies:** Emergency visits for trauma and accidents emphasize the need for injury prevention and timely emergency response.
- **Alcohol-related and behavioral health crises:** Cases involving inappropriate antidiuretic hormone secretion and palliative care needs suggest complex, often overlapping medical and behavioral health challenges.

Emergency rooms are managing a wide range of critical conditions, many of which could be mitigated through earlier intervention, chronic disease management and preventive care. Strengthening outpatient services and care coordination is essential to reducing ER strain and improving outcomes.

## How Our Outpatient Clinics Are Being Used

CHRISTUS SOUTHEAST TEXAS - ST. ELIZABETH	CHRISTUS SOUTHEAST TEXAS - JASPER MEMORIAL HOSPITAL
Mammogram	Mammogram
Not specified	Hypertension
Back pain	Urinary tract infection
Urinary tract infection	Type 2 diabetes
Osteoarthritis	Not specified
Chronic pain	Respiratory infection
Chest pain	Hyperlipidemia
Hypertension	Child health examination
Aftercare following surgery	Other viral infection
Screening for cardiovascular disorders	COVID-19

### What This Data Tells Us

Outpatient clinic data from St. Elizabeth and Jasper Memorial Hospital shows strong engagement in preventive care, chronic disease management and follow-up services. These patterns reflect the community's ongoing health needs and opportunities to strengthen care coordination.

- **Preventative Screenings:** High volumes of preventive screenings indicate strong participation in early detection efforts, especially for cancer and heart disease.
- **Hypertension, hyperlipidemia and type 2 diabetes:** Frequent visits for chronic conditions highlight the need for ongoing management, lifestyle support and medication adherence.
- **Urinary tract infections and respiratory infections:** These common acute conditions are being effectively managed in outpatient settings, reducing unnecessary ER visits.
- **Back pain, chest pain and chronic pain:** These symptoms often require diagnostic follow-up and pain management strategies, pointing to the need for multidisciplinary care.

- **Child health exams and aftercare following surgery:** Routine pediatric care and post-operative follow-ups show strong continuity of care across age groups.
- **COVID-19 and other viral infections:** Continued outpatient visits for infectious diseases reflect the importance of vaccination, testing and early treatment access.
- **Osteoarthritis and abdominal pain:** These visits suggest ongoing musculoskeletal and gastrointestinal concerns, reinforcing the need for specialty care access.

Outpatient clinics are central to managing chronic conditions, providing preventive care and supporting recovery. Continued investment in primary care, diagnostics and specialty services will help improve health outcomes and reduce hospital reliance.



## How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS SOUTHEAST TEXAS - ST. ELIZABETH	CHRISTUS SOUTHEAST TEXAS - JASPER MEMORIAL HOSPITAL
Operating room procedures with principal diagnosis of mental illness	Psychoses
Acute adjustment reaction and psychosocial dysfunction	Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)
Neuroses except depressive	Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)
Disorders of personality and impulse control	
Organic disturbances and intellectual disability (dementia)	
Psychoses	
Other mental disorder diagnoses	
Alcohol drug abuse or dependence left against medical advice (AMA)	
Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)	
Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)	

### What This Data Tells Us

Behavioral health data from St. Elizabeth Hospital and Jasper Memorial Hospital reveals a consistent presence of mental health and substance use conditions in inpatient care.

- Psychoses and neuroses:** Frequent admissions for severe mental health conditions reflect the need for sustained psychiatric care, medication management and inpatient stabilization resources.
- Acute adjustment reactions and psychosocial dysfunction:** These cases often result from situational crises, pointing to the need for early intervention, counseling and community-based mental health support.
- Alcohol and drug dependence:** High rates of substance-related admissions, especially those leaving against medical advice, indicate gaps in addiction treatment access, continuity of care and stigma-related barriers.
- Disorders of personality and impulse control:** These complex behavioral conditions require long-term therapeutic support and integrated outpatient services.
- Dementia and intellectual disabilities:** Admissions for organic mental health conditions highlight the growing need for geriatric psychiatric care and caregiver support systems.
- Other mental disorder diagnoses:** A wide range of behavioral health conditions continue to appear in hospital settings,

reinforcing the need for comprehensive, integrated behavioral health infrastructure.

Behavioral health is a significant driver of hospital utilization. Expanding access to mental health and substance use treatment — especially crisis care and long-term support — is essential to improving outcomes and reducing preventable admissions.

# Community Survey

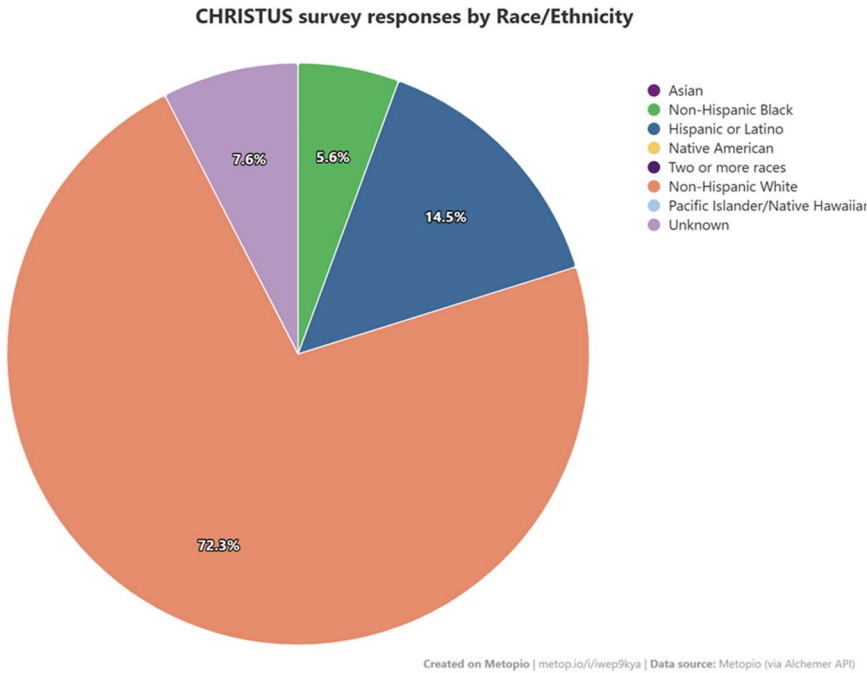
As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available in both online and 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 617 surveys were completed by Associates, community residents and patients within the communities that the CHRISTUS Southeast Texas 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.



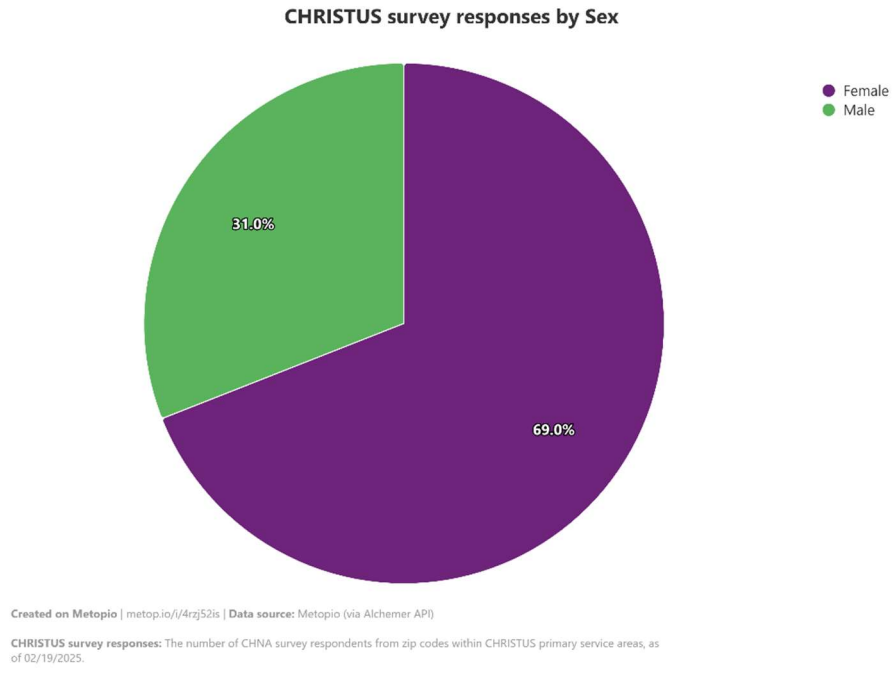
### Responses by Race and Ethnicity

The survey responses for CHRISTUS Southeast Texas indicate a significant representation of Non-Hispanic White individuals, accounting for 373 responses. Non-Hispanic Black and Hispanic or Latino respondents are notably less represented, with 29 and 75 responses respectively. Additionally, there are 39 responses from individuals with unknown racial or ethnic backgrounds.



