Community Health Needs Assessment

2026 – 2028

CHRISTUS®
TRINITY MOTHER FRANCES
Health System

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Chapter 1: Letter to the Community

Letter to the Community

A Message of Gratitude

We are deeply grateful to our neighbors, partners, families and friends for lending your voice once again to shape the future of health in Northeast Texas. Through your participation in the Community Health Needs Assessment (CHNA), you've given us more than the data; you've offered truth, insight and a clear direction for how we can better serve you.

In our 2023–2025 CHNA, you highlighted the need for stronger specialty care and chronic disease management, especially for conditions like diabetes, heart disease, cancer and obesity. You called for better access to primary care and behavioral health services, and you reminded us that education, smoking prevention and food insecurity are critical to creating lasting health. We took those priorities to heart and used them to build deeper partnerships and expand resources to meet those needs.

Over the past three years, the four hospitals within the Tyler Ministry set as a priority to educate communities on the crisis many families and individuals were facing: a lack of food daily. Together with our CHRISTUS team of Associates and our communities, we helped to grow outreach for local food banks, church pantries, food drives and directly cooking and serving meals with local churches to serve healthy meals to those in need. And our Associates provided hours of paid volunteer time to help with all these projects as part of our commitment to work together with our communities to address identified needs, and we will do so again repeatedly year after year.

Now, as we look at the 2026–2028 CHNA, your input paints a broader and even more urgent picture. You've told us access to primary care, OB/GYN services, prenatal care and long-term care remains a significant challenge, particularly in terms of affordability, insurance coverage and continuity of care across providers. You named poor mental health, substance use and the growing effects of social media, phone addiction and screen time, especially among children and youth, as concerns that touch nearly every household.

You brought attention to critical social issues that shape health long before someone walks into a clinic: the high cost of living, food insecurity, limited child care, language barriers, housing instability and the daily struggles of people living in poverty. You also reminded us that many of our older adults are facing mobility issues, social isolation, the rising cost of medications and the inability to perform daily tasks safely and independently. And, all of these issues affect the continuing rise in chronic health diseases like diabetes, cancer, heart disease and orthopedic conditions.

Paul Harvey
President & CEO
CHRISTUS Mother Frances Hospitals – Sulphur Springs and Winnsboro

Jason Proctor
President & CEO
CHRISTUS Mother Frances Hospitals – Tyler and Jacksonville

What you've shared isn't just a checklist; it's a reflection of real life. Your feedback tells us that health isn't about one appointment or one diagnosis but about the whole person and the world they live in. It's about ensuring that, regardless of your age, language, income or background, you have access to compassionate, coordinated care and support systems that sustain wellness throughout your lifetime.

At **CHRISTUS Trinity Mother Frances Health System**, we carry your voices into every conversation about our programs, partnerships and investments. Your honesty challenges us to grow, and your participation inspires us to act with greater purpose, urgency and heart. Thank you for trusting us to walk alongside you. Together, we will continue building a future where every person in Northeast Texas can thrive.

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.

Andy Navarro
Vice President of Mission
Integration
**CHRISTUS Trinity Mother
Frances Health System**

Crissy Chanslor
Program Manager,
Community Benefits
**CHRISTUS Trinity Mother
Frances 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 Trinity Mother Frances Health System, including CHRISTUS Mother Frances Hospital - Jacksonville, CHRISTUS Mother Frances Hospital - Winnsboro, CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital – Tyler, reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on July 31, 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 July 31, 2025.

Executive Summary

For more than 85 years, CHRISTUS Trinity Mother Frances Health System has walked alongside the people of Northeast Texas — serving not just as a provider of care, but as a neighbor, a partner and an advocate for community well-being. From our roots in Tyler to our growth in Jacksonville, Winnsboro and Sulphur Springs, our mission to extend the healing ministry of Jesus Christ continues to guide every step we take.

At CHRISTUS Trinity Mother Frances Health System, we believe that health begins long before someone walks through our doors. It begins in homes, schools, churches, neighborhoods and every space where people live, work and care for one another. That's why we are committed to listening first, honoring the lived experiences of our communities and ensuring that their voices shape the care we provide and the priorities we pursue.

Our Community Health Needs Assessment (CHNA) is one of the most important steps to gather this information. Conducted every three years, this report reflects the insights, challenges and hopes shared by residents, community partners and local organizations across Northeast Texas. It was written with and for our community — with humility, gratitude and a deep belief in the power of shared purpose.

This CHNA follows a lifespan approach, exploring health needs at four key stages of life: maternal and early childhood, school-aged children and adolescents, adults and older adults. We also examine the broader social and economic conditions — such as housing, education, employment, food insecurity and access to care — that shape health outcomes and quality of life.

What follows is more than data — it's a call to action. It is our invitation to walk forward together, building on our community's strengths and working side by side to ensure every person can thrive.

Maternal and Early Childhood Health

Access to quality prenatal care and early childhood services is essential to ensuring healthy pregnancies, reducing complications and supporting physical, cognitive and emotional development. Without proper care, factors such as inadequate prenatal services, preterm births, low birth weight and exposure to early trauma can increase the risk of chronic health conditions, developmental delays and other long-term challenges. Early interventions during this stage can significantly improve health outcomes for both mothers and children.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

In Tyler and Jacksonville, community members celebrated increased access to maternal education, growing use of early childhood services, and a rise in community health outreach programs focused on mothers and infants. These successes reflect a shared commitment to supporting families from the very beginning of life. However, barriers remain. Residents pointed to gaps in prenatal care, chronic disease prevention, behavioral health and access to quality child care. Health literacy and poverty continue to limit opportunities for some families, reinforcing the need for sustained investments in this critical stage.

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

In Winnsboro and Sulphur Springs, many community members recognized the growing collaboration among providers, faith communities and schools to reach families with young children. There is pride in the increased dialogue around early childhood mental health

and in efforts to reduce food insecurity. Yet, there are still challenges. Limited access to OB/GYN care, poverty, high cost of living and behavioral health concerns tied to early trauma continue to impact maternal and child health. Addressing these disparities is essential to giving every child the healthiest start possible.

School-Age Children and Adolescent Health

Adolescence is a time of continued development and has specific health needs associated with it. Adolescents develop health and behavior patterns that can impact lifelong health and well-being. Chronic health conditions, including mental illnesses such as depression, can begin in adolescence and early interventions can dramatically improve outcomes.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

In Tyler and Jacksonville, the community highlighted positive efforts in expanding youth engagement programs, behavioral health awareness and access to school-based services. Residents also praised local initiatives focused on addressing childhood obesity and substance use through education and peer-led prevention strategies. However, young people continue to face barriers such as mental health stigma, food insecurity, abuse and poverty. Concerning long-term workforce readiness, access to educational opportunities, workforce development and the lack of consistent support systems were also raised. Access to primary care and specialty care for students and families is limited.

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

In Winnsboro and Sulphur Springs, residents acknowledged the strength of school-community partnerships and praised efforts to bring mental health conversations into classrooms. The work of local educators and nonprofits to address screen time and social media pressure was uplifted, as was progress in fostering inclusion for English-language learners. However, concerns remain around anxiety, depression and access to care. Families also raised the need for stronger workforce development opportunities, affordable after-school care and better coordination across support systems. Access to primary care and specialty care for students and families is limited.

Adult Health

Adults face unique health challenges, including the management of chronic conditions such as cancer and heart disease, diabetes, hypertension and mental health disorders. Preventive care, early intervention and access to supportive resources are essential in reducing health risks and improving quality of life. Without timely and comprehensive care, chronic illnesses can progress, leading to more severe health outcomes and reduced life expectancy.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

In Tyler and Jacksonville, residents expressed appreciation for improved access to community wellness education, chronic disease self-management classes and nutrition programs. Several praised the growth in behavioral health services and increased efforts to address housing instability. Despite these strides, challenges persist. Adults continue to experience difficulties accessing timely preventive care, navigating

insurance and managing chronic disease conditions like diabetes, heart disease and cancer. Behavioral health concerns and food insecurity remain high priorities. Education and workforce development were raised as key needs.

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

In Winnsboro and Sulphur Springs, residents emphasized pride in the resilience of local networks and the dedication of health care providers working in rural environments. Community members noted positive engagement around cancer awareness and mental health literacy. However, barriers related to transportation, provider shortages and stigma around seeking help continue to impact adult health. Chronic disease conditions and food insecurity are also top concerns for this population. Education and workforce development were raised as key needs.

Older Adult Health

As people age, they are more likely to experience chronic conditions such as heart disease, diabetes and cognitive decline. Access to comprehensive health care, preventive services and community support can significantly improve health outcomes and promote aging with dignity. Early intervention and ongoing care are essential to managing chronic illnesses, preventing isolation and enhancing overall well-being.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

Older adult health in Tyler and Jacksonville, community members shared stories of successful aging programs, peer support groups and increased screenings for cognitive health. Local partners have made great strides

in raising awareness around Alzheimer's and dementia, and in addressing social isolation. Yet, affordability of medications, long-term care costs and difficulty accessing services remain key issues. Residents also raised the need for more caregiver support and mobility resources. Access to primary and specialty care is limited regardless of the ability to pay cash or if one has insurance. More resources are needed for chronic diseases such as heart disease, cancer, diabetes and obesity.

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

In Winnsboro and Sulphur Springs, the community expressed pride in grassroots efforts to support aging residents through home visits, transportation assistance and nutrition programs. There is a growing sense of collaboration around fall prevention and caregiver engagement. However, older adults continue to struggle with mobility, medication access, food insecurity and housing instability. Access to primary and specialty care is limited regardless of the ability to pay cash or if one has insurance. More resources are needed for chronic diseases such as heart disease, cancer, diabetes and obesity.

The 2026–2028 CHNA reveals both urgent needs and remarkable strengths across the communities served by CHRISTUS Trinity Mother Frances Health System. The insights gathered from local residents, health care professionals and community partners will serve as a

blueprint for action. With gratitude and determination, we will continue our work to reduce disparities, build healthier systems and uplift every person across every stage of life.

Together, we move forward — with faith, with purpose, and with our community at the heart of all we do.

Key Findings

The chart below summarizes the leading data indicators of the communities we serve. These leading indicators spotlight opportunities for improvement and guide proactive efforts to strengthen community health.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

COMMUNITY LEADING INDICATORS			
Maternal Health and Early childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

• Access to care
  o Prenatal care
  o OBGYNs
  o Continuity of care*
• Chronic diseases
  o Obesity
  o Diabetes
• Health literacy
• Child care
• Behavioral health*
  o Mental health*
  o Substance abuse*
• Poverty*
	• Behavioral health
	  o Mental health
	  o Substance abuse
	• Obesity
	• Food insecurity
	• Abuse
	• Poverty*
	• Workforce Development/employment*
		• Access to care/primary care
		  o Preventative care*
		  o Insurance*
		• Chronic conditions
		  o Diabetes
		  o Cancer
		  o Heart disease
		  o Obesity
		• Food insecurity
		• Behavioral health*
		  o Mental health*
		  o Substance abuse*
		• Housing instability*
			• Access to care/primary care
			  o Long-term care cost*
			  o Medication cost*
			• Behavioral health
			  o Alzheimer's and dementia
			  o Depression
			  o Social isolation*
			• Health education
			• Food insecurity
			  o Inability to perform tasks of daily living*

*Jacksonville lead indicators that did not present in Tyler but will combine as Primary Service Areas overlap

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

COMMUNITY LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

• Access to care
  o Prenatal care
• Behavioral health
  o Mental health
  o Social media
• Food insecurity
• Poverty
  o High cost of living
• Children in foster care
	• Access to primary care
	• Behavioral health
	  o Mental health
	  o Social media, screen time, phone addiction
	  o Anxiety
	  o Depression
	• Food insecurity
	• Education/workforce development
	• English as second language
	• Poverty
		• Access to primary care
		• Chronic diseases
		  o Diabetes
		  o Cancer
		• Food insecurity
		• Behavioral health
		  o Mental health
		  o Substance abuse
			• Mobility
			• Falls
			• Behavioral health
			  o Alzheimer's and dementia
			  o Social isolation
			• Access to care
			  o Medication cost
			• Poverty
			• Food insecurity
			• Housing instability

Chapter 3:
Introduction

Introduction

Nestled in the heart of Northeast Texas, Tyler and its surrounding communities offer a rich blend of natural beauty, cultural vibrancy and small-town charm. Known as the Rose Capital of America, Tyler comes alive each year during the Tyler Rose Festival — a celebration of heritage and community spirit. The region strikes a balance between city energy and rural tranquility, offering something for everyone: from lakeside retreats and pine-covered trails to bustling downtown streets lined with museums, art installations and locally owned cafes.

Downtown Tyler's historic Square reflects the area's cultural soul, inviting exploration of galleries, theaters like Liberty Hall and the Civic Theater and local culinary favorites. Events like the Red Dirt BBQ Festival bring together music, food and community in a uniquely Texan celebration. For families, destinations like the Caldwell Zoo and Discovery Science Center create spaces for joyful learning and connection.

Nature lovers can unwind at Lake Tyler or Tyler State Park, where fishing, hiking and water sports offer peaceful escapes. Beyond the city, communities like Jacksonville, Winnsboro and Sulphur Springs offer close-knit neighborhoods and generations of history that shape the identity of Northeast Texas. Tyler's three institutions of higher education further contribute to a vibrant academic and cultural landscape, reinforcing the region's deep commitment to learning, innovation and community growth.

CHRISTUS Trinity Mother Frances Health System is proud to be rooted in this diverse and resilient region. From its agricultural beginnings and timber industries to its growing health care and education hub, Northeast Texas has evolved over time — shaped by geography, economic change and the strength of its people. Yet, this strength exists alongside persistent health challenges.

Generational disparities, systemic barriers and environmental factors continue to create health inequities across the region. Social determinants of health — such as access to healthy food, transportation, education, housing, income and health care — play a critical role in shaping outcomes. Additional behavioral, genetic and environmental factors further influence both physical and mental health, reinforcing the need for collaborative, community-centered solutions.

The COVID-19 pandemic further exposed these inequities, disproportionately impacting vulnerable populations. However, it also sparked unprecedented collaboration among hospitals, nonprofit organizations, government agencies and grassroots partners — alliances that remain essential as we advance solutions rooted in equity, access and inclusion.

This Community Health Needs Assessment (CHNA) provides a comprehensive picture of the current health landscape in Northeast Texas. Informed by both quantitative data and community voices, it is designed to guide local leaders, health care providers and organizations in developing targeted, effective strategies that meet the region's most urgent needs.

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 Trinity Mother Frances 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 Trinity Mother Frances 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 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 aimed at driving sustainable improvements in health equity throughout 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.
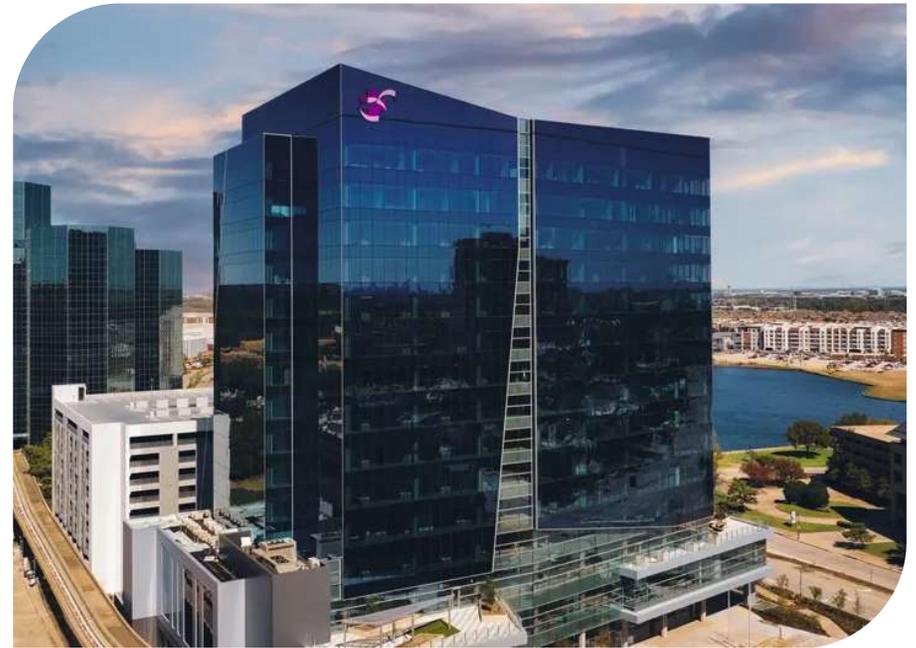
CHRISTUS Trinity Mother Frances Health System

As part of CHRISTUS Health, CHRISTUS Trinity Mother Frances Health System (CTMFHS) is a faith-based, not-for-profit health system serving the Northeast Texas community with eight hospitals, multiple primary and urgent care facilities and health and wellness centers, employing nearly 10,000 Associates. We specialize in cardiology, oncology, neurology, orthopedics, sports medicine, maternal and newborn services, pediatrics, neonatal intensive care, trauma, stroke care, surgery and women's health. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, our mission is to extend the healing ministry of Jesus Christ to every individual we serve.

In 1937, the Sisters of the Holy Family of Nazareth arrived in Tyler from the Sacred Heart Province in Chicago to assist in the establishment of a new hospital. Mother Frances Hospital opened a day earlier than planned due to a major tragedy that struck a neighboring community — the New London gas explosion. The Sisters and staff at Mother Frances Hospital were able to care for the victims of the explosion and set the legacy of this Ministry in motion.

What began as a 60-bed not-for-profit hospital has grown into a health system comprising eight hospitals with a total of 852 beds and over 4,681 Associates. Additionally, this health system includes 47 CHRISTUS Trinity Clinic locations, the largest multi-specialty medical group in the area with more than 470 providers.

In 2016, CHRISTUS Trinity Mother Frances Health System entered into a partnership with CHRISTUS Health to initiate a period of extraordinary growth, built on the values of dignity, integrity, excellence, compassion and stewardship. In joining the CHRISTUS Health family, CHRISTUS Trinity Mother Frances Health System joined a legacy of caring and compassion that goes back to the mid-19th century. The Sisters of the Holy Family of Nazareth joined the two founding congregations of the Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of Charity of the Incarnate Word of Houston to continue the sacred mission of extending the healing ministry of Jesus Christ. This is the mission of our founders; it remains unchanged.

In 2017, CHRISTUS Trinity Mother Frances - South Tyler opened to expand emergency care access to the residents of southern Tyler and surrounding areas.

In 2020, CHRISTUS Mother Frances Hospital - Tyler opened the Bradley-Thompson Tower, a massive new expansion that increased the emergency and intensive care capabilities of the system.

In 2020, CHRISTUS Trinity Mother Frances Health System unveiled a 24/7 emergency care center in Canton, Texas, as part of the expansion of the CHRISTUS Trinity Mother Frances HealthPark.

In 2021, CHRISTUS Trinity Mother Frances Health System opened the Orthopedic and Sports Medicine Institute (OSMI).

In 2022, the Northeast Texas Cancer & Research Institute (in partnership with Texas Oncology) opened.

In 2022, the 24/7 Emergency Care Center in Lindale, TX, was an expansion of CHRISTUS Trinity Mother Frances HealthPark.

In 2023, the 24/7 Emergency Care Center in Athens, TX, as an expansion of CHRISTUS Trinity Clinic, opened.

Opening in Fall of 2025 – 24/7 Emergency Care Center, Palestine, TX

CHRISTUS Trinity Mother Frances Health System exemplifies the founders' vision and mission in the everyday business and in collaborative community activities of the hospital, providers' offices, rural clinics, volunteers and community leaders. The administration and staff of CHRISTUS Mother Frances Hospitals, CHRISTUS Trinity Clinics and the founding congregations share a unified vision and mission. The vision is that, as a Catholic health ministry, they will be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities, so that all may experience God's healing presence and love. Our mission is to extend the healing ministry of Jesus Christ.

Representing the integrated health system, the executive team has vowed that CHRISTUS Trinity Mother Frances Health System will be a leading health care system throughout the region, state and country in promoting the health and quality of life in the communities it serves. It is part of the history and tradition of not-for-profit hospitals, which exist to serve community needs — that is their heritage. They work in partnerships with regional communities to address the most critical and challenging issues, including early intervention programs for children, teenage health issues, community needs, rural health care issues, the plight of the elderly and primary access issues.

CHRISTUS Trinity Mother Frances Health System makes focused investments in programs, services and events that benefit all people throughout the communities, not just patients or members, based on community needs. Innovative in finding solutions to challenging community issues, they do more than just make financial contributions; instead, they are actively involved in the community as caring partners and participants. CHRISTUS Trinity Mother Frances Health System's community commitment is embodied in their mission and carried out by their employees and their families.

CHRISTUS Mother Frances Hospital - Tyler

Serving Northeast Texas since March 18, 1937, CHRISTUS Mother Frances Hospital - Tyler (CMFH-T) is a 457-bed acute care facility located in the heart of Tyler, Texas, offering a wide range of services including emergency and trauma care, medical and surgical care. In addition, it includes Tyler's ONLY Level III neonatal intensive care unit, Level III maternal unit, pediatrics, advanced neurosurgical, orthopedic and cardiac care. In 2012, the hospital expanded to add the CHRISTUS Trinity Mother Frances Louis and Peaches Owen Heart Hospital, featuring a total bed count of 96 and incorporating some of the most innovative and advanced technology and healing concepts in the world. At CTMFHS, our quality and safety efforts are a testament to the depth of work that is underway and ongoing, with the well-being of our patients as our goal. Our commitment to serving the Northeast Texas region with compassion, excellence and efficiency has earned Mother Frances Hospital - Tyler national recognition.

We are a Level II trauma center, and the only Level III NICU and Level III maternal designation in Smith County. It is a distinguished honor to be the first hospital in the country to receive the American College of Cardiology HeartCARE Center of Excellence award, as well as numerous other distinctions, such as Blue Cross Blue Shield Blue Distinction Center+ for Hip and Knee Replacement, and the area's first Advanced Certification for Comprehensive Stroke Center by the Joint Commission. We are committed to delivering compassionate, quality care to our communities in which we serve.

A Tradition of Excellence

- LeapFrog Group: "A" Hospital Safety Ratings
- U.S. News & World Report: Best Regional Hospitals
- 3-Star Rating by Centers for Medicare & Medicaid Services
- American Association of Critical Care Nurses Beacon Award for Excellence
- Magnet Designation: American Nurses Credentialing Center (ANCC) Magnet® facilities — Gold Standard in Nursing and Patient Care
- American College of Cardiology Chest Pain Center Primary PCI with Resuscitation Accreditation
- American College of Cardiology Heart Failure Accreditation
- American College of Cardiology Cardiac Cath Lab Accreditation with PCI
- American Association of Cardiovascular and Pulmonary Rehabilitation Certified Program
- American College of Cardiology: HeartCARE Center of Excellence 2018-2025
- American College of Cardiology Certified Transcatheter Valve Accreditation
- American College of Cardiology/Electrophysiology Accreditation

- American College of Cardiology's NCDR Chest Pain – MI Registry Platinum Performance Achievement Award 2021
- American College of Cardiology's NCDR Chest Pain — MI Registry Gold Performance Achievement Award 2020
- American College of Surgeons Commission on Cancer Accreditation
- American College of Surgeons National Accreditation Program for Breast Centers
- American Heart Association/American Stroke Association's Get with the Guidelines Target: Gold Plus and Honor Roll Elite Plus and the Diabetes Award - 2023
- Bishop Herzig Humanitarian Award
- CMS Recognition for achieving the lowest hospital readmission rate for Isolated CABG procedures.
- Newsweek Best Maternity Hospitals
- NRC Health Consumer Loyalty Award 2024
- Society of Thoracic Surgeons (STS) 3-Star Rating for overall performance for both Isolated CABG and Multiprocedural cardiac surgeries
- Texas Department of State Health Services — Comprehensive Stroke Facility
- Texas Department of State Health Services — Level III Maternal Care Facility
- Texas Department of State Health Services — Level III Neonatal Intensive Care Facility
- The Joint Commission Advanced Certification for Comprehensive Stroke Centers
- The Joint Commission Advanced Certification in Spine Surgery
- The Joint Commission Advanced Total Hip and Total Knee Certification
- Transcatheter Aortic Valve Replacement Accreditation

Previous Honors

- American College of Cardiology: First in U.S. HeartCARE Center of Excellence designation
- American Heart Association: First in Texas Cardiovascular Center of Excellence accreditation
- American College of Radiology Breast Imaging Center of Excellence
- American Medical Group Association (AMGA) Acclaim Award: #1 in Nation 2018 Acclaim Award
- Becker's Hospital Review: recognized as "100 Great Community Hospitals" in the U.S. for five years
- Blue Cross Blue Shield Distinction Center+: Cardiac Care, Bariatric Care, Spine Care
- CareChex: 1 in Texas for Clinical Excellence in Overall Hospital Care 2018; Recognized seven consecutive years
- CNOR® Strong for excellence in perioperative nursing – 2015
- Healthgrades: recognized for 15 years in more than 40 categories for clinical excellence and safety
- Healthcare Financial Management Association: 2017 MAP Award for High Performance in Revenue Cycle
- The Joint Commission: 1st in Texas to achieve Gold Seal for "Advanced" Certification in Total Hip| Knee Replacement.
- LeapFrog Group: "A" Hospital Safety Ratings for seven years; Twice named Top Hospital

- Magnet Designation: American Nurses Credentialing Center (ANCC) Magnet® facilities — Gold Standard in Nursing and Patient Care
- National Committee for Quality Assurance (NCQA) designation since 2014
- Studer Group: Excellence in Patient Care 2017
- Truven Health Analytics: 100 Top Hospitals 2017; recognized seven times
- U.S. News & World Report: 2013-2018 Best Regional Hospitals Northeast Texas; recognized in more than six specialties
- American College of Cardiology's NCDR Chest Pain - MI Registry Gold Performance Achievement Award
- American College of Cardiology Chest Pain Center Primary PCI with Resuscitation Accreditation
- American College of Cardiology Cardiac Cath Lab Accreditation with PCI
- American College of Cardiology Heart Failure Accreditation
- American Association of Cardiovascular and Pulmonary Rehabilitation Certified Program
- American Association of Critical Care — Nurses Beacon Award for Excellence

CHRISTUS Mother Frances Hospital-Tyler is licensed by the Texas Department of Health and accredited by Det Norske Veritas (DNV).

CHRISTUS Mother Frances Hospital - Jacksonville

Responding to community requests and identified needs for expanded health care services for the entire community in a not-for-profit environment, CHRISTUS Mother Frances Hospital - Jacksonville (CMFH-J) opened in 2001 as a critical access hospital with 25 beds. CMFH-J has expanded clinic access to physicians within the same medical complex as the hospital itself. This proximity provides better communication of medical information and offers patients more advanced care options.

Services at the hospital include a Level IV trauma center, bone densitometry, cardiology, gastroenterology, general surgery, mammography, gynecology, vascular, oncology, orthopedic and joint replacement capabilities, interventional pain management, podiatry, pulmonology, sleep medicine, radiology, laboratory and other diagnostic services. CHRISTUS Mother Frances Hospital - Jacksonville provides patients with primary care, urgent care, cardiac and pulmonary rehabilitation, dental surgery, urology, physical therapy and a hospitalist program. Optometry services are now available in the CHRISTUS Trinity Optical Center.

- CHRISTUS Mother Frances Hospital - Jacksonville is accredited by The Joint Commission.
- CHRISTUS Mother Frances Hospital - Jacksonville 2014 – Hospital Quality Improvement Award — Gold Award
- CHRISTUS Mother Frances Hospital receives 2021 Team DAISY award

CHRISTUS Mother Frances Hospital - Jacksonville is licensed by the Texas Department of Health and accredited by Det Norske Veritas (DNV).

CHRISTUS Mother Frances Hospital - Winnsboro

Civic-minded citizens built Winnsboro Memorial Hospital in 1960 to serve the people of Northeast Texas and particularly those in Wood, Franklin and Camp counties. Over the years, the hospital has worked to bring rural clinics and physicians to the community, providing better access to medical services in the area.

In December 1983, the hospital merged with Presbyterian Medical Center in Dallas, and two years later, a new facility opened, serving the community for more than 20 years.

Winnsboro Hospital enjoyed a rich history of serving as the acute care hospital of choice for the residents of its surrounding area. In 2010, the hospital joined the CHRISTUS Trinity Mother Frances Health System and is now known as CHRISTUS Mother Frances Hospital - Winnsboro (CMFH-W). CHRISTUS Mother Frances Hospital - Winnsboro, a 25-bed facility, has been designated as a critical access hospital.

The primary service area for CHRISTUS Mother Frances Hospital - Winnsboro is Wood County and the surrounding rural counties. The primary referral hospital for the patients in the service area is CHRISTUS Mother Frances Hospital - Tyler.

CHRISTUS Mother Frances Hospital - Winnsboro 2014 — Hospital Quality Improvement Award — Gold Award

CHRISTUS Mother Frances Hospital - Winnsboro is licensed by the Texas Department of Health and accredited by Det Norske Veritas (DNV).

CHRISTUS Mother Frances Hospital - Sulphur Springs

We are proud to have served the residents of Hopkins County and surrounding areas since 1949. CHRISTUS Mother Frances Hospital –- Sulphur Springs is a licensed 96-bed, Level IV trauma and primary stroke center with a full-service emergency department and 24/7 access to intensivists, hospitalists and a state-of-the-art catheterization laboratory.

Services at the hospital include a Level II NICU (neonatal intensive care unit), Level II maternal designation, 10-bed ICU, 10-bed inpatient rehab, Ruth & Jack Gillis Women's Center, two hyperbaric chambers and outpatient therapy. EMS was awarded the AHA's Lifeline Gold Plus designation for excellent STEMI care, and the primary stroke center was recognized with the Joint Commission's Gold Seal of Approval for Stroke.

CHRISTUS Mother Frances Hospital - Sulphur Springs has a medical staff of more than 350 providers, encompassing many specialties, and 10 CHRISTUS Trinity Clinic locations, including primary care and urgent care, as well as several specialty services.

CHRISTUS Mother Frances Hospital - Sulphur Springs is licensed by the Texas Department of Health and accredited by Det Norske Veritas (DNV).

CHRISTUS Mother Frances Rehabilitation Hospital

CHRISTUS Trinity Mother Frances Rehabilitation Hospital, a partner of Encompass Health, is committed to helping patients regain independence after a life-changing illness or injury. Located in Tyler and serving Northeast Texas, this hospital is a leading provider of inpatient rehabilitation for stroke, hip fracture and other complex neurological and orthopedic conditions.

This 94-bed inpatient rehabilitation hospital employs an interdisciplinary team approach that includes physical, speech and occupational therapists, rehabilitation physicians, rehabilitation nurses, case managers, dietitians and more, combined with advanced technology and expertise, to help patients achieve their goals.

Our rehabilitation hospital proudly displays the Joint Commission's Gold Seal of Approval for Disease-Specific Care Certification in stroke rehabilitation, cardiac rehabilitation, hip fracture rehabilitation and amputee rehabilitation, as well as the Stroke Center of Excellence award by Encompass Health.

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 insecurity, 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 strives to reduce health disparities, foster stronger communities and extend the healing ministry of Jesus Christ to all those we serve.

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Trinity Mother Frances Health System serves a diverse and growing population across Northeast Texas. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Trinity Mother Frances defines its primary service area (PSA) as the set of ZIP codes that account for approximately 80% of inpatient and outpatient hospital utilization (see Table 1 and Figure 2). This approach ensures the Community Health Needs Assessment (CHNA) is grounded in the communities most directly served by the ministry.

Spanning a mix of urban centers, small towns and rural counties, the region reflects a wide array of health needs, community assets and structural challenges. This diversity reinforces the importance of a community-centered, equity-informed strategy that supports local collaboration and addresses the social drivers that influence health outcomes.

CHRISTUS MOTHER FRANCES HOSPITAL - WINNSBORO AND SULPHUR SPRINGS' PSA			CHRISTUS MOTHER FRANCES HOSPITAL - TYLER AND JACKSONVILLE PSA			
Delta County	**Franklin County**	**Hopkins County**	**Anderson County**	**Cherokee County**	**Henderson County**	**Hopkins County**
75432	75457	75482 75433 75431	75801 75803 75763	75766 75785 75925~	75758 75751 75756* 75752	75482* 75433 75431
Rains County	**Titus County**	**Wood County**	**Rusk County**	**Smith County**	**Van Zandt County**	**Wood County**
75440 75472	75455	75494 75497 75410 75783 75773* 75783~ 75765	75654*	75703, 75701 75702, 75771 75707, 75791 75757, 75762 75704, 75706 75708, 75789 75709	75103 75169 75140 75754 75790*	75773 75494* 75765 75783
*Winnsboro PSA ONLY ~Winnsboro & Sulphur Springs PSA, Ministry SSA.			*Tyler PSA ONLY, but Ministry SSA ~Jacksonville PSA ONLY, but Ministry SSA			

Table 1. Primary Service Area (PSA) of CHRISTUS Mother Frances Hospital – Tyler and CHRISTUS Mother Frances Hospital – Jacksonville, CHRISTUS Mother Frances Hospital – Winnsboro and CHRISTUS Mother Frances Hospital – Sulphur Springs
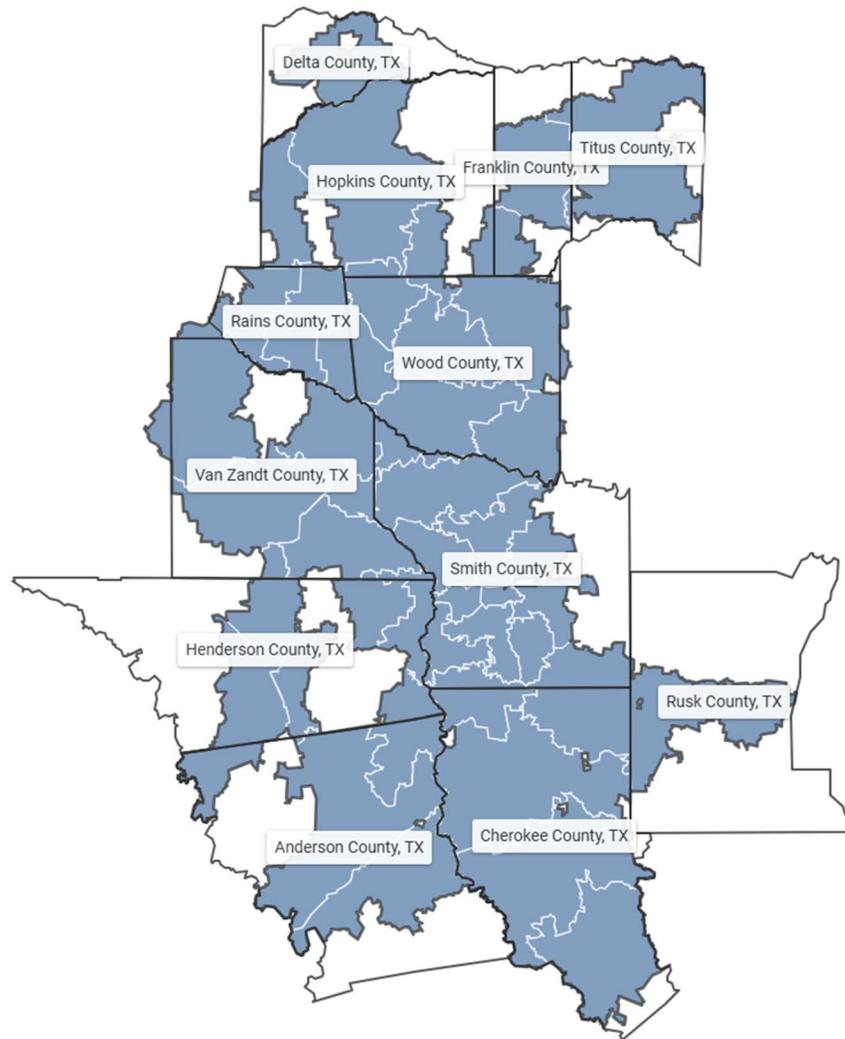
Figure 2. Primary Service Area (PSA) Map of CHRISTUS Mother Frances Hospital – Tyler and CHRISTUS Mother Frances Hospital – Jacksonville, CHRISTUS Mother Frances Hospital – Winnsboro and CHRISTUS Mother Frances Hospital – Sulphur Springs

The Strength of Our Communities

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

These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.
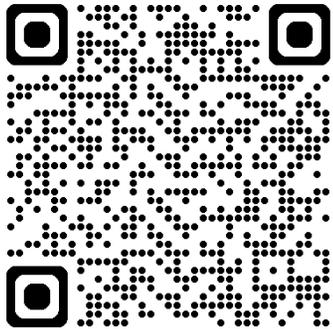
To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it's not a comprehensive list, it highlights the broad range of support available across our region.

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

Whether listed here or others who are listed and 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
2-1-1 East Texas	A free and confidential service that connects individuals with essential health and social services, including food, housing, mental health support and disaster assistance; available 24/7 by phone or online, 2-1-1 helps residents navigate and access local resources across East Texas.
Andrews Center Behavioral Healthcare System	Provides comprehensive mental health services, substance use support and developmental disability programs across several East Texas counties; services include crisis intervention, outpatient counseling and case management.
Mosaic Counseling Center of Tyler	A nonprofit mental health organization offering faith-integrated counseling services for individuals, couples and families; they provide accessible care for those experiencing emotional, relational or spiritual challenges.
Carevide	A non-profit health center offering affordable medical, dental and behavioral health services to individuals and families across North Texas; with over 45 years of experience, it connects communities to essential care regardless of income or insurance status.
East Texas Food Bank	A regional nonprofit serving over 200 partner agencies across 26 counties, the Food Bank works to alleviate hunger through food distribution, nutrition education, SNAP assistance and more.
PATH (People Attempting to Help)	It provides emergency assistance to low-income families in Smith County, including rent and utility support, access to dental and medical care, a co-op food pantry and transitional housing services.
Alzheimer's Alliance of Smith County	Delivers support groups, educational workshops and respite care for families navigating Alzheimer's and dementia; the Alliance also hosts memory screenings and caregiver support resources.
Children's Advocacy Center of Smith County	It provides trauma-informed services to children affected by abuse and their families, including forensic interviews, therapy, advocacy and coordinated case management with law enforcement and child protection agencies.
Northeast Texas Public Health District (NET Health)	Offers essential public health services including immunizations, WIC, disease surveillance and environmental health; it also leads community health initiatives focused on preventing chronic diseases and promoting health education.