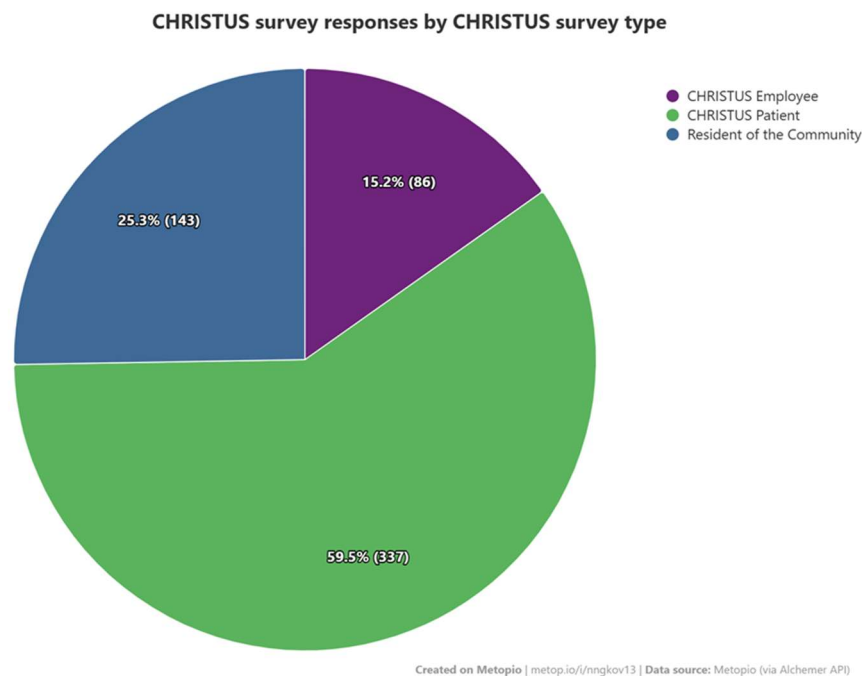
### Responses by Sex

The data represents survey responses from CHRISTUS Southeast Texas, focusing on gender distribution. The majority of respondents are female, accounting for 379 responses, while 170 respondents are male. This indicates a significant gender disparity in the survey results. The data highlights the need for targeted engagement strategies to address this imbalance in future surveys.



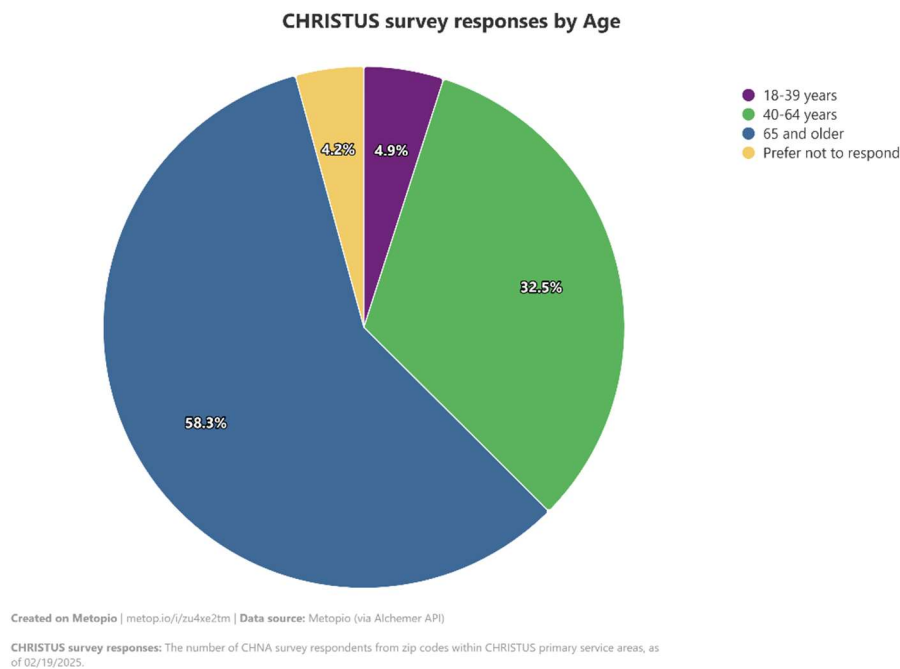
## Responses by Type of Survey

The data represents survey responses from CHRISTUS Southeast Texas, categorized by respondent type. The majority of responses came from CHRISTUS patients, totaling 337. Residents of the community contributed 143 responses, while CHRISTUS employees provided 86 responses. These insights reflect the engagement levels across different groups within the community.



## Responses by Age

The data represents survey responses from CHRISTUS Southeast Texas, categorized by age groups. The majority of respondents are aged 65 and older, accounting for 330 responses. The 40-64 years age group also has a significant number of responses at 184. Additionally, 28 respondents are aged 18-39, and 24 chose not to disclose their age.

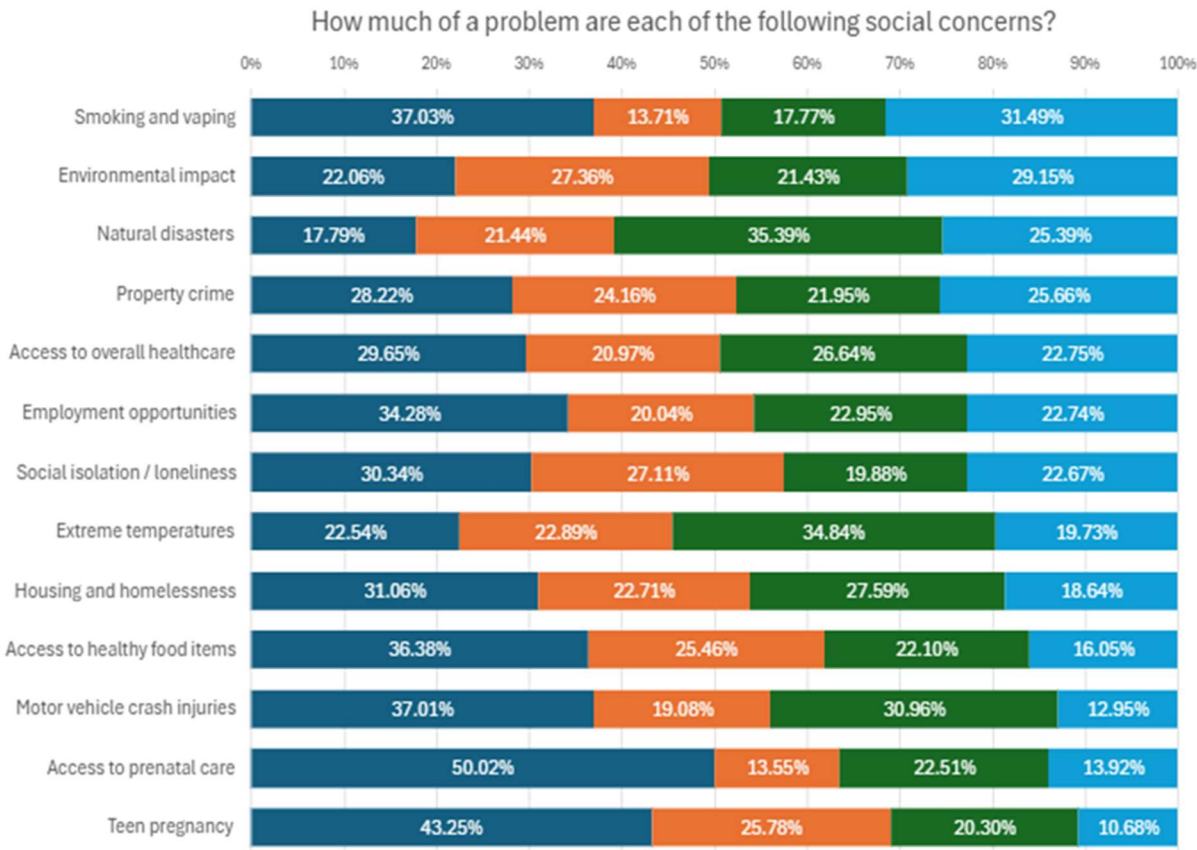


## Social Concerns

In the CHRISTUS Southeast Texas survey, community members identified smoking, environmental impact, property crime and access to health care as top social concerns. Employment, social isolation and housing also emerged as significant issues. Together, these findings highlight the layered impact of economic, safety and environmental factors on health across the region.

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

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

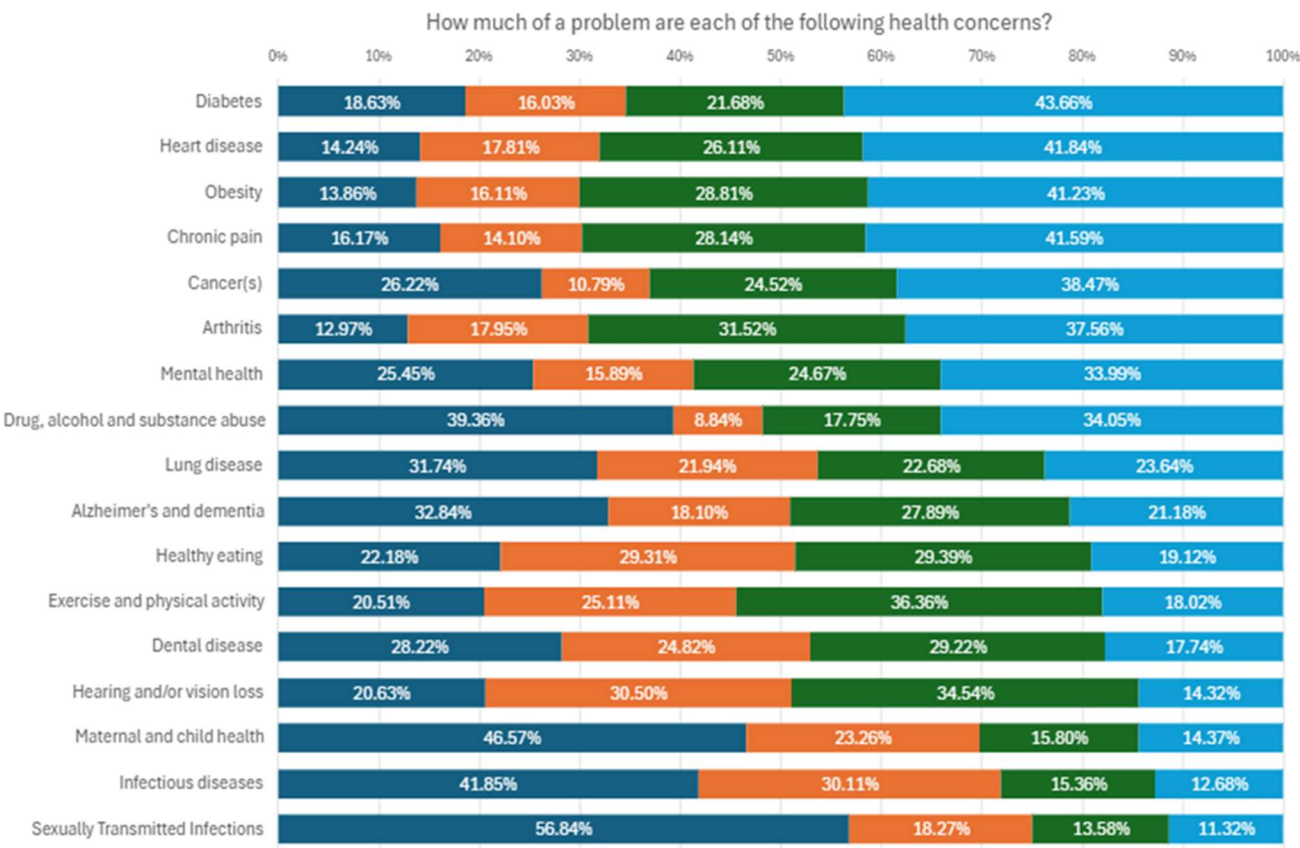


# Health Concerns

According to responses from the CHRISTUS Southeast Texas Community Health Survey, diabetes, heart disease, obesity and chronic pain were frequently marked as “serious” or “moderate” concerns. Behavioral health issues, including mental health and substance use, also stood out prominently. Lower perceived concern was noted for STIs and infectious diseases. These results emphasize a clear regional focus on chronic and behavioral health challenges.

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

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





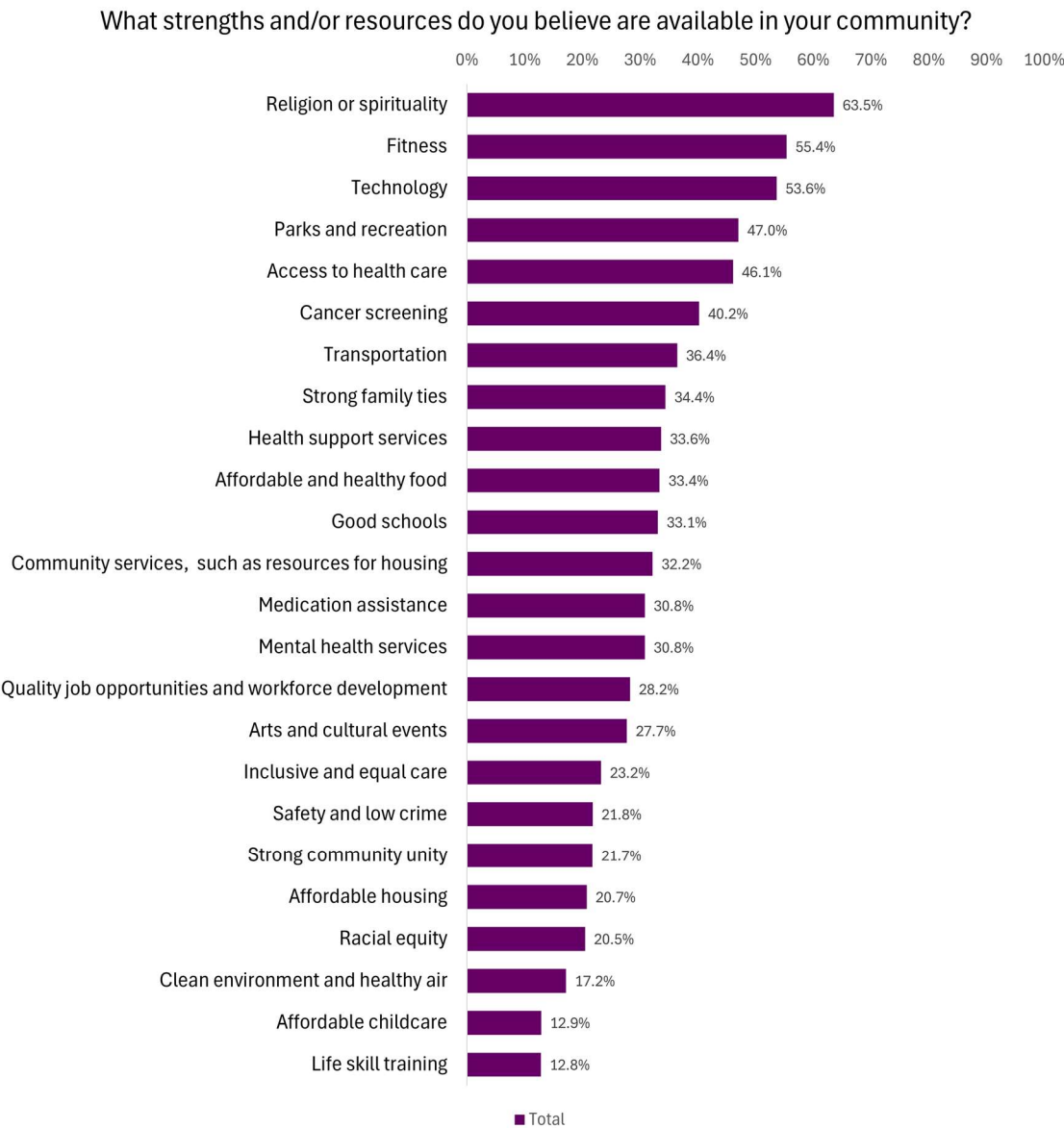
## The Story Behind the Health and Social Concerns

The community health survey responses reveal several recurring themes regarding health and social issues in the neighborhood. A significant concern is the lack of access to quality health care, including shortages of medical professionals, long wait times for appointments and the need to travel to larger cities for specialized care. Mental health services are notably insufficient, with limited availability and high costs, particularly affecting veterans and those without insurance. There is also a strong sentiment about the high cost of health care and insurance, making it difficult for many to afford necessary treatments. Social issues such as homelessness, crime, and drug trafficking are prevalent, alongside concerns about inadequate public transportation and affordable housing. Additionally, respondents highlighted the need for better community support systems, including resources for the elderly, caregivers and those with disabilities. Environmental concerns, such as pollution and stray animals, were also mentioned, reflecting a need for broader community and infrastructural improvements.



# Strengths and Resources Available

The common themes identified from the community health survey responses regarding neighborhood strengths include the presence of supportive community resources such as hospitality centers providing daily meals and Meals on Wheels for seniors. There is also mention of neighbor support and family as strengths. However, there are concerns about the accessibility and affordability of these resources, with some services only available outside the county and others being too expensive, such as child care. Additionally, there is a call for greater unity and inclusivity in the community to ensure that resources are available to those who truly need them.



## Opportunities for Services or Resources

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

The community health survey responses highlight several common themes regarding additional services needed in neighborhoods. Many participants expressed a need for improved health care access, including mental health services, specialized medical professionals and affordable health care options. Transportation emerged as a significant concern, with calls for better public transport, medical transportation and services for seniors. There is also a strong demand for more support for seniors, including affordable housing, food assistance and resources to help navigate health care systems. Additionally, respondents emphasized the need for more recreational facilities, such as parks, walking paths and fitness centers, as well as educational programs on health and nutrition. Addressing homelessness and providing resources for vulnerable populations, such as veterans and victims of abuse, were also noted as priorities. Overall, the responses indicate a desire for more comprehensive and accessible community services to improve quality of life.

## 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 CHRISTUS Southeast Texas Health System'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:

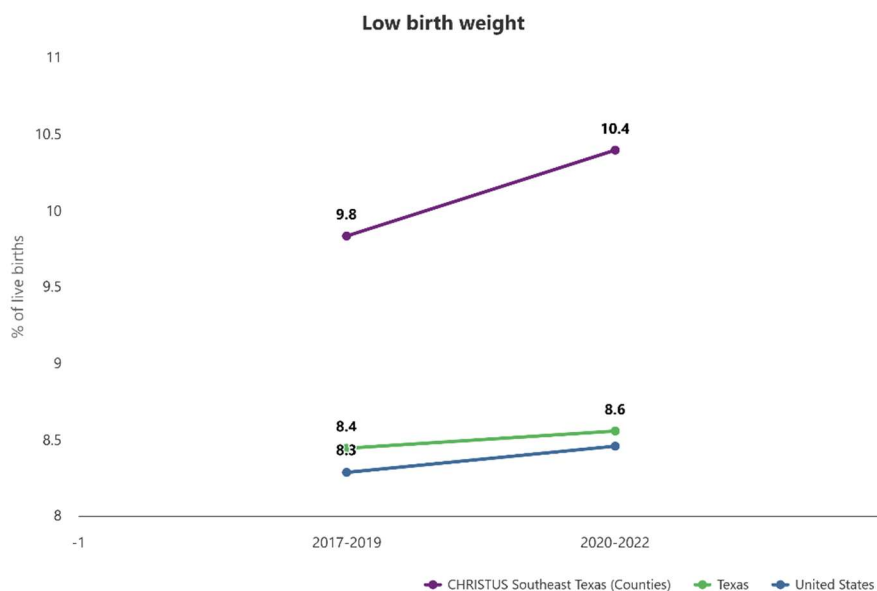
- Access to care
- Vaccines
- Behavioral health: mental health
- Behavioral health: substance abuse
- Housing instability

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?