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 Trinity Mother Frances 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 Trinity Mother Frances Health System prioritized the following areas based on community input and data analysis:

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

Over the past three years, CHRISTUS Trinity Mother Frances 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 samples of key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.

Prioritized Needs

ADVANCE HEALTH AND WELL-BEING

During the 2023-2025 CHNA cycle, CHRISTUS Trinity Mother Frances Health System advanced multiple strategies aimed at reducing disparities in chronic illness, behavioral health and health care access. Many initiatives prioritized vulnerable populations, including uninsured residents, individuals with limited access to specialty care and communities facing persistent poverty.

Specialty Care and Chronic Disease Management

Strategy: Deliver targeted chronic disease prevention and management through screening and education opportunities about heart disease, diabetes and obesity. Provide specialty care in conjunction with schools, events and community requests for support. And, provide education, screenings and care for cancer diseases.

Implementation Highlights:

1. Expanded access to cardiology care by expanding providers and offering community education and screening information at all health fairs; includes a Women with Heart program for one month at multiple locations across the ministry
2. Provided free/subsidized care for student athletes, band members, drill teams and cheerleaders in more than 20 school districts
3. Collaborated with Texas Oncology Physician Associates (TOPA) to serve more patients, including low-income patients, with access to treatments and screenings

Progress:

1. Women With Heart increased their reach to provide more information in the last three years to individuals about warning signs for women who may be suffering from a stroke or heart attack. One woman who attended in 2024 went on to be the featured speaker in 2025. She related how she came in 2025 and heard the information, and within two days, she woke up feeling bad and knew she was having a heart attack because of what she learned on Saturday. An ambulance took her to the hospital, and she was seen and treated within the "Golden Hour."
2. A key partnership for our public schools is providing the UIL-required Pre-Participation Screening Physicals. This screening ensures that students are not at high risk for heart disease and have the mobility and flexibility needed to participate in school sanctioned activities. In 2025, this ministry provided over 4,100 free pre-participation screenings by physicians. Over the three-year period, more than 10,000 screenings were conducted.

Behavioral Health

Strategy: The focus was to expand and support behavioral health services in the communities served for individuals and families. To achieve this, we knew we would need to create community connections for mental health services. Additionally, we aimed to develop a community work group to collect information on substance abuse among both adolescents and adults.

Implementation Highlights:

1. Mosaic Way Counseling is a non-profit organization that offers behavioral counseling tailored to life stages on a sliding scale to the public, including telehealth services. With funding provided through a local ministry grant, Mosaic expanded to include pediatric services during this period.
2. Children's Advocacy Center (CAC) is a local non-profit that provides behavioral health services and education. During this period, we collaborated with our CHRISTUS Fund to enhance their system grant with an additional $10,000 local grant for education in schools on how to recognize abuse. NARCAN Education was identified as a need from our emergency department and trauma nurses, which led to providing education to schools.

Progress:

1. We continue to support Mosaic Way Counseling annual community-wide conference on behavioral health needs and resources in the area, which attracts over 500 people each year. The expansion into pediatric services is a game-changer in a community that needs more access for every age group.
2. The CAC is reaching out and providing training for teachers on how to identify students experiencing trauma in multiple school districts.

Primary Care

Strategy: The primary focus was to increase access to primary care and to reduce inequities caused by cultural barriers to care. The need to develop, participate in and expand community collaborations to increase access to and follow-up care was a key focus area.

Implementation Highlights:

1. Support for Epic upgrades to the FQHC and opening a school-based clinic
2. Participating in Healthy Me Healthy Baby programs and board membership
3. Bethesda Clinic— specialty care and Epic support for pediatric services

Progress:

1. Access to Epic through our Community Connect program is sought after by numerous facilities. The Tyler Family Circle of Care receives Epic services for all its locations, including its primary care clinic in the Chapel Hill ISD, as part of Community Connect, funded by CTMFHS. Additionally, that same program is a part of the Bethesda Clinic program, offering services for the pediatric clinic.
2. As the community and regional hospital of choice for newborn deliveries, CTMFHS is an active member of the Healthy Me Healthy Baby program and has members on numerous committees.
3. Bethesda Clinic merged with a pediatric clinic at a local Methodist Church. The local pediatric clinic received a Community Connect grant from CTMFHS. That grant was transferred to Bethesda Clinic, so the continuity of care and support for quality care metrics was able to continue. This Epic support included access for pediatric patients to the messaging system called MyChart.

Education

Strategy: Collaborate with community health education access points and community groups to enhance funding for student scholarships, as well as collaborate on community leadership building programs.

Implementation Highlights:

1. Collaborated with Texas A&M University to host medical students who were interested in a rural program.
2. Collaborated with the local chamber of commerce in Lindale to support their programing with a dedicated funding stream to local high school scholarships for agricultural students in need.
3. Collaborated with local communities who have a leadership program to ensure programing health care needs and a focus on serving our community non-profit boards.

Progress:

1. In 2024, CTMFHS - Sulphur Springs entered into an agreement with Texas A&M to host medical students enrolled in a rural rotation. In the first year, the rural hospital hosted three students and introduced them to robust hospital and clinic services, collaboration projects with the FQHC, free lunch programs for low-income individuals, student organizations and life in a rural community.
2. A local Chamber of Commerce provided multiple opportunities for support and funding of local student scholarships. This is the third year the program has expanded opportunities. We are using it as a model for engagement in other rural areas.
3. Leadership training in rural areas is equally important as opportunities in larger communities, but they do not always happen. Supporting leadership training to develop leaders who will serve in leadership roles on non-profit boards and learning the skills of communication and volunteerism are key to healthy growth in any community.

BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

Improve Food Access

Strategy: Cultivate and maintain partnerships to improve access to healthy food and provide nutrition education for individuals and families.

Implementation Highlights:

1. Host a workgroup with local food banks and major pantries to determine barriers and opportunities to improve food distribution.
2. Support summer food programs for students.

Progress:

1. Our most exciting and successful effort was in Winnsboro when the hospital, clinic and the local food pantry came together to expand food access. The hospital does an in-kind donation of the rent on the building and then provides Associates who can volunteer during the day for four hours and get paid for doing that volunteer time.
2. Several summer programs to fill backpacks for students are supported by the region. In one of the rural areas, the number of backpacks needed has grown from 150 to 300. Multiple food items and hygiene items are placed in backpacks for two weeks of assistance.

Reduce Smoking and Vaping

Strategy: Develop community-based smoking cessation program and partner with schools to reduce vaping among students.

Implementation Highlights:

1. Several programs were held at junior high schools and high schools with the goal of giving students the opportunity to ask questions and learn more about the dangers of smoking.
2. Develop a workgroup to determine options for education and how to reach students on the health dangers of vaping.

Progress:

1. The schools were very appreciative of having health care professionals come to the classrooms and interact with the students. The problem was finding enough providers who could leave their practice during the day to go to the classrooms. We looked at this like the Starfish story. Those students we reached we hope heard the message and will make a better decision when offered tobacco products.
2. Our collaborative team included teachers, nurses, providers, school district leaders, athletic trainers and community members. Everyone agreed it was an issue but until parents stopped buying the vaping tools and getting angry with the schools when they confiscated the vaping tools, it was hard to get anyone's attention.
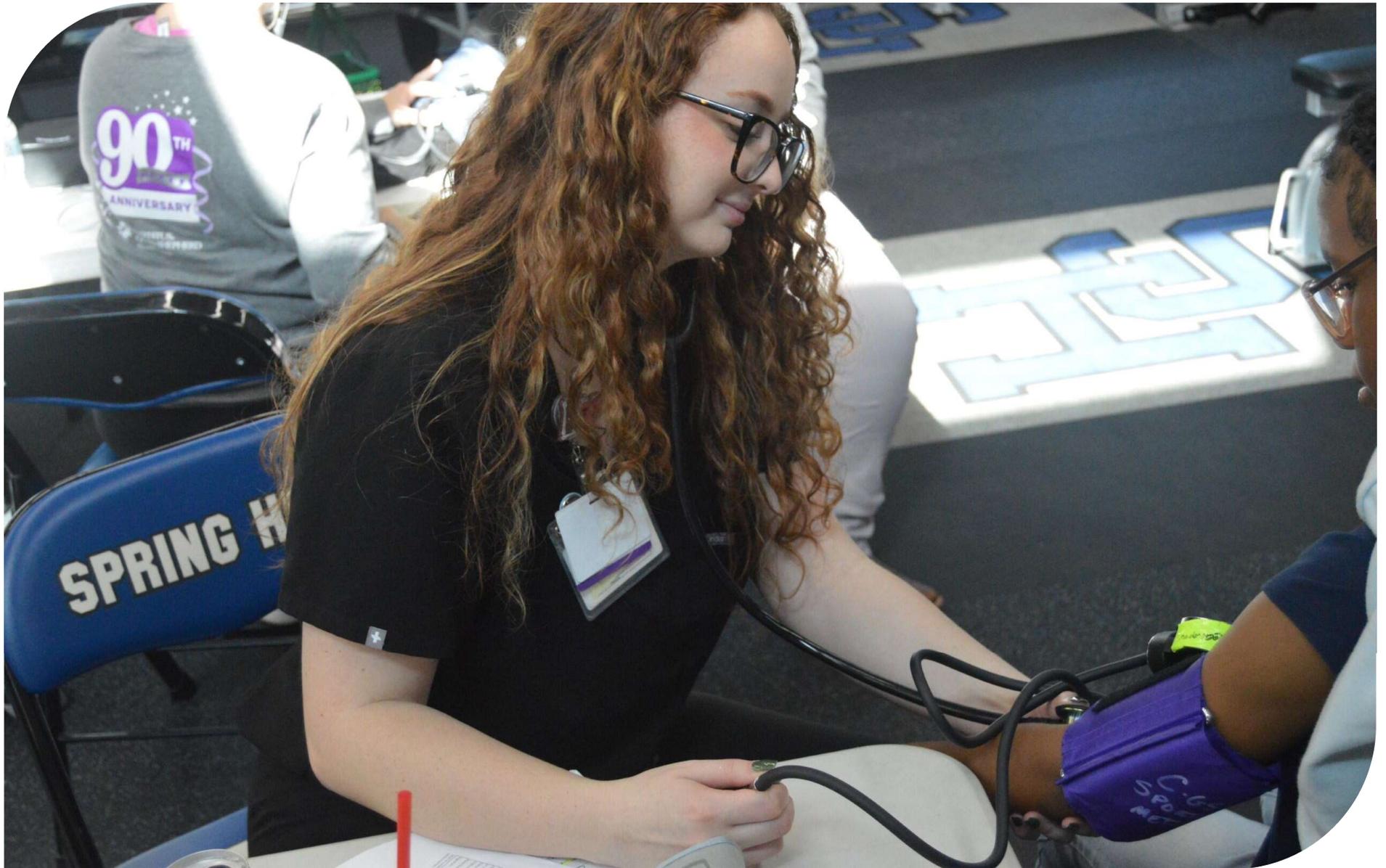
CHNA Process

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. Results-Based Accountability (RBA) is a structured methodology that enables organizations to translate data into meaningful action by first articulating the desired community outcomes and then selecting clear, measurable indicators to monitor progress. It integrates a focus on population-level accountability, which considers broad community results, with performance accountability for specific programs and services, prompting stakeholders to systematically ask, "How are we doing?" and "What works?" This disciplined approach ensures that strategies are continuously evaluated and refined, and that resources are directed toward interventions with the greatest impact.

To ensure a comprehensive understanding of community health needs, CHRISTUS Health collected both quantitative and qualitative data from various sources, engaging key stakeholders, including residents, health care providers, local leaders and nonprofit organizations. This process underscored the importance of listening to those who live and work in the community, providing 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:

1. **Community Survey**
   Distributed to Associates, patients and residents to gather insights on social needs and health challenges

2. **Community Indicator Workgroups**
   Engaged stakeholders in identifying meaningful indicators aligned with community priorities

3. **Data Dictionary Work Sessions**
   Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment

4. **Community Focus Groups**
   Brought together diverse voices to contextualize the data and validate findings through lived experience

5. **Windshield Surveys**
   Offered direct observations of community environments to identify physical and social determinants of health

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 robust 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 Trinity Mother Frances Health System including Tyler, Jacksonville, Winnsboro and Sulphur Springs to deliver comprehensive and accurate health-related data.

Key data sources integrated by Metopio include:

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

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

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

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

Qualitative Data Collection

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

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

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

1. Community Survey

2,957 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. We received a total of 2,957 survey respondents.

2. Community Indicator Workgroups

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.

20	28	49	20
Jacksonville Participants	Sulphur Springs Participants	Tyler Participants	Winnsboro Participants

3. Data Dictionary Work Sessions

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 technical and straightforward 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.

4. Community Focus Groups

4
Focus Groups

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.

5. Windshield Surveys

26
Participants

In addition to other data methods, CHRISTUS Health used windshield surveys to better understand the physical and social conditions of our communities. This involved driving through neighborhoods to observe things like housing, green spaces, transportation and overall community upkeep, factors that aren't always visible in the data. These surveys gave a clearer picture of how the environment helps or hinders health and well-being and allowed us to connect what we see with how people live. These insights help ensure our assessment reflects both the numbers and the everyday realities in the places we serve.

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 laid 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			
Tyler	**Jacksonville**	**Sulphur Springs**	**Winnsboro**
• CHRISTUS Mother Frances Hospital • CHRISTUS Trinity Clinic • Andrews Center • Bethesda • Camp V • CASA/CATIE • Champions for Children • CHRISTUS EMS & FFL • East Texas Area Council Boy Scouts • East Texas Food Bank • Greater East Texas Black Nurses Association • Henderson County Help Center • Hispanic Business Alliance • March of Dimes • Mental Wellness & Com Ed • Mosaic Counseling • Senator Hughes' Office • Smith County • Smith County Champions for Children • St. Vincent de Paul • TMF Case Management • Tyler ISD Foundation • United Way Smith County • UT Tyler • Zeta Phi Beta Sorority	• CHRISTUS Mother Frances Hospital – Jacksonville • Cherokee County Public Health • City of Jacksonville • Elijah's Retreat • Hope, Inc. • Jacksonville College • Jacksonville Economic Development Council (JEDC) • Jacksonville ISD • Mayor's Office	• CANHelp • Carevide • CHRISTUS Mother Frances Hospital - Sulphur Springs • DSHS • Extension Agent Emeritus • Glen Oaks Hospital • HC Chamber • Hopkins County Fire/EMC • Hopkins County Judge • Lakes Regional • Lakes Regional Community Center • Sulphur Springs ISD	• CHRISTUS Mother Frances Hospital - Winnsboro • First United Methodist Church • HYPE (Helping Young People Excel) • North East Texas Child Advocacy Center • WC Protection Board • Winnsboro Center for the Arts • Winnsboro Community Resource Center • Winnsboro Fire Department • Winnsboro Independent School District

DATA DICTIONARY WORK SESSION PARTICIPANTS	
Tyler and Jacksonville	**Sulphur Springs and Winnsboro**
• AE Consulting • CHRISTUS Health • CHRISTUS Trinity Mother Frances Hospital – Jacksonville • CHRISTUS Trinity Mother Frances Hospital – Tyler • Metopio	• AE Consulting • CHRISTUS Health • CHRISTUS Trinity Mother Frances Hospital – Jacksonville • CHRISTUS Trinity Mother Frances Hospital – Tyler • Metopio

COMMUNITY FOCUS GROUPS	
Tyler **Jacksonville**	**Sulphur Springs** **Winnsboro**
• Siretha Ajayi, Director Mission Unit • Sharla Anderson, Administrator – Rehab Hospital • Mark Anderson, Chief Medical Officer • Ali Birjandi - Vice President, Performance Improvement • Bret Bochsler, Vice President, Physician • Shelly Burmingham; Chief Nursing Officer • Crissy Chanslor, Program Manager, CB • Ginny Covey – RN • Esmerelda Corona, Community Member • Eva Estrada, Community Member • Joann Hampton; Community Member • Mary E. Jackson, VP, Administrative Advisor • Lea Anne Lemon, Executive Officer • Barny Lofquist, Administrator – JV • Jamie Maddox, CNO-JV • Andy Navarro, Vice President, Mission Integration • Jim Rapp, Sports Medical Director • Terri Sumpter, Director, Performance Improvement • Brian Thompson, Director • Stacy Warren, VO, Service Director • Kenneth Wuerch, Manager, PI	• Brad Burgin, Program Manager Business Development • Michelle Carter, CareVide • Crissy Chanslor, Program Manager, CB • Geertje Dejong, CNO • Kari Froneberger, Director Quality • Michael Glas, CareVide • Paul Harvey, Ministry President • Jennifer Heitman, Project Manager • Mary E. Jackson, VP, Administrator Advisor • Deberah Lopez, Executive Assistant • Tracy Lott, Athletic Trainer, Manager • Cheyenne McClung, Project Manager, Quality • Nicole Miller, Project Manager • Sherry Moore, CMFH-SS, Community Benefits

WINDSHIELD SURVEY	
Tyler and Jacksonville, Sulphur Springs and Winnsboro	
• Ryan Conklin, Program Director of Ministry Formation, CHRISTUS Health • Sister Rita Fanning, Program Director Mission Integration, CHRISTUS Trinity Mother Frances • Ronda Hefton, Chief Administration Officer, CHRISTUS Health Plans	• Jacob Norman, System Director of Talent Insights and Strategy, CHRISTUS Health • Noel Rivas, System Director IM Health Plans and Population Services, CHRISTUS Health

Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Trinity Mother Frances 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 as an entire community.

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 community's goals.

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

In our CHNA framework, results are the population-level conditions of well-being we seek for each lifespan area — essentially, what "success" looks like when our strategies succeed. Framed in RBA terms, results describe the ultimate community outcomes we aim to achieve, such as "infants are born healthy and supported to thrive" in the maternal and early childhood stage, or "older adults remain independent and free from preventable hospital readmissions." By defining results up front, every initiative, partnership and investment is tied to a clear purpose and a shared vision of what good health means. Indicators, by contrast, are the specific, measurable signs that tell us whether we're moving toward those results. Effective indicators are meaningful (they reflect community priorities), measurable (backed by reliable data) and action-oriented (they point to where our strategies can drive change). Through our community indicator workgroups, residents and stakeholders helped us select the most urgent, "leading indicators" for each life stage — those metrics that both spotlight critical needs and can be tracked consistently over time.

By pairing each life-stage result with its set of leading indicators, we create a direct line of sight from community priorities to data to action. For each of the four lifespan areas we have:

1. A clear result: The desired condition of well-being.
2. A concise set of leading indicators: The vital signs that reveal whether we're on track.

This life-stage, RBA-driven approach ensures that our CHNA does more than collect data — it drives real, equitable improvements in health across every phase of life.

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

ALL INDICATORS | TYLER			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
- Obesity - Diabetes - Health literacy - Child care - Lack of prenatal care (access and knowledge) - Premature births - Language barriers - Access to care (transportation) - Hypertension - Abuse - Social isolation - Access to care for immigrant Populations - Anxiety in early childhood - Smoking/vaping during pregnancy - Substance abuse/alcohol during pregnancy - Services for developmental delays - Recognizing developmental delays - Family support for pregnant moms - Breast cancer in pregnant women	- Food insecurity - Mental health - Obesity - Abuse - Behavioral health - Suicide ideation/self-harm - Mental health counseling - Substance abuse - Vaping - Anxiety (housing, food) - Type 2 diabetes - Bullying - Child care - Workforce development - Access to HeadStart - Lack of mental health testing - Screen time (social media) - High school graduation - Social and emotional education - Developmental delays - Life skills (cooking) - Autism testing - Dental health - Lack of social support - Asthma - Insurance reimbursement for counseling - Home schooling (isolation) - Normalcy	- Depression - Primary care access - Chronic conditions - Mental health access (insurance coverage) - Food insecurity - Homelessness (physical/mental health) - Uninsured and underinsured - Lack of preventative health care - Chronic diseases (diabetes, hypertension, colitis) - Lack of adult psych providers - Stigma/mental health - PTSD veterans - Workforce issues (child/parent) - Opioid crisis - Social isolation - Lack of child care access - High cost of education/training workforce - Immigration fear - Provider fatigue - Dental insurance - Workforce — insufficient number of EMS drivers - Overutilization of law enforcement/emergency services - Parental support and education	- Depression - Dementia - Primary care access - Food insecurity - Health education - Loneliness - Ability to use technology - Social isolation - Mobility - Rural access - Adult protective services - Geriatric psych providers - Caregiver burden - Navigating the health system - Nutrition - Internet access - Affordable facilities - Dental insurance - Language barrier in nursing home facilities - Dr. Google (misinformation/self-diagnosis)

ALL INDICATORS | JACKSONVILLE			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Poverty • Mental health • Drugs • Access to care (access to care for developmental services) • Access to medical care (fragmentation of health delivery system) • Prenatal care • Vaping • Language barriers • Mental health stigma • Health literacy • Housing • Workforce development • Community education/outreach • Life skills • Access to resources for immigrant population	• Poverty • Food insecurity • Mental health • Substance abuse • Workforce development/employment • Mental health stigma • Teen pregnancy • Vaping • Housing • Access to care • Language barriers • Access to mental health care • Health literacy • STDs • Life skills • Lack of knowledge of community resources • Access to resources for immigrant population	• Fixed income • Preventive care cost • Substance abuse/addiction • Housing/rent cost and availability • Underinsured • Mental disabilities • Language barrier (Spanish speaking) • Homelessness • Overutilization of ER (low income) • Physical disabilities • Increasing STD numbers (20-40) • Health literacy (young) • Distrust in health system (cost) • Health literacy STDs • Immigrant distrust/deportation fear • Intellectual disabilities • Distrust of pharmaceuticals • Loneliness/isolation	• Increasing STD numbers (20-40) • Health literacy (young) • Distrust in health system (cost) • Health literacy • Immigrant distrust/deportation fear • Intellectual disabilities • Distrust of pharmaceuticals • Loneliness/isolation

ALL INDICATORS | WINNSBORO

Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Access to food/nutrition • Mental health • Social media • Lack of insurance for immigrant families • Substance abuse by mom • Domestic abuse in the family system • Access to care for immigrant families • Suicide ideation • Depression/post-partum depression • Community support • Homelessness/housing • Neonatal abstinence • Employment • Health literacy • Parenting skills and support	• Access to food/nutrition • Education/workforce development • Mental health • Social media • Depression • Domestic abuse • Access to care and insurance for immigrant families • Suicide • Community support • Homelessness • Affordable housing • Family stability • Financial literacy • Health literacy • Family support • Runaway teens • Safe housing	• Diabetes • Food insecurity • Primary care access • Cancer • Obesity • Specialty care access • Depression/loneliness • Mental health • Poverty • Social media addiction • Urgent care • Substance abuse • Homelessness • Unemployment • Intergenerational poverty • Family instability • Local news	• Falls • Food insecurity • Dementia • Mobility • Patient advocacy • Social isolation • Insurance literacy • Reliance on social media/isolation

ALL INDICATORS | SULPHUR SPRINGS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
- Children in foster care: high number of 3-year-olds in system - Poverty - Prenatal care after first trimester - High cost of living - Mental health issues - RSV/infant sickness - Teen pregnancy - Lack of medical preventative care - Housing affordability - Drug use - Child care - Breastfeeding - Health care literacy - Single parents - Lack of support - Distrust of science and medical practices	- English as second language - Poverty - Anxiety and depression - Screen time/phone addiction - Utilization of ER for wrong conditions - Parents in prison/jail - Parents on drugs - Bullying - Grandparents raising grandchildren - Lack of physical activity - Anxious brain: lack of ability to self-regulate - Afterschool care - Navigating complex child systems - Social isolation - Lack of meaningful activity - Lack of creativity	- Mental health - Cancer - Poverty - Diabetes - Substance abuse - Lack of health coverage - Asthma - COPD - Access to specialty care - Access to care - Affordable housing - Food instability - Access to pharmaceuticals - Knowledge of resources - Lack of broadband - Coverage gap - Access to medical equipment - Social isolation - Financial literacy	- Dementia - Social isolation/support - Access to medication - Poverty - Affordable housing - Adult care services/home health - Health literacy - Financial literacy - Food instability - Mental health - Medication management - Access to medical equipment - Access to VA services - Access to care - Health insurance literacy

These are followed by a second table that highlights the leading indicators our communities are facing.

CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville

COMMUNITY LEADING INDICATORS			
Maternal Health and Early childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
- Access to care - Prenatal care - OBGYNs - Continuity of care* - Chronic diseases - Obesity - Diabetes - Health literacy - Child care - Behavioral health* - Mental health* - Substance abuse* - Poverty*	- Behavioral health - Mental health - Substance abuse - Obesity - Food insecurity - Abuse - Poverty* - Workforce Development/employment*	- Access to care/primary care - Preventative care* - Insurance* - Chronic conditions - Diabetes - Cancer - Heart disease - Obesity - Food insecurity - Behavioral health* - Mental health* - Substance abuse* - Housing instability*	- Access to care/primary care - Long-term care cost* - Medication cost* - Behavioral health - Alzheimer's and dementia - Depression - Social isolation* - Health education - Food insecurity - Inability to perform tasks of daily living*

*Jacksonville lead indicators that did not present in Tyler but will combine as Primary Service Areas overlap

CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs

COMMUNITY LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Access to care 　○ Prenatal care • Behavioral health 　○ Mental health 　○ Social media • Food insecurity • Poverty 　○ High cost of living • Children in foster care	• Access to primary care • Behavioral health 　○ Mental health 　○ Social media, screen time, phone addiction 　○ Anxiety 　○ Depression • Food insecurity • Education/workforce development • English as second language • Poverty	• Access to primary care • Chronic diseases 　○ Diabetes 　○ Cancer • Food insecurity • Behavioral health 　○ Mental health 　○ Substance abuse	• Mobility • Falls • Behavioral health 　○ Alzheimer's and dementia 　○ Social isolation • Access to care 　○ Medication cost • Poverty • Food insecurity • Housing instability

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 and CHRISTUS Trinity Mother Frances Health System will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessments.

Community Demographics

The region served by CHRISTUS Mother Frances Hospital – Tyler, Jacksonville, Winnsboro, and Sulphur Springs reflect a diverse and evolving health landscape across Northeast Texas. While areas like Tyler and Jacksonville continue to grow, many surrounding rural counties — including Delta, Franklin, and Titus — are experiencing population decline or minimal growth, coupled with disproportionately high mortality rates. Wood County (1,523.3 deaths per 100,000) and Franklin County (1,471.8) far exceed state and national averages, pointing to systemic health challenges.

Early childhood poverty is especially concerning in Delta County, where more than 30% of children under age five live in poverty, followed by Titus (23.04%) and Rains (15.18%) counties. These trends underscore the urgent need for targeted health interventions, early childhood support, and sustainable community investments that address the root causes of poor health and promote equity across both urban and rural communities.

TOPIC	DELTA COUNTY, TX	FRANKLIN COUNTY, TX	HOPKINS COUNTY, TX	RAINS COUNTY, TX	TITUS COUNTY, TX	WOOD COUNTY, TX	TEXAS	UNITED STATES
Population *residents* 2019-2023	5,345	10,522	37,351	12,505	31,284	46,094	30,503,301 Data is showing for 2023.	334,914,896 Data is showing for 2023.
Population density *residents/mi^2* 2019-2023	20.81	37.00	48.67	54.50	77.04	71.44	113.45	93.99
Change in Population *% change* *2010-2020*	-0.02	-2.32	4.62	11.45	-3.36	6.86	15.91	7.13
Land area *square miles* *2020*	256.832	284.391	767.431	229.453	406.064	645.243	261,267.836	3,536,462.450
Birth rate *births per 1,000 women ages 15-50* *Female, 2019-2023*	12.46	76.96	57.08	42.17	86.82	69.08	55.44 Data is showing for 2023.	51.54 Data is showing for 2023.

TOPIC	DELTA COUNTY, TX	FRANKLIN COUNTY, TX	HOPKINS COUNTY, TX	RAINS COUNTY, TX	TITUS COUNTY, TX	WOOD COUNTY, TX	TEXAS	UNITED STATES
Mortality rate, all causes *deaths per 100,000* 2023	1,340.6	1,471.8	1,197.2	1,416.9	1,030.1	1,523.3	761.8	750.5
Occupied *% of housing units* 2019-2023	85.83	76.98	87.87	80.62	90.92	81.83	90.85*	90.37*
Poverty rate *% of residents* 2019-2023	13.99	11.07	12.25	12.80	17.35	12.63	13.67*	12.46*
Poverty rate *% of residents* 0-4 years, 2019-2023	30.09	12.28	14.79	15.18	23.04	14.03	20.68	17.58
Poverty rate *% of residents* 5-17 years, 2019-2023	13.34	12.42	17.78	20.65	23.51	15.08	18.31	15.89

* Data is showing for 2023

The data across counties served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville reveal key social and health trends that shape community well-being. While Smith County stands out for its population growth and density, surrounding rural counties such as Anderson, Cherokee and Rusk have seen stagnant or declining populations and higher poverty rates. Alarmingly, early childhood poverty exceeds 30% in Anderson and Cherokee counties — more than double the state and national averages — signaling significant risks to long-term child health and development.

Mortality rates across these counties also remain high, with Henderson County reporting one of the highest all-cause mortality rates at 1,461.3 deaths per 100,000. These trends underscore a critical need for increased access to preventive care, maternal and child health services and targeted economic support across Northeast Texas.

TOPIC	ANDERSON COUNTY, TX	CHEROKEE COUNTY, TX	HENDERSON COUNTY, TX	HOPKINS COUNTY, TX	RUSK COUNTY, TX	SMITH COUNTY, TX	VAN ZANDT COUNTY, TX	WOOD COUNTY, TX	TEXAS	UNITED STATES
Population *residents* 2019-2023	57,825	51,143	86,158*	37,351	52,613	245,209*	61,323	46,094	30,503,301*	334,914,896*
Population density *residents/mi^2* 2019-2023	54.42	48.57	95.74	48.67	56.93	258.30	72.78	71.44	113.45	93.99
Change in population *% change* 2010-2020	-0.92	-0.85	4.61	4.62	-2.09	11.33	13.24	6.86	15.91	7.13
Land area *square miles* 2020	1,062.62	1,052.96	873.781	767.431	924.20	921.47	842.57	645.24	261,267.84	3,536,462.45
Birth rate *births per 1,000 women ages 15-50* Female, 2019-2023	39.25	109.91	24.75*	57.08	39.32	57.68*	79.01	69.08	55.44*	51.54*

TOPIC	ANDERSON COUNTY, TX	CHEROKEE COUNTY, TX	HENDERSON COUNTY, TX	HOPKINS COUNTY, TX	RUSK COUNTY, TX	SMITH COUNTY, TX	VAN ZANDT COUNTY, TX	WOOD COUNTY, TX	TEXAS	UNITED STATES
Mortality rate, all causes *deaths per 100,000* 2023	1,250.5	1,179.7	1,461.3	1,197.2	1,202.0	1,013.0	1,254.7	1,523.3	761.8	750.5
Occupied *% of housing units* 2019-2023	83.73	86.27	79.69*	87.87	84.50	81.37*	87.74	81.83	90.85*	90.37*
Poverty rate *% of residents* 2019-2023	17.05	17.92	17.82*	12.25	14.29	13.23*	11.49	12.63	13.67*	12.46*

*Data is showing for 2023

Age

The population distribution in CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) show a significant number of residents in various age groups. The age group with the highest population is 40-64 years, with 195,824 individuals. This is followed by the 18-39 years age group, with 170,093 individuals. The youngest age group, 0-4 years, has 36,942 individuals, while the 65 and older age group has 118,154 individuals. The 5-17 years age group accounts for 107,008 individuals.

Population by Age
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties), 2019-2023

- 0-4 years
- 5-17 years
- 18-39 years
- 40-64 years
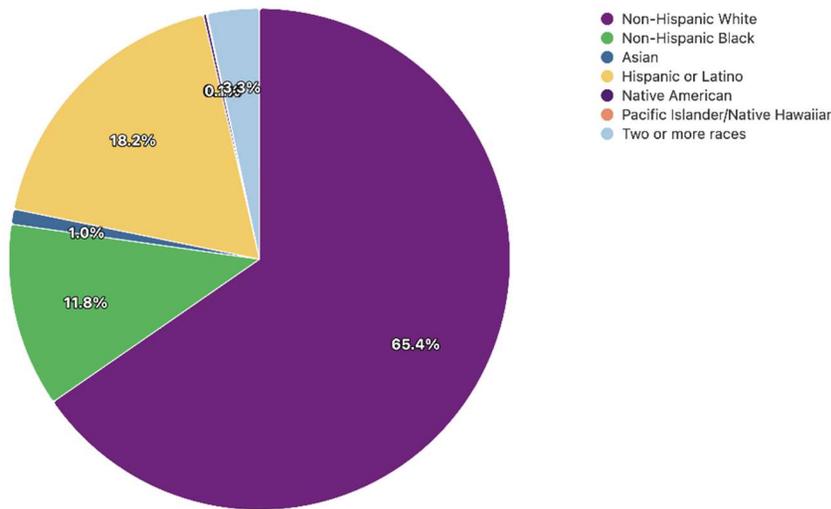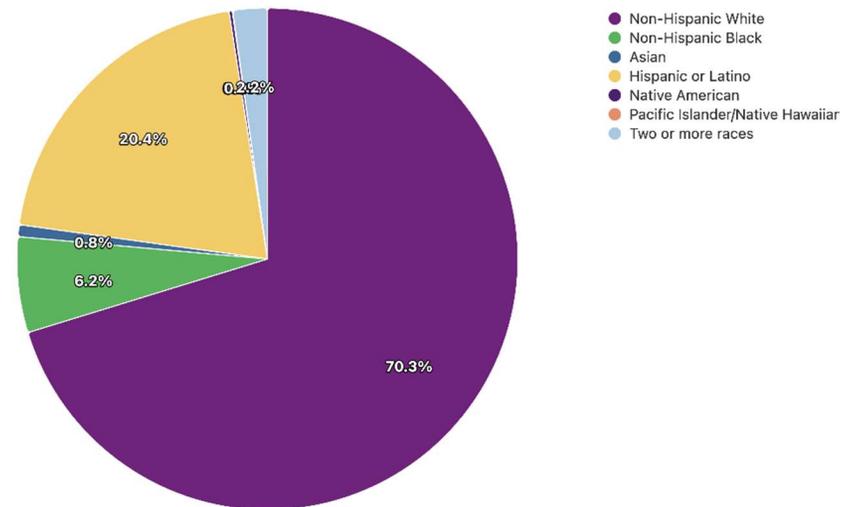- 65 and older

5.9%
17.0%
18.8%
27.1%
31.2%
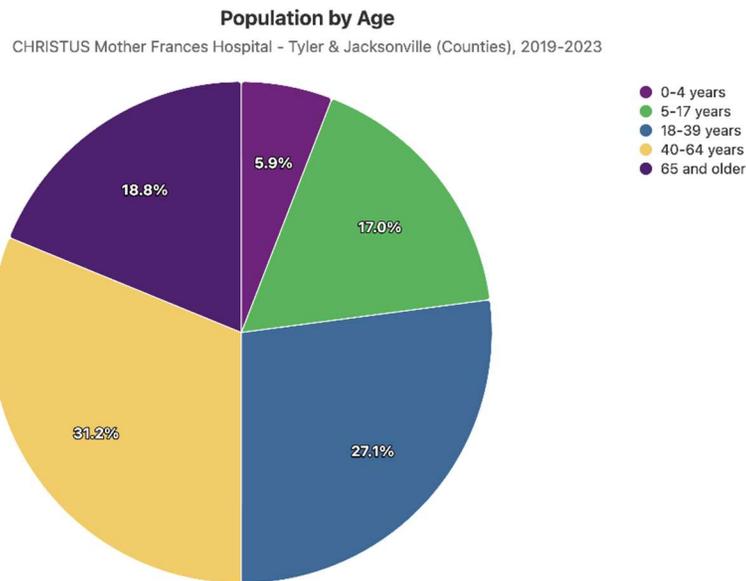
Created on Metopio | metop.io/i/tedcpxtk | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Age

The chart provides a detailed overview of the population distribution across various age groups in the areas served by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro. The age group with the highest population is 40-64 years, accounting for 45,060 individuals. This is followed by the 18-39 years age group with 34,824 individuals. The 5-17 years age group represents 24,784 individuals, while the 0-4 years age group accounts for 8,056 individuals. The 65 and older age group comprises 30,377 individuals.