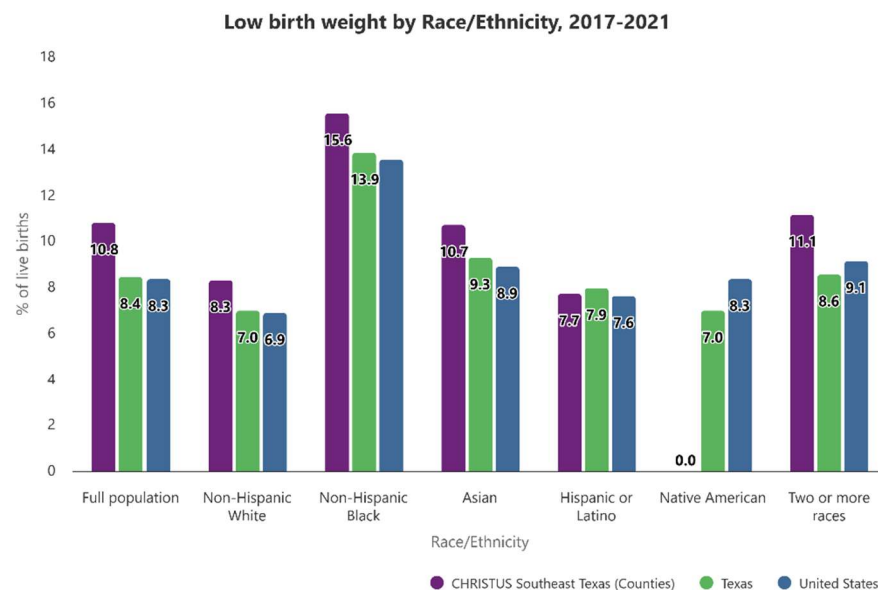
## Low Birth Weight

Between 2017-2019, the CHRISTUS Southeast Texas service area had a higher low birth weight rate of 9.83%, compared to Texas' 8.44% and the United States' 8.28%. From 2020-2022, the rate in the CHRISTUS Southeast Texas service area increased to 10.4%, while Texas and the United States saw slight increases to 8.56% and 8.46%, respectively. This indicates a growing disparity in low-birth-weight rates in the CHRISTUS Southeast Texas service area compared to the state and national averages.



## Low Birth Weight by Race and Ethnicity

The data shows the percentage of low birth weight births across different racial and ethnic groups. In the CHRISTUS Southeast Texas service area the overall low birth weight rate is 10.78%, with Non-Hispanic Black individuals having the highest rate at 15.56%. This is significantly higher than the state and national averages, indicating a notable disparity in this region.



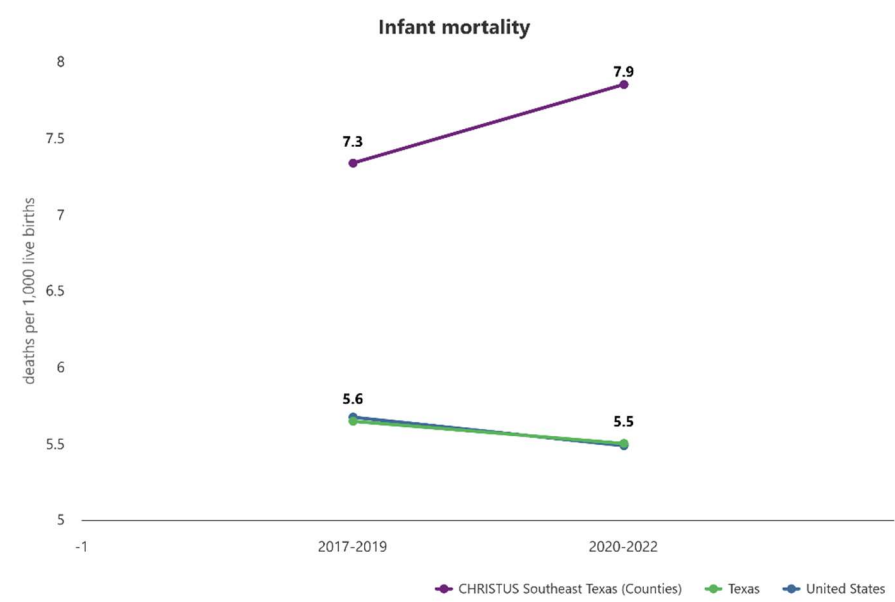
Created on Metopio | metopio.io/outfiling | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org/>), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (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.

Created on Metopio | metopio.io/outfiling | 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-Nativity (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.



## Infant Mortality

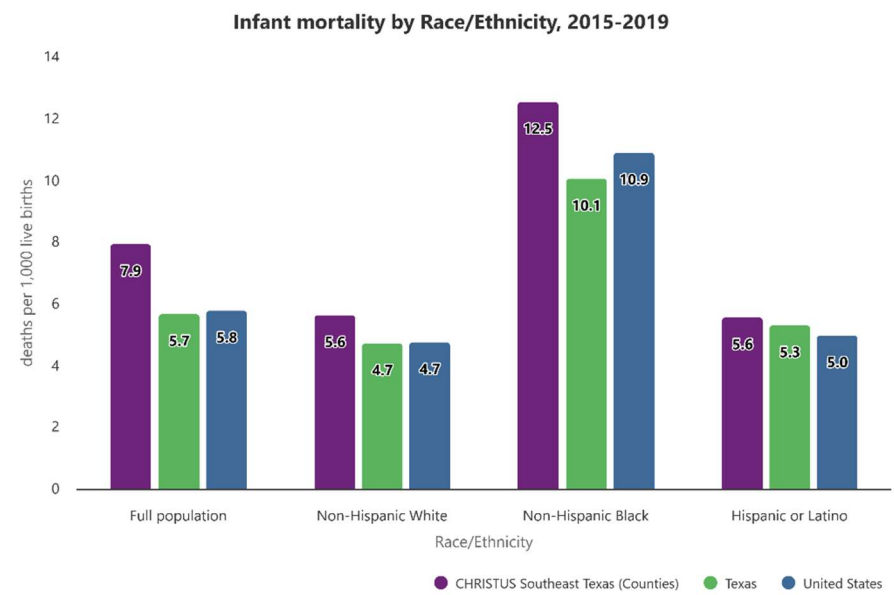
Infant mortality rates in the United States have shown a slight decrease from 5.67 in 2017-2019 to 5.49 in 2020-2022. In contrast, Texas has experienced a more significant decline, dropping from 5.65 to 5.5 over the same period. However, the CHRISTUS Southeast Texas service area has seen an increase in infant mortality rates, rising from 7.34 to 7.85.



Created on Metopio | metopio.io/138i9voh | Data sources: 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) (CDC Wonder; counties Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

## Infant Mortality by Race and Ethnicity

Infant mortality rates vary significantly across different racial and ethnic groups in the United States. In the CHRISTUS Southeast Texas service area, the overall infant mortality rate is 7.94, with Non-Hispanic Black infants having the highest rate at 12.54. Nationwide, the rate is slightly lower at 5.77, with Hispanic or Latino infants experiencing a rate of 4.98, which is the lowest among the groups mentioned.



Created on Metopio | metopio.io/rk39yfs2 | Data sources: 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) (CDC Wonder; counties Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Preterm birth rates in the United States have shown a concerning trend, with the CHRISTUS Southeast Texas service area experiencing the highest rates among the regions analyzed. The rates in this area increased from 11.72% in 2017-2019 to 12.42% in 2020-2022. Texas also saw an increase, rising from 10.74% to 11.11% during the same periods. Nationwide, the preterm birth rate slightly increased from 10.03% to 10.29%

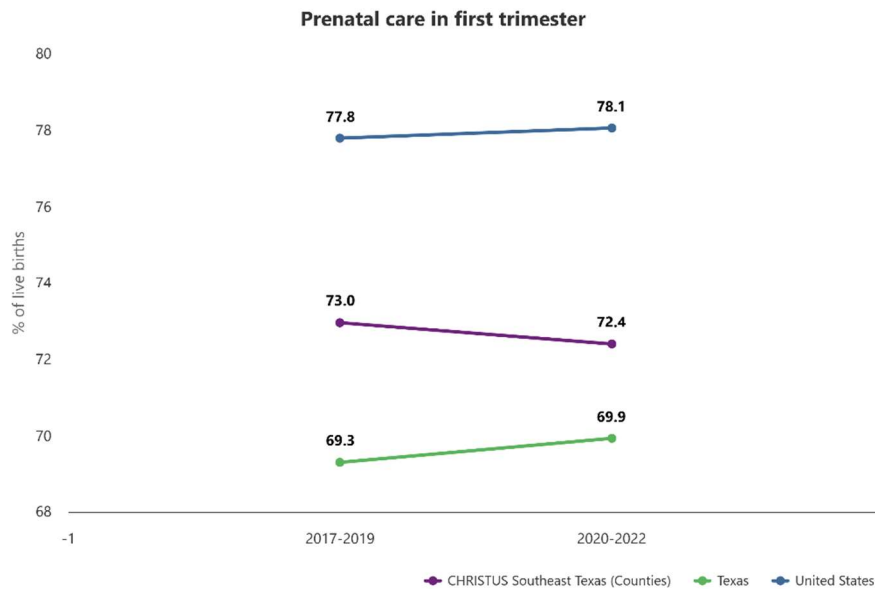


Preterm birth rates vary significantly across different racial and ethnic groups in the United States. The overall preterm birth rate in the United States is 11.94%, with Texas and the CHRISTUS Southeast Texas service area showing higher rates of 13.08% and 13.93% respectively. Notably, Non-Hispanic Black individuals have the highest preterm birth rate at 16.46% nationally, while Native American and the two or more races groups also exhibit elevated rates.