Population by Age
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties), 2019-2023

- 0-4 years
- 5-17 years
- 18-39 years
- 40-64 years
- 65 and older

5.6%
17.3%
21.2%
24.3%
31.5%
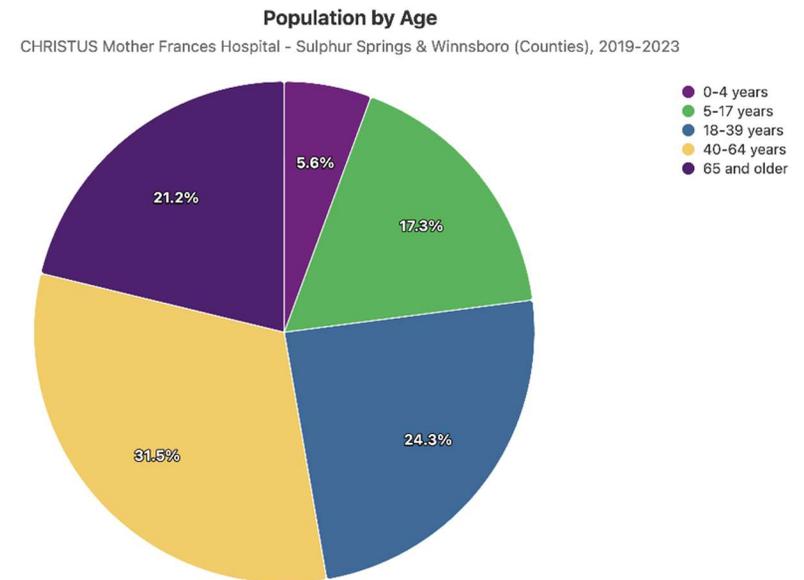
Created on Metopio | metop.io/i/e41f65b9 | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex and Gender

The data represents the population distribution by sex in the area served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, which encompass multiple counties. The male population slightly outnumbers the female population, with 317,535 males compared to 310,486 females. This slight imbalance may have implications for health care services, as different health needs and risks are associated with each gender. Understanding this demographic distribution is crucial for tailoring health care services and outreach programs effectively. The broader impact includes the potential need for gender-specific health initiatives and resource allocation to address the unique needs of each population group.

Population by Sex
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties), 2019-2023

- Female
- Male

50.6%   49.4%
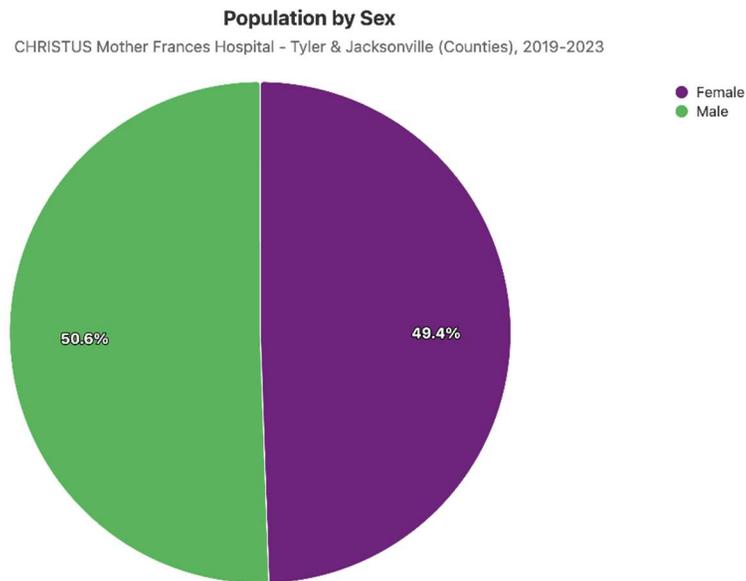
Created on Metopio | metop.io/i/serem49d | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex and Gender

The chart illustrates the population distribution by sex in CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties. The female population is slightly higher at 72,039 compared to the male population of 71,062. This indicates a nearly balanced gender distribution in the region. The data suggests that the area has a diverse and evenly distributed population, which can impact local services and community dynamics. Understanding these demographics is crucial for planning and resource allocation in the region.

Population by Sex
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties), 2019-2023

- Female
- Male

49.7%   50.3%
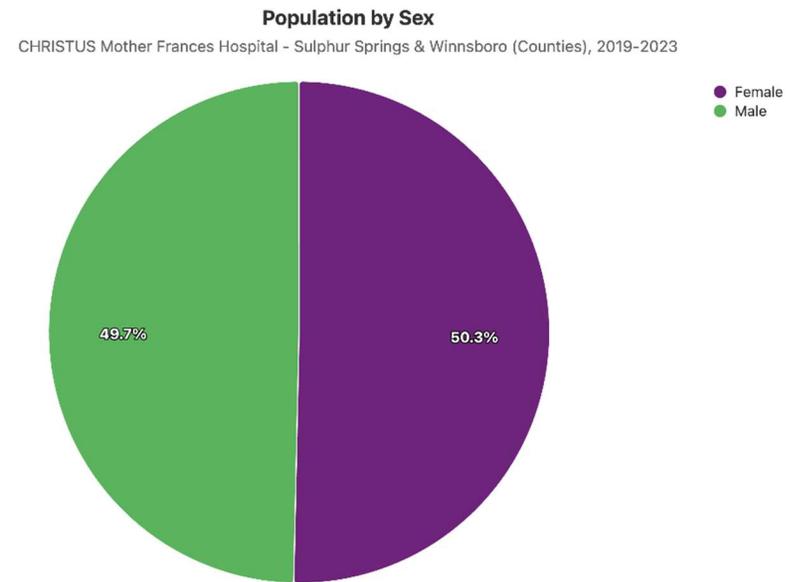
Created on Metopio | metop.io/i/3dzboqcx | Data source: U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

The data represents the population distribution by race and ethnicity in CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties. The largest group is Non-Hispanic White, with 409,737 individuals, followed by Hispanic or Latino with 113,940. Non-Hispanic Black individuals' number 74,234, while Asian and Native American populations are smaller, with 6,147 and 1,203 individuals respectively. Pacific Islander/Native Hawaiian and individuals of two or more races make up the smallest groups, with 438 and 20,988 individuals respectively.

Population by Race/Ethnicity
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties), 2019-2023

Legend:
- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawaiiar
- Two or more races

65.4%
11.8%
1.0%
18.2%
0.1% 3.3%

Race and Ethnicity

The data represents the population distribution by race/ethnicity in CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties). The majority of the population is Non-Hispanic White, accounting for 100,290 individuals. Non-Hispanic Black and Hispanic or Latino populations are significantly smaller, with 8,788 and 29,046 individuals, respectively. Asian, Native American, Pacific Islander/Native Hawaiian and two or more race categories each represent smaller segments of the population, with Asian being the smallest at 1,093 individuals.

Population by Race/Ethnicity
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties), 2019-2023

Legend:
- Non-Hispanic White
- Non-Hispanic Black
- Asian
- Hispanic or Latino
- Native American
- Pacific Islander/Native Hawaiiar
- Two or more races

70.3%
6.2%
0.8%
20.4%
0.2% 2.2%

Limited English Proficiency

Limited English proficiency (LEP) affects various age groups differently across the United States, with Texas showing higher rates than the national average. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, serving multiple counties, report a full population LEP rate of 5.67%, which is lower than the Texas average of 12.84%. In contrast, CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro, also covering multiple counties, have a slightly higher rate of 6.57%. Notably, the 18-64 age group experiences the highest LEP rates in both Texas and the United States, highlighting the need for targeted language support services in health care settings.

Limited English proficiency by Age, 2019-2023

- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States
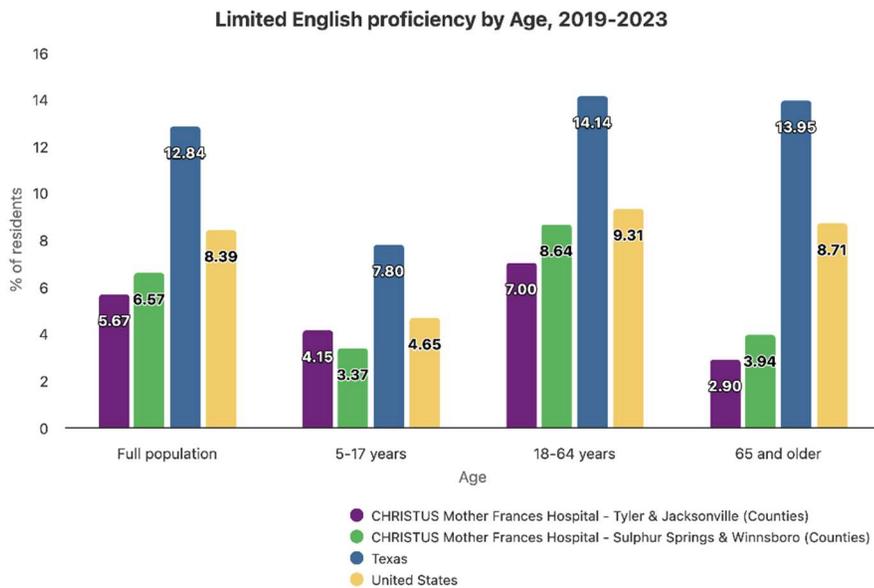
Created on Metopio | metop.io/i/ygbnm1hd | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B16004)

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

Foreign Born Population

Foreign-born individuals make up 7.06% of the population in the counties served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville. In contrast, the counties served by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have a higher percentage at 8.67%. Texas has a significantly higher percentage of foreign-born individuals at 17.19%, while the United States average is 13.87%. This data highlights the varying levels of foreign-born populations across different regions.

Foreign born, 2019-2023
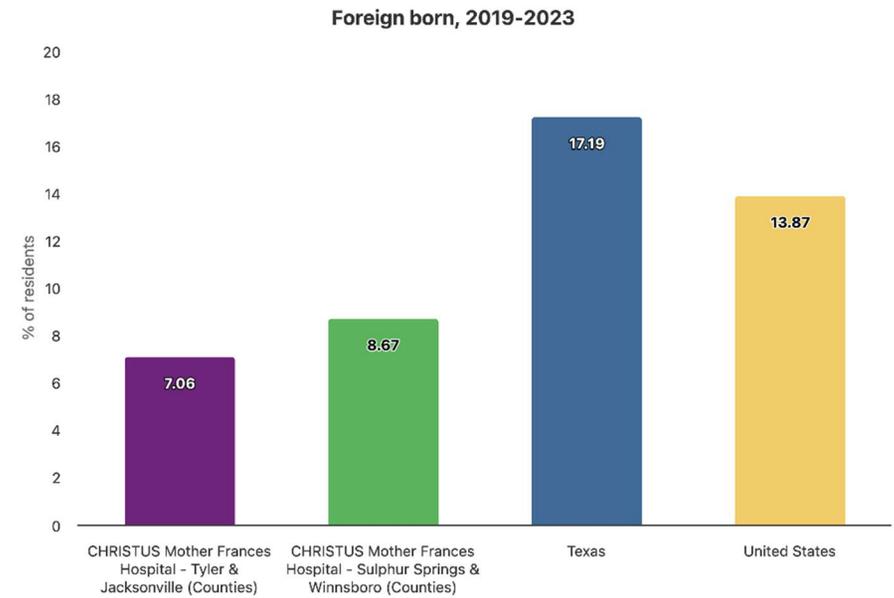
Created on Metopio | metop.io/i/pi4fg5wq | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

Foreign born: Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

Household/Family

Single-Parent Households

Single-parent households are a significant focus in the provided data. The chart highlights the percentage of single-parent households in various locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have 6.32%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have 6.34%. Texas has a higher percentage at 7.23%, and the United States has a slightly lower percentage at 6.18%.

Single-parent households, 2019-2023
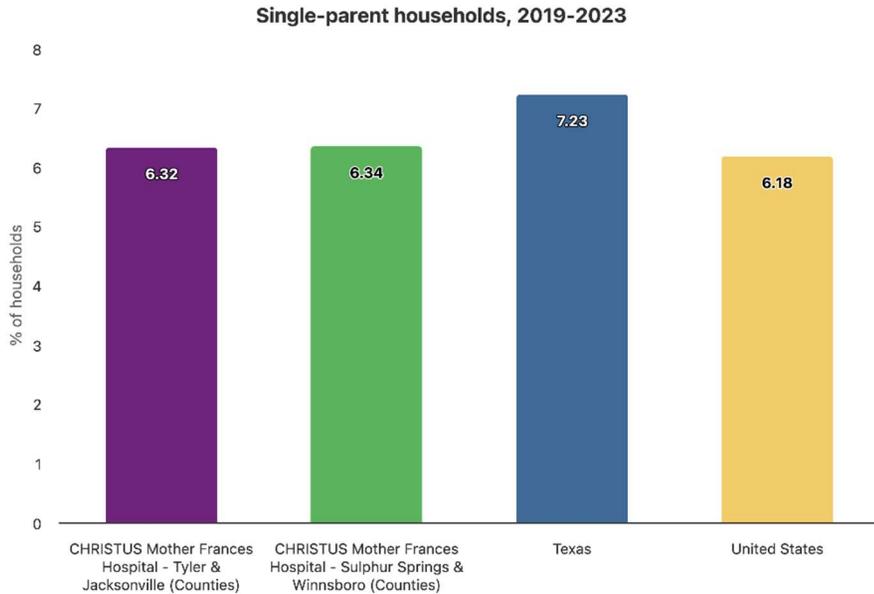
Created on Metopio | metop.io/i/qs15ute4 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

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

Seniors Living Alone

Seniors living alone in the United States have been gradually increasing, with a notable rise from 26.11% in 2015-2019 to 26.46% in 2019-2023. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) show similar trends, with percentages fluctuating around 22-24%. Texas as a whole has a slightly higher percentage of seniors living alone compared to these specific counties. The data indicates a consistent pattern of seniors living alone across different regions, reflecting broader societal trends.

Seniors living alone (65 and older)
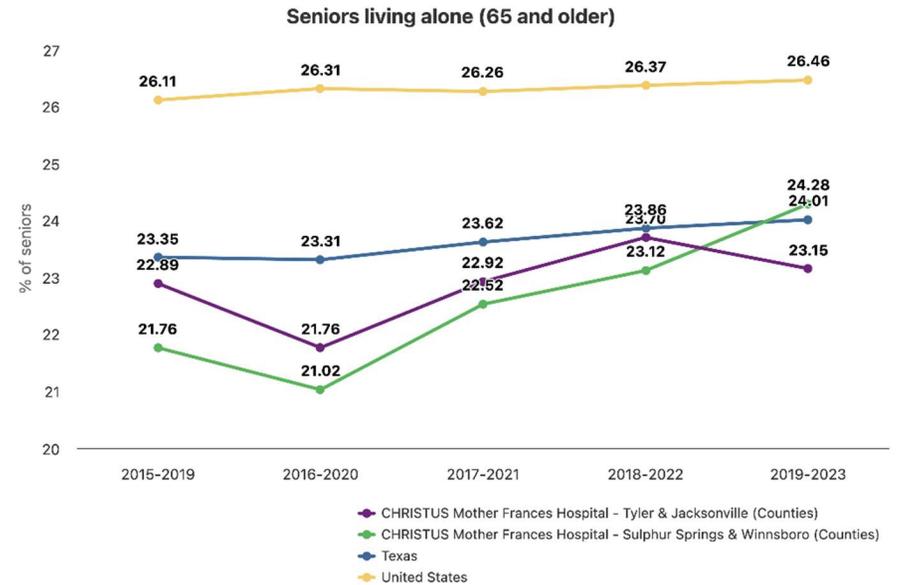
Created on Metopio | metop.io/i/j77do72x | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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

Economics

Median Household Income

The median household income for CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) in Texas and the United States from 2015 to 2023 show a general upward trend. In 2015-2019, the median household income for Tyler and Jacksonville was $62,801.92, while Sulphur Springs and Winnsboro had $62,087.19. By 2019-2023, these figures increased to $66,811.11 and $62,896.18, respectively. Texas and the United States had higher median household incomes, with Texas at $76,292.00 and the United States at $78,538.00 in 2019-2023.

Median Household Income by Race and Ethnicity

The median household income varies significantly across different racial and ethnic groups in Texas and the United States. At CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, Native Americans have the highest median income at $106,317.13, while Non-Hispanic Blacks have the lowest at $47,844.38. In contrast, Asian households have the highest median income in the United States at $113,106.00. Overall, the median household income for the full population in Texas is lower than the national average.

Median household income

Created on Metopio | metop.io/i/drygf8rr | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median household income by Race/Ethnicity, 2019-2023
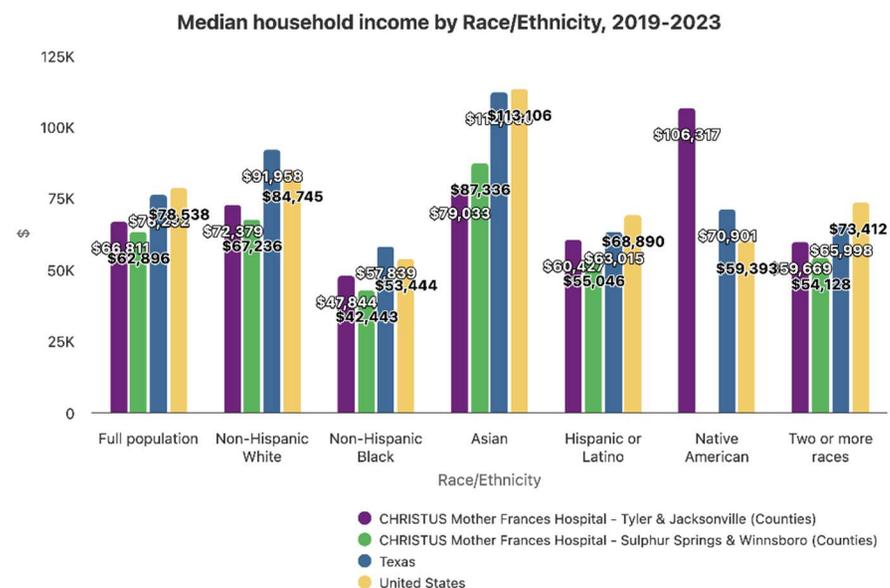
Created on Metopio | metop.io/i/v4u16mrx | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate

The poverty rate in the United States is 12.44%. Texas has a slightly higher poverty rate of 13.8%. The poverty rates for CHRISTUS Mother Frances Hospital - Tyler and Jacksonville and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro are both 13.53%, which are higher than the national average but lower than the state average. These hospitals serve areas with varying levels of economic hardship. The data highlights the need for targeted interventions to address poverty in these regions.

Poverty rate, 2019-2023

Category	% of residents
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	13.53
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	13.53
Texas	13.80
United States	12.44
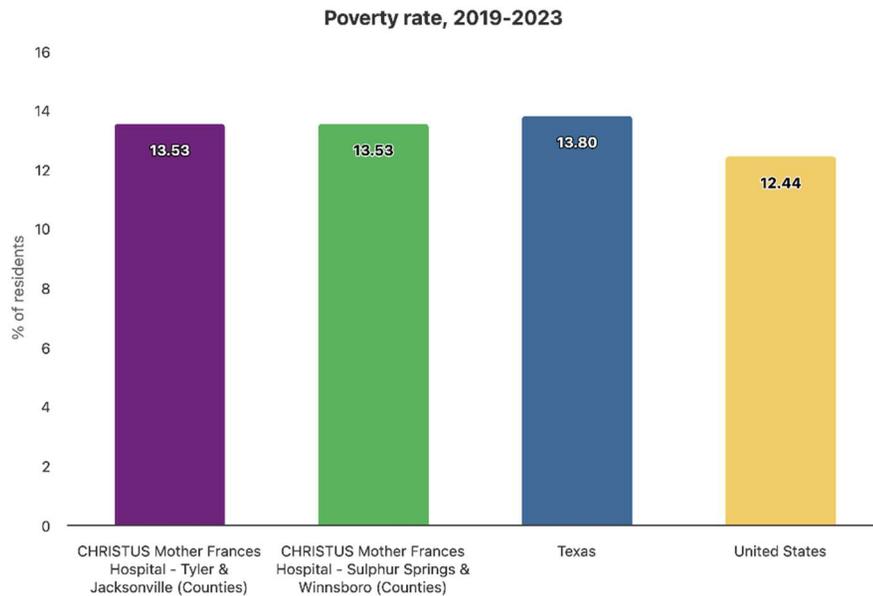
Created on Metopio | metop.io/i/bwqnrn4a | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

Education

High School Graduation Rate

The high school graduation rate in the United States is 89.39%. Texas has a slightly lower rate at 85.7%. Among the specified locations, CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties have the highest rate at 86.53%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties have a rate of 84.74%. These rates indicate a strong educational performance in these areas, though slightly below the national average.

High school graduation rate, 2019-2023

Location	Rate
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	86.53
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	84.74
Texas	85.70
United States	89.39
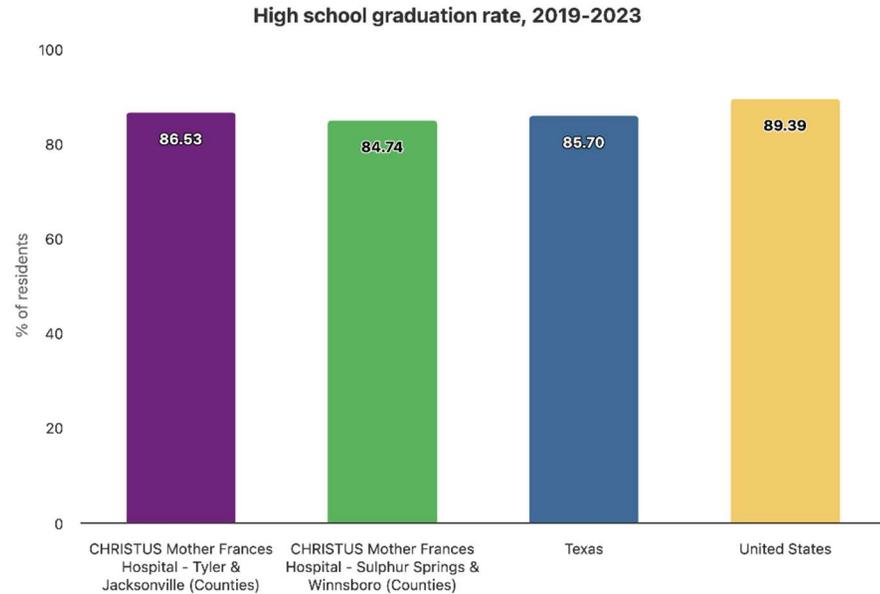
Created on Metopio | metop.io/i/9hmwnx3p | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

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

Higher Degree Graduation Rate

The data represents the higher degree graduation rates across various locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a rate of 31.41%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) stand at 28.19%. Texas has a higher rate of 40.82%, and the United States has the highest rate of 43.78%. This indicates that higher degree graduation rates are generally higher at the national level compared to specific locations in Texas.

Higher degree graduation rate, 2019-2023

Location	Rate
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	31.41
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	28.19
Texas	40.82
United States	43.78
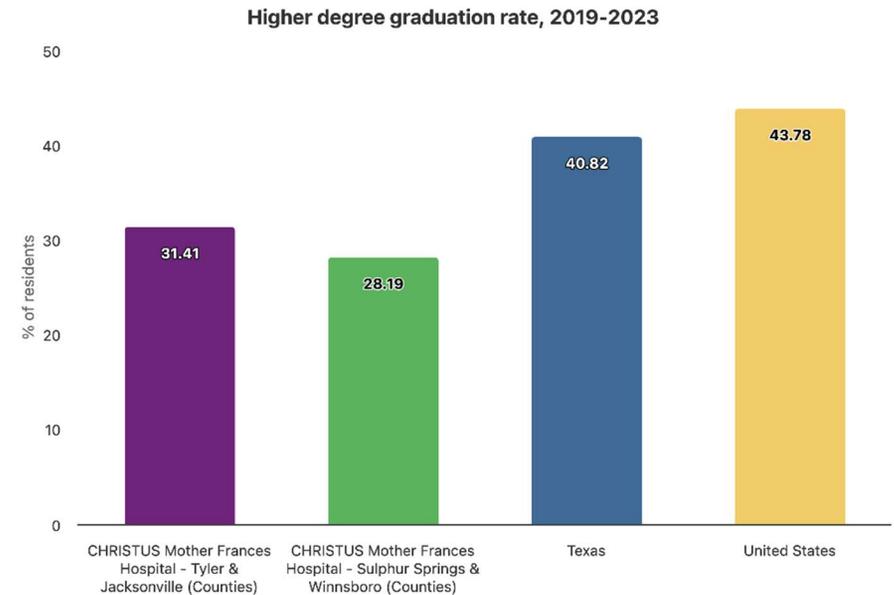
Created on Metopio | metop.io/i/j1hiqysf | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

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

Employment

The unemployment rate in the United States stands at 5.2%, while Texas has a slightly higher rate of 5.14%. Among the specific locations mentioned, CHRISTUS Mother Frances Hospital - Tyler and Jacksonville have a rate of 4.6%. and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have a rate of 4.62%. These rates are lower than both the state and national averages, indicating better employment conditions in these areas.

Unemployment rate, 2019-2023

CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	4.60
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	4.62
Texas	5.14
United States	5.20

Created on Metopio | metop.io/i/3c4d6t65 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Life Expectancy

Life expectancy in Texas is 76.66 years. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a life expectancy of 73.94 years, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly higher life expectancy of 74.07 years. These hospitals serve specific counties in Texas, indicating regional variations in life expectancy within the state. The data highlights the impact of local health care services on life expectancy.

Life expectancy, 2020-2022

CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)	73.9
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)	74.1
Texas	76.7

Created on Metopio | metop.io/i/k9pjj3ji | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI)
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Health Access and Barriers to Care

Communities served by CHRISTUS Trinity Mother Frances Health System face a complex web of access challenges that span geography, socioeconomic factors and emergent social issues:

CHRISTUS Mother Frances Hospital - Tyler and Jacksonville

Economic Instability and Insurance Gaps

Northeast Texas communities, including Tyler and Jacksonville, grapple with persistent poverty, seasonal employment and a high rate of uninsured residents due to Texas's limited Medicaid coverage. These factors delay preventive care, leading to increased emergency department visits for unmanaged chronic conditions such as diabetes, hypertension and heart disease.

Geographic Isolation and Transportation Barriers

Patients living outside urban centers often lack reliable transportation to access health care services. Without robust public transit options, residents from smaller towns and rural areas frequently struggle with missed appointments, disrupted treatment plans and delayed care, particularly affecting vulnerable populations such as seniors and low-income families.

Behavioral Health and Substance Use Provider Shortages

The region experiences significant shortages of behavioral health providers, particularly psychiatrists, counselors and addiction specialists. Limited access leads to prolonged wait times, untreated mental health conditions and increased reliance on emergency services, especially for crisis intervention.

Community Safety, Violence and Trauma

Violent crime and gun-related incidents were raised as a potential concern that influences physical trauma, long-term psychological impacts and community fear that deters residents from seeking preventive care and participating in health-related community events.

Cultural and Health-Literacy Barriers

An increasing Hispanic population faces language and literacy barriers, which complicate patient-provider communication, consent processes, medication adherence and engagement with health care services. Addressing these gaps through culturally responsive education and interpreter services is crucial.

CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro

Persistent Rural Poverty and Insurance Instability

Rural economies based heavily on agriculture, small manufacturing and seasonal employment create instability in health care coverage. Many families and seniors face underinsurance or complete lack of coverage, leading to delayed preventive care, chronic disease complications and avoidable hospitalizations.

Transportation and Geographic Isolation

Residents across these rural counties must travel considerable distances to access specialized health care services. Limited public transportation infrastructure exacerbates challenges in maintaining consistent medical care, attending follow-up appointments and managing chronic conditions, particularly for aging residents and those living with disabilities.

Behavioral Health and Addiction Treatment Shortages

Substantial shortages in mental health providers and substance use counselors force residents to travel outside their communities or wait months for appointments. This delay often results in untreated mental health issues, increased severity of substance use disorders and heightened reliance on emergency care.

Aging Population and Chronic Disease Management

A significant portion of the population is elderly, leading to increased demand for geriatric care, chronic disease management and home health care. Limited local services make it challenging for older adults to receive timely care, increasing risks of falls, hospital readmissions and declining health outcomes.

Broadband Limitations and the Digital Divide

Limited broadband and inconsistent cellular coverage restrict opportunities to leverage telemedicine and remote patient monitoring solutions, which could otherwise enhance health care accessibility, especially during weather emergencies or health crises.

Health Care Coverage

Uninsured Rate by Race and Ethnicity

The uninsured rate varies significantly across different racial and ethnic groups in the areas served by CHRISTUS Mother Frances Hospital locations in Texas and the United States. The highest uninsured rates are observed among Hispanic or Latino individuals, with rates of 31.8% and 32.0% in the respective hospital service areas, compared to 17.47% nationally. Non-Hispanic Black and Asian populations also have higher uninsured rates than the national average. In contrast, Non-Hispanic White individuals have a lower uninsured rate, particularly in the United States overall, at 5.71%.
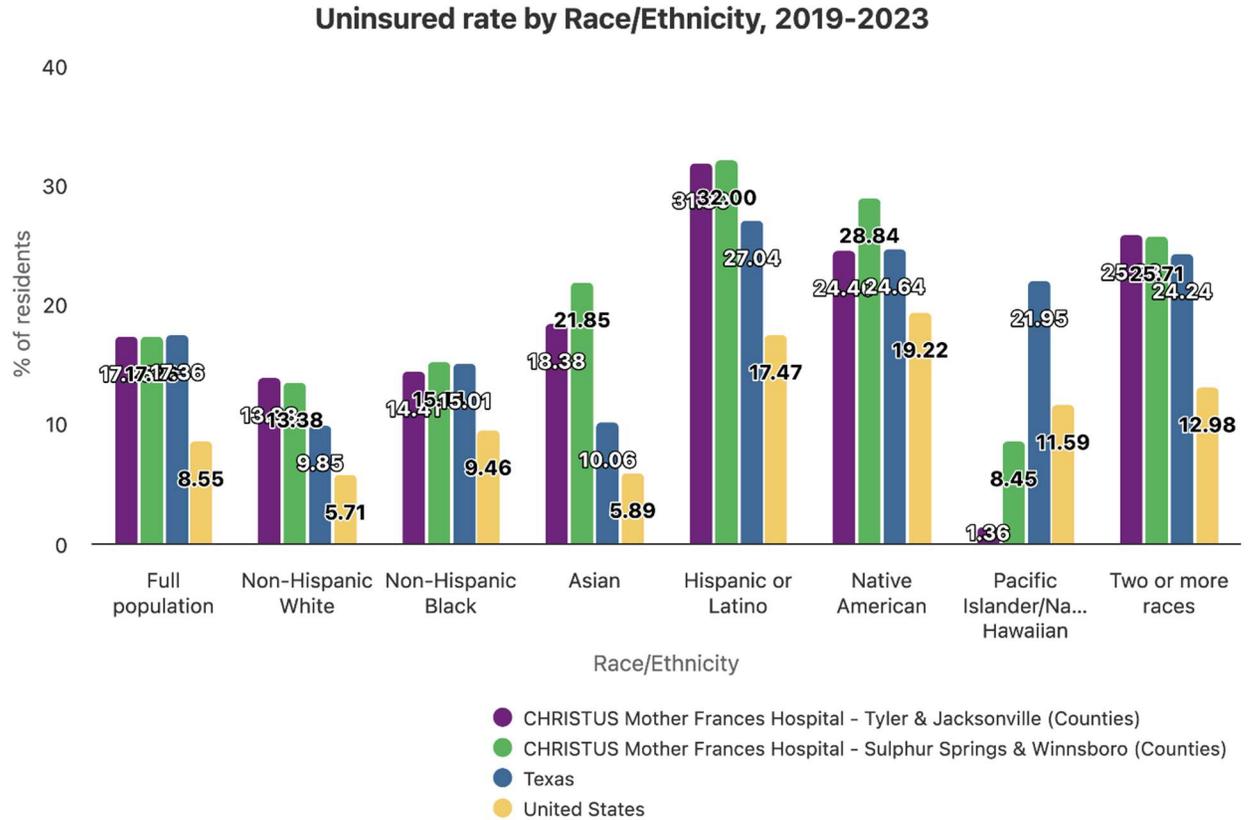
Uninsured rate by Race/Ethnicity, 2019-2023

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Private Health Insurance

Private health insurance coverage varies across different regions in the United States. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a coverage rate of 58.94%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly lower rate of 58.4%. Texas as a whole has a higher rate at 62.61%, and the United States overall has the highest rate at 67.33%. This data highlights the regional disparities in private health insurance coverage.

Private health insurance, 2019-2023
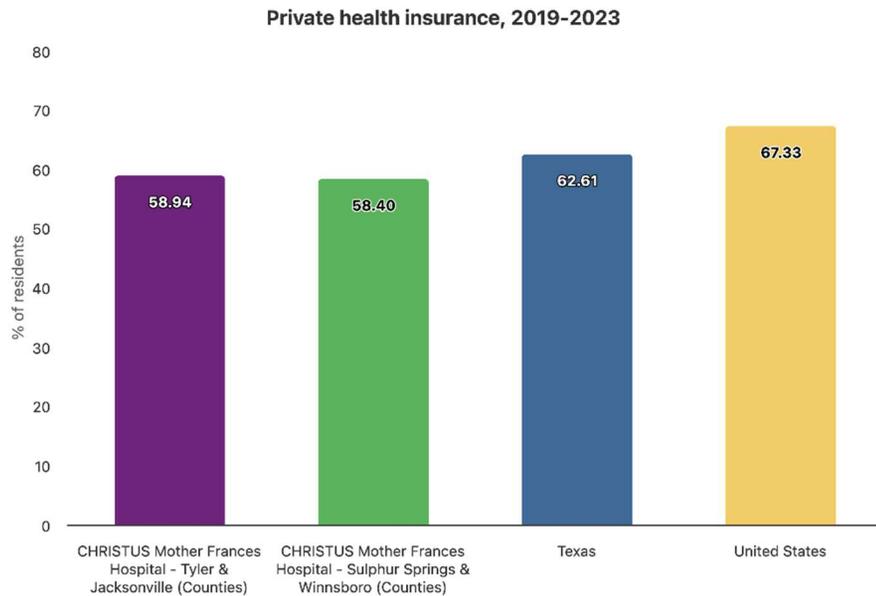
Created on **Metopio** | metop.io/i/yw4pncos | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

Public Health Insurance

Public health insurance refers to the percent of residents covered by insurances such as Medicare, Medicaid, VA Health Care or means-tested public health insurance. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) report a coverage rate of 37.4%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly higher rate of 38.45%. Texas as a whole has a lower public health insurance coverage rate of 28.9%, which is below the national average of 36.31%. These disparities highlight the need for targeted public health interventions to improve coverage and access to health care services in underserved areas.

Public health insurance, 2019-2023
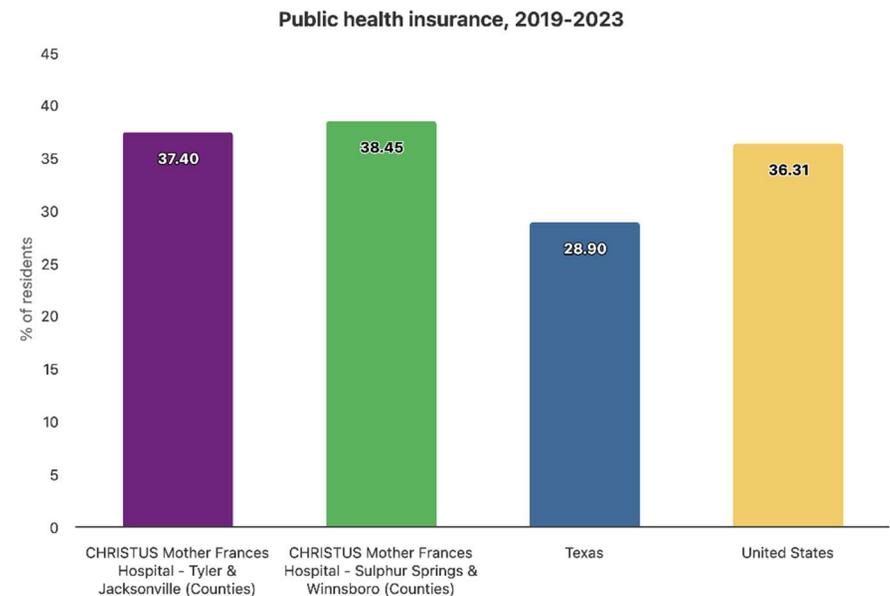
Created on **Metopio** | metop.io/i/zeoyg61z | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Access to Care

Primary Care Providers per Capita

The data shows the number of primary care providers (PCP) per capita for various regions from 2018 to 2022. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) are the specific locations analyzed, with Texas and the United States serving as broader comparisons. Over the years, the PCP per capita in Tyler and Jacksonville has increased, while Sulphur Springs and Winnsboro have seen a decline. Texas and the United States have experienced slight fluctuations, with Texas showing a general upward trend and the United States remaining relatively stable. Overall, the data highlights regional disparities in PCP availability and trends over time.

Primary care providers (PCP) per capita

United States: 89.1 (2018), 89.8 (2019), 89.2 (2020), 89.6 (2021), 90.8 (2022)
Texas: 74.1 (2018), 76.1 (2019), 76.2 (2020), 77.6 (2021), 74.2 (2022)
CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties): 62.9 (2018), 63.4 (2019), 62.5 (2020), 65.0 (2021), 70.1 (2022)
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties): 36.8 (2018), 35.4 (2019), 31.8 (2020), 29.5 (2021), 29.2 (2022)

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Created on Metopio | metop.io/i/119sv2nz | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)
Primary care providers (PCP) per capita: Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Mental Health Providers per Capita

The data represents the number of mental health providers per capita in various locations from 2021 to 2025. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) show a significant increase in providers, rising from 104.7 in 2021 to 203.35 in 2025. In contrast, CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a lower and more stable number of providers, with a slight increase from 43.99 in 2023 to 107.26 in 2025. Overall, Texas and the United States have higher numbers of mental health providers per capita compared to the specific hospital locations.

Mental health providers per capita

United States: 381.9 (2021), 500.8 (2022), 530.2 (2023), 545.1 (2024), 689.6 (2025)
Texas: 171.0 (2021), 261.7 (2022), 281.8 (2023), 287.1 (2024), 384.1 (2025)
CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties): 104.7 (2021), 133.4 (2022), 142.5 (2023), 157.4 (2024), 203.3 (2025)
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties): 62.6 (2021), 47.8 (2022), 44.0 (2023), 89.9 (2024), 107.3 (2025)

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Created on Metopio | metop.io/i/bn4z2gb1 | Data source: Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

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

Nutrition

Food Insecurity by Race and Ethnicity

Food insecurity rates vary significantly across different racial and ethnic groups in the areas served by CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro, as well as Texas and the United States overall. Non-Hispanic Black individuals experience the highest rates of food insecurity, with rates of 29.43% and 34.87% in the respective hospital service areas, compared to 31.0% in Texas and 27.67% in the United States. Hispanic or Latino individuals also face higher rates of food insecurity, with rates of 23.11% and 23.68% in the hospital areas, slightly above the state and national averages. The full population rates in the hospital areas are higher than the state and national averages, indicating a greater prevalence of food insecurity in these regions.

Food insecurity by Race/Ethnicity, 2023

Food Stamps (SNAP) by Race and Ethnicity

The data represents the percentage of individuals receiving food stamps (SNAP) across different racial and ethnic groups in various locations. The highest rates are observed among Pacific Islander/Native Hawaiian individuals in Sulphur Springs and Winnsboro counties, and among Non-Hispanic Black individuals in the same counties. Hispanic or Latino individuals also have a relatively high rate in Texas and the United States. In contrast, Non-Hispanic White individuals have the lowest rates across all locations.
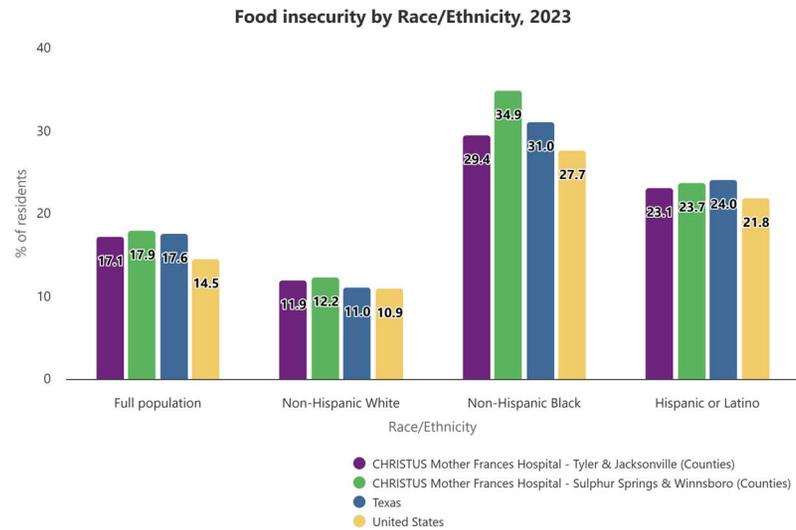
Food stamps (SNAP) by Race/Ethnicity, 2019-2023

Households in Poverty Not Receiving Food Stamps

The data highlights the percentage of households in poverty not receiving food stamps (SNAP) across various locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have the highest rate at 65.54%, followed closely by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville at 63.04%. Texas as a whole has a rate of 62.93%, which is higher than the national average of 59.4%. This indicates that these specific locations have a greater proportion of households in poverty not accessing SNAP benefits compared to the national average.

Households in poverty not receiving food stamps (SNAP), 2019-2023

y-axis: % of households below the poverty line

Location	Value
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	63.04
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	65.54
Texas	62.93
United States	59.40
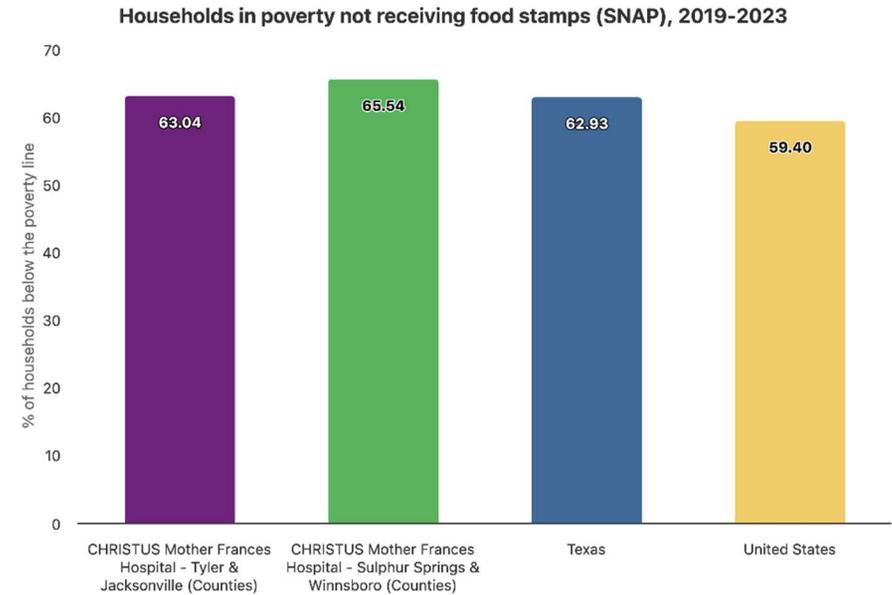
Created on Metopio | metop.io/i/tjf15f17 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B22003)

Households in poverty not receiving food stamps (SNAP): Percent of households with income in the past 12 months below the poverty level who did not receive food stamps/SNAP in the past 12 months.

Physical Activity

No Exercise

No exercise rates vary significantly across different locations in the United States. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) report a rate of 27.45%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly lower rate of 26.9%. Texas as a whole has a higher rate of 27.64%, which is above the national average of 23.68%. These variations highlight the need for targeted interventions to address physical inactivity in specific regions.

No exercise, 2022

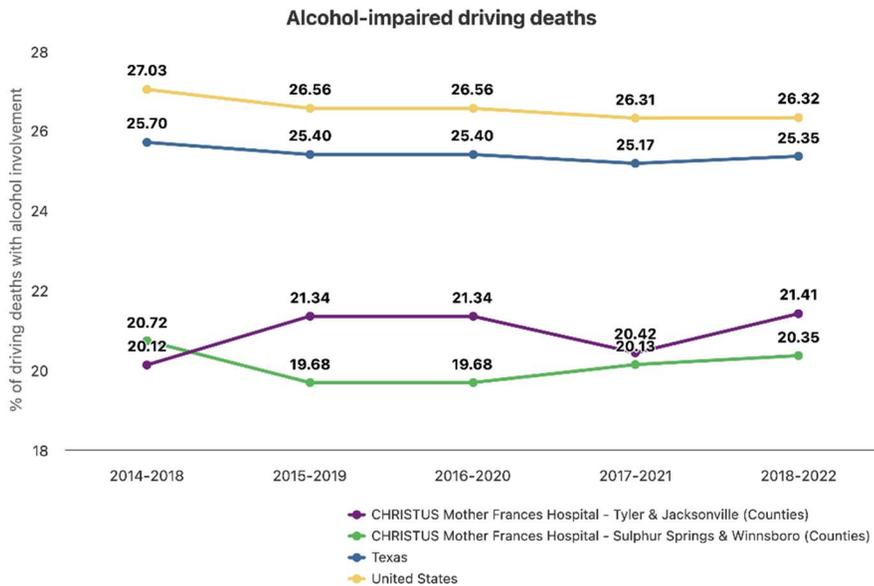|	Value
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	27.4
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	26.9
Texas	27.6
United States	23.7

Created on Metopio | metop.io/i/nmna7uzi | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to Exercise Opportunities

Access to exercise opportunities is a crucial indicator of public health. In Texas, CHRISTUS Mother Frances Hospital serves counties with varying levels of access. The hospital's service area in Tyler and Jacksonville counties have an access rate of 58.0%, while Sulphur Springs and Winnsboro counties have a lower rate of 45.69%. Comparatively, Texas as a whole has an access rate of 81.95%, and the United States averages 84.17%. This data highlights the need for targeted interventions to improve access in underserved areas.

Access to exercise opportunities, 2022

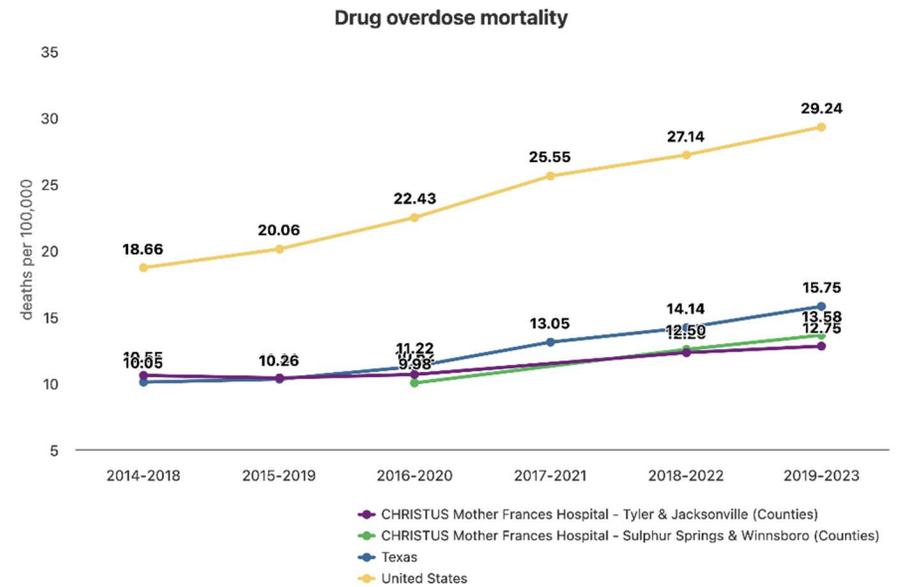|	Value
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	58.00
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	45.69
Texas	81.95
United States	84.17

Created on Metopio | metop.io/i/jtw12q35 | Data source: University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking Rate

The cigarette smoking rate is depicted for various locations, including specific counties and broader regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have the highest rate at 23.79%, followed by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) at 23.5%. Texas has a lower rate of 18.6%, while the United States overall has a rate of 20.08%. This indicates that the smoking rates in the specified counties are significantly higher than both the state and national averages. The data suggests a need for targeted interventions in these counties to address the higher smoking rates.

Cigarette smoking rate, 2012

Created on Metopio | metop.io/i/9avrmue7 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012), **Cigarette smoking rate:** Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Binge Drinking

Binge drinking rates vary across different locations, with CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties having the highest rate at 19.27%. This is followed closely by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties at 19.02%. Texas as a whole has a slightly lower rate of 17.86%, while the United States overall reports a rate of 18.58%. These variations highlight the need for targeted interventions in areas with higher rates of binge drinking. Understanding these differences can help in developing effective strategies to address this public health issue.

Binge drinking, 2022

Created on Metopio | metop.io/i/dpcnvx49 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data) **Binge drinking:** Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths are a significant issue, with rates varying across different regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have consistently lower rates compared to Texas and the United States as a whole. Over the years, these rates have shown slight fluctuations, but the overall trend remains relatively stable. The data highlights the need for continued efforts to reduce alcohol-impaired driving incidents.

Drug Overdose Mortality

Drug overdose mortality has been a significant concern across various regions in the United States from 2014 to 2023. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties reported a mortality rate of 12.75 per 100,000 people in the most recent period, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties saw a slightly higher rate of 13.58. Texas had a rate of 15.74, and the United States overall had a notably higher rate of 29.24. Over the years, there has been a general upward trend in overdose mortality rates, highlighting the increasing severity of the issue.

Alcohol-impaired driving deaths

United States: 27.03, 26.56, 26.56, 26.31, 26.32
Texas: 25.70, 25.40, 25.40, 25.17, 25.35
CHRISTUS Mother Frances Hospital – Tyler & Jacksonville: 20.12/20.72, 21.34, 21.34, 20.42/20.13, 21.41
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro: 20.12, 19.68, 19.68, 20.13, 20.35

Years: 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022

y-axis: % of driving deaths with alcohol involvement (18–28)

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Drug overdose mortality

United States: 18.66, 20.06, 22.43, 25.55, 27.14, 29.24
Texas: 10.55, 10.26, 11.22, 13.05, 14.14, 15.75
CHRISTUS Mother Frances – Sulphur Springs & Winnsboro: 10.26, 9.98, 12.50, 13.58
CHRISTUS Mother Frances – Tyler & Jacksonville: 10.55, 10.26, 10.53, 12.50, 12.75

Years: 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

y-axis: deaths per 100,000 (5–35)

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Opioid Dispensing Rate

The opioid dispensing rate varies significantly across different locations in Texas and the United States. CHRISTUS Mother Frances Hospital in Tyler and Jacksonville reports the highest rate at 51.21, while the rate in Sulphur Springs and Winnsboro is notably lower at 27.45. The overall opioid dispensing rate in Texas stands at 32.2, which is slightly below the national average of 37.4. This data highlights the regional disparities in opioid dispensing practices within the state and in comparison to the national average.

Opioid Dispensing Rate, 2023
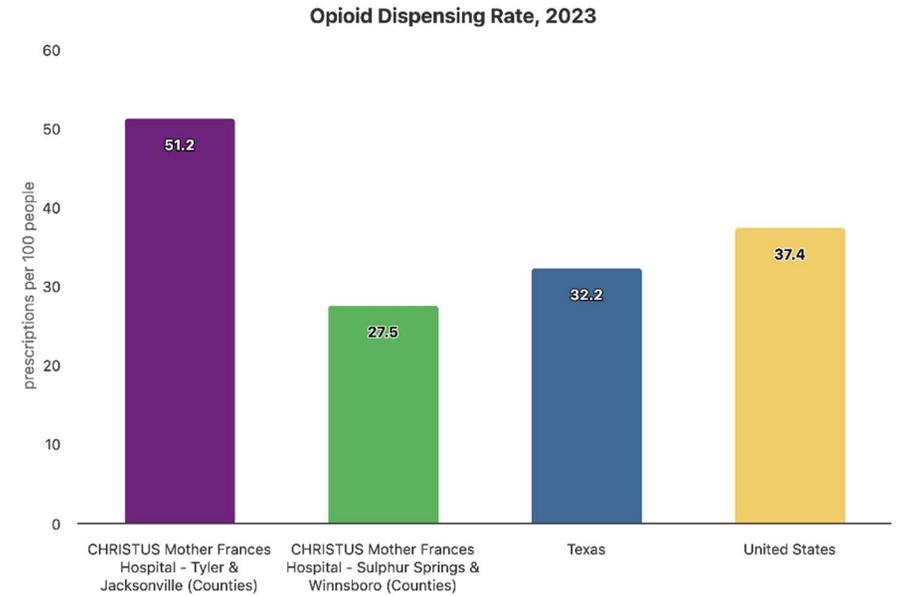
Created on Metopio | metop.io/i/bxrmekzg | **Data source:** Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

The Social Vulnerability Index (SVI) measures the resilience of communities when confronted by external stresses on human health, such as natural or human-caused disasters. The data shows that CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have the highest SVI at 80.81, indicating a high level of vulnerability. Texas, as a whole, has a slightly lower SVI of 76.77, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a lower SVI of 72.33. The United States, on average, has a significantly lower SVI of 58.4, suggesting a lower overall vulnerability compared to these specific locations.

Hardship Index

The Hardship Index measures the level of economic and social challenges in a community, including factors like income, employment, education and housing. Higher scores reflect greater hardship. The regions served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville and Sulphur Springs and Winnsboro have Hardship Index scores of 59.99 and 64.16, respectively — both above the Texas average of 54.75 and the national average of 48.44 — indicating these communities face greater economic and social stress than much of the state and country.

Social Vulnerability Index, 2022

Created on Metopio | metop.io/i/87wkqp5c | Data source: Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - SVI Data
Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings

Hardship Index, 2019-2023

Created on Metopio | metop.io/i/krcdkbm6 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

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

Childhood Opportunity Index

The Child Opportunity Index 3.0 measures access to resources that support healthy development in children, such as quality education, safe housing, and healthy environments. Counties served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville have slightly higher scores than those served by Sulphur Springs and Winnsboro, but both areas fall below the Texas and national averages. This indicates that children in these regions face fewer opportunities for healthy development, pointing to a need for targeted investments to close local gaps and support better long-term outcomes.

Social Engagement Index

The Social Engagement Index measures how connected and involved people are within their communities through activities like volunteering, civic participation and social interaction. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville and Sulphur Springs and Winnsboro have scores of 73.6 and 74.27, slightly below the national average of 75.5 and close to the Texas average of 74.04. These modest differences suggest similar levels of community engagement in these areas, highlighting the importance of fostering stronger social ties and civic participation locally.

Child Opportunity Index 3.0, 2017-2021
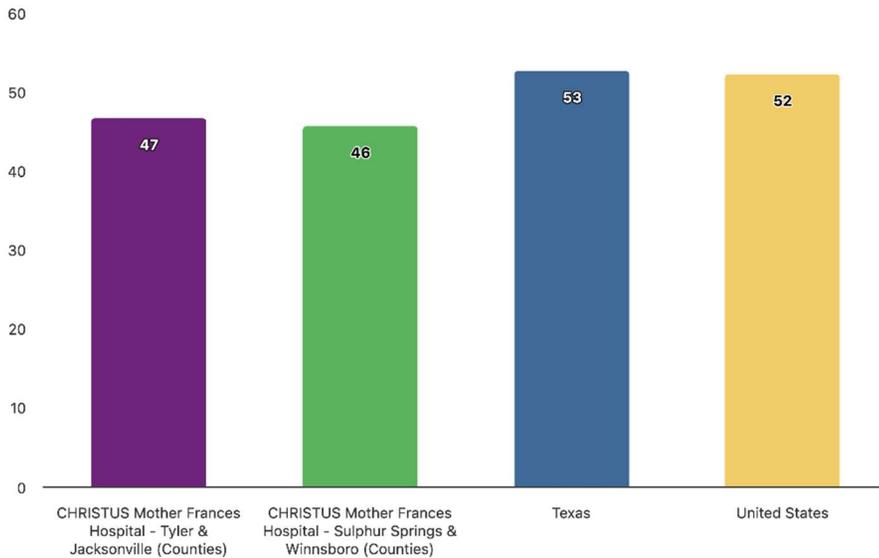
Created on Metopio | metop.io/i/8o8je3gf | Data source: diversitydatakids.org: Child Opportunity Index 3.0

Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).

Social Engagement Index, 2019-2023
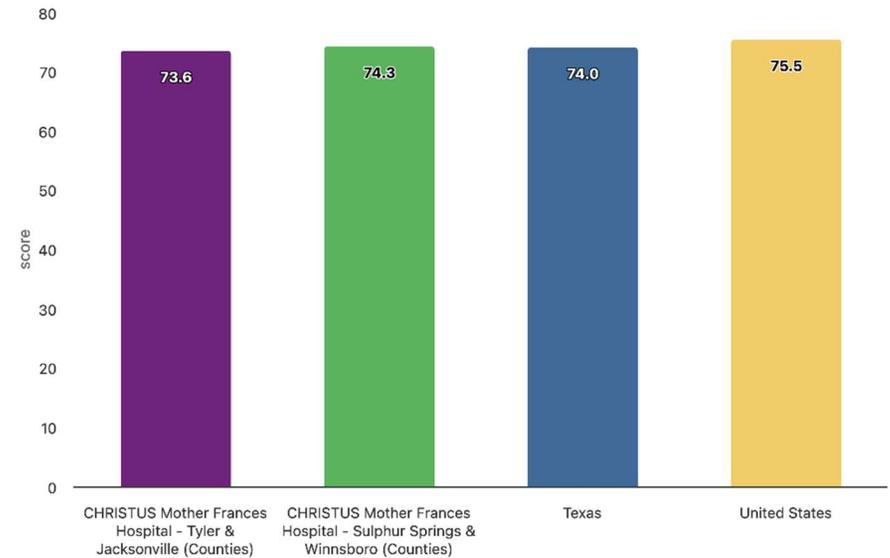
Created on Metopio | metop.io/i/iioceeq3h | Data source: Metopio

Social Engagement Index: The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency,

Households Below ALICE Threshold

The ALICE (Asset Limited, Income Constrained, Employed) threshold represents households that earn above the poverty level but still struggle to afford basic needs. From 2018 to 2023, the percentage of ALICE households in the regions served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (44.88%) and Sulphur Springs and Winnsboro (45.11%) remained higher than both the Texas and U.S. averages, which dropped to 42.0% by 2023. This indicates that a larger share of families in these areas continue to face financial strain despite being employed, underscoring the need for stronger economic support systems.

Households below ALICE threshold

% of households

Year	2018	2019	2020	2021	2022	2023

- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States
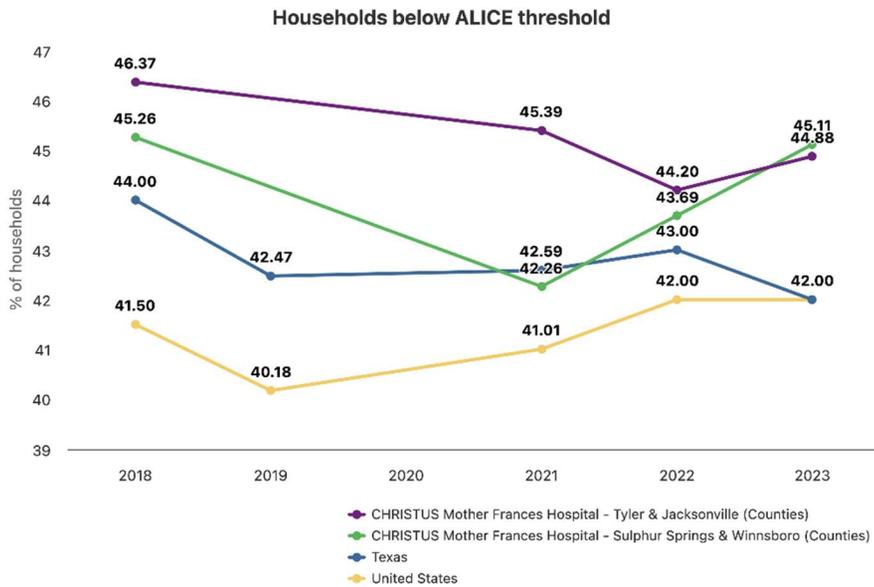
Created on Metopio | metop.io/i/9t25kgv3 | **Data source:** United for Alice: United Way ALICE Data

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 measure of air quality and health impact. The data shows that CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville counties have a concentration of 8.23, slightly lower than Sulphur Springs and Winnsboro counties at 8.34. Texas as a whole has a lower concentration at 7.34, while the United States average is 6.93. This indicates that the areas around these hospitals have higher PM 2.5 levels compared to the national average. Addressing these higher concentrations is essential for improving public health outcomes in these regions.

Environmental Burden Index

The Environmental Burden Index indicates a higher burden in Texas and the United States compared to the specific areas served by CHRISTUS Mother Frances Hospital in Tyler and Jacksonville and Sulphur Springs and Winnsboro. In 2024, the index values for Tyler and Jacksonville and Sulphur Springs and Winnsboro were 38.09 and 37.71 respectively, while Texas and the United States had higher values of 49.5 and 50.25. A similar trend was observed in 2022, with Tyler and Jacksonville and Sulphur Springs and Winnsboro having lower index values compared to Texas and the United States. This suggests that the areas served by these hospitals experience a relatively lower environmental burden.

Particulate matter (PM 2.5) concentration, 2020

Created on Metopio | metop.io/i/y43khv9c | **Data source:** Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)
Particulate matter (PM 2.5) concentration: Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Environmental burden index

Created on Metopio | metop.io/i/r7j9cv7p | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index
Environmental burden index: Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

Internet

No Internet

The data indicates the percentage of households without internet access in various locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, spanning multiple counties, has the highest rate at 12.12%. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro also shows a significant rate of 11.2%. In comparison, the overall rates for Texas and the United States are lower, at 7.56% and 7.7%, respectively. This suggests that these specific hospital service areas have notably higher rates of internet disconnection compared to broader regional and national averages.

No internet, 2019-2023
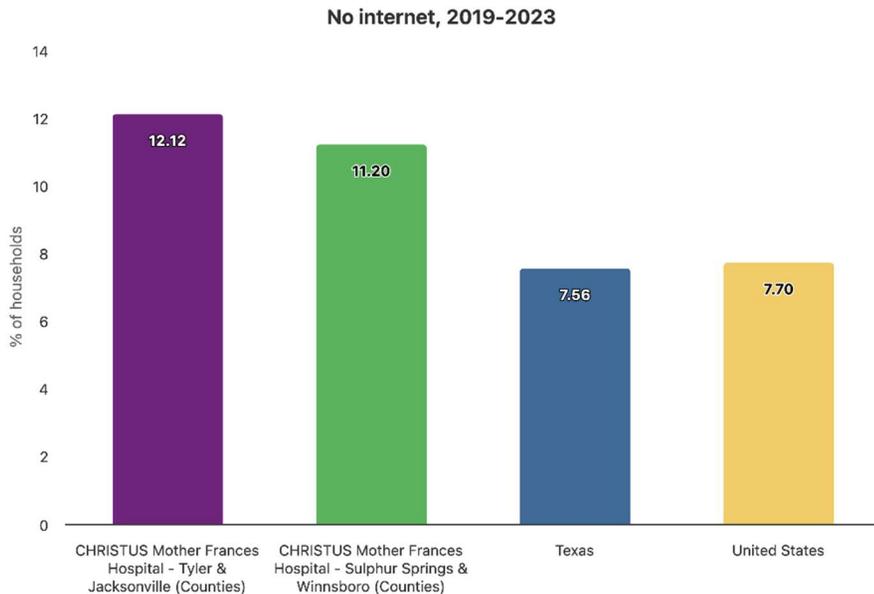
Created on Metopio | metop.io/i/95uhid8y | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

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

Internet Access

The data points relate to Internet access in various regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have an Internet access rate of 87.88%. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly higher rate at 88.8%. Texas and the United States have higher rates of Internet access at 92.44% and 92.3%, respectively.

Internet access, 2019-2023
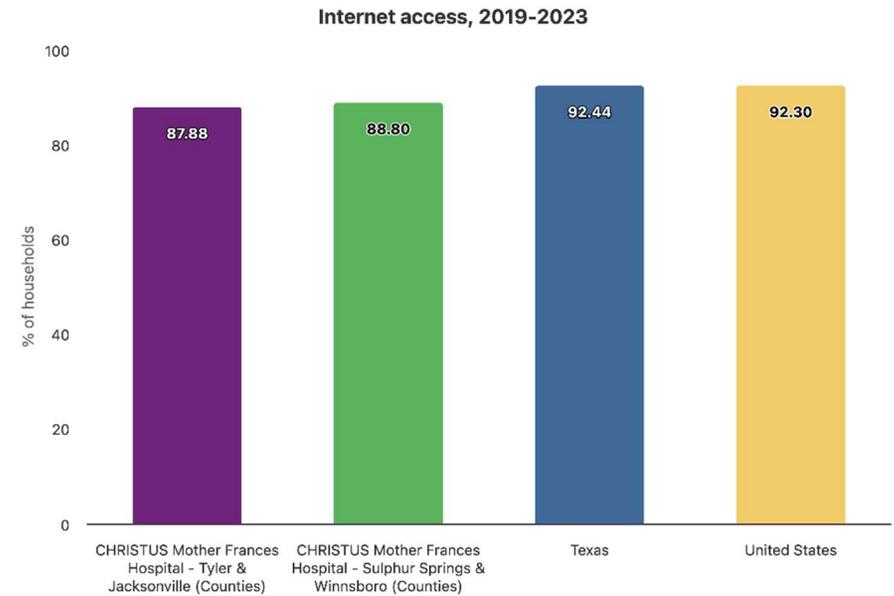
Created on Metopio | metop.io/i/kiu9kbbc | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

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

Access to the Internet Only Through Cellular Data

Access to the internet only through cellular data varies significantly across different regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a rate of 24.95%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) report 27.89%. In contrast, Texas and the United States have lower rates at 12.81% and 11.3%, respectively. This indicates a higher reliance on cellular data for internet access in these specific hospital service areas compared to broader regional and national averages.
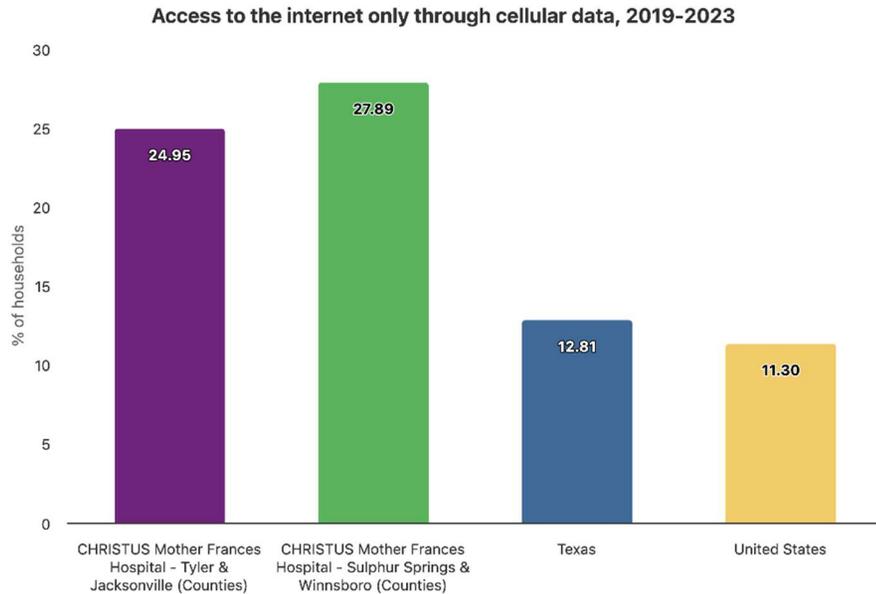
Access to the internet only through cellular data, 2019-2023

Created on Metopio | metop.io/i/8cnx1km9 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

Housing

Severe Housing Cost Burden

Severe housing cost burden is a significant issue affecting various regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have rates of 10.89% and 10.88%, respectively. Texas and the United States have higher rates, at 14.15% and 14.28%, respectively. This indicates a widespread problem, with certain areas experiencing slightly lower burdens. Addressing this issue is crucial for improving housing affordability and financial stability for residents.

Severe housing cost burden, 2019-2023

Bar chart showing "% of occupied housing units":
- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 10.89
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 10.88
- Texas: 14.15
- United States: 14.28
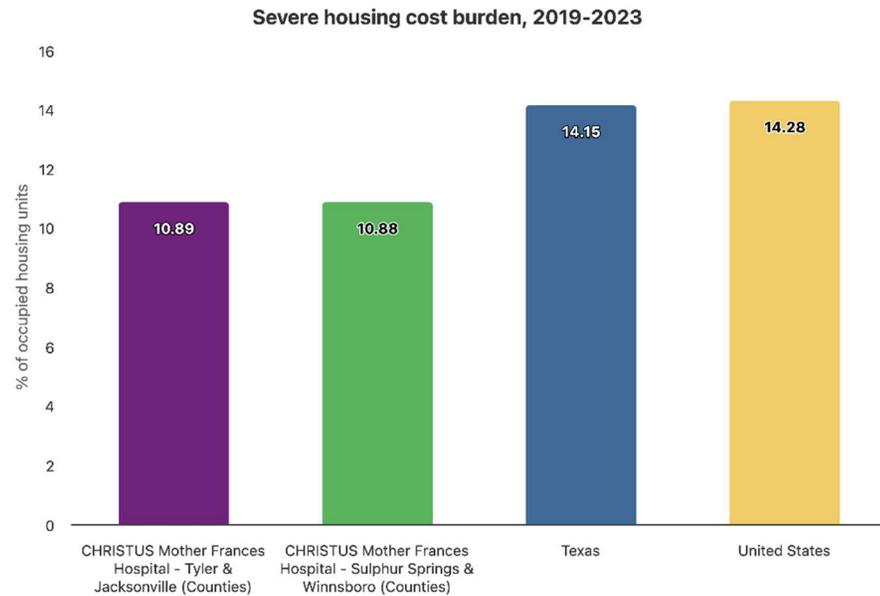
Created on Metopio | metop.io/i/peshkzi1 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Housing Insecurity

Housing insecurity is a significant issue in Texas, with the state's overall rate at 16.92%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, serving multiple counties, report a slightly lower rate of 16.88%. Meanwhile, CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro, also covering multiple counties, have a rate of 15.8%. These figures highlight the regional variations in housing insecurity within Texas.

Housing Insecurity, 2022

Bar chart showing "% of adults":
- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 16.9
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 15.8
- Texas: 16.9
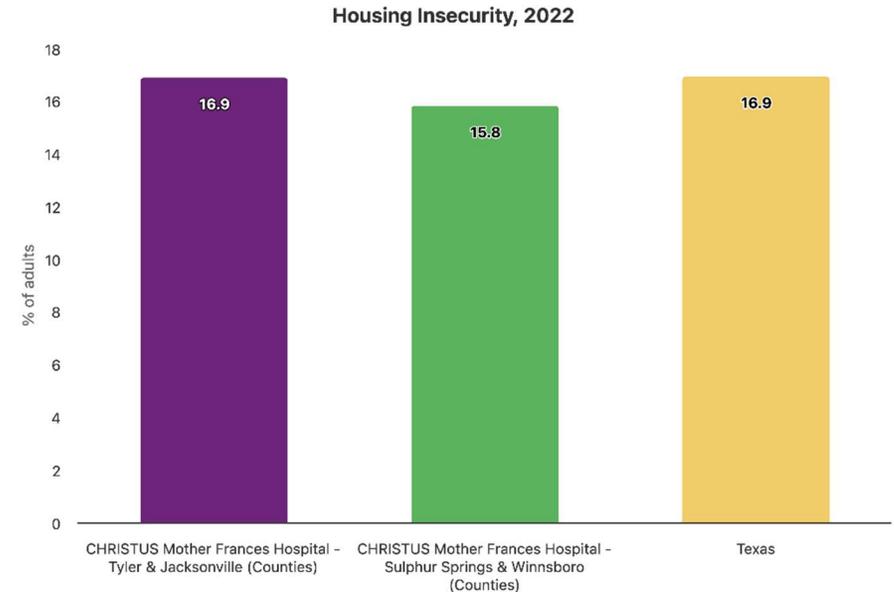
Created on Metopio | metop.io/i/8ftx7nr1 | Data sources: Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)
Housing Insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.

Moved Within County in Past Year

The data indicates the percentage of people who moved within their county in the past year for various locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a rate of 5.61%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a slightly lower rate of 5.12%. Texas as a whole has a higher rate of 7.7%. This suggests that intra-county mobility is relatively common, with some regional variations.

Owner Occupied

The data points indicate the percentage of owner-occupied homes in various locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have the highest rate at 75.69%, followed closely by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville at 73.64%. In contrast, the overall rate for Texas is significantly lower at 62.56%, highlighting a notable disparity between these specific locations and the state average.

Moved within county in past year, 2019-2023

Location	% of residents
CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)	5.61
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)	5.12
Texas	7.70

Created on Metopio | metop.io/i/1atedy8x | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

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

Owner occupied, 2019-2023

Location	% of occupied housing units
CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)	73.64
CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)	75.69
Texas	62.56

Created on Metopio | metop.io/i/7nmwciqf | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

Owner occupied:

Injury

Injury Mortality

Injury mortality rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) report the highest rate at 95.65, followed by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) at 90.7. In comparison, the overall rate in Texas is 69.61, while the United States has a rate of 82.94. These disparities highlight the need for targeted interventions in specific regions to reduce injury-related deaths.

Injury mortality, 2019-2023

Fall Mortality

Fall mortality rates vary significantly across different regions, with CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties reporting the highest rate at 11.88. The United States has an average fall mortality rate of 10.81, while CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties and Texas have lower rates at 9.31 and 8.94, respectively. This data highlights the regional disparities in fall-related fatalities.
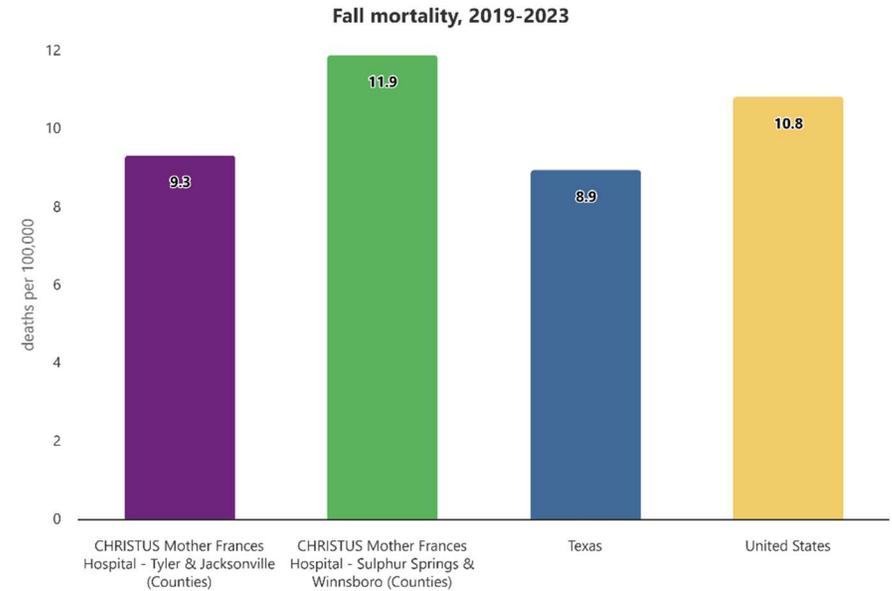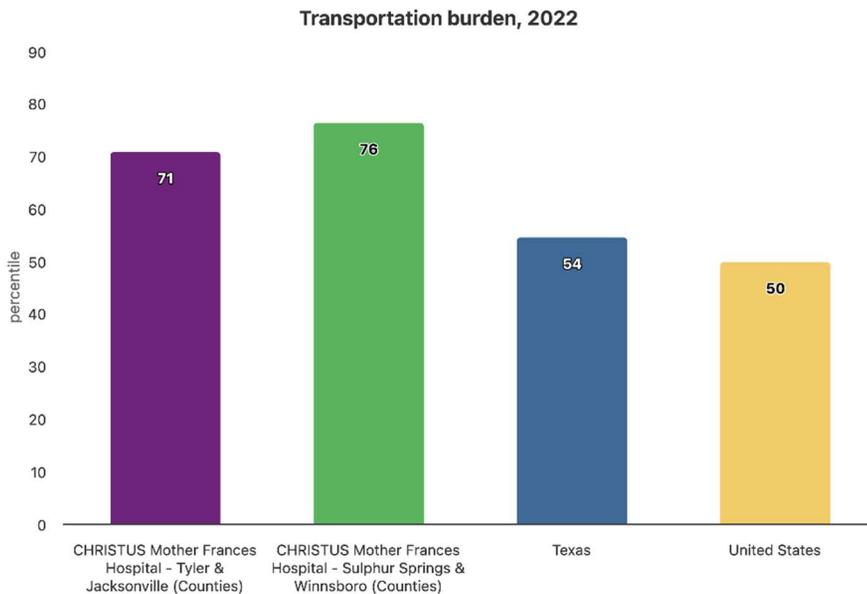

Fall mortality, 2019-2023

Created on Metopio | metop.io/i/3ubxtfyp | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov).
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Created on Metopio | metop.io/i/pcwdf5yj | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).