## Prenatal Care in First Trimester

Prenatal care in the first trimester is a critical indicator of maternal and infant health. In the CHRISTUS Southeast Texas service area, which encompasses several counties, the rate of prenatal care in the first trimester was 72.96% from 2017 to 2019, slightly lower than the national average of 77.79%. From 2020 to 2022, this rate decreased slightly to 72.4%, while the national average increased to 78.06%. This suggests a need for targeted interventions to improve early prenatal care access and utilization in the region.

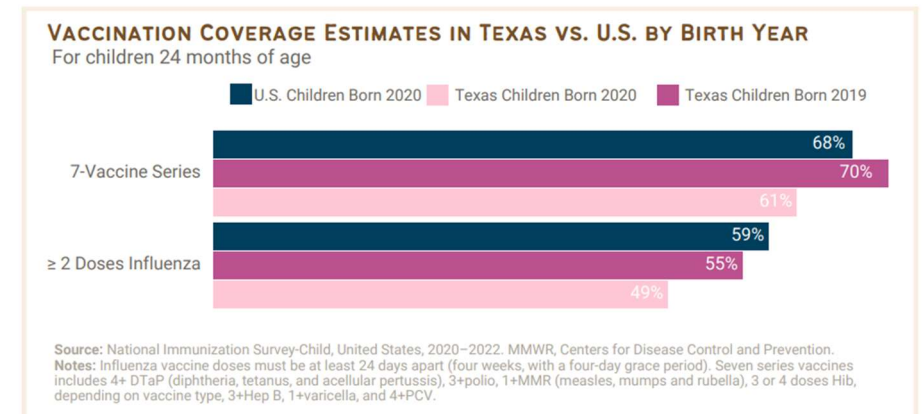


Created on Metopio | metopio.io/ie5sdielr | Data source: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)  
 Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

## Vaccines

Vaccination coverage among young children in Texas continues to trail behind national averages, highlighting a critical gap in early childhood preventive care. Among children born in 2020, only 61% in Texas completed the recommended 7-vaccine series by age 2, compared to 68% nationally. For influenza, only 55% of Texas children born in 2020 received the recommended two or more doses — further dropping to just 49% for those born in 2019. These disparities in early immunization leave many young children vulnerable to preventable diseases and signal missed opportunities for early interventions.

For communities in southeast Texas, this data reinforces the need for focused efforts in vaccine education, access and outreach — particularly in underserved and rural areas where barriers to pediatric care are often higher. Boosting childhood immunization rates is essential for protecting community health, reducing hospitalizations and ensuring every child has a healthy start to life.



Source: CDC | National Immunization Survey-Child, 2020–2022

## Mental Health

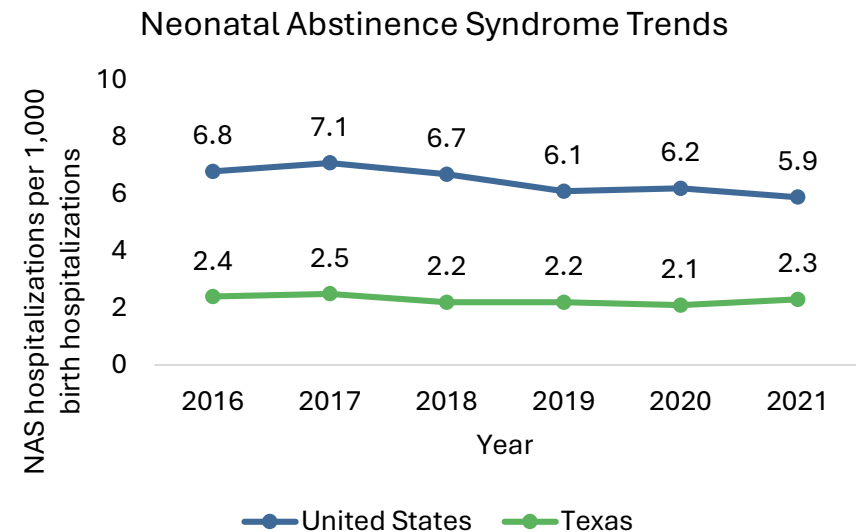
In 2015, 14.7% of women with a recent live birth reported experiencing depressive symptoms.

**Data source:** CDC| America's Health Rankings: Pregnancy Risk Assessment Monitoring System or state equivalent

Mental health during and after pregnancy plays a vital role in the long-term well-being of both mothers and their children. In 2015, 14.7% of women with a recent live birth reported experiencing symptoms of postpartum depression. This means that roughly one in seven new mothers faced emotional distress that could impact bonding, caregiving and infant development.

These findings underscore the importance of routine maternal mental health screening, early intervention and access to culturally responsive behavioral health services — especially during the first year postpartum. Supporting maternal mental health is not only about helping mothers heal, but also about setting a stable foundation for early childhood growth and family resilience.

## Neonatal Abstinence Syndrome



**Source:** Health Resources and Services Administration: Maternal and Child Health Bureau

Neonatal abstinence syndrome (NAS) — a condition in which newborns experience withdrawal due to prenatal exposure to illicit drugs — remains a concerning indicator of substance use during pregnancy. In 2021, the United States reported 5.9 NAS-related hospitalizations per 1,000 births, down from 7.1 in 2017. Texas consistently reported lower rates than the national average, with 2.3 NAS-related hospitalizations per 1,000 births in 2021.

While Texas trends remain relatively stable and below the national rate, the presence of NAS in more than two out of every 1,000 births signals continued need for intervention. These cases highlight the importance of comprehensive prenatal care, maternal behavioral health services and early screening for substance use. Preventing NAS is essential to ensuring healthy starts for infants and supporting families through recovery-focused, trauma-informed care models.

## Housing Instability

In 2022, 46.6% of households in the CHRISTUS Southeast Texas service area were above the poverty level but still unable to afford their basic needs.

**Source:** United Way for ALICE, 2022

In 2022, nearly half of all households (46.6%) in the CHRISTUS Southeast Texas service area were living above the federal poverty level yet still struggled to meet basic needs like housing, food, health care, child care and transportation. These households are identified as ALICE — Asset Limited, Income Constrained, Employed — and represent working families who often fall through the cracks of traditional support systems.

This data highlights a hidden population of economic insecurity in Southeast Texas: families who are employed but do not earn enough to keep up with the rising cost of living. Addressing the needs of ALICE households requires cross-sector collaboration to improve access to affordable services, strengthen job opportunities and support policies that reduce the financial burden on working families.

# What Is the Story Behind the Data?

Focus group participants emphasized significant barriers to healthy births and prenatal care in the community. Common challenges included lack of access to early prenatal care, food insecurity, substance use during pregnancy and fear or mistrust of health care systems — especially among undocumented or low-income individuals. One community member noted, *“A lot of women, while they're pregnant, still use substances.”*

Furthermore, community members noted some women delay or avoid prenatal visits due to stigma, transportation issues or fear of CPS involvement. Emergency rooms are often used for care due to being perceived as less invasive and more anonymous. There's a need for more culturally sensitive outreach, education on substance use during pregnancy and accessible prenatal support services. Social determinants like poverty and lack of insurance contribute heavily to poor maternal outcomes. Domestic violence and financial abuse significantly limit women's ability to access care, with one individual noting, *“Their abuser will not let them access finances, will not let them have a job, will not let them access medical care, prenatal care.”*

# School-Age Children and Adolescent Health



*Children will be well-equipped with the care and support to grow up 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:

- Behavioral health: mental health (anxiety)
- Behavioral health: substance abuse
- Food insecurity
- Housing instability

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.

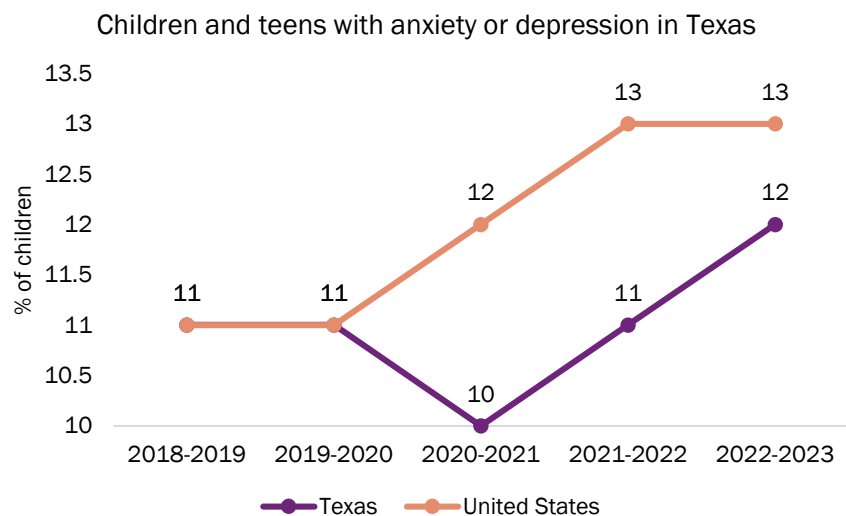


# How Are We Doing?

## Children and Teens with Anxiety or Depression in Texas

Mental health challenges among children and teens in Texas are on the rise. From 2020 to 2023, the percentage of youth in Texas reporting anxiety or depression increased from 10% to 12%, following a similar national upward trend. While Texas remained slightly below the national average (which rose from 11% to 13% during the same period), the increase still signals growing mental health needs among school-aged children.