Motor Vehicle Traffic Mortality

Motor vehicle traffic mortality rates vary significantly across different regions. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have the highest rate at 31.9, followed by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) at 26.59. In contrast, Texas and the United States have much lower rates at 13.97 and 12.36, respectively. This indicates a notable disparity in traffic-related fatalities between these specific locations and the broader regions.

Motor vehicle traffic mortality, 2019-2023
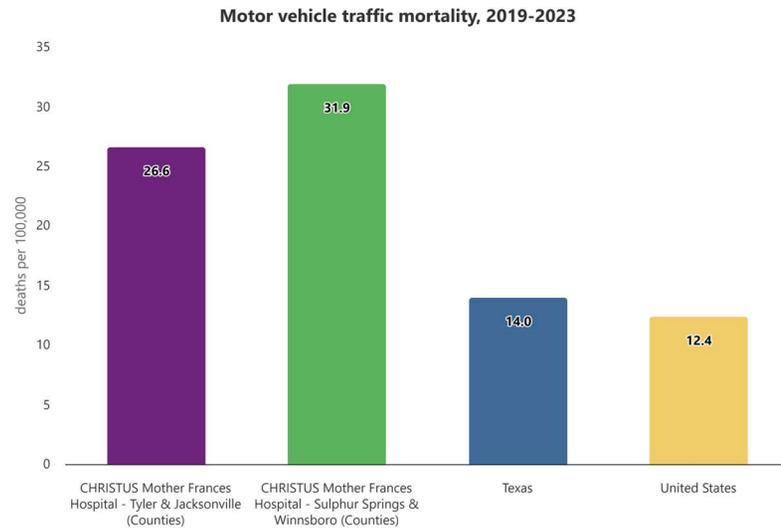
Created on Metopio | metop.io/i/7ukj3hn1 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2).

Unintentional Injury Mortality

The data highlights unintentional injury mortality rates across various locations in Texas and the United States. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) report a rate of 63.69, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a higher rate of 72.7. In comparison, the overall rate for Texas is 48.52, and for the United States, it is 61.65. These figures indicate that the unintentional injury mortality rates at these specific hospitals are significantly higher than both state and national averages.

Unintentional injury mortality, 2019-2023
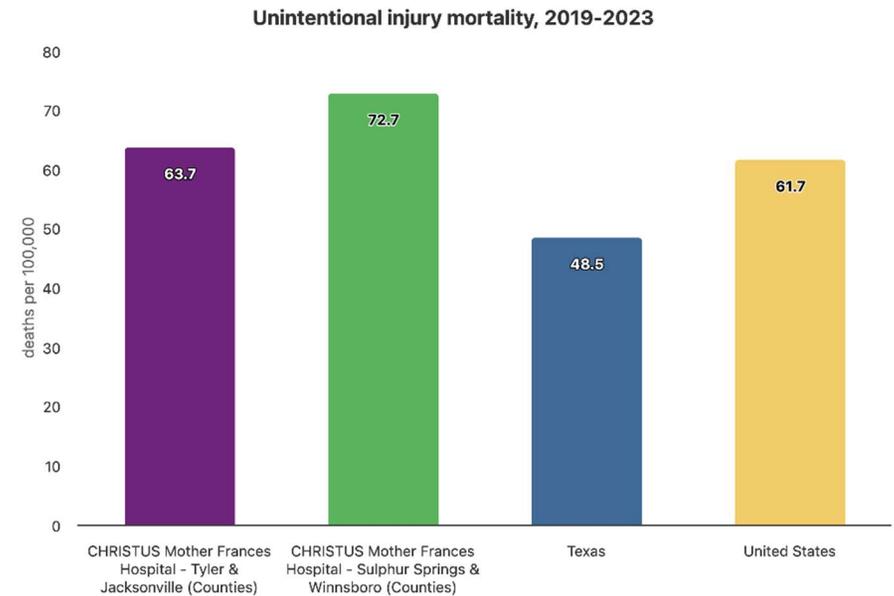
Created on Metopio | metop.io/i/67uaks8t | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

Transportation

Transportation Burden

The data indicates the transportation burden faced by different regions, with CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro experiencing the highest burden at 76.22%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville follow with a burden of 70.73%. In comparison, Texas and the United States have lower transportation burdens, at 54.46% and 49.85% respectively. This suggests a significant disparity in transportation costs across different regions.

Public Transportation to Work

Public transportation to work is a significant topic, with varying usage rates across different locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a rate of 0.36, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have a rate of 0.27. Texas as a whole has a rate of 0.95, and the United States has a rate of 3.51. These differences highlight the varying reliance on public transportation across regions.

Transportation burden, 2022

Created on Metopio | metop.io/i/7j8js6kq | Data source: Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

Public transportation to work, 2019-2023

Created on Metopio | metop.io/i/yr69urw8 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B08301)

Public transportation to work: Percent of workers 16 and older who commute to work using public transportation

Disability

Hearing Difficulty

Hearing difficulty rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have the highest rate at 6.19, while Texas and the United States have lower rates at 3.31 and 3.57, respectively. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville also have a relatively high rate at 4.65. These variations highlight the need for targeted interventions in areas with higher rates of hearing difficulty.

Vision Difficulty

Vision difficulty is a significant issue affecting various regions. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties report the highest rate at 3.54%, while CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties follow with 2.95%. Texas and the United States have lower rates, at 2.61% and 2.42% respectively. These figures highlight the need for targeted vision care initiatives in specific areas.

Hearing difficulty, 2019-2023

Created on Metopio | metop.io/i/utvj9ewt | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Hearing difficulty: Percent of residents reporting a hearing difficulty.

Vision difficulty, 2019-2023
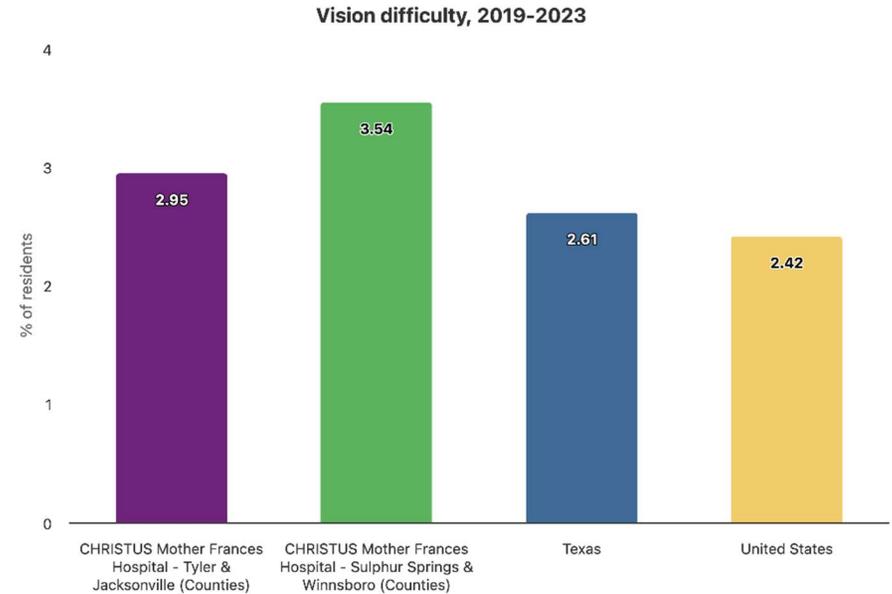
Created on Metopio | metop.io/i/a5keyncb | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Vision difficulty: Percent of residents reporting a vision difficulty.

Cancer

Cancer Diagnosis Rate

Cancer diagnosis rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville have the highest rate at 462.4, followed closely by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro at 448.93. In comparison, the overall cancer diagnosis rate for Texas is 412.2, while the United States average stands at 442.3. These rates indicate a higher prevalence of cancer diagnoses in the specified hospital locations compared to the state and national averages.

Cancer diagnosis rate, 2016-2020

Cancer Mortality Rate by Race and Ethnicity

Cancer mortality rates vary significantly across different racial and ethnic groups in the areas served by CHRISTUS Mother Frances Hospital locations in Texas. The Non-Hispanic Black population has the highest mortality rate at 182.82 in Tyler and Jacksonville counties, while the Hispanic or Latino population has the lowest at 112.3 in Tyler and Jacksonville counties. In Sulphur Springs and Winnsboro counties, the Non-Hispanic White population has a higher mortality rate of 172.83 compared to the overall Texas rate of 154.8. Nationally, the mortality rates are lower across all groups, with the Hispanic or Latino population having the lowest rate of 70.06.
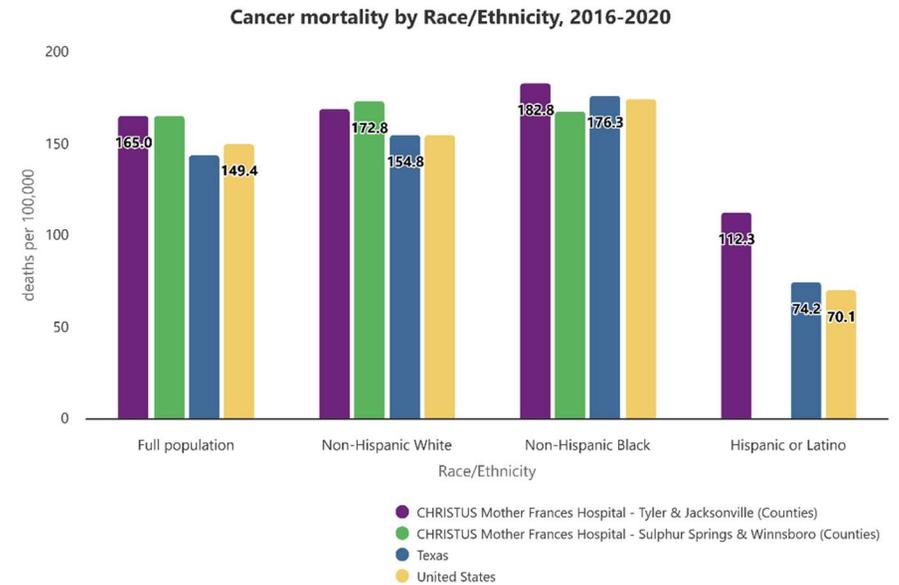
Cancer mortality by Race/Ethnicity, 2016-2020

Mammography Use

Mammography use in the United States is relatively high, with a national average of 75.65%. Texas has a slightly lower average at 73.79%. Within Texas, CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties have a higher rate of 71.58%, while CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties have a rate of 70.81%.

Mammography use (Female), 2022
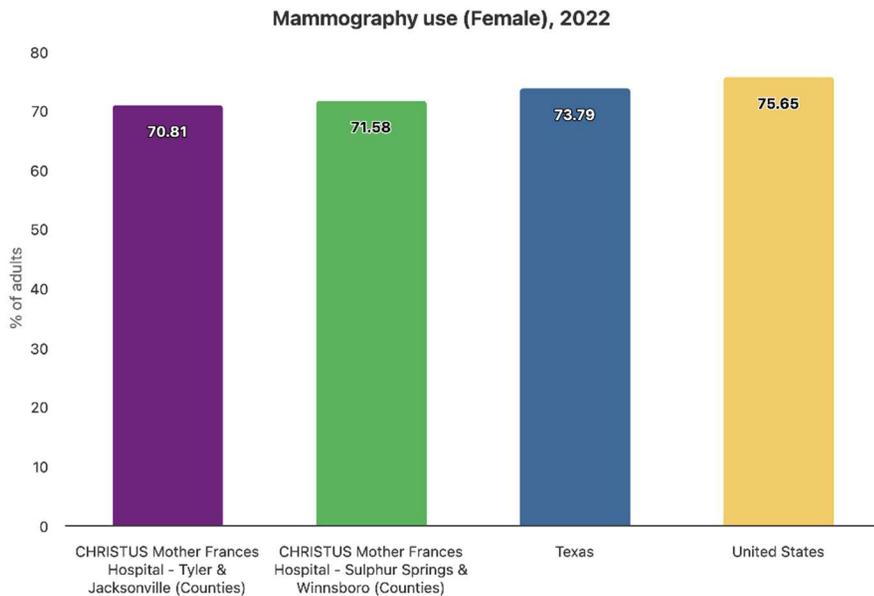
Created on Metopio | metop.io/i/j3g8w9zn | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive Breast Cancer Diagnosis Rate

The invasive breast cancer diagnosis rate in the United States has remained relatively stable, ranging from 126.8 to 129.8 over the past few years. Texas has consistently had a lower rate than the national average, fluctuating between 114.2 and 121.4. Within Texas, CHRISTUS Mother Frances Hospital - Tyler and Jacksonville counties have seen a higher rate compared to CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties, with rates ranging from 116.8 to 126.69 and 101.83 to 112.14, respectively.

Invasive breast cancer diagnosis rate
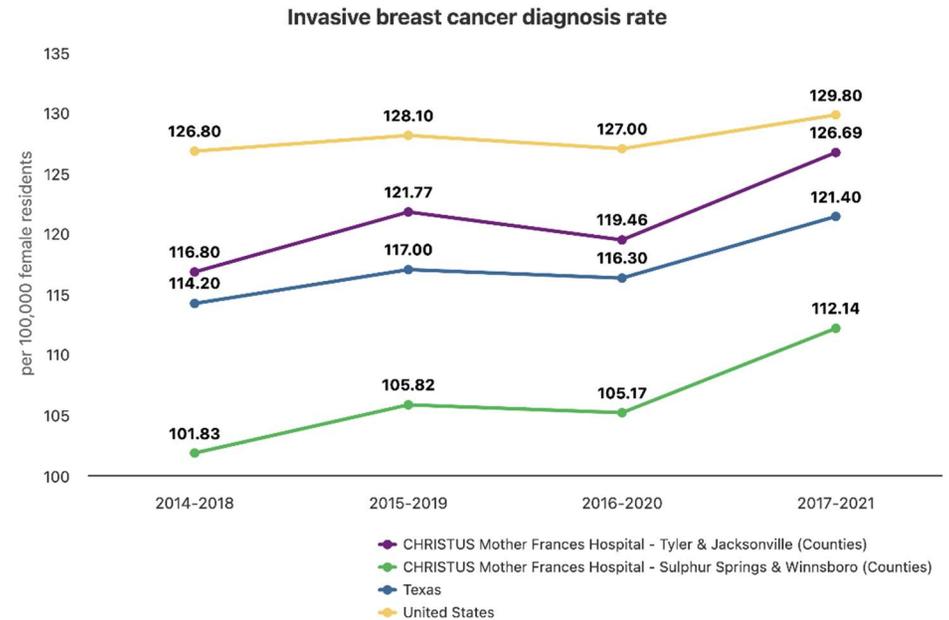
Created on Metopio | metop.io/i/u6d8genj | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.
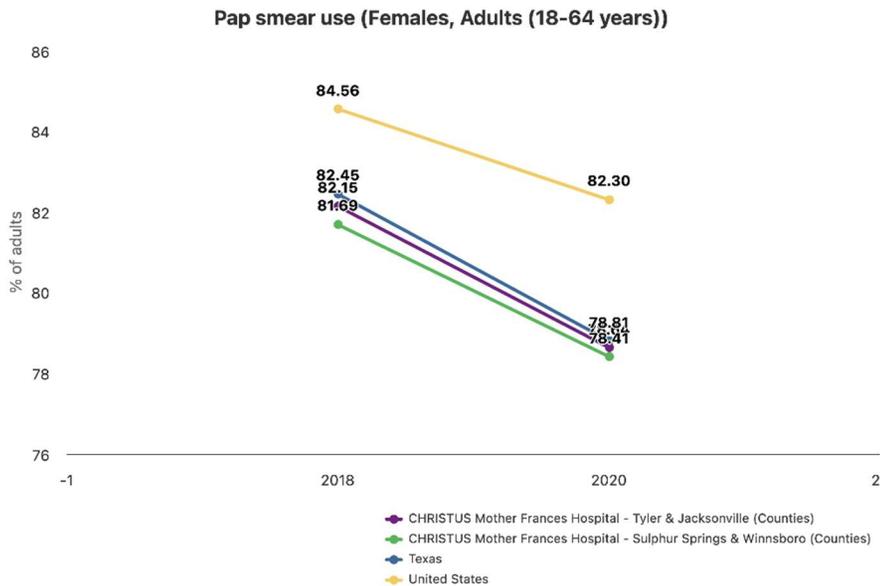
Breast Cancer Mortality

Breast cancer mortality rates vary significantly across different regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have a rate of 14.16, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) report a higher rate of 18.51. In contrast, Texas and the United States have lower rates, at 10.62 and 10.46 respectively. These disparities highlight the need for targeted health care interventions in higher-risk areas.
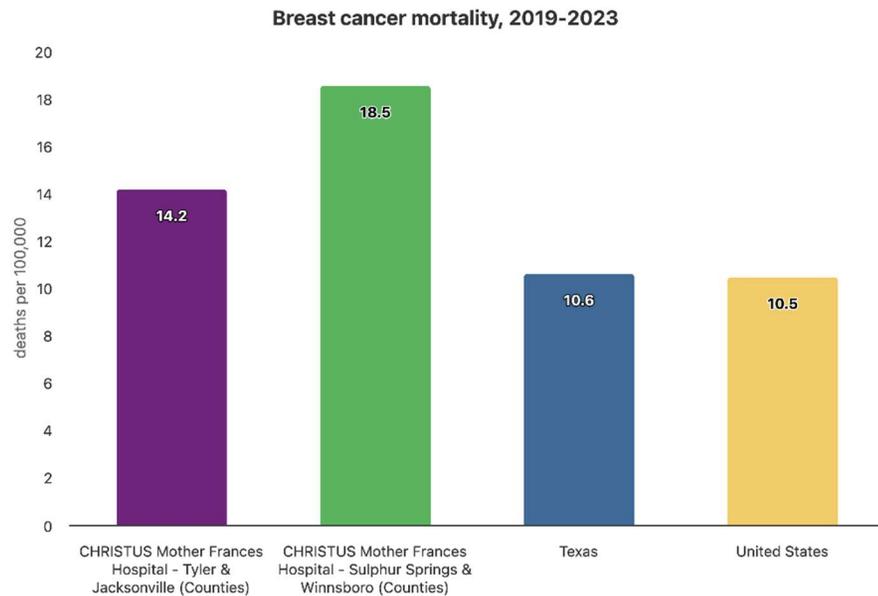
Breast cancer mortality, 2019-2023

Created on Metopio | metop.io/i/sgr9wpor | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Breast cancer mortality: Deaths per 100,000 residents due to breast cancer (ICD-10 code C50). Includes males; stratify by females to see the female-specific rate.

Pap Smear Use

Pap smear use at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro counties in Texas has slightly declined from 2018 to 2020. In 2018, the usage rates were higher than the state and national averages, but by 2020, they had fallen below these benchmarks. The decrease in Pap smear use at these locations reflects a broader trend of reduced screening rates potentially due to COVID-19. This decline could impact early detection and treatment of cervical cancer.

Pap smear use (Females, Adults (18-64 years))

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

Cervical Cancer Diagnosis Rate

Colorectal cancer screening rates vary across different regions in the United States. The national average stands at 58.85%, while Texas reports a slightly lower rate of 54.64%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville Counties have a screening rate of 54.97%, and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro Counties have a rate of 53.55%. These regional differences highlight the need for targeted interventions to improve screening rates in specific areas.

Colorectal cancer screening, 2022

Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions in the United States. The national average stands at 58.85%, while Texas reports a slightly lower rate of 54.64%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville Counties have a screening rate of 54.97%, and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro Counties have a rate of 53.55%. These regional differences highlight the need for targeted interventions to improve screening rates in specific areas.

Colorectal cancer screening, 2022
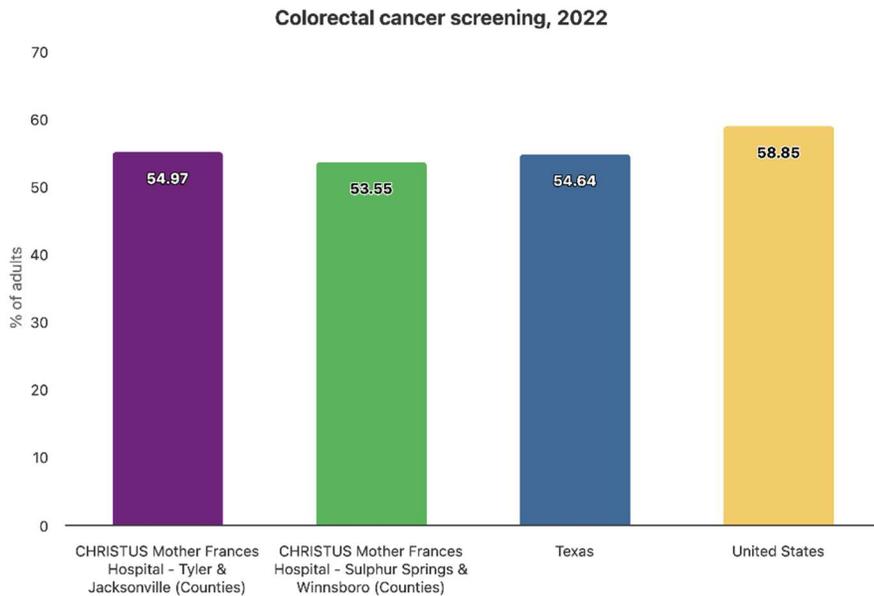
Created on Metopio | metop.io/i/tde3sa24 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.
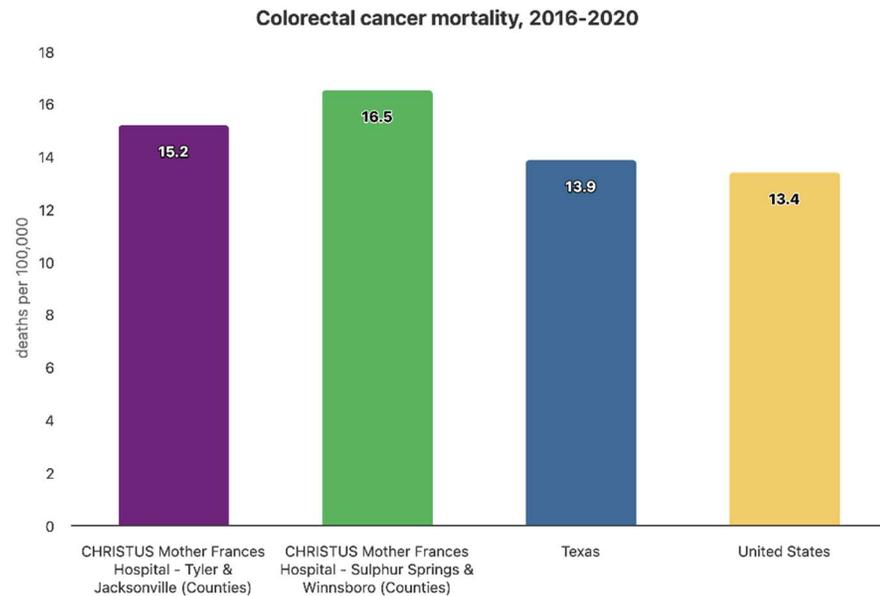
Colorectal Cancer Diagnosis Rate

Colorectal cancer diagnosis rates vary across different locations, with CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) having the highest rate at 41.67. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) follow closely with a rate of 40.4. In comparison, the overall rate in Texas is 37.1, while the United States has a slightly lower rate of 36.5. These variations highlight the need for targeted health care interventions in specific regions.

Colorectal cancer diagnosis rate, 2016-2020
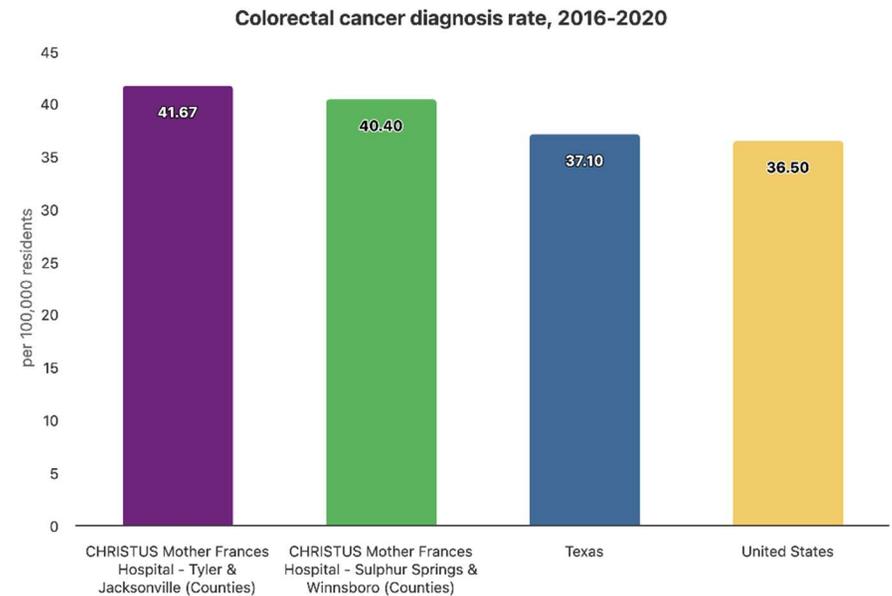
Created on Metopio | metop.io/i/5524nv94 | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Colorectal cancer diagnosis rate: Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.
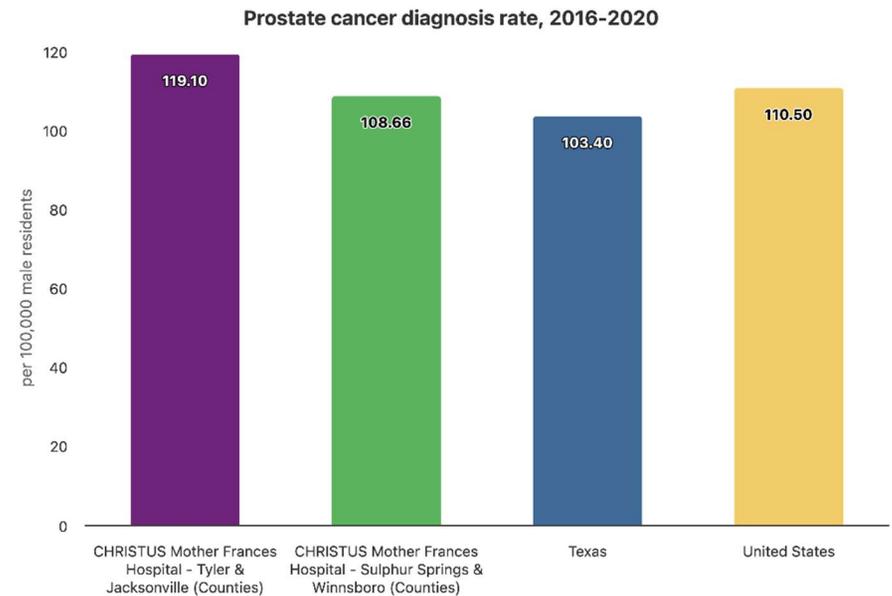
Colorectal Cancer Mortality

Colorectal cancer mortality rates are presented for specific hospitals and broader regions. CHRISTUS Mother Frances Hospital in Tyler and Jacksonville reports a mortality rate of 15.16, while the Sulphur Springs and Winnsboro locations have a higher rate of 16.49. These rates are compared to the overall rates in Texas (13.86) and the United States (13.38). Notably, the hospital locations (counties) have higher mortality rates than the state and national averages.

Colorectal cancer mortality, 2016-2020

y-axis: deaths per 100,000

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 15.2
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 16.5
- Texas: 13.9
- United States: 13.4

Created on Metopio | metop.io/j/swwb824o | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).
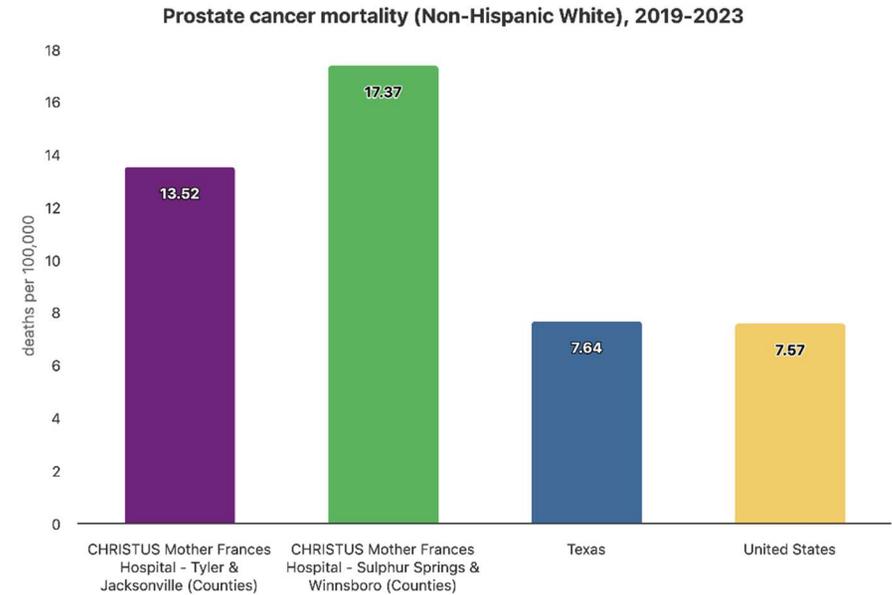
Prostate Cancer Diagnosis Rate

Prostate cancer diagnosis rates vary across different locations in Texas and the United States. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville have the highest rate at 119.1, while the rate at CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro is slightly lower at 108.66. The overall rate in Texas is 103.4, which is lower than the national average of 110.5. These variations highlight the importance of location-specific health care strategies.

Prostate cancer diagnosis rate, 2016-2020

y-axis: per 100,000 male residents

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 119.10
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 108.66
- Texas: 103.40
- United States: 110.50

Created on Metopio | metop.io/j/fkctm7sb | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.
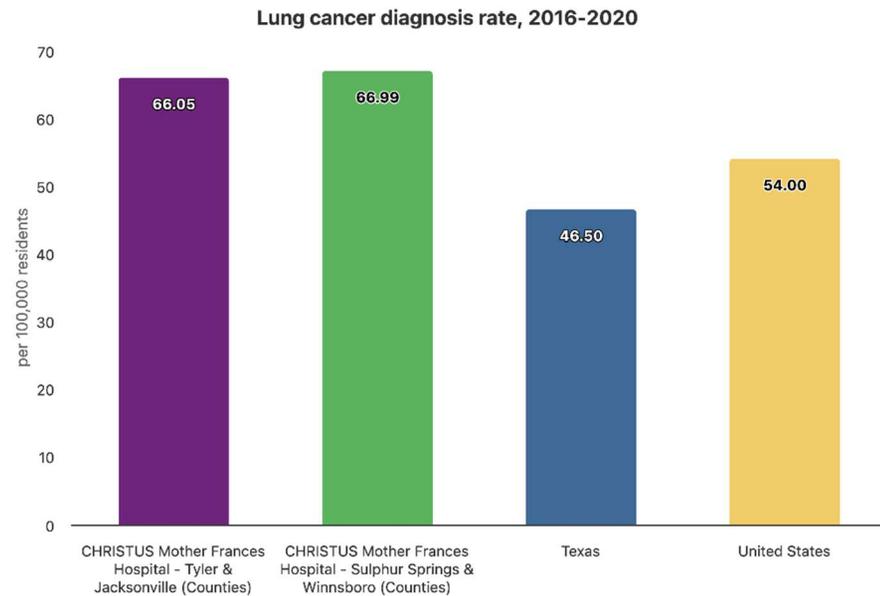
Prostate Cancer Mortality Rate

Prostate cancer mortality rates are presented for various locations, including hospitals and broader regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville report a mortality rate of 13.52, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro have a higher rate of 17.37. In comparison, Texas and the United States have lower rates of 7.64 and 7.57, respectively. This indicates a significant disparity in mortality rates between specific hospitals and the overall regions.

Prostate cancer mortality (Non-Hispanic White), 2019-2023

deaths per 100,000

CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	Texas	United States
13.52	17.37	7.64	7.57

Created on Metopio | metop.io/i/gcu9k6oe | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Prostate cancer mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 code C61).

Lung Cancer Diagnosis Rate

The lung cancer diagnosis rate at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro exceeds both the Texas state average and the national average. Specifically, the rates in these locations are 66.05 and 66.99, respectively, compared to 46.5 in Texas and 54.0 nationwide. This indicates a significantly higher incidence of lung cancer diagnoses in these areas. The elevated rates may reflect local environmental factors, population health behaviors or more rigorous screening practices.

Lung cancer diagnosis rate, 2016-2020

per 100,000 residents

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 66.05
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 66.99
- Texas: 46.50
- United States: 54.00

Created on Metopio | metop.io/i/93s863kh | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality

Lung, trachea and bronchus cancer mortality rates are significantly higher in the counties served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville and CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro compared to the overall rate in Texas. The mortality rate in these counties is approximately 42.5 and 42.9 per 100,000 people, respectively, while the state average is 31.08. This indicates a concerning health disparity in these regions. Addressing this issue may require targeted public health interventions and improved access to health care services.
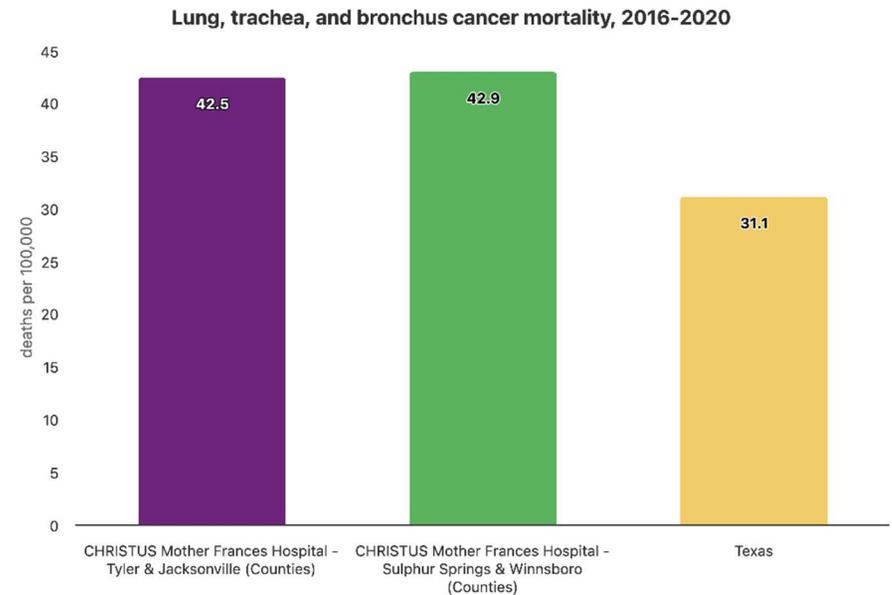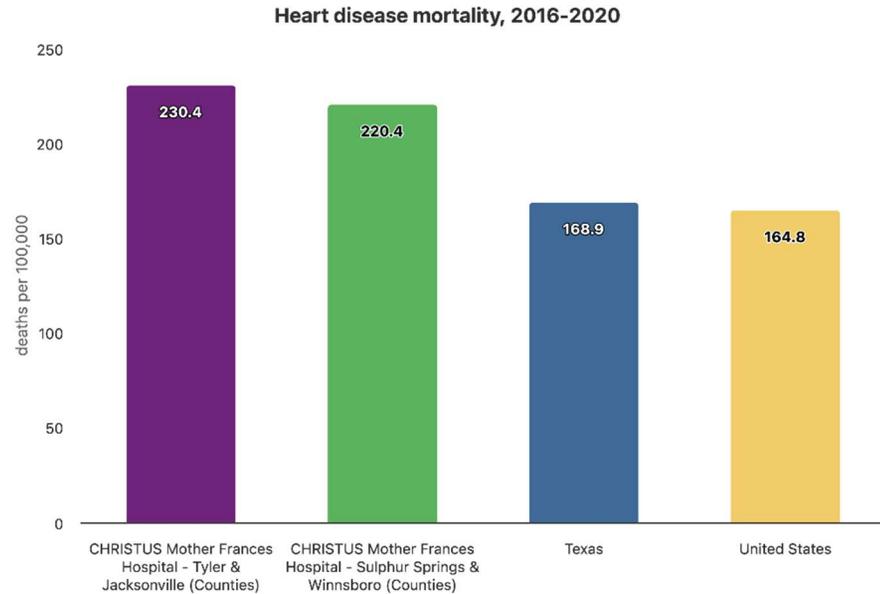
Lung, trachea, and bronchus cancer mortality, 2016-2020

deaths per 100,000

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 42.5
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 42.9
- Texas: 31.1

Created on Metopio | metop.io/i/1r6nod9g | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease

Heart Disease Mortality

Heart disease mortality rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have the highest rate at 230.37, followed by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) at 220.37. Texas and the United States have lower rates, at 168.89 and 164.77 respectively. These disparities highlight the need for targeted interventions in areas with higher mortality rates.

Heart disease mortality, 2016-2020

Location	deaths per 100,000
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	230.4
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	220.4
Texas	168.9
United States	164.8

Created on Metopio | metop.io/i/hrzhdgq9 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Stroke Mortality

Stroke mortality rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) have the highest rate at 46.69, followed by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) at 41.28. Texas and the United States have lower rates at 40.69 and 37.55, respectively. These disparities highlight the need for targeted healthcare interventions in specific regions.
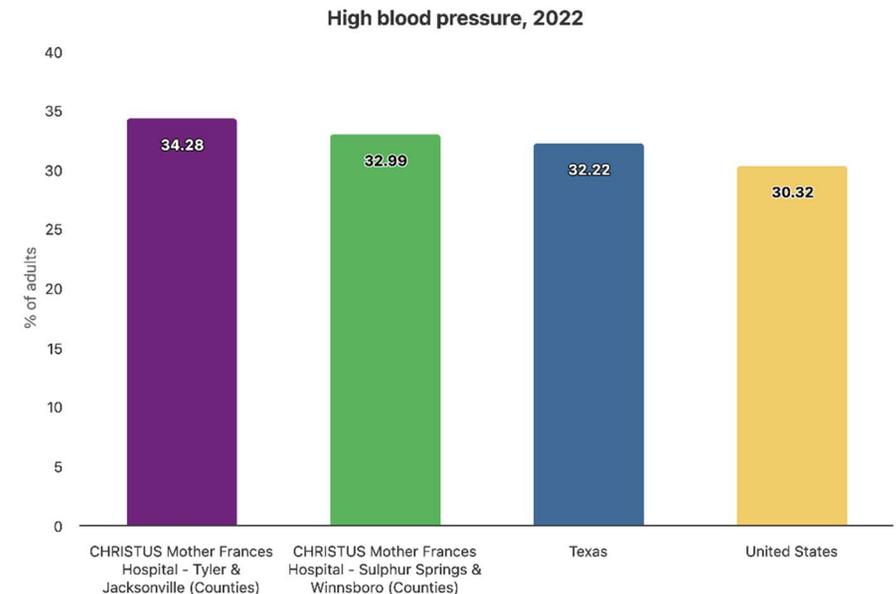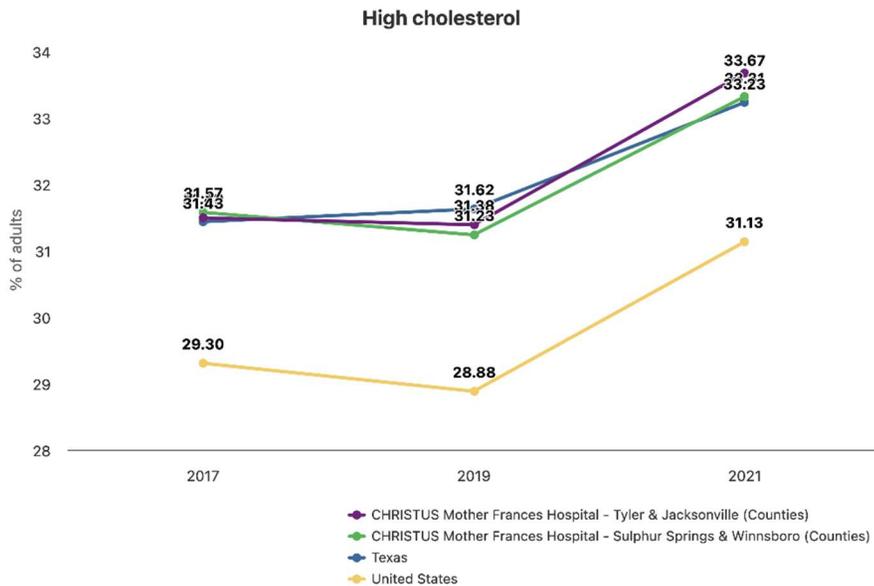
Stroke mortality, 2016-2020

Location	deaths per 100,000
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	41.3
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	46.7
Texas	40.7
United States	37.6
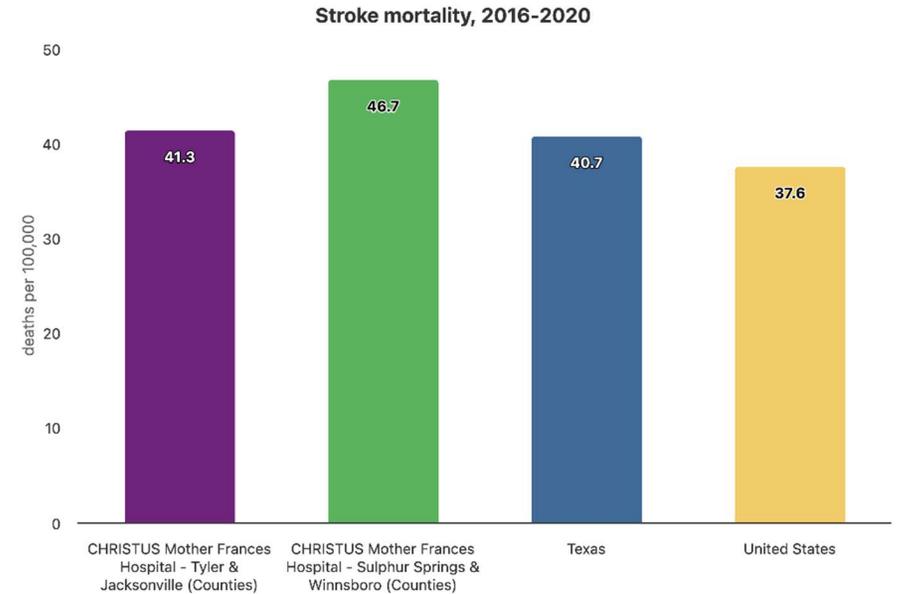
Created on Metopio | metop.io/i/3tc1ygjp | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

High Cholesterol

High blood pressure is a significant health concern across various regions. In Texas, the rate is 32.22%, slightly above the national average of 30.32%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville report the highest rate at 34.28%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro follow at 32.99%. These figures highlight the need for targeted health interventions in these areas.

High cholesterol

Legend:
- CHRISTUS Mother Frances Hospital – Tyler & Jacksonville (Counties)
- CHRISTUS Mother Frances Hospital – Sulphur Springs & Winnsboro (Counties)
- Texas
- United States

High Blood Pressure

High blood pressure is a significant health concern across various regions. In Texas, the rate of high blood pressure is 32.22%, slightly above the national average of 30.32%. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville reports the highest rate at 34.28%, while CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro follows closely at 32.99%. These figures highlight the need for targeted health interventions in these areas.


High blood pressure, 2022

Diabetes

Diagnosed Diabetes

The diagnosed diabetes rate in Texas is higher than the national average. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) have the highest rate among the specified locations, while the rate in CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) is slightly lower. The overall rate in Texas is 13.37%, compared to 10.84% in the United States.

Diabetes Mortality

Diabetes mortality rates vary significantly across different regions, with CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro Counties reporting the highest rate at 37.32 deaths per 100,000 residents. CHRISTUS Mother Frances Hospital - Tyler & Jacksonville Counties follow with a rate of 34.1. In comparison, Texas has a lower rate of 25.5, while the United States average is 23.65.
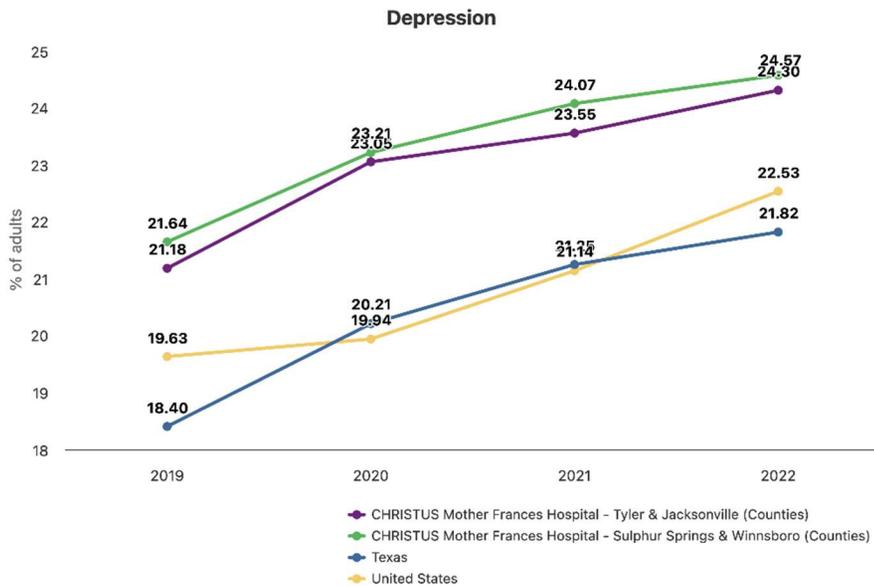
Diagnosed diabetes, 2022

Location	% of adults
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	12.3
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	11.9
Texas	13.4
United States	10.8
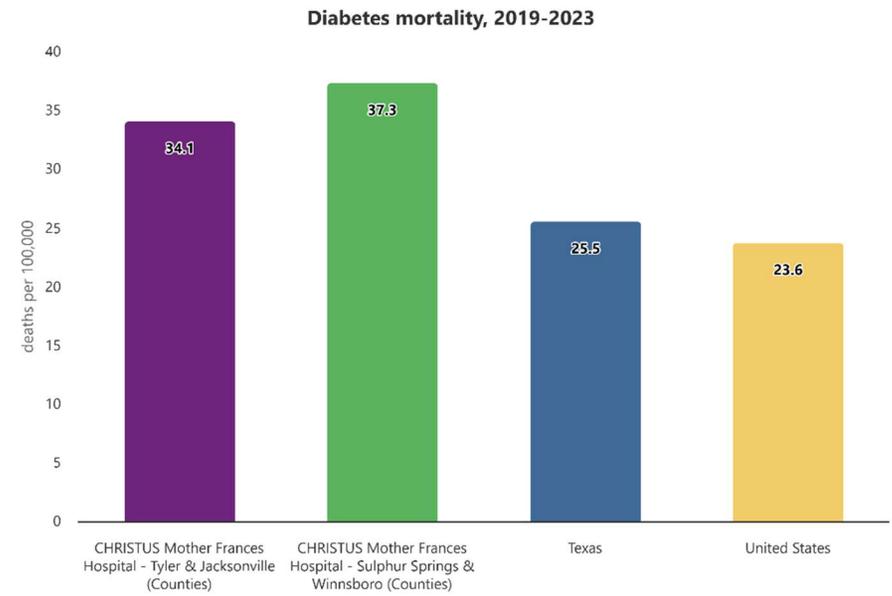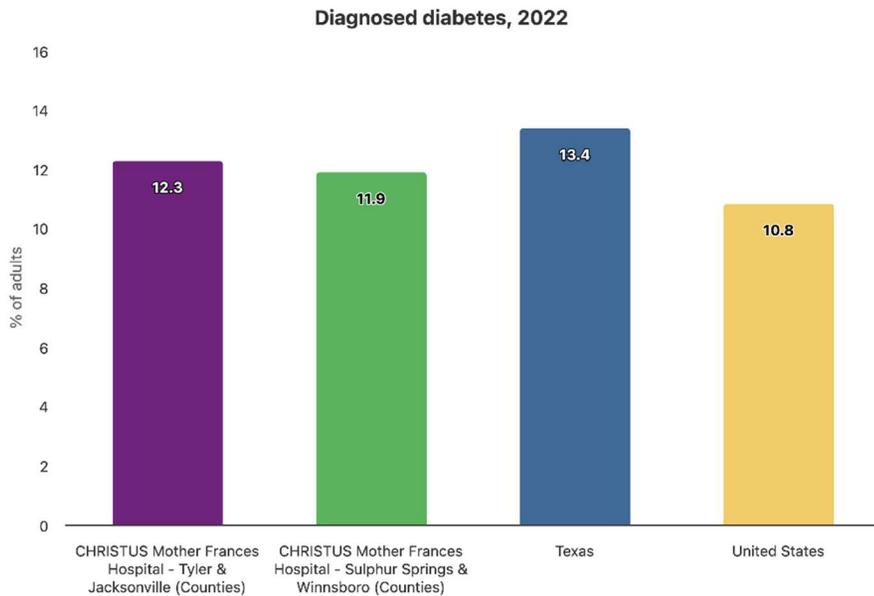
Created on Metopio | metop.io/i/o68yq4hg | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Diabetes Atlas (County and state level data before 2017)
Diagnosed diabetes: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have diabetes, other than diabetes during pregnancy. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Diabetes mortality, 2019-2023

Location	deaths per 100,000
CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties)	34.1
CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties)	37.3
Texas	25.5
United States	23.6

Created on Metopio | metop.io/i/uq7sw5w1 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Mental Health

Depression

Depression rates at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro have consistently been higher than the Texas and national averages from 2019 to 2022. In 2022, the rates at these locations were 24.3 and 24.57, respectively, compared to 21.82 for Texas and 22.53 for the United States. This indicates a significant local impact, with depression rates in these areas trending upwards over the observed period.
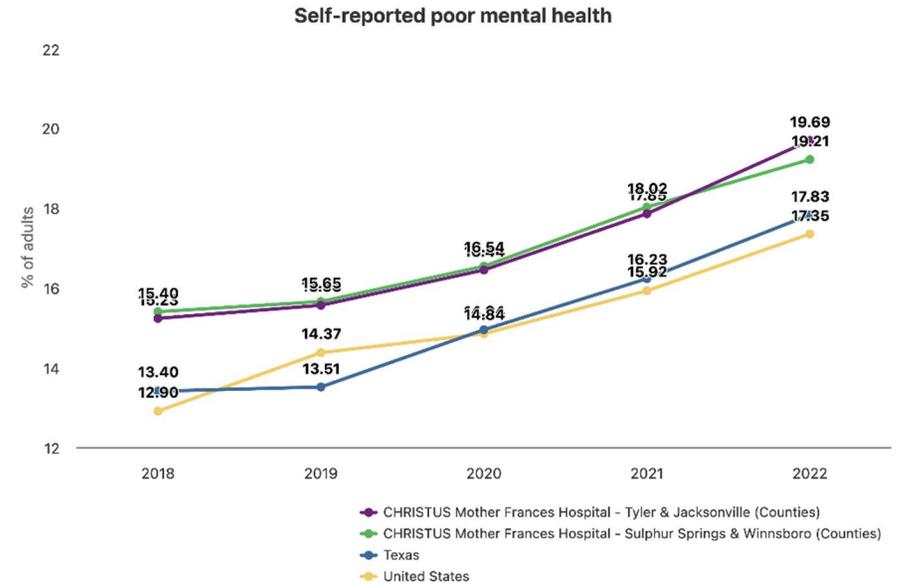
Self-Reported Poor Mental Health

Self-reported poor mental health has been increasing in the areas served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro, Texas, and the United States as a whole. In 2022, the self-reported poor mental health rate in these areas reached 19.69% and 19.21%, respectively, compared to the national rate of 17.35%. This indicates a significant rise in mental health concerns over the past five years.


Depression

Created on Metopio | metop.io/i/fb41kz2m | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-reported poor mental health

Created on Metopio | metop.io/i/f48ba5df | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

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

Poor Mental Health Days

Poor mental health days have been rising in CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro counties. In 2022, these locations reported 5.88 and 5.94 poor mental health days, respectively, higher than the Texas average of 5.13 and the national average of 5.15. The increase in poor mental health days in these counties is concerning, indicating a growing mental health crisis in these areas.

Poor mental health days
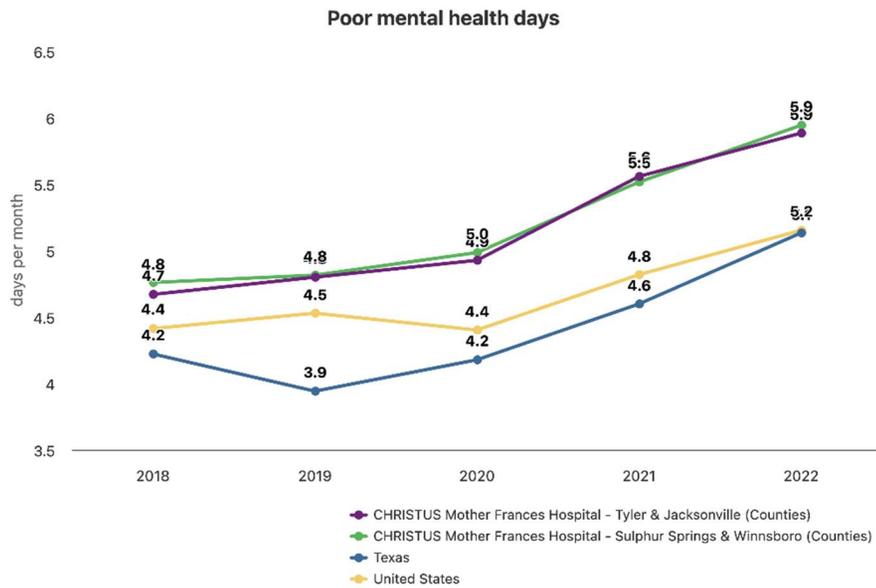
Created on Metopio | metop.io/i/hmq14ymq | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

Suicide mortality rates at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro exceed both the Texas state and national averages. The rates in these counties are 21.62 and 20.1, respectively, compared to 13.94 in Texas and 13.98 in the United States. This indicates a significantly higher incidence of suicide mortality in these specific areas.
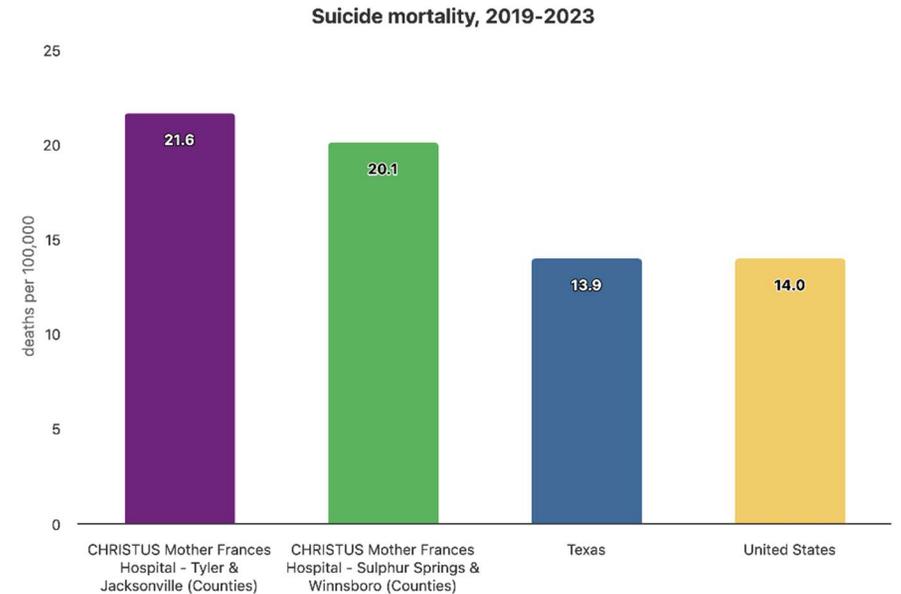
Suicide mortality, 2019-2023

Created on Metopio | metop.io/i/bhvnw9ge | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

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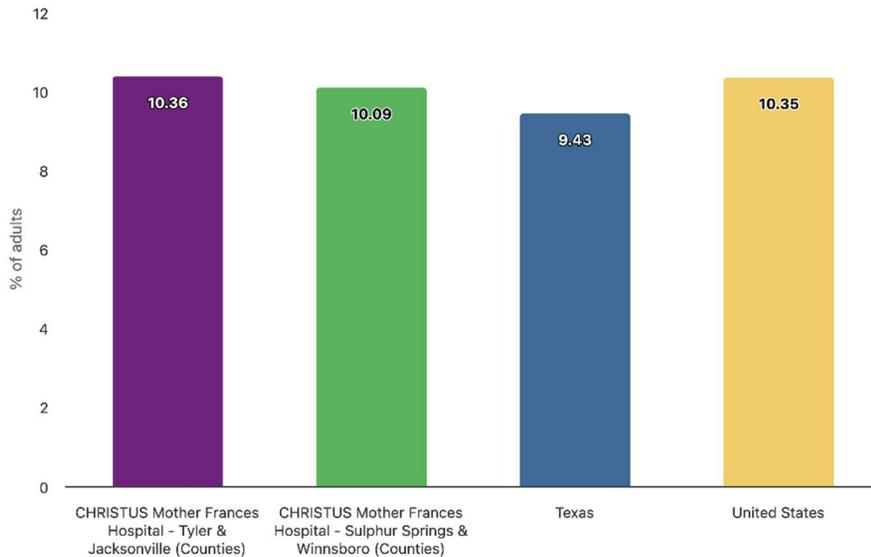
Respiratory Illness

Current Asthma

The data highlights the prevalence of current asthma across various locations, with CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) having the highest rate at 10.36%. This is followed closely by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) at 10.09%, which is slightly below the national average of 10.35%. Texas as a whole has a slightly lower rate of 9.43%. These figures indicate that asthma rates in the specified counties are higher than the state average but align closely with the national average.

Current asthma, 2022

% of adults

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 10.36
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 10.09
- Texas: 9.43
- United States: 10.35

Created on Metopio | metop.io/i/xbh2yqjp | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"
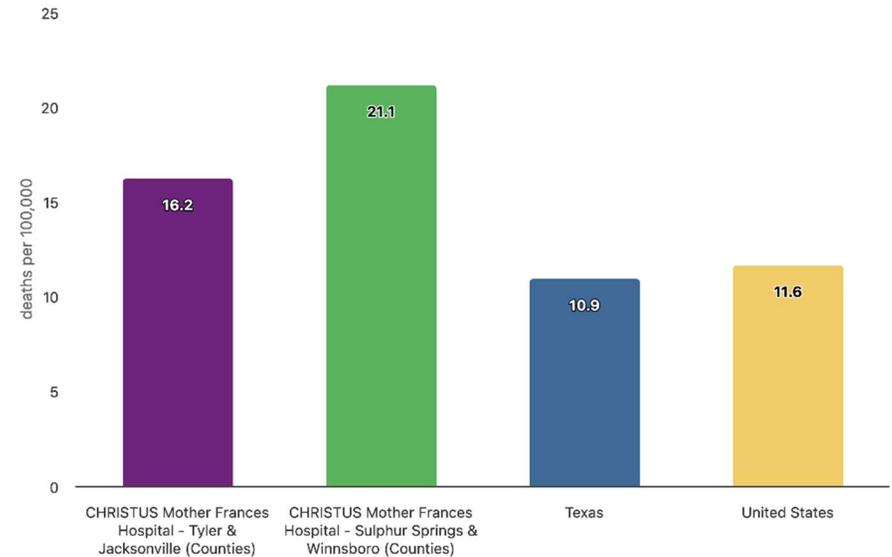
Influenza and Pneumonia Mortality

Influenza and pneumonia mortality rates are presented for various locations, including specific hospitals and broader regions. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville report a mortality rate of 16.2, while the rate at CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro is significantly higher at 21.12. In comparison, Texas and the United States have lower rates of 10.91 and 11.61, respectively. These figures highlight notable regional variations in influenza and pneumonia mortality.

Influenza and pneumonia mortality, 2019-2023

deaths per 100,000

- CHRISTUS Mother Frances Hospital - Tyler & Jacksonville (Counties): 16.2
- CHRISTUS Mother Frances Hospital - Sulphur Springs & Winnsboro (Counties): 21.1
- Texas: 10.9
- United States: 11.6

Created on Metopio | metop.io/i/xcgc3hwa | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) prevalence is depicted across various locations. The highest rates are observed in CHRISTUS Mother Frances Hospital - Tyler and Jacksonville (counties) at 7.62%, followed by CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro (counties) at 7.35%. Texas and the United States have lower rates at 6.23% and 6.37% respectively. This indicates a higher prevalence of COPD in the specified hospital locations compared to the broader regions.
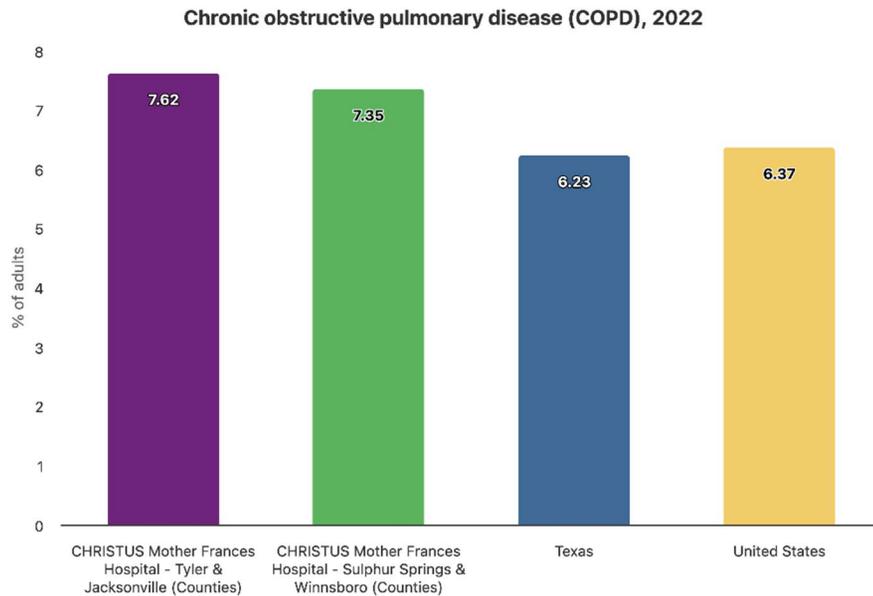
Chronic obstructive pulmonary disease (COPD), 2022

Created on Metopio | metop.io/i/8kxxum3i | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.
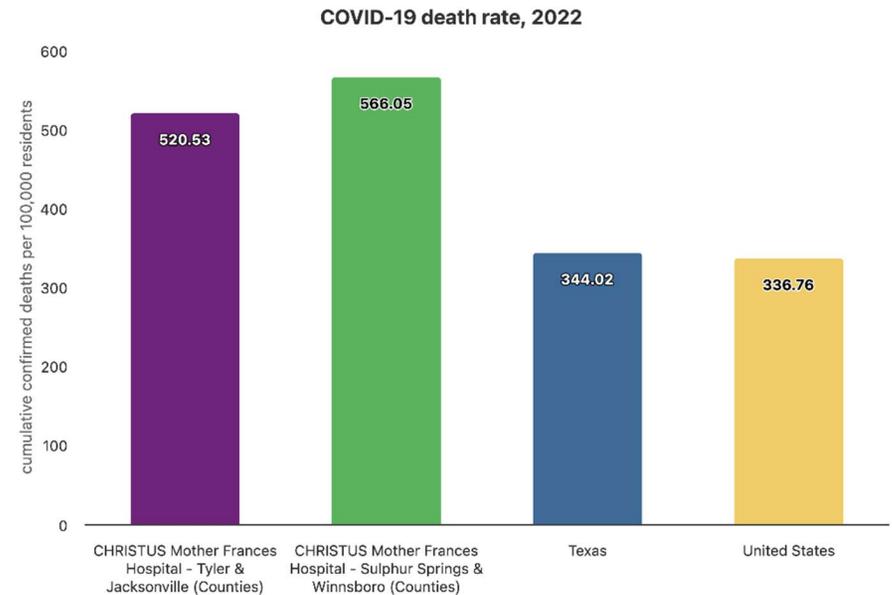
COVID-19

COVID-19 Case Rate

The COVID-19 case rate at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro is 23,112.23 per 100,000 people and 25,132.96, respectively. In comparison, the case rate for the entire state of Texas is 30,734.16, and for the United States, it is 31,139.28. This indicates that the case rates at these specific hospital locations are lower than the statewide and national averages.

COVID-19 case rate, 2022
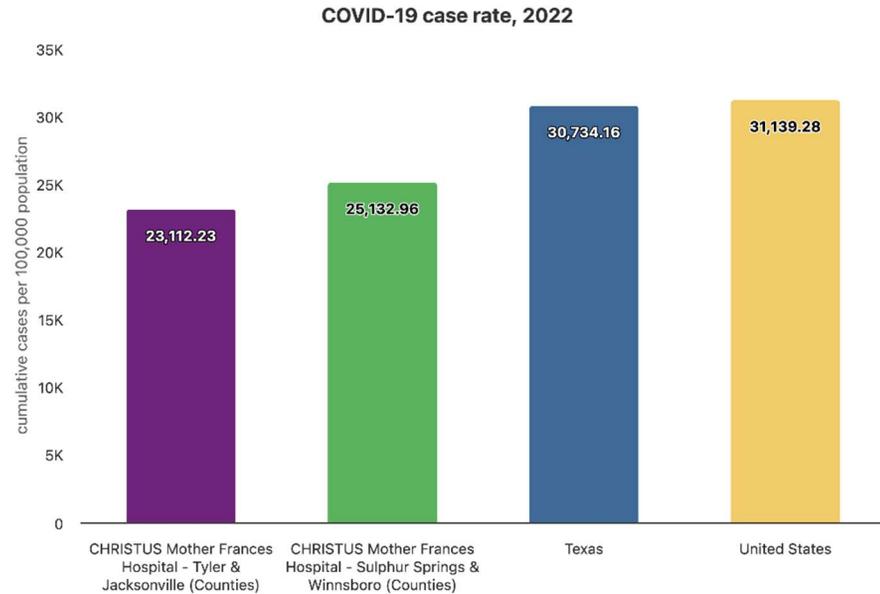
Created on **Metopio** | metop.io/j/y3cgafof | **Data sources:** The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards)
COVID-19 case rate: Confirmed COVID-19 cases from the SARS-CoV-2 virus per 100,000 residents, as of 10/10/2022. Cumulative cases, includes those who have recovered or died. These case counts are extremely biased by where testing and resources are available. Rates are not age-adjusted because of a lack of detailed age data. Data may be updated at any time; for the most recent available data, please see the cited

COVID-19 Death Rate

The COVID-19 death rate at CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville and Sulphur Springs and Winnsboro exceeds both the Texas state and national averages. Specifically, the death rate in Tyler and Jacksonville is 520.53 per 100,000 people, while in Sulphur Springs and Winnsboro it is 566.05. In comparison, the statewide rate in Texas is 344.02, and the national rate is 336.76. These figures indicate significantly higher mortality rates at these specific hospitals compared to broader regional and national trends.

COVID-19 death rate, 2022

Created on **Metopio** | metop.io/j/c1jdu3p6 | **Data sources:** The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards)
COVID-19 death rate: Confirmed deaths from SARS-CoV-2 virus that causes COVID-19 per 100,000 residents, as of 10/10/2022. These only include cases where the underlying or contributing cause of death was the virus, meaning that the patient had to have a confirmed test result for the virus. The true number of deaths from the virus is higher by an unknown amount. These case counts are extremely biased by

Obesity

Obesity

Obesity rates in the United States are alarmingly high, with a national average of 33.83%. Texas has an even higher rate at 36.76%. The CHRISTUS Mother Frances Hospital service areas in Tyler and Jacksonville counties and Sulphur Springs and Winnsboro counties report obesity rates of 38.56% and 37.37%, respectively. These figures indicate a significant public health concern that requires targeted intervention.

Obesity, 2022
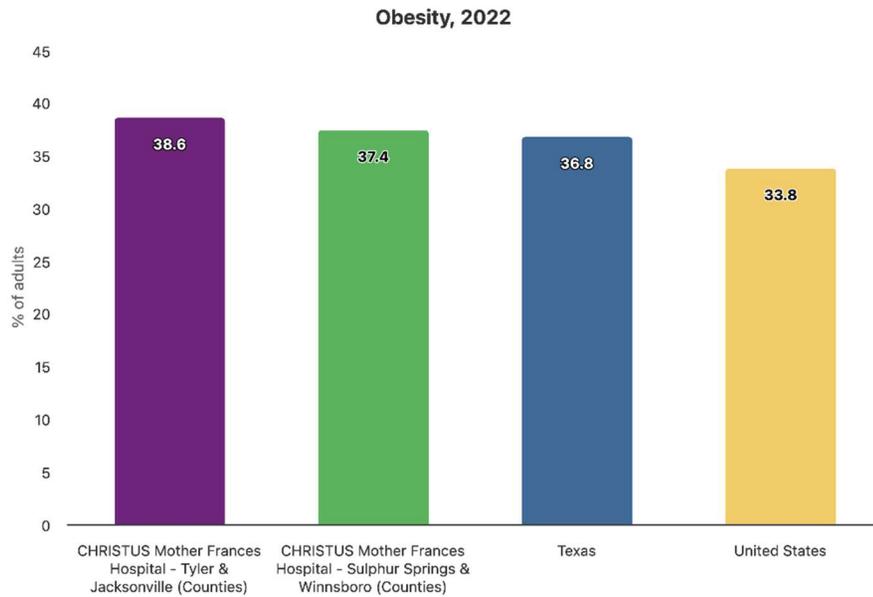
Created on Metopio | metop.io/i/w6yx9v5n | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

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

This section summarizes the most common diagnoses across CHRISTUS Trinity Mother Frances Health System's 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

CHRISTUS MOTHER FRANCES HOSPITAL - TYLER	CHRISTUS MOTHER FRANCES HOSPITAL - JACKSONVILLE	CHRISTUS MOTHER FRANCES HOSPITAL - SULPHUR SPRINGS	CHRISTUS MOTHER FRANCES HOSPITAL - WINNSBORO
Childbirth	Pneumonia	Childbirth	Malaise
Sepsis	Heart/circulatory	Sepsis	Sepsis
Heart/circulatory	Sepsis	Heart/circulatory	Cardiorenal disease
Cardiorenal disease	Infections	Pneumonia	Kidney failure/disease
Pneumonia	Respiratory system	Maternal care	Heart/circulatory
Kidney failure/disease	Malaise	Infections	Respiratory system
Respiratory system	Cellulitis	Cardiorenal disease	Urinary tract infection
Maternal care	Kidney failure/disease	Kidney failure/disease	Cellulitis
Infections	Cardiorenal disease	Respiratory system	Infections
Diabetes	Fractures	Palliative care	Diabetes

What This Data Tells Us

Analyzing patterns of CHRISTUS hospital admissions across Sulphur Springs, Winnsboro, Tyler and Jacksonville reveals critical insights into the health challenges facing CHRISTUS Trinity Mother Frances Health System. These trends reflect not only the clinical needs of patients, but also broader issues in preventive care, chronic disease management and access to maternal and specialty services.

- **Chronic health conditions:** Cardiorenal disease, heart and circulatory disorders, kidney failure and diabetes are among the most frequent causes of hospitalization. Many of these conditions are interrelated and often exacerbated by delayed diagnosis, limited access to primary care and socioeconomic barriers.

- **Infectious diseases:** Sepsis consistently appears as a leading cause of admission and readmission across all locations. Other infections, including respiratory and urinary tract infections, also contribute significantly to hospitalizations, highlighting gaps in preventive care and timely treatment.

- **Palliative care:** The need for palliative care and support for patients with advanced chronic illnesses is increasing. Many patients with cardiorenal disease, diabetes and recurrent infections require coordinated, compassionate care that addresses both medical and quality-of-life concerns.

- **Fractures and injury-related admissions:** Fractures, particularly among older adults, are a significant cause of hospitalization and often signal broader issues such as fall risk, osteoporosis and limited mobility. These cases highlight the importance of preventive care, rehabilitation services and home safety assessments.

These patterns reflect the complex and interconnected health needs of CHRISTUS Trinity Mother Frances Health System communities. They point to opportunities for collaboration among hospitals, primary care providers and community organizations to improve chronic disease management, expand maternal and behavioral health services and reduce preventable hospitalizations. By addressing these challenges holistically, we can work toward healthier outcomes for all residents across the region.

How Our Emergency Rooms Are Being Used

CHRISTUS MOTHER FRANCES HOSPITAL - TYLER	CHRISTUS MOTHER FRANCES HOSPITAL - JACKSONVILLE	CHRISTUS MOTHER FRANCES HOSPITAL - SULPHUR SPRINGS	CHRISTUS MOTHER FRANCES HOSPITAL - WINNSBORO
Respiratory infection	Other viral infection	COVID-19	Respiratory infection
Other viral infection	COVID-19	Chest pain	COVID-19
Chest pain	Chest pain	Respiratory infection	Chest pain
COVID-19	Respiratory infection	Other viral infection	Gastroenteritis
Influenza due	Influenza	Pneumonia	Other viral infection
Streptococcal pharyngitis	Pneumonia	Nausea	Pneumonia
Gastroenteritis	Urinary tract infection	Urinary tract infection	Urinary tract infection
Pharyngitis	Headache	Sepsis	Influenza
Nausea	Pharyngitis	Influenza	Injury of head
Headache	Nausea	Back pain	Nausea

What This Data Tells Us

CHRISTUS hospital admission data from Sulphur Springs, Winnsboro, Tyler and Jacksonville reveals important patterns in acute illness and emergency care. These trends highlight the ongoing impact of infectious diseases, seasonal illnesses and urgent care needs across CHRISTUS Trinity Mother Frances Health System.