These patterns point to a critical need for early intervention, expanded access to school-based mental health services and family-centered support that reduce stigma and build emotional resilience. Addressing youth mental health is essential to improving academic achievement, peer relationships and long-term well-being.

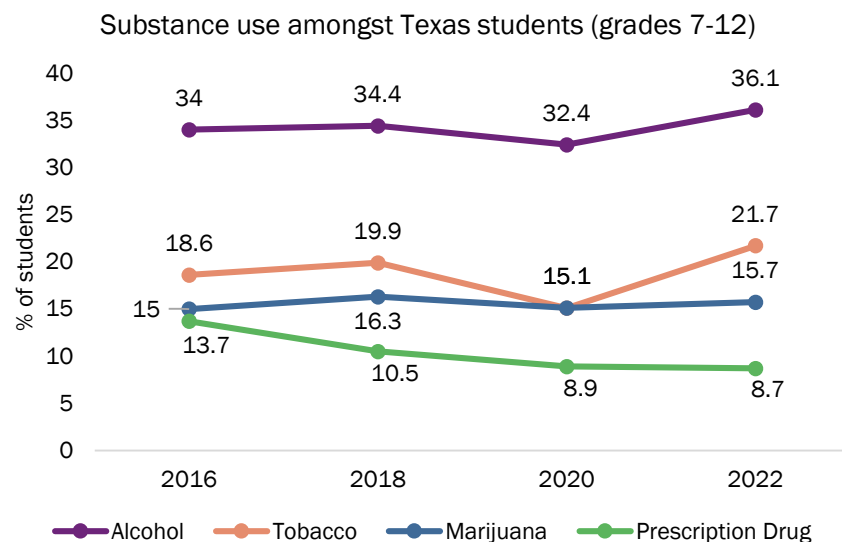


Source: Every Texas | Children and teens with anxiety or depression in Texas, 2018–2023

## Substance Use Amongst Texas Students (Grades 7 – 12)

Substance use remains a persistent concern among adolescents in Southeast Texas and across the state. In 2022, more than one in three Texas students (36.1%) in grades 7–12 reported using alcohol, an increase from previous years. Tobacco use also saw a sharp rise — from 15.1% in 2020 to 21.7% in 2022 — after a period of decline. Meanwhile, marijuana use remained steady at 15.7%, and non-medical prescription drug use, though slightly lower, affected nearly 9% of students.

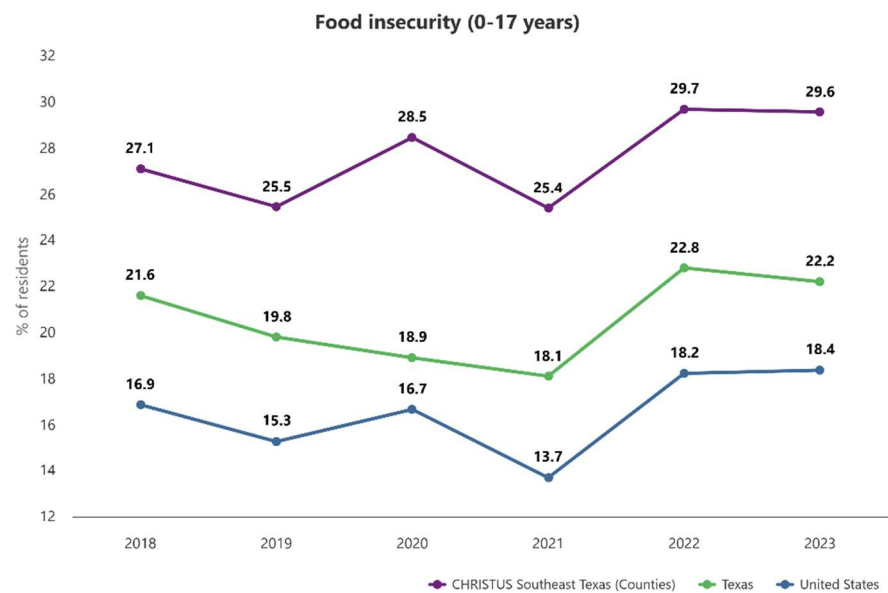
These trends signal the need for continued investment in school-based prevention programs, early screening and community-wide education efforts that address both the availability of substances and the underlying mental health and social pressures influencing youth behavior. For the southeast Texas region, this also presents an opportunity to collaborate with families, schools and local coalitions to build a culture of prevention and resilience.



Source: Texas Health Data | Texas Student Substance Use Survey, 2016–2022

## Food Insecurity (0 – 17 years)

Food insecurity in the CHRISTUS Southeast Texas service area has been consistently higher than both the state and national averages from 2018 to 2023. The rate fluctuated over the years, peaking in 2022 at 29.69%. Despite a slight decrease in 2023, the rate remains significantly above the Texas and United States averages.

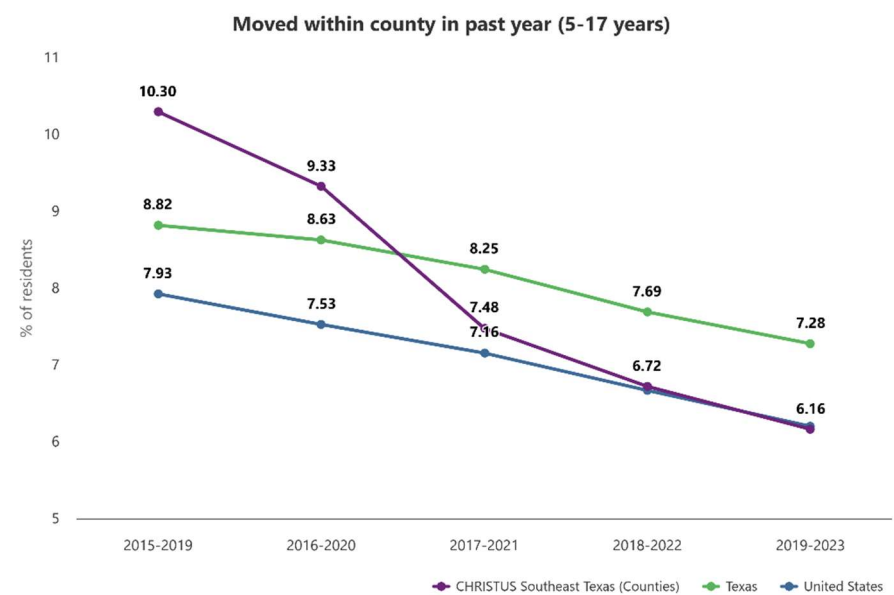


Created on Metopio | metopio.io/9f7ngsi7 | Data source: Feeding America: Map the Meal Gap

**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.

## Moved Within County in Past Year

The data represents the percentage of individuals who moved within the same county in the past year for the CHRISTUS Southeast Texas service area Texas, and the United States from 2015 to 2023. In the CHRISTUS Southeast Texas service area, the rate decreased from 10.3% in 2015-2019 to 6.16% in 2019-2023. Texas and the United States also experienced a decline, with Texas's rate dropping from 8.82% to 7.28% and the United States's rate falling from 7.93% to 6.2%.



Created on Metopio | metopio.io/4r5bmt9c | 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.

# What Is the Story Behind the Data?

For school-aged children, community members noted rising mental health challenges and experiences of trauma. Many children are growing up in environments with domestic violence, substance abuse and family instability, contributing to high rates of adverse childhood experiences (ACEs). One individual noted, *“Many kids in our community come from households with alcohol or drug problems, neighborhood violence, domestic violence.”*

The community also noted gaps in sex education and emotional health awareness in schools. Stakeholders called for stronger school-based mental health supports, early interventions and trauma-informed education approaches. Despite the challenges, participants acknowledged the protective role of extended family, particularly grandparents, in supporting children’s resilience.

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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: medication
- Behavioral health: mental health
- Behavioral health: substance abuse
- Poverty

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

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.