- **Respiratory illnesses and viral infections:** COVID-19, respiratory infections, pneumonia, influenza, and other viral infections remain among the most common reasons for hospitalization. These conditions have placed a sustained burden on local health systems, particularly during seasonal surges and pandemic waves. The recurrence of COVID-19 admissions underscores the importance of vaccination, public health education and early treatment access.
- **Chest pain:** These cases highlight the need for rapid diagnostic capabilities and coordinated follow-up care.
- **Gastrointestinal and urinary conditions:** Gastroenteritis, nausea and urinary tract infections (UTIs) are common across all age groups and often lead to emergency department visits. Recurrent UTIs and gastrointestinal symptoms may indicate broader issues such as hydration, hygiene or access to primary care.
- **Sepsis:** While many infections are treatable, complications such as sepsis remain a serious concern. Sepsis-related admissions reflect the need for early detection protocols and timely intervention, particularly for vulnerable populations such as the elderly or immunocompromised.

- **Seasonal illnesses and pediatric concerns:** Conditions like streptococcal pharyngitis, pharyngitis and influenza are especially common among children and adolescents. These illnesses often spike during the school year and flu season, reinforcing the importance of preventive care, school-based health programs and vaccination outreach.
- **Pain and injury:** Admissions for headaches, back pain and head injuries point to a mix of acute trauma, chronic pain management needs and neurological concerns. These cases often require multidisciplinary care, including imaging, pain management and rehabilitation services.

These trends reflect the acute care needs of CHRISTUS Trinity Mother Frances communities and emphasize the importance of strengthening public health infrastructure, expanding access to urgent and primary care and improving health literacy. By addressing these challenges collaboratively, hospitals, clinics and community partners can reduce preventable admissions and support healthier, more resilient communities.

How Our Outpatient Clinics Are Being Used

CHRISTUS MOTHER FRANCES HOSPITAL - TYLER	CHRISTUS MOTHER FRANCES HOSPITAL - JACKSONVILLE	CHRISTUS MOTHER FRANCES HOSPITAL - SULPHUR SPRINGS	CHRISTUS MOTHER FRANCES HOSPITAL - WINNSBORO
Hypertension	General adult medical examination	General adult medical examination	General adult medical examination
Mammogram	Mammogram	Hypertension	Hypertension
General adult medical examination	Hypertension	Mammogram	Urinary tract infection
Sleep apnea	Chronic pain	Type 2 diabetes	Colon cancer screening
Colon cancer screening	Spondylosis	Chronic pain	Back pain
Pharyngitis	Colon cancer screening	Urinary tract infection	Respiratory infection
Atrial fibrillation	Routine child health examination	Preprocedural examination	Chest pain
Type 2 diabetes	Radiculopathy	Radiculopathy	Abdominal pain
Preprocedural examination	Hyperlipidemia	Colon cancer screening	COVID-19
Respiratory infection	Type 2 diabetes	Spondylosis	Type 2 diabetes

What This Data Tells Us

Hospital and clinic data from Sulphur Springs, Winnsboro, Tyler and Jacksonville offer valuable insights into the evolving health needs of CHRISTUS Trinity Mother Frances System community residents. This data highlights the growing importance of preventive care, chronic disease management and routine screenings in supporting long-term community health.

- **Preventive and routine care:** A significant portion of recent visits are tied to general adult medical examinations, preprocedural evaluations and routine child health checkups. These trends suggest increased awareness of the importance of preventive care and early detection. Regular screenings such as mammograms and colon cancer screenings are also frequently reported, reflecting efforts to catch serious conditions early and reduce long-term health risks.

- **Chronic disease management:** Hypertension, type 2 diabetes and hyperlipidemia are among the most common chronic conditions managed across the region. These diseases often coexist and require ongoing monitoring, lifestyle support and medication adherence. The high prevalence of these conditions underscores the need for accessible primary care, patient education and community-based wellness programs.

- **Musculoskeletal and pain-related conditions:** Conditions such as chronic pain, back pain, spondylosis and radiculopathy are frequent reasons for medical visits. These issues often affect quality of life and may lead to disability if not properly managed. They highlight the need for integrated pain management services, physical therapy and orthopedic care.

- **Infectious and respiratory illnesses:** While less dominant than chronic conditions, respiratory infections, pharyngitis, urinary tract infections and COVID-19 continue to contribute to hospital and clinic visits. These cases emphasize the importance of infection control, vaccination and timely treatment.

- **Cardiovascular and gastrointestinal:** Chest pain and atrial fibrillation are key indicators of underlying cardiovascular issues that require prompt evaluation and long-term management. Meanwhile, abdominal pain and gastrointestinal symptoms, such as nausea, are common complaints that may signal a range of conditions, from dietary issues to more serious digestive disorders.

These patterns reflect a community increasingly engaged in preventive care while still grappling with the burdens of chronic disease and acute illness. Continued investment in primary care access, chronic disease education and early screening programs will be essential to improving health outcomes across CHRISTUS Trinity Mother Frances Health System. Collaboration between hospitals, outpatient providers and community organizations remains key to building a healthier, more resilient region.

How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS MOTHER FRANCES HOSPITAL - TYLER	CHRISTUS MOTHER FRANCES HOSPITAL - JACKSONVILLE	CHRISTUS MOTHER FRANCES HOSPITAL - SULPHUR SPRINGS	CHRISTUS MOTHER FRANCES HOSPITAL - WINNSBORO
Acute adjustment reaction and psychosocial dysfunction	Organic disturbances and intellectual disability (dementia)	Acute adjustment reaction and psychosocial dysfunction	Organic disturbances and intellectual disability (dementia)
Neuroses except depressive	Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)	Organic disturbances and intellectual disability (dementia)	Alcohol drug abuse or dependence left against medical advice (AMA)
Organic disturbances and intellectual disability (dementia)		Psychoses	
Psychoses		Other mental disorder diagnoses	
Other mental disorder diagnoses		Alcohol drug abuse or dependence left against medical advice (AMA)	
Alcohol drug abuse or dependence left ama		Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)	
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)	
Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)			

What This Data Tells Us

Hospital admission data from Sulphur Springs, Winnsboro, Tyler and Jacksonville reveals a pressing need to address behavioral health and substance use disorders across CHRISTUS Trinity Mother Frances Health System communities. These patterns reflect deep-rooted challenges in mental health care access, continuity of treatment and community support systems.

- **Mental health disorders:** Conditions such as acute adjustment reactions, psychoses, neuroses and other mental disorder diagnoses are frequently cited as reasons for inpatient care. These admissions often stem from crises that could be mitigated with earlier intervention, highlighting the need for expanded outpatient mental health services, crisis stabilization units and community-based support.
- **Dementia and cognitive disorders**: Repeated admissions for dementia and intellectual disabilities point to the growing need for geriatric mental health services and long-term care planning.
- **Substance use disorders:** These patterns suggest gaps in addiction treatment availability, stigma-related barriers and a lack of integrated behavioral health services.

These behavioral health trends underscore the urgent need for investment in mental health infrastructure across CHRISTUS Trinity Mother Frances Health System communities. Expanding access to psychiatric care, substance use treatment and supportive services — especially in rural communities — is critical to reducing preventable hospitalizations and improving long-term outcomes.

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 2,957 surveys were completed by Associates, community residents and patients within the communities that the CHRISTUS Trinity Mother Frances Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.

Responses by Race and Ethnicity

The data represents survey responses from the CHRISTUS Trinity Mother Frances Health System, categorized by race and ethnicity. The majority of respondents are Non-Hispanic White, accounting for 1,916 responses. Hispanic or Latino respondents make up 342, while Non-Hispanic Black respondents total 188. Additionally, 49 respondents identified as having two or more races, and 195 responses were categorized as unknown.

CHRISTUS survey responses by Race/Ethnicity

- Asian
- Non-Hispanic Black
- Hispanic or Latino
- Middle Eastern or North African
- Native American
- Two or more races
- Non-Hispanic White
- Pacific Islander/Native Hawaiian
- Unknown

7.1% 0.9% 6.9%
12.4%
0.8%
1.8%
70.0%
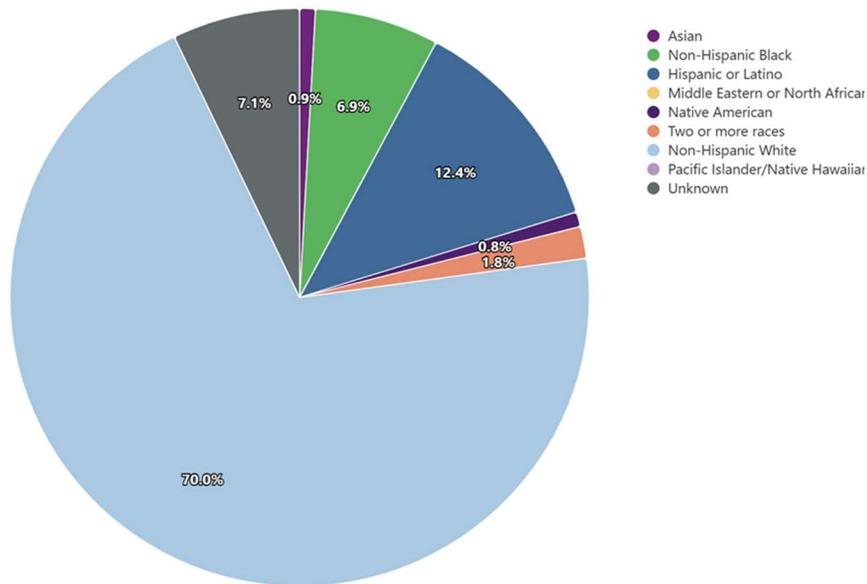
Created on Metopio | metop.io/i/g7d3k7x4 | Data source: Metopio (via Alchemer API)

Responses by Sex

The data reflects survey responses from CHRISTUS Trinity Mother Frances Health System, categorized by gender. A significant majority of respondents are female, accounting for 1,807 responses, while 1,021 respondents are male. Additionally, 39 respondents preferred not to disclose their gender. This data highlights a notable gender disparity in survey participation within this health system.
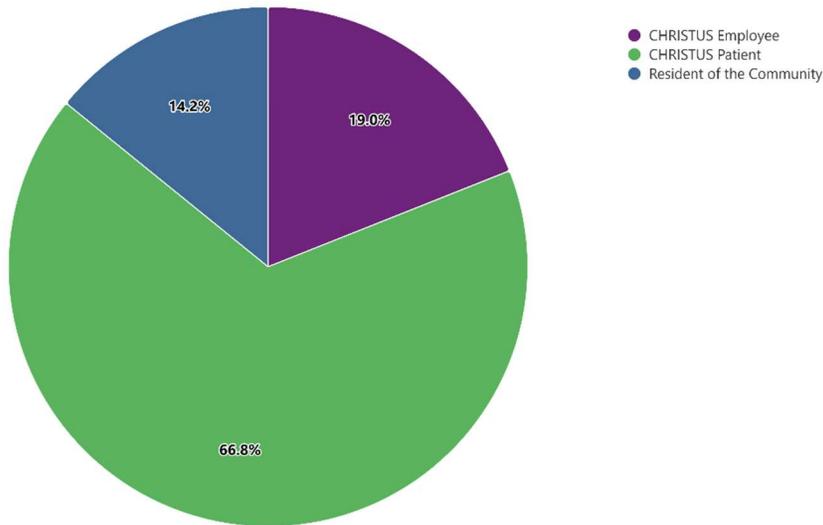
CHRISTUS survey responses by Sex

- Female
- Male
- Prefer not to respond

39.5%
60.5%
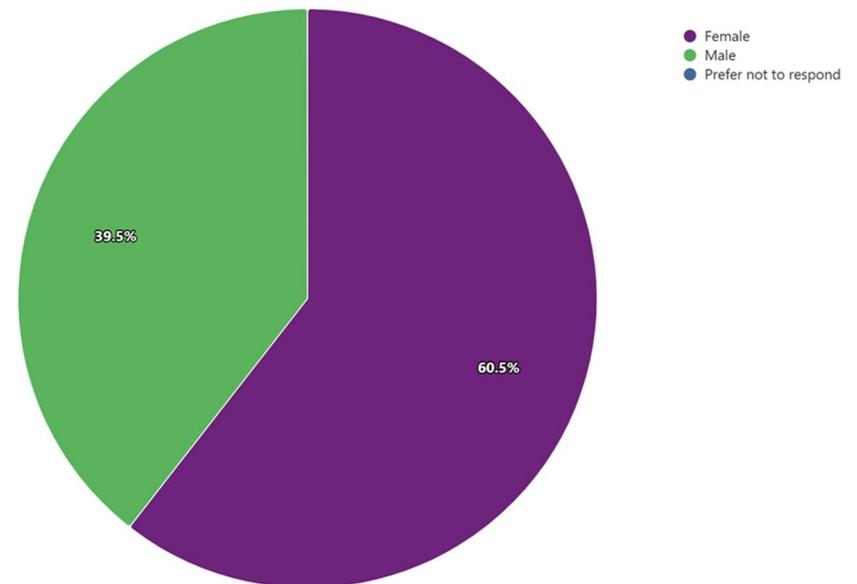
Created on Metopio | metop.io/i/vumeqgga | Data source: Metopio (via Alchemer API)

Responses by Type of Survey

The primary focus of the chart is CHRISTUS Trinity Mother Frances Health System, specifically within its zip codes. The data reveals that the majority of survey responses come from patients, totaling 1954, followed by employees with 555 responses, and residents of the community with 414 responses. This indicates a significant engagement from patients in the survey process.
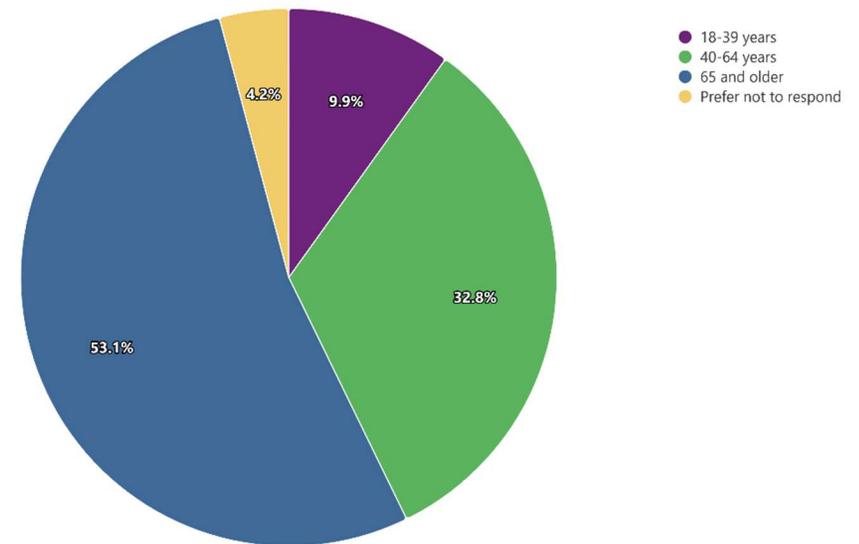
CHRISTUS survey responses by CHRISTUS survey type

- CHRISTUS Employee
- CHRISTUS Patient
- Resident of the Community

14.2%
19.0%
66.8%

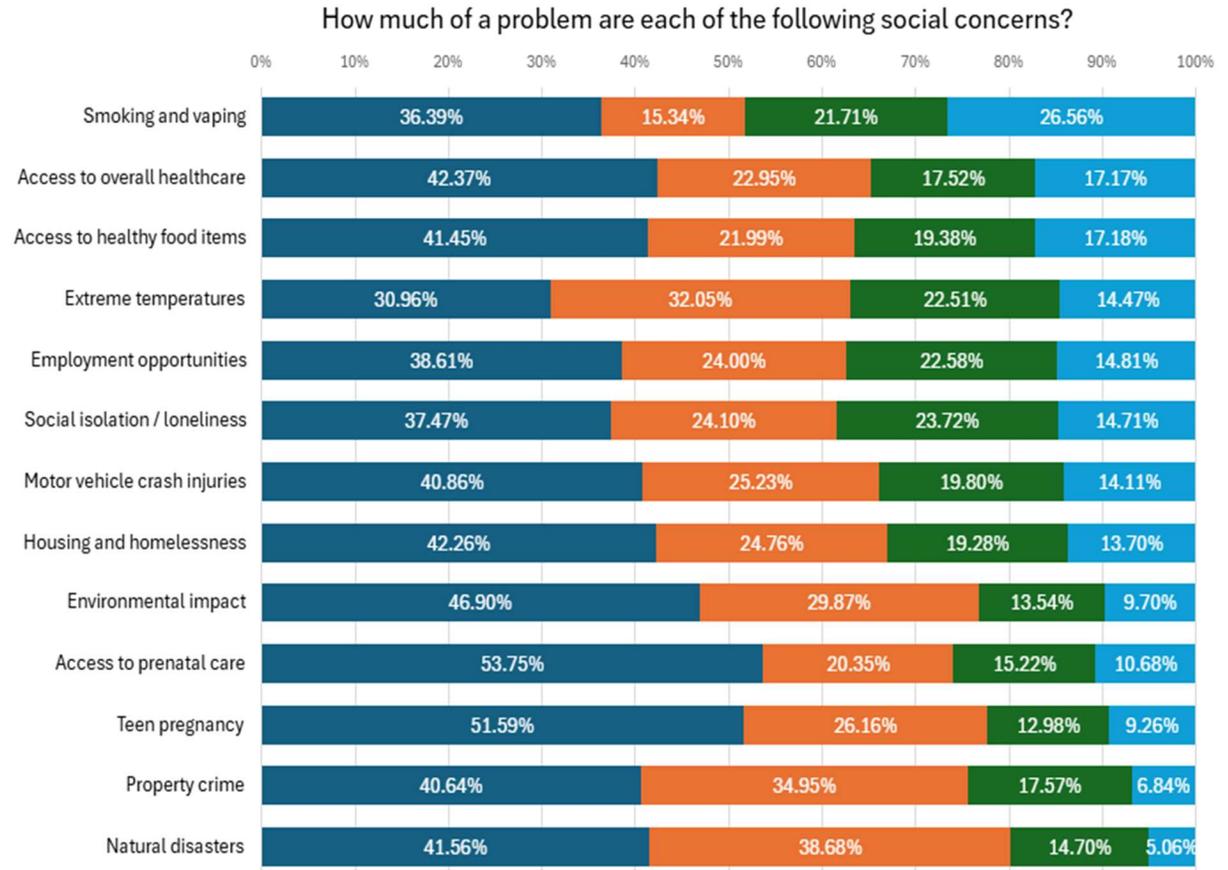Created on Metopio | metop.io/i/vxv322kf | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

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Responses by Age

The survey responses for CHRISTUS Trinity Mother Frances Health System reveal that the majority of respondents are aged 65 and older, accounting for 1,551 individuals. The 40-64 years age group follows 960 respondents, while 290 respondents fall within the 18-39 years category. Additionally, 122 individuals preferred not to disclose their age.

CHRISTUS survey responses by Age

- 18-39 years
- 40-64 years
- 65 and older
- Prefer not to respond

4.2%
9.9%
53.1%
32.8%

Created on Metopio | metop.io/i/rggjiu3e | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Social Concerns

Community feedback from the CHRISTUS Trinity Mother Frances Health System survey highlights a range of social challenges impacting health and quality of life across the region. Top concerns identified as serious problems include access to overall healthcare (42.37%), access to healthy food (41.45%), employment opportunities (38.61%), smoking and vaping (36.39%), and extreme temperatures (30.96%). Concerns around housing and homelessness, environmental impact, and social isolation also ranked highly, reflecting a broad understanding of how social, environmental, and behavioral factors shape well-being.

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

■ Not at all a problem

■ Minor problem

■ Moderate problem

■ Serious problem

How much of a problem are each of the following social concerns?

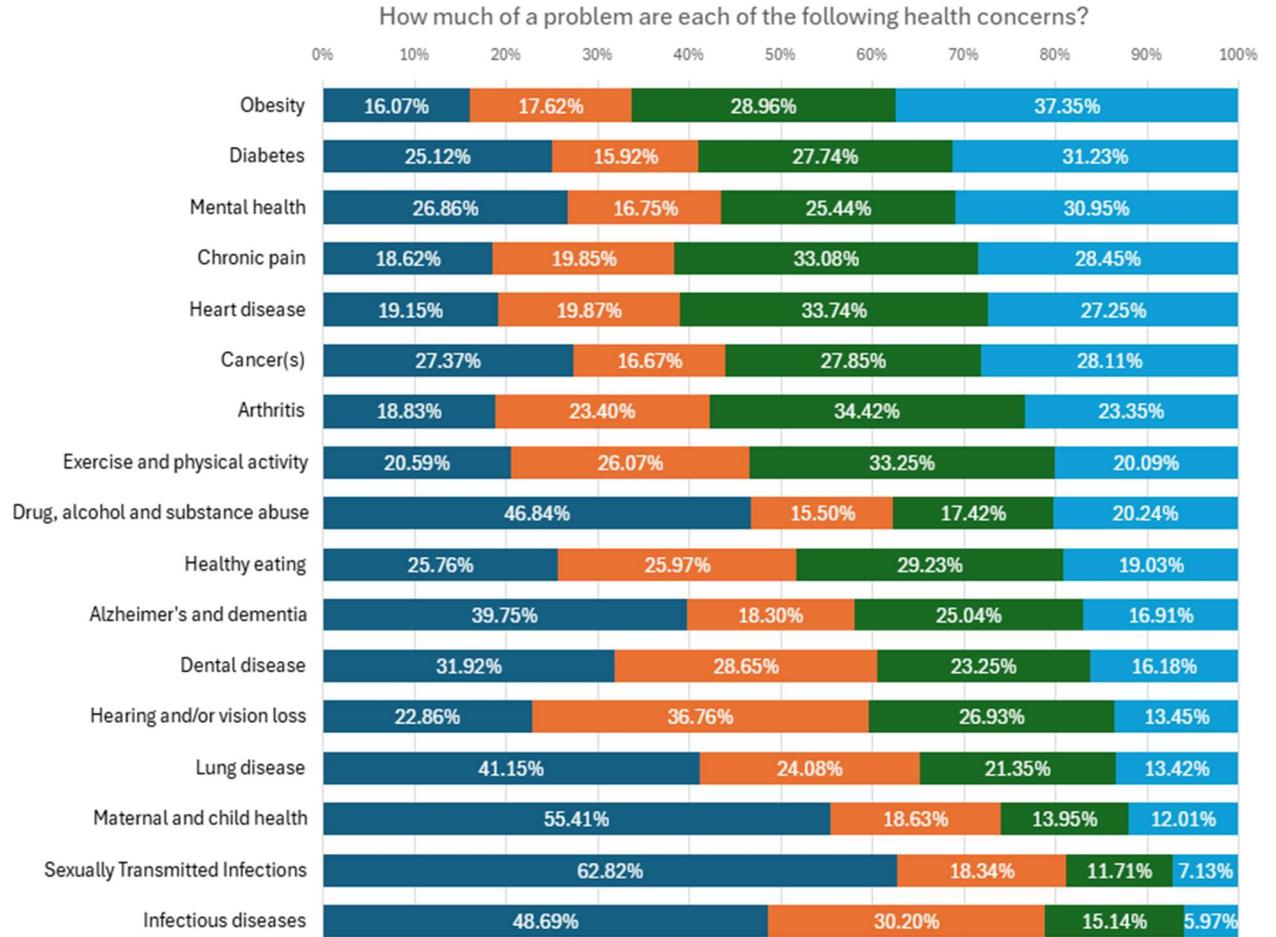| Concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Smoking and vaping	36.39%	15.34%	21.71%	26.56%
Access to overall healthcare	42.37%	22.95%	17.52%	17.17%
Access to healthy food items	41.45%	21.99%	19.38%	17.18%
Extreme temperatures	30.96%	32.05%	22.51%	14.47%
Employment opportunities	38.61%	24.00%	22.58%	14.81%
Social isolation / loneliness	37.47%	24.10%	23.72%	14.71%
Motor vehicle crash injuries	40.86%	25.23%	19.80%	14.11%
Housing and homelessness	42.26%	24.76%	19.28%	13.70%
Environmental impact	46.90%	29.87%	13.54%	9.70%
Access to prenatal care	53.75%	20.35%	15.22%	10.68%
Teen pregnancy	51.59%	26.16%	12.98%	9.26%
Property crime	40.64%	34.95%	17.57%	6.84%
Natural disasters	41.56%	38.68%	14.70%	5.06%

Health Concerns

This chart reflects how respondents from the CHRISTUS Trinity Mother Frances Health System's community health survey perceive various health concerns. Obesity, diabetes, mental health and chronic pain were frequently rated as "moderate" to "serious" problems. In contrast, issues such as STIs and infectious diseases were more often seen as less urgent. These insights help highlight chronic disease and behavioral health as central concerns within the community.

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

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

How much of a problem are each of the following health concerns?

Health Concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Obesity	16.07%	17.62%	28.96%	37.35%
Diabetes	25.12%	15.92%	27.74%	31.23%
Mental health	26.86%	16.75%	25.44%	30.95%
Chronic pain	18.62%	19.85%	33.08%	28.45%
Heart disease	19.15%	19.87%	33.74%	27.25%
Cancer(s)	27.37%	16.67%	27.85%	28.11%
Arthritis	18.83%	23.40%	34.42%	23.35%
Exercise and physical activity	20.59%	26.07%	33.25%	20.09%
Drug, alcohol and substance abuse	46.84%	15.50%	17.42%	20.24%
Healthy eating	25.76%	25.97%	29.23%	19.03%
Alzheimer's and dementia	39.75%	18.30%	25.04%	16.91%
Dental disease	31.92%	28.65%	23.25%	16.18%
Hearing and/or vision loss	22.86%	36.76%	26.93%	13.45%
Lung disease	41.15%	24.08%	21.35%	13.42%
Maternal and child health	55.41%	18.63%	13.95%	12.01%
Sexually Transmitted Infections	62.82%	18.34%	11.71%	7.13%
Infectious diseases	48.69%	30.20%	15.14%	5.97%

The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes regarding health and social issues. Access to health care is a significant concern, with many participants mentioning difficulties in obtaining timely appointments with specialists and primary care physicians, as well as the high cost of health care and insurance. Mental health services are notably lacking, with long wait times and insufficient resources for those in need. Education and workforce development are also emphasized, with calls for better educational opportunities and job training. Social issues such as homelessness, drug abuse and crime are prevalent, alongside concerns about the quality of local infrastructure, including water quality and transportation. Additionally, there is a strong sentiment regarding the need for more community support and resources for seniors, low-income families and those with chronic health conditions.

Strengths and Resources Available

The survey responses highlight several strengths and challenges within the community. Common themes include the presence of supportive community networks—such as churches and caring neighbors—as well as valuable resources like food pantries, educational opportunities, and compassionate healthcare providers. Respondents also acknowledged the availability of medical and hospital services. However, many noted that access to these resources is often limited by financial constraints, with services being more accessible to individuals with insurance or those who qualify for low-income assistance. Those who fall outside these categories— such as working families who don't qualify for aid, uninsured individuals, or residents in more remote rural areas—are more likely to experience gaps in access. Additional concerns were raised about the adequacy and affordability of transportation, limited mental health services, and issues related to water quality. Overall, while the community offers meaningful support systems, there is a perceived gap between the availability of services and the ability of all residents to fully access them.

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

Resource	Percentage
Religion or spirituality	69.5%
Access to health care	65.3%
Good schools	59.1%
Fitness	59.0%
Parks and recreation	56.2%
Technology	53.2%
Strong family ties	46.7%
Safety and low crime	45.0%
Cancer screening	44.7%
Clean environment and healthy air	44.5%
Health support services	40.8%
Affordable and healthy food	37.3%
Transportation	34.4%
Medication assistance	33.0%
Inclusive and equal care	32.1%
Strong community unity	31.1%
Arts and cultural events	30.7%
Racial equity	30.2%
Community services, such as resources for housing	29.5%
Quality job opportunities and workforce development	28.1%
Mental health services	27.5%
Affordable housing	18.2%
Affordable childcare	12.9%
Life skill training	11.9%

Opportunities for Services or Resources

The survey also had spaces for open-ended survey responses, which were then categorized thematically by the assessment team. These themes were not derived from focus groups or interviews, and no quantitative percentages are associated with them—rather, they reflect common patterns and sentiments that surfaced across written community feedback.

The community health survey responses highlight several common themes regarding additional services needed in neighborhoods. Many participants expressed a need for more affordable health care services, including mental health resources, primary care providers and specialized medical care. Transportation, especially for seniors and those with disabilities, was frequently mentioned as a critical need to access medical appointments and other essential services. Affordable and healthy food options, along with more grocery store competition, were also significant concerns. Respondents emphasized the importance of social and recreational opportunities, such as parks, fitness centers and community events, to enhance quality of life. Additionally, there was a call for more educational programs, job training and support for the elderly and low-income families. Overall, the responses indicate a strong desire for improved access to health care, transportation, affordable food and community engagement opportunities.

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

Windshield Survey

As part of the Community Health Needs Assessment (CHNA), CHRISTUS Trinity Mother Frances conducted a series of windshield surveys to observe conditions across neighborhoods and communities within the primary service area. These surveys offer a qualitative snapshot of local environments, providing on-the-ground insight into the physical, social and economic factors that influence health.

Surveys were conducted by driving through residential, commercial and rural areas in each county. Observations included housing conditions, access to public transportation, availability of grocery stores and health services, presence of recreational spaces, environmental hazards and signs of economic stability or distress. These visual cues help identify community strengths, disparities, and opportunities for targeted investment.

While not a substitute for quantitative data, windshield surveys complement other findings by capturing lived realities that may not be reflected in charts or statistics. They help illustrate the broader context in which people live, work and seek care — offering a fuller picture of the barriers and assets that shape community health.

Methodology

The windshield surveys were conducted by five executives from CHRISTUS Health and CHRISTUS Trinity Mother Frances Health System. Those include the system director of talent insights and strategy; program director of ministry formation; system director IM Health Plans and population services; chief administration officer, CHRISTUS Health Plans; and program director of mission integration, CHRISTUS Trinity Mother Frances who visited multiple communities across the primary service area. Observations focused on key social determinants of health, including housing, transportation, economic activity, access to care and community resources. The survey route included ZIP codes I75771 (Lindale), 75706 (eastern rural area), 75702 (North Tyler), 75701 (Central Tyler), 75703 (South Tyler), 75707, 75799, 75798 (all are in the southeastern portion of Tyler), 75704 (Northwestern Tyler). This area included rural areas along the interstate and entering Tyler in very high low-income areas, stopping at daycare center, Texas College (a historically black university). Surveying central Tyler included Bethesda Health Clinic, Tyler Family Circle of Care (FQHC) and Catholic Charities and finally the East Texas Food Bank. Heading south, we traveled to low-income areas on the west side of Tyler and went south to the newly added Miracle League park that provides services for special needs children and the free standing emergency department for CHRISTUS. Next, we traveled east to the University of Texas at Tyler, Clarkston Elementary School and Tyler Junior College.

Observations

Housing and Neighborhood Conditions

Tyler, the largest community in Smith County, demonstrates varied housing conditions. Historically underserved North Tyler features older single-family homes, apartments and mobile homes showing visible deterioration and limited renovation. South Tyler showcases more affluent, newer housing developments. Streets generally appeared clean; however, sidewalk conditions were inconsistent, presenting challenges for pedestrians. Some neighborhoods displayed strong community pride, while others indicated neglect and infrastructure improvement needs.

Access to Health and Social Services

Health resources, including two major hospitals and mobile clinics operated by CTMFHS, actively address community health needs. Catholic Charities and St. Vincent DePaul Society serve as essential community partners, offering nursing support, meals, clothing and other assistance programs. Despite robust services in urban areas, rural and underserved neighborhoods continue to face access challenges.

Transportation and Infrastructure

Transportation infrastructure disparities were evident, particularly in underserved neighborhoods. Although Tyler provides affordable transportation options, residents without personal vehicles still face significant challenges. Poorly maintained and inconsistent pedestrian pathways create hazardous conditions. Investing in transportation infrastructure could significantly improve safety and mobility, especially in North Tyler.

Commercial Activity and Food Access

Tyler offers various grocery stores, including specialized markets such as a Latino supermarket in North Tyler. However, food insecurity remains prevalent, with many residents depending on food banks and charitable programs. Retail activity is widespread, but underserved areas lack sufficient access to healthy food retailers and pharmacies, disproportionately featuring pawn shops, loan centers and liquor stores.

Community and Recreational Spaces

Numerous recreational spaces, including parks, the Rose Garden Center and recently built or renovated educational facilities (UT Tyler, Tyler Junior College and Texas College), benefit the community. CTMFHS strongly emphasizes family and youth outreach through athletics and school-based health initiatives. Churches and faith-based organizations provide substantial social support throughout the community.

Environmental and Safety Conditions

Safety and environmental quality varied significantly across neighborhoods. Law enforcement in Tyler maintains active visibility and community engagement, often knowing local homeless individuals by name. However, safety concerns persist due to inadequate street lighting, poorly maintained sidewalks and litter. Specific neighborhoods experienced environmental hazards such as illegal dumping and drainage issues, highlighting the need for targeted infrastructure investments.

Observation Summary

Windshield survey findings across the communities served by CHRISTUS Trinity Mother Frances Health System underscore distinct patterns:

- Significant housing condition disparities between affluent and underserved areas
- Robust yet unevenly distributed health and social services access
- Infrastructure disparities affecting transportation safety and pedestrian mobility
- Persistent food insecurity despite available grocery stores and community resources
- Strong community engagement through educational, recreational, and faith-based initiatives
- Ongoing environmental and safety concerns necessitating targeted investments

Addressing these disparities is crucial for advancing health equity, guiding strategic investments and fostering sustainable improvements within the communities served by CHRISTUS Trinity Mother Frances Health System.

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

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

In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state and national data. Each graph, where possible, includes data from the ministry's primary service area (PSA) counties, allowing comparisons to broader state and national benchmarks. The ministry's primary service area (PSA) counties will include community data and not hospital data. While not all indicators contain data for all four 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:

Tyler and Jacksonville	Winnsboro and Sulphur Springs

• Access to care
   o Prenatal care
   o OBGYNs
   o Continuity of care*
• Chronic diseases
   o Obesity
   o Diabetes
• Health literacy
• Child care
• Behavioral health*
   o Mental health*
   o Substance abuse*
• Poverty*
	• Access to care
	   o Prenatal care
	• Behavioral health
	   o Mental health
	   o Social media
	• Food insecurity
	• Poverty
	   o High cost of living
	• Children in foster care

*Jacksonville lead indicators that did not appear in Tyler but will combine as Primary Service Areas overlap.

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 in Tyler and Jacksonville?

Preterm Births

The data presents preterm birth rates within the communities served by CHRISTUS Mother Frances Hospital locations in Tyler and Jacksonville, Texas, and compares them with state and national averages. From 2017-2019, the preterm birth rates at both hospitals were slightly below the Texas average but higher than the national average. However, from 2020-2022, the rates at both hospitals increased, while the national average remained lower. This indicates a concerning rise in preterm births at these specific locations compared to broader trends.
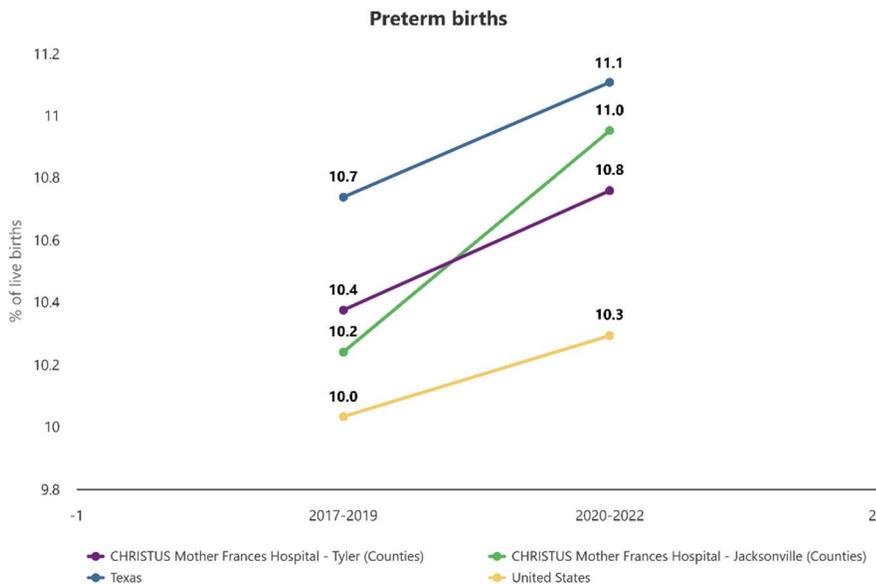
Vaccination Coverage

Vaccination coverage among children at 24 months of age reveals significant disparities between Texas and national averages. For the critical 7-vaccine series, Texas children born in 2020 had a 61% vaccination rate — significantly lower than the U.S. average of 68%. In contrast, Texas children born in 2019 had a slightly higher coverage rate of 70%, surpassing the national average for the following year. The gap is even wider for influenza vaccinations: only 49% of Texas children received two or more doses, compared to 59% nationally. These findings, sourced from the CDC's National Immunization Survey-Child (2020–2022) and published in the MMWR (Morbidity and Mortality Weekly Report), underscore the urgent need for targeted public health efforts to boost early childhood immunization rates across Texas.

Births to Mothers with Obesity

Births to mothers with obesity have been tracked across various locations, including CHRISTUS Mother Frances Hospital in Tyler and Jacksonville, as well as statewide and nationwide. From 2017-2019, the rate was higher in these hospitals compared to Texas and the United States. The rate increased significantly from 2020-2022, with both hospitals showing higher rates than the state and national averages.

Births to mothers with obesity
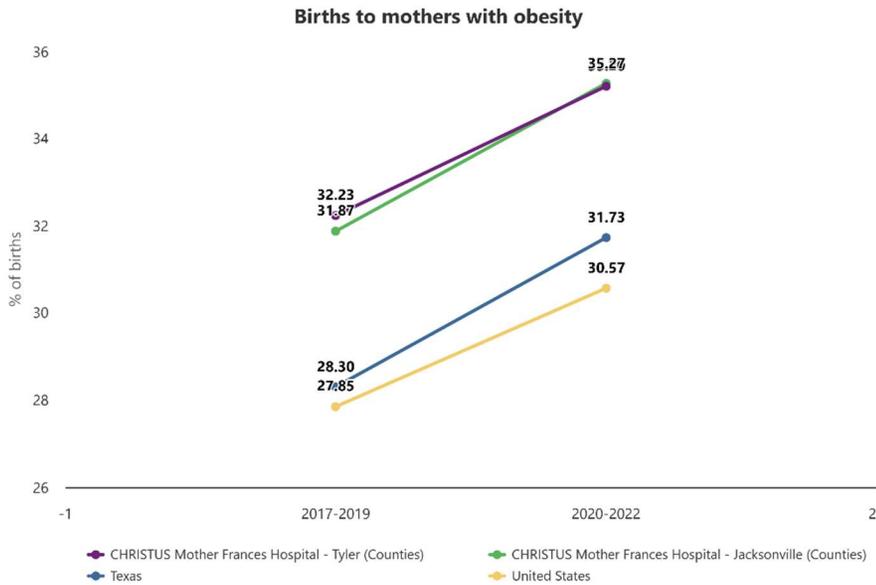
Created on Metopio | metop.io/i/dzy1cu1f | **Data sources:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder, 5-year data), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)
Births to mothers with obesity: Births to mothers who's BMI is 30 or above.

Poor Literacy and Functionally Illiterate

Poor literacy and functionally illiterate rates are notably high in certain areas. For instance, CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville in Texas have rates of 24.79% and 29.75%, respectively. Texas as a whole has a rate of 28.2%, while the United States overall has a lower rate of 21.8%. This indicates a significant disparity in literacy levels within specific regions compared to the national average.

Poor literacy and functionally illiterate, 2012-2017
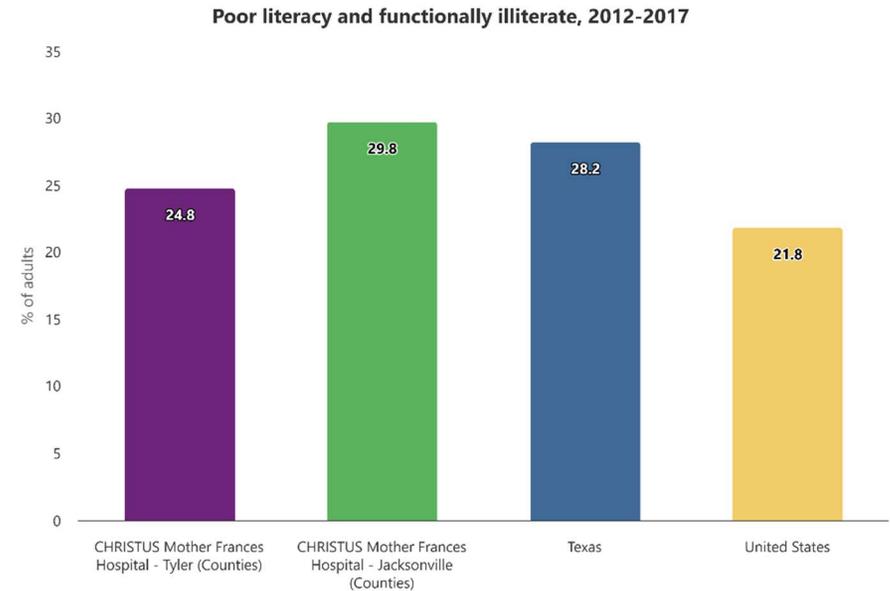
Created on Metopio | metop.io/i/9n1uz75i | **Data source:** National Center for Education Statistics (NCES) (Program for the International Assessment of Adult Competencies (PIAAC))
Poor literacy and functionally illiterate: Percent of adults with a literacy score below 226. Adults at this level can be considered at-risk for difficulties using or comprehending print material.

Mental Health

12.6%

of Texas women reported experiencing depression during pregnancy.

14.9%

of Texas women reported experiencing postpartum depression symptoms.

Maternal mental health remains a critical concern in Texas, with 12.6% of women reporting symptoms of depression during pregnancy and 14.9% experiencing postpartum depression. These figures, sourced from the Texas Department of State Health Services (Pregnancy Risk Assessment Monitoring System - PRAMS, 2020–2021), emphasize the ongoing need for enhanced screening, support services and accessible mental health care to improve outcomes for both mothers and their children across the state.

Neonatal Abstinence Syndrome

Communities served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville face higher-than-average rates of neonatal abstinence syndrome (NAS), with regional rates ranging from 2.7 to over 4.4 cases per 1,000 hospital births, exceeding the Texas state rate of 2.2. This data, sourced from the Texas Department of State Health Services (2020–2021), highlights a critical public health concern linked to maternal substance use. These elevated rates underscore the need for focused prevention strategies, expanded access to treatment for substance use disorders, and comprehensive support services for pregnant individuals in affected communities.
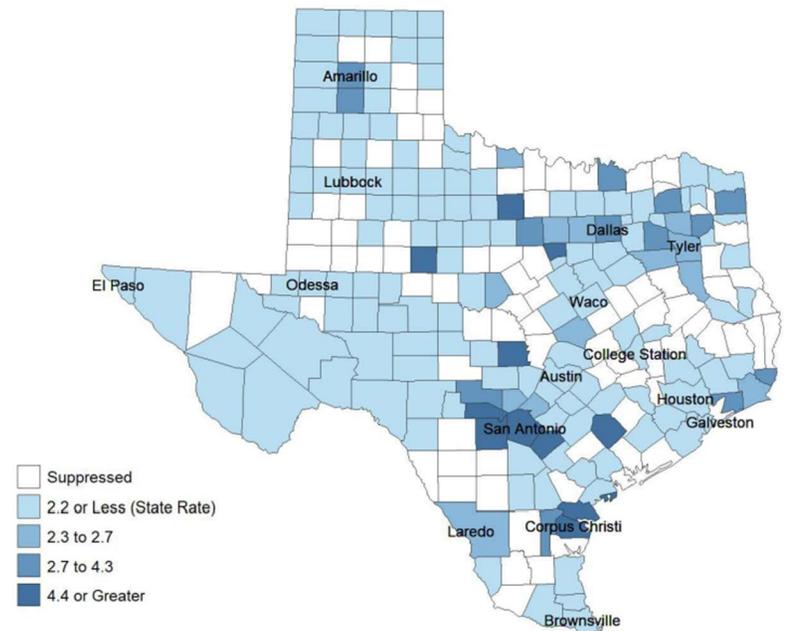
Source: Maternal & Child Health Epidemiology Unite, 2017-2021 Texas Hospital Inpatient Public Use Data Files | Neonatal Abstinence Syndrome rate per 1,000 hospital births, 2017-2021: Neonatal Abstinence Syndrome Rate per 1,000 Hospital Births by County of Residence, 2017-2021

Teen Birth Rate

The teen birth rate in Texas and the United States has generally declined from 2015 to 2023. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have shown fluctuating rates over the same period. Notably, Jacksonville's rate increased significantly in 2018-2022, while Tyler's rate remained relatively stable. Overall, the national and state rates have decreased, reflecting broader trends in teen birth rate reduction.
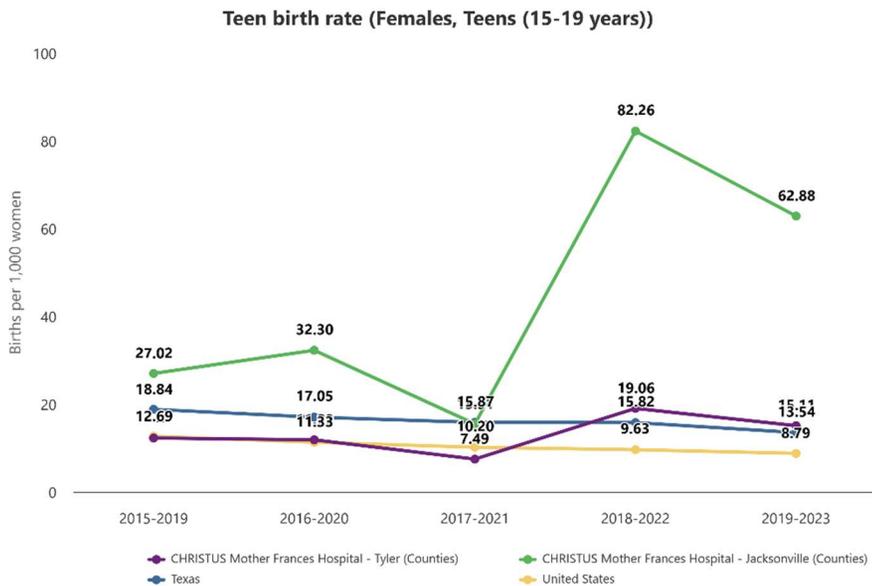
Teen birth rate (Females, Teens (15-19 years))

Created on Metopio | metop.io/i/bwwx3o3a | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

Low Birth Weight

Low birth weight rates have been analyzed across various locations, including CHRISTUS Mother Frances Hospital in Tyler and Jacksonville, Texas, and the United States as a whole. In 2017, the rate at CHRISTUS Mother Frances Hospital in Tyler was 7.87%, slightly lower than Jacksonville's 8.38%, and both were below the Texas average. Over the years, there have been fluctuations, with Texas and the United States generally having higher rates compared to the specific hospital.
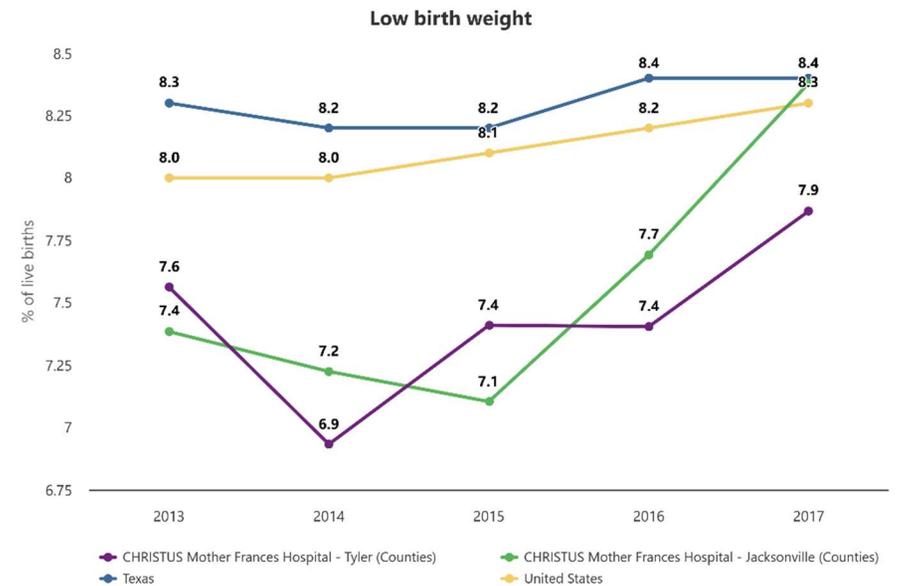
Low birth weight

Created on Metopio | metop.io/i/qdnjim7r | **Data sources:** State public health departments (via KIDS COUNT, https://datacenter.kidscount.org), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health

Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.
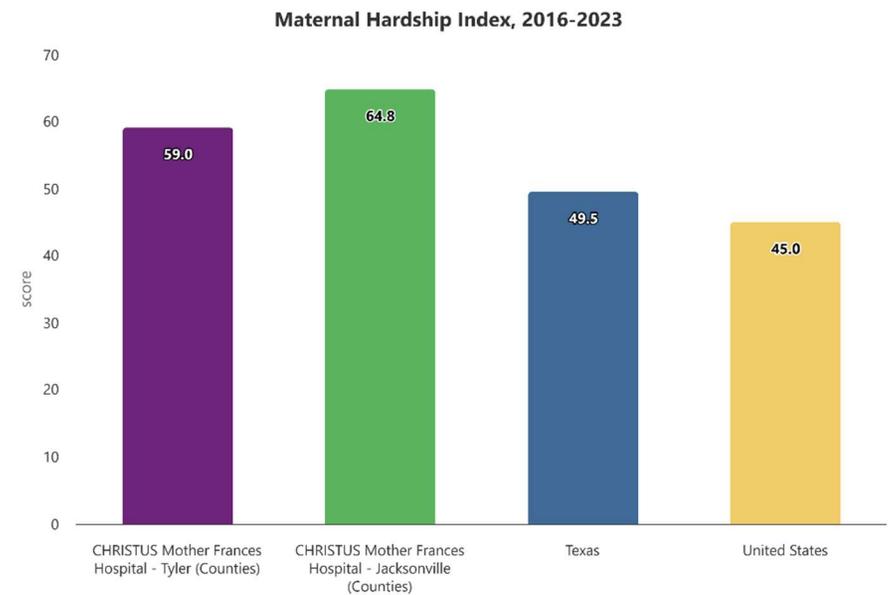
Infant Mortality

Infant mortality rates at CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville in Texas were higher than the state and national averages from 2017 to 2022. Specifically, the rates at these hospitals were 6.51 and 6.85 per 1,000 live births, respectively, compared to Texas' 5.65 and the United States' 5.67 during 2017-2019. The rates slightly increased in CHRISTUS Mother Frances Hospital - Tyler while slightly decreasing in CHRISTUS Mother Frances Hospital - Jacksonville from 2020 to 2022, while the state and national rates slightly decreased. This indicates a need for targeted interventions to reduce infant mortality in these specific locations.

Infant mortality

Maternal Hardship Index

The Maternal Hardship Index measures the level of economic, social and health-related challenges that can impact a mother's well-being during pregnancy and after childbirth. Higher scores reflect greater hardship, such as limited access to health care, lower income or unstable housing. In the regions served by CHRISTUS Mother Frances Hospital, Tyler has a Maternal Hardship Index of 59.03, while Jacksonville is even higher at 64.81 — both above the Texas average of 49.49 and the national average of 45.01. These elevated scores highlight the need for targeted support to address the unique challenges mothers face in these communities.

Maternal Hardship Index, 2016-2023

What Is the Story Behind the Data in Tyler and Jacksonville?

Bringing community members together by hosting a meeting on mother-baby issues is key to verifying and learning about the "why" or the "story behind the story" that provides the opportunity to know whether, in fact, we have listened to, documented and responded to the needs of the community as presented. Such a gathering, "Healthy Me, Healthy Baby," took place in the Louis and Peaches Owen Heart Hospital in April, with over 25 people in attendance from across the community meeting on issues facing mothers and babies in Smith and the surrounding counties.

What we heard was a constant drum beat of "we must get it right with mothers and babies because it determines so much of the rest of their lives; education, job opportunities and health care issues." Top of the list was the issue of obesity in teenagers today. Sources indicate that teens lack education on healthy eating compounded by food shortages in families that impact their ability to make healthy choices. The result? Early onset of diabetes in high school students, including those who then find themselves pregnant. It is often the first lab results after pregnancy that provide a diagnosis of diabetes. Immediately, the expectant mothers become an "at risk" pregnancy and the health of the baby is already an issue.

And, because there is no real education for young women on the early signs of pregnancy or what and where they can get assistance in testing and support if they suspect they are pregnant, young girls often wait until late in the second trimester before they have confirmation they are expecting a baby. By then, it is difficult for the mother to be prepared for a healthy pregnancy or to engage in a healthier lifestyle to support the development of the baby. It is similarly difficult for health care providers to address the mother's health before medical issues get out of hand.

The top concerns and requests for all age groups, as voiced by the group, are education on pregnancy and how an expectant mother should address health issues and engage in a lifestyle that increases her prospects of having a healthy baby; information on nutrition and sources for healthy eating and food; and information on the importance of exercise and weight control even for high school and junior high school students. The goal of these concerns and requests is to reduce diabetes and provide information to encourage a healthier baby and mom.
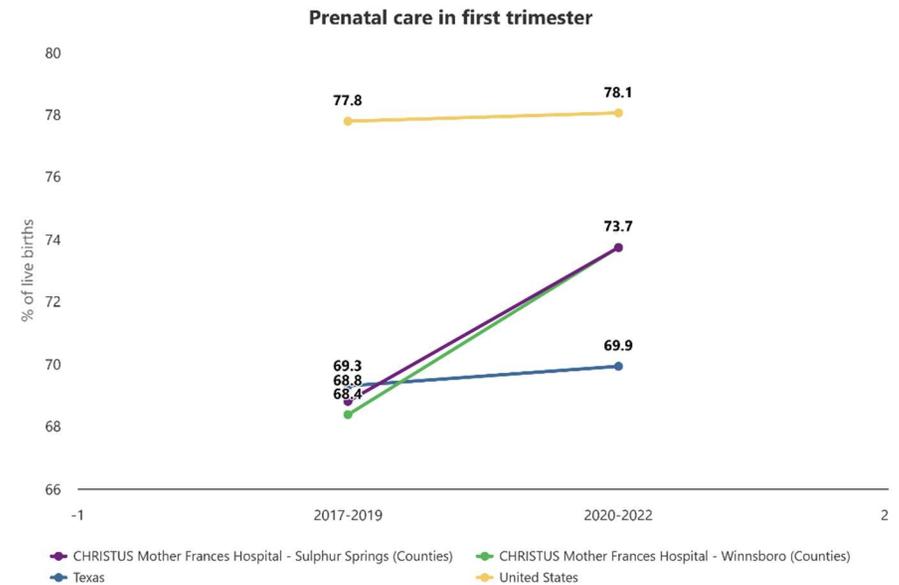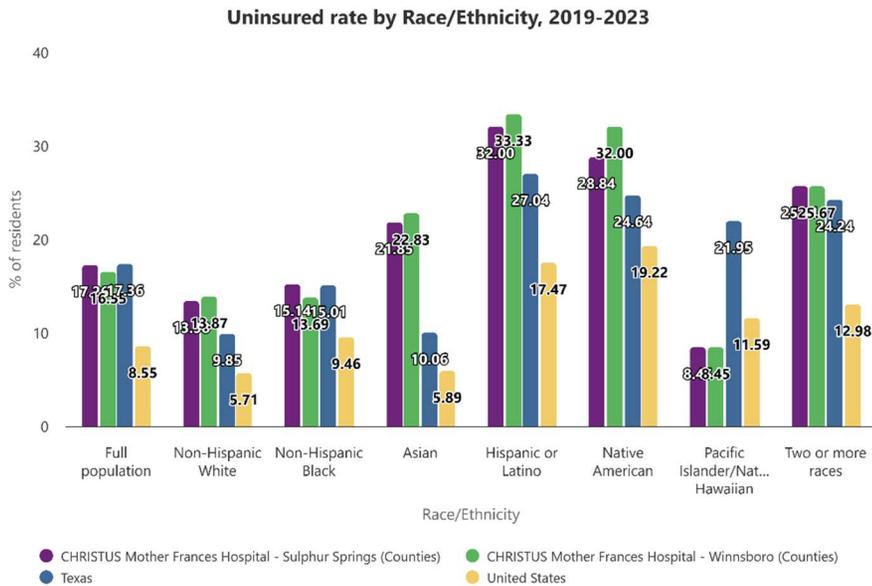
How Are We Doing in Winnsboro and Sulphur Springs?

Uninsured Rate by Race and Ethnicity

The uninsured rate varies significantly across different racial and ethnic groups in Texas and the United States. Hispanic or Latino individuals have the highest uninsured rates at both CHRISTUS Mother Frances Hospital locations and statewide, well above the national average. In contrast, Non-Hispanic White and Pacific Islander/Native Hawaiian groups have lower uninsured rates, with the latter experiencing notably high rates in the broader U.S. context. Overall, the data highlights substantial disparities in insurance coverage among different demographic groups.

Prenatal Care in First Trimester

Prenatal care in the first trimester is a crucial indicator of maternal and infant health. In Texas, CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro have shown improvements in their rates from 2017-2019 to 2020-2022. However, both hospitals still lag behind the national average. The national average for prenatal care in the first trimester increased slightly over the same period, indicating a positive trend in maternal health care across the country.

Uninsured rate by Race/Ethnicity, 2019-2023

Created on Metopio | metop.io/i/2qpse1eg | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Prenatal care in first trimester

Created on Metopio | metop.io/i/r6gpqe83 | **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.

Postpartum Depression

12.6%
of Texas women reported experiencing depression during pregnancy.

14.9%
of Texas women reported experiencing postpartum depression symptoms.

Maternal mental health remains a critical concern in Texas, with 12.6% of women reporting symptoms of depression during pregnancy and 14.9% experiencing postpartum depression. These figures, sourced from the Texas Department of State Health Services (Pregnancy Risk Assessment Monitoring System - PRAMS, 2020–2021), emphasize the ongoing need for enhanced screening, support services and accessible mental health care to improve outcomes for both mothers and their children across the state.

Food Insecurity

- Texas has one of the highest rates of food insecurity in the U.S.
- One in five households with children under the age of 5 experiences food insecurity.
- In some rural and border regions, that rate is closer to one in three.

Food insecurity poses a serious threat to the health and well-being of families in the rural communities served by CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs. In Texas, one in five households with children under the age 5 face food insecurity — and in rural areas like these, that rate can climb to nearly one in three. This puts young children at greater risk for poor nutrition, developmental delays and chronic health conditions. Addressing food insecurity in these regions is essential to supporting early childhood health and long-term community resilience.

Poverty Rate (0 – 4 Years)

The poverty rate in the areas served by CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro have been closer to the state and national rates respectable. Notably, the poverty rate in Sulphur Springs decreased significantly from 23.09% in 2015-2019 to 16.8% in 2019-2023, while Winnsboro saw a substantial drop from 20.86% to 14.26% over the same period. In contrast, Texas and the United States experienced more moderate declines in their poverty rates. These trends indicate that the areas around these hospitals have made significant progress in reducing poverty, outpacing broader regional and national improvements.

Poverty rate (0-4 years)
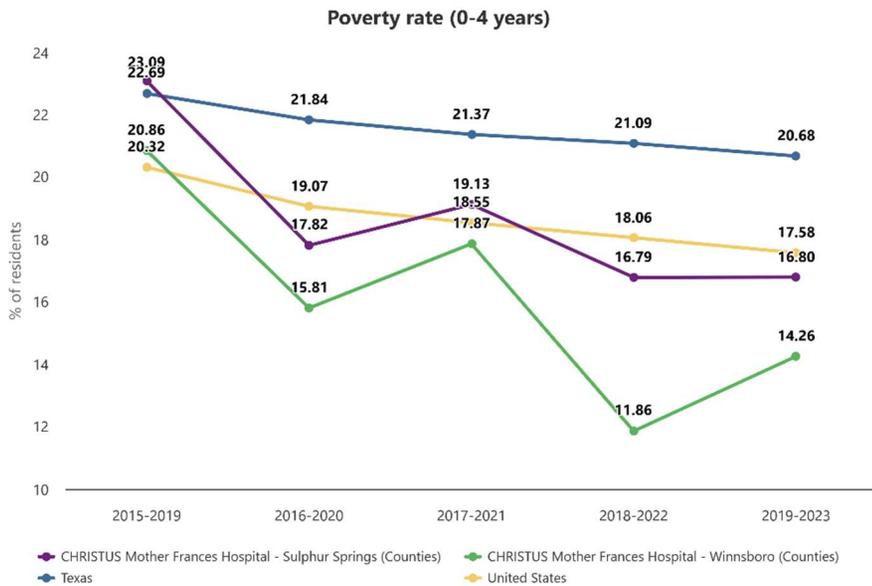
Created on Metopio | metop.io/i/qdcufq1h | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001).

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

Households Below ALICE Threshold

The ALICE (Asset Limited, Income Constrained, Employed) threshold identifies households that earn above the federal poverty level but still struggle to afford basic necessities such as housing, food, child care, health care and transportation. From 2018 to 2021, the percentage of households below the ALICE threshold declined slightly in both Texas (from 44.0% to 42.59%) and the U.S. (from 41.5% to 41.01%). In 2022, Texas saw an increase to 43.0%, while the national rate remained steady at 42.0%. In 2023, the communities served by CHRISTUS Mother Frances Hospital - Sulphur Springs (45.11%) and Winnsboro (44.68%) continued to exceed both state and national averages, highlighting ongoing financial strain among working households in these areas.
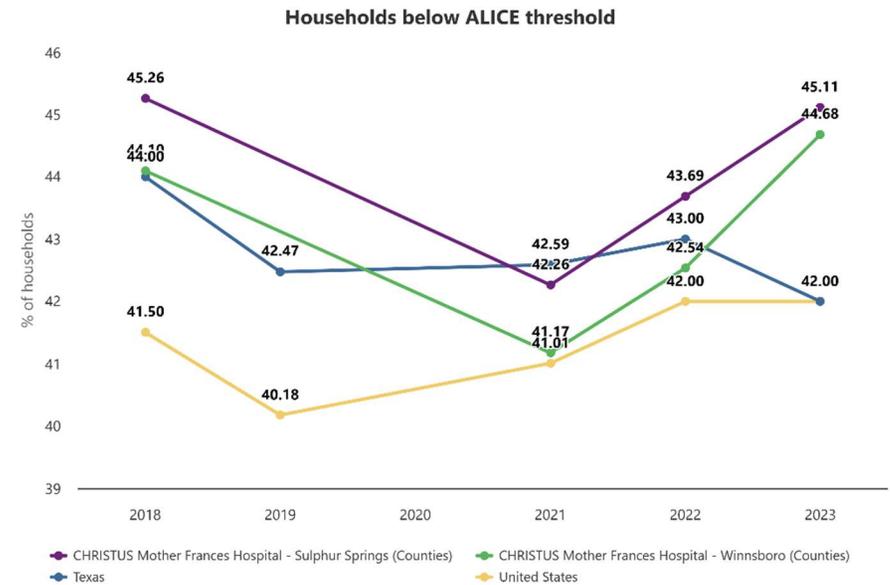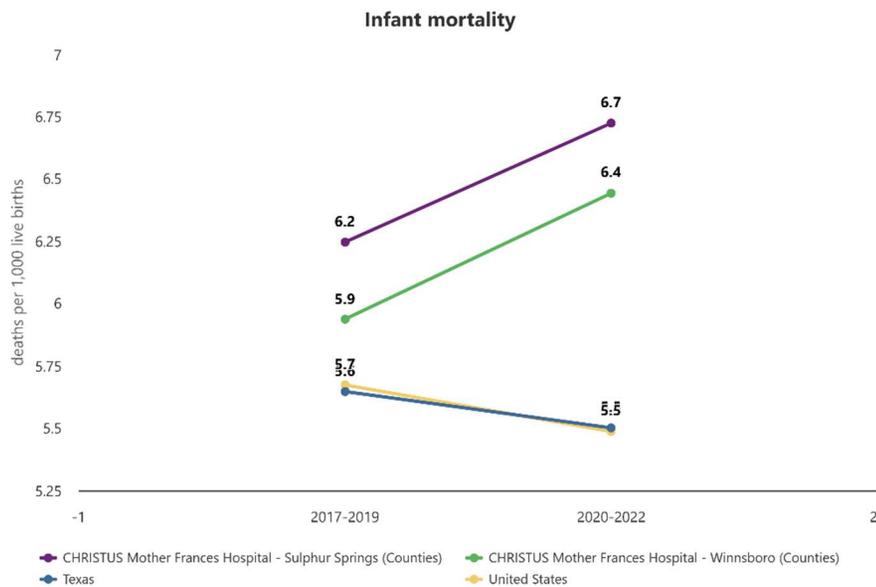
Households below ALICE threshold

Created on Metopio | metop.io/i/qj69vjwg | 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.
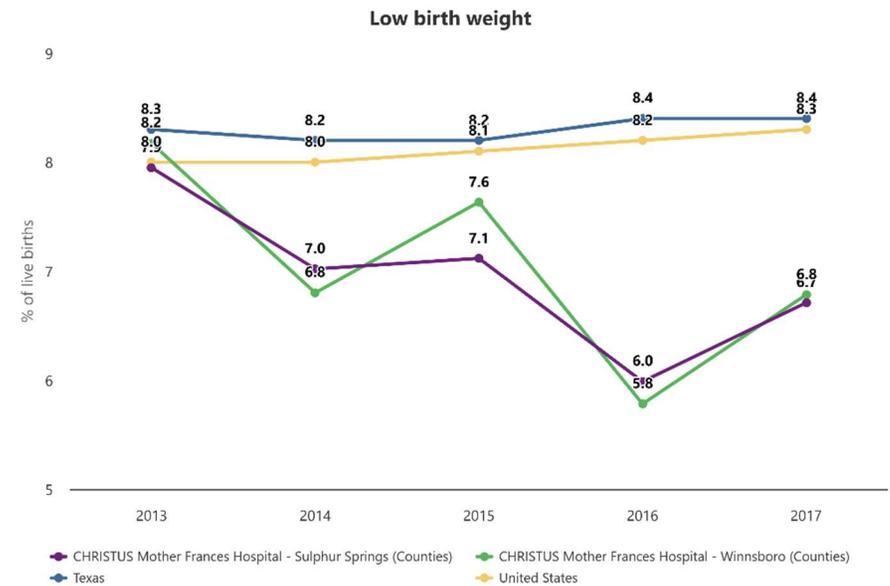
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Infant Mortality

Infant mortality rates are presented for CHRISTUS Mother Frances Hospital locations in Sulphur Springs and Winnsboro, Texas, and compared to statewide and national averages. Between 2017-2019, Sulphur Springs had an infant mortality rate of 6.25, slightly higher than Winnsboro's 5.94, while Texas and the United States averaged 5.65 and 5.67, respectively. From 2020-2022, Sulphur Springs' rate increased to 6.72, Winnsboro's to 6.44, whereas Texas and the United States saw a decrease to 5.5 and 5.49, respectively. This data indicates that while national and state rates improved, the rates in these specific hospital service areas increased during the same period.
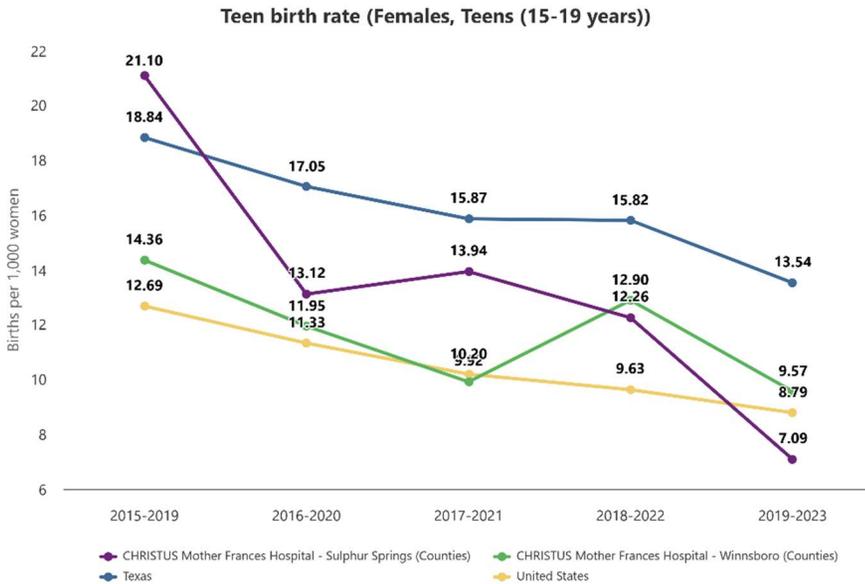
Low Birth Weight

The data shows the percentage of low birth weight births in various locations from 2013 to 2017. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro, both in Texas, had lower rates compared to the state and national averages. The rates in these hospitals decreased over the years, while the state and national averages remained relatively stable. This indicates an improvement in maternal health care in these specific locations.

Infant mortality

Created on Metopio | metop.io/i/92ir5ukk | **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.

Low birth weight

Created on Metopio | metop.io/i/175qdjmh | **Data sources:** State public health departments (via KIDS COUNT, https://datacenter.kidscount.org), Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health
Low birth weight: Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate interuterine 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.

Teen Birth Rate

The teen birth rate has shown a consistent decline across all regions from 2015 to 2023. CHRISTUS Mother Frances Hospital - Sulphur Springs started with the highest rate at 21.1 in 2015-2019, but by 2019-2023, it had dropped significantly to 7.09. Texas and the United States also experienced notable decreases, with rates falling from 18.84 and 12.69 in 2015-2019 to 13.54 and 8.79 in 2019-2023, respectively. This trend indicates effective interventions and awareness programs in reducing teen pregnancies.
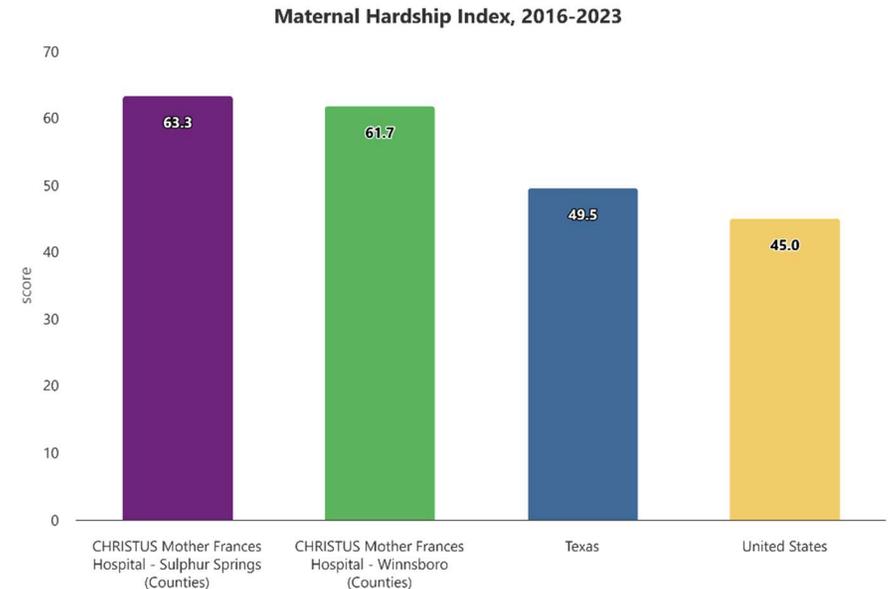
Teen birth rate (Females, Teens (15-19 years))

Births per 1,000 women

- CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties) — 21.10, 13.12, 13.94, 12.26, 7.09
- CHRISTUS Mother Frances Hospital - Winnsboro (Counties) — 14.36, 11.95, 9.92, 12.90, 9.57
- Texas — 18.84, 17.05, 15.87, 15.82, 13.54
- United States — 12.69, 11.33, 10.20, 9.63, 8.79

Created on Metopio | metop.io/i/4d1po2wy | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B13002)

Teen birth rate: Women age 15-19 with a birth in the past year, per 1,000 women age 15-19. Does not include births to women below age 15.

Maternal Hardship Index

The Maternal Hardship Index is a measure of the challenges faced by mothers. In Texas, the index is 49.49, which is higher than the national average of 45.01. However, specific hospitals in Texas, such as CHRISTUS Mother Frances Hospital in Sulphur Springs and Winnsboro, report higher hardship indices of 63.27 and 61.74, respectively. This indicates that mothers in these areas face greater challenges compared to the state and national averages.

Maternal Hardship Index, 2016-2023

score

- CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties): 63.3
- CHRISTUS Mother Frances Hospital - Winnsboro (Counties): 61.7
- Texas: 49.5
- United States: 45.0

Created on Metopio | metop.io/i/6n4omxqn | Data source: Metopio

Maternal Hardship Index: The Maternal Hardship Index is a comprehensive scale ranging from 0 to 100, designed to quantify the level of hardship faced by women during pregnancy, childbirth, and postpartum periods. This index incorporates a wide range of factors that influence maternal health outcomes, including health care access, physical and mental health outcomes, socioeconomic determinants, and built environment. Higher values represent greater maternal hardship.

What Is the Story Behind the Data in Winnsboro and Sulphur Springs

Sulphur Springs is a growing community that includes younger families. These families come seeking a community with a strong faith-based support system, preschool programs, and health care and for many that is exactly what they find and experience. However, for some families the journey is not always that easy. Fortunately, there is a strong partnership between the hospital and Carevide, the local Federally Qualified Healthcare Center, with a high-quality reputation for their providers, associates, and services. Within this clinic, many young families find the same doctors providing care for young mothers and their children, but there is just not enough access and often it can seem like a longer wait to get an appointment early in a pregnancy. But once you become a patient the care is excellent. Carevide is also the clinic that many families seek care from Winnsboro, which is only a 30-minute drive. Within northern Wood County, there are no obstetric care services or pediatric clinics. The communities rely on family medicine providers and rotating specialists for care. Therefore, having a strong relationship within the hospital system becomes a key element for a rural community. Today, there is a goal to expand services and access between the Sulphur Springs providers and hospital and the Winnsboro providers and hospital.

With both Winnsboro and Sulphur Springs being located along or very close to an interstate, the spiral of growth from the Dallas area is being felt every day. As more urban areas come into a rural area, they