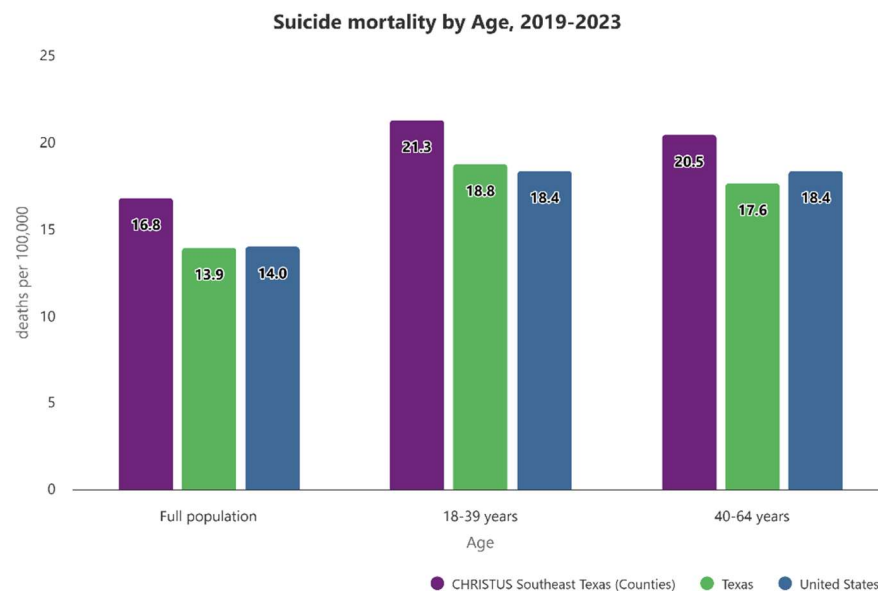
**Source:** Kaiser Family Foundation

Access to affordable medications remains a pressing challenge for many adults in the communities served by CHRISTUS Southeast Texas Health System. One in four adults who take prescription drugs report difficulty affording their medications. For those with household incomes under \$40,000, the burden is even greater — 40% face cost-related barriers to filling their prescriptions.

This data highlights a significant gap in access to necessary treatments, particularly for lower-income residents managing chronic conditions. When adults skip doses, ration medications or forgo prescriptions entirely due to cost, it leads to poorer health outcomes, increased hospitalizations and greater strain on the health care system. Addressing medication affordability through assistance programs, pharmacy partnerships and patient-centered care models is essential to advancing health equity and improving quality of life across Southeast Texas.

## Suicide Mortality

Suicide mortality rates in the CHRISTUS Southeast Texas service area are higher than both Texas and the United States overall. The age group most affected in the United States is 18-39 years, with a rate of 21.29, compared to 18.77 in Texas and 18.36 in the United States. The 40-64 years age group also shows higher rates in the United States at 20.47, compared to 17.63 in Texas and 18.39 in the United States.

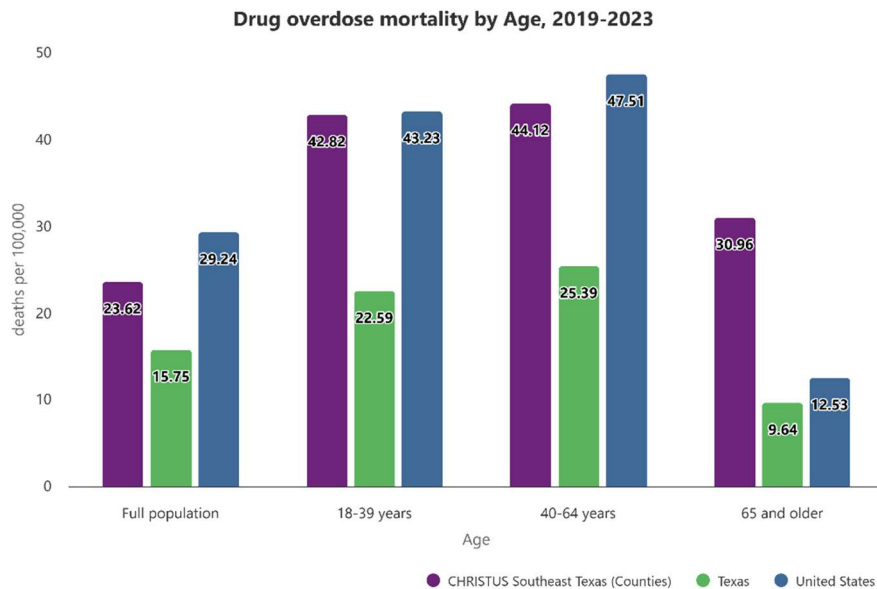


Created on Metopio | metopio.io/ke2trowm | Data source: Centers for Disease Control and Prevention (CDC) National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

**Suicide mortality:** Deaths per 100,000 residents due to suicide (ICD-10 codes U03. X50 X64 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."

## Drug Overdose Mortality

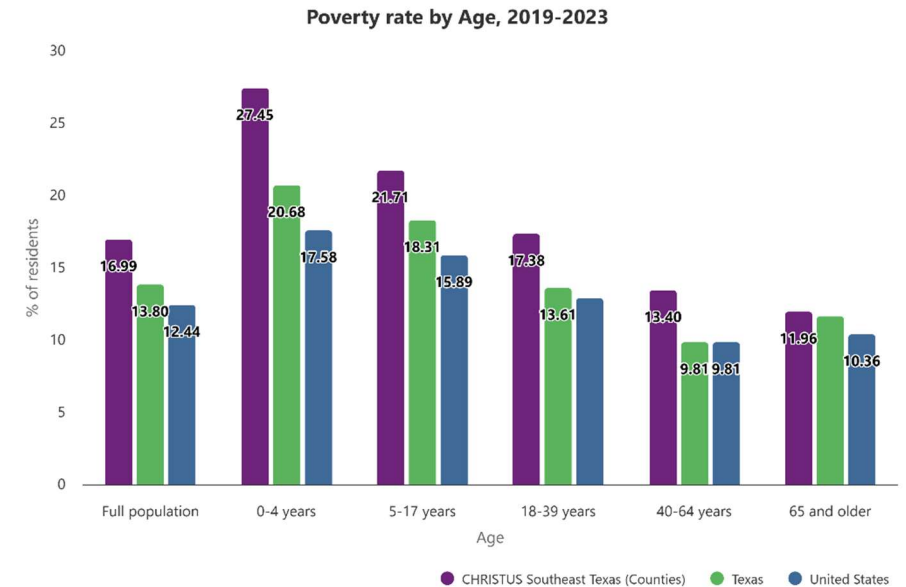
Drug overdose mortality rates vary significantly across different age groups and locations. In the CHRISTUS Southeast Texas service area, Texas and the United States, the mortality rate for the full population is 23.62, 15.74, and 29.24 respectively. The highest rates are observed in the 40-64 years age group in Texas and the United States, with rates of 44.12 and 47.51 respectively. However, in CHRISTUS Southeast Texas Counties, the highest rate is in the 18-39 years age group at 42.82. The 65 and older age group has the lowest rates across all locations.



Created on Metopio | metopio.io/v/9myz8stq | 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.

## Poverty Rate by Age

The CHRISTUS Southeast Texas service area, encompassing multiple counties, reports the highest poverty rates across all age groups, with the full population at 16.99% and children aged 0-4 at 27.45%. Notably, individuals aged 65 and older have the lowest poverty rates in all regions, with the United States at 10.36%, Texas at 11.67%, and CHRISTUS Southeast Texas at 11.96%.



Created on Metopio | metopio.io/h3w4rgzk | 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).

# What Is the Story Behind the Data?

Key health needs identified by community members included accessible and affordable mental health care, culturally competent and trauma-informed providers, crisis intervention resources (including telepsychiatry and psychiatric nurse practitioners) and robust preventive services, especially for high-risk groups. *“Nobody would judge you for having a bad knee or a sick liver, but you have a chemical imbalance in your brain somehow that makes you less of a person.”* This quote reveals how deeply entrenched stigma remains, comparing mental health conditions unfavorably to physical ailments and highlighting the added burden of shame for those seeking support.

Disparities are most acute among those experiencing financial hardship, racial and ethnic minorities (notably undocumented Hispanic community members), those with disabilities and rural or underserved populations. Social determinants like poverty, domestic violence and lack of child care or transportation further compound barriers to care.

Prioritizing interventions should focus on expanding provider capacity, integrating mental health into primary care and schools, reducing stigma through education and creating low-barrier access points for at-risk groups, with special attention to confidentiality, follow-up care and network building across existing community services. *“There isn’t a lot of funding, and there isn’t a lot of providers. So I think the call for us as a system, as a community, is to start talking about this and trying to figure out, how do we build some kind of a network between the few organizations that are in the community, so that we know where to go, and we know how to reach out for help ourselves and connect someone who see them struggling?”* This statement emphasizes systemic limitations, the fragmentation of available services and the need for building collaborative care networks to address gaps and improve access.



# 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:

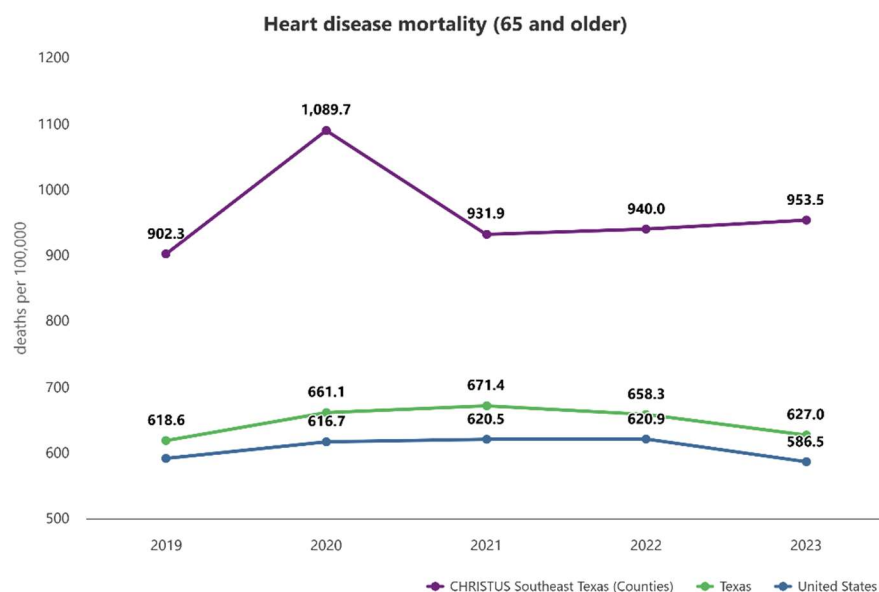
- Chronic diseases: heart disease, cancer
- Behavioral health: mental health
- Caregiver support
- Poverty

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 becomes 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?

## Heart Disease Mortality (65 and Older)

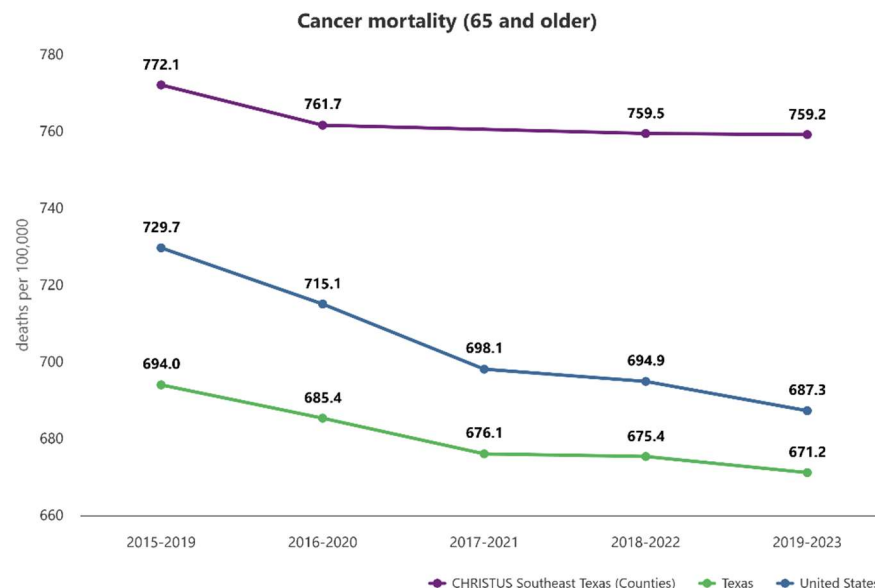
Heart disease mortality rates in the CHRISTUS Southeast Texas service area have shown a general upward trend from 2019 to 2023, with a notable spike in 2020. The CHRISTUS Southeast Texas service area has consistently reported higher rates compared to the national average. Despite some fluctuations, the mortality rate in Texas has remained relatively stable, slightly above the national average.



Created on Metopio | metopio.io/v2vqj8dij | 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).

## Cancer Diagnosis Rate (65 and Older)

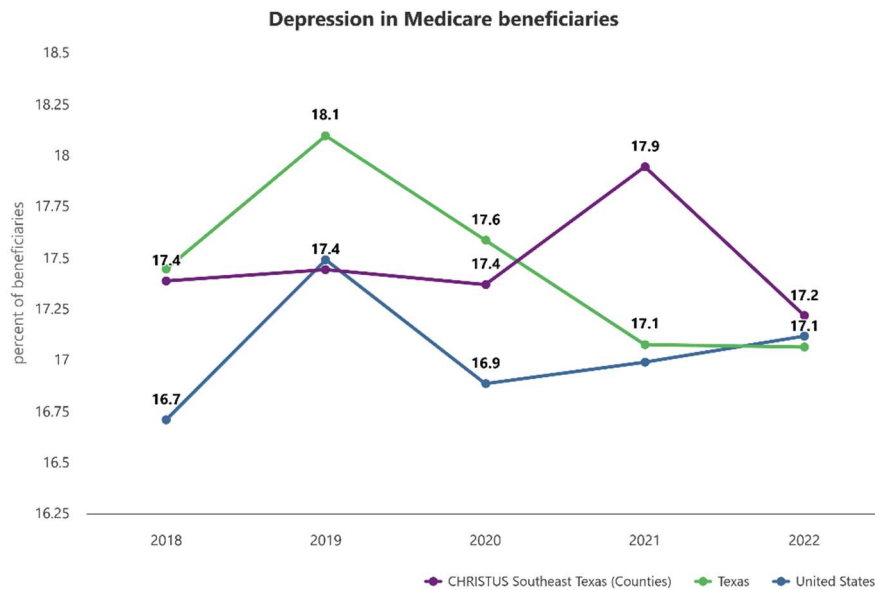
Cancer mortality rates in the CHRISTUS Southeast Texas service area have consistently been higher than both the state of Texas and the United States as a whole from 2015 to 2023. The rates in this region peaked between 2015 and 2019 at 772.14 deaths per 100,000 people. Over the same period, Texas and the United States reported lower rates, with Texas showing a slight decline and the U.S. experiencing a minor increase by 2023. Despite a general downward trend in all areas, the CHRISTUS Southeast Texas service area maintained the highest mortality rates throughout the observed period.



Created on Metopio | metopio.io/v6yrgzord | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data).  
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

## Depression in Medicare Beneficiaries

Depression rates among Medicare beneficiaries in the United States have fluctuated over the past five years, with a slight overall increase. The CHRISTUS Southeast Texas service area has consistently reported higher rates than the national average, peaking in 2021. Texas as a state has also seen varied rates, generally aligning closely with national trends. The data indicates a need for continued monitoring and targeted interventions to address mental health among this population.



Created on Metopio | [metopio.io/f/b1kwscqy](https://metopio.io/f/b1kwscqy) | Data source: Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities

Depression in Medicare beneficiaries: Percentage of Medicare beneficiaries reported with depression, ages 65 and older.

## Caregiver Support

As the population ages, caregiving responsibilities are increasingly falling on family members — many of whom are older adults themselves. In the United States, family caregivers provide an average of four to five hours of care per day for loved ones aged 65 or older. The burden is especially high among caregivers aged 55 and older, who report spending 4.09 to 4.85 hours per day providing care.

The data also shows that spouses, unmarried partners and individuals without young children in the household take on the majority of this caregiving role. Many do so while managing their own health issues, limited incomes or lack of formal support.

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

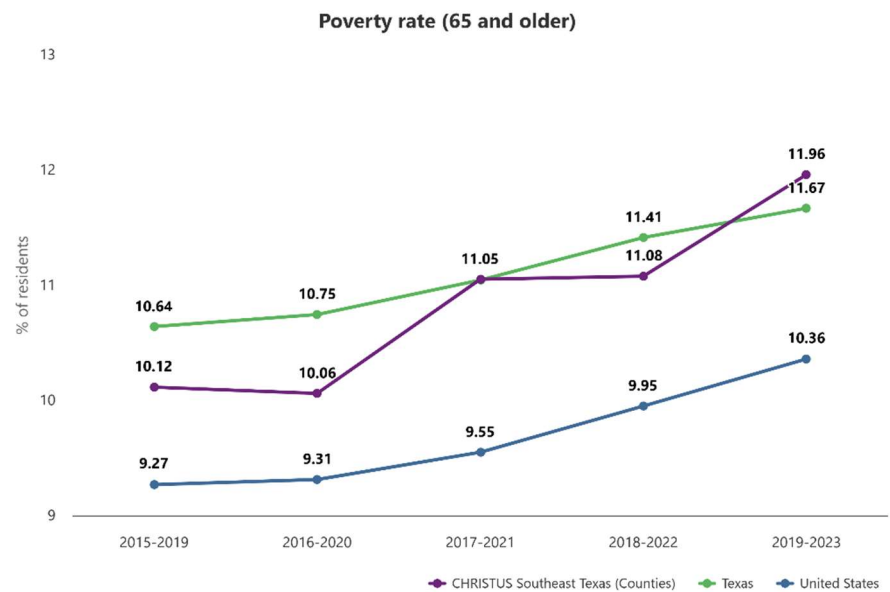
Characteristic	Hours
Total, 15 years and over	3.59
Age of provider	
15 to 24 years	2.45
25 to 34 years	1.59
35 to 44 years	2.71
45 to 54 years	2.32
55 to 64 years	4.09
65 years and over	4.85
Sex	
Men	3.61
Women	3.58
Employment status	
Employed	2.75
Full-time workers	2.65
Part-time workers	3.04
Not employed	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

## Poverty Rate (65 and Older)

The poverty rate in the United States has generally increased from 2015 to 2023, rising from 9.27% to 10.36%. In Texas, the poverty rate has also risen, starting at 10.64% in 2015 and reaching 11.67% in 2023. The CHRISTUS Southeast Texas service area has experienced a notable increase in its poverty rate, climbing from 10.12% in 2015 to 11.96% in 2023. This trend indicates a growing economic challenge in this region compared to the state and national averages.



Created on Metopio | metopio.io/mzxo1wte | 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).

# What Is the Story Behind the Data?

For older adults, the most discussed health issues included caregiver burnout, dementia-related illnesses like Alzheimer's and gaps in long-term mental health support. Caregivers, especially spouses, face high levels of depression and emotional strain with few resources for respite or support. One individual noted, "Where we're seeing a lot of depression is with the caregivers, mainly the spousal caregivers."

Organizations providing dementia care noted that while patients were generally stable due to proper medication and family involvement, their caregivers often suffered silently. There's a need for more mental health support targeted at caregivers, better coordination with health care providers and affordable respite services. Participants also raised concerns about limited placement options for older adults with unmanaged mental health issues

# 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 Southeast Texas Health System Leadership

We extend our sincere gratitude to the CHRISTUS Southeast Texas Health System 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 Southeast Texas Health System's 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:

- Daniel Ford, Vice President of Mission Integration
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health & 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:**

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**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>

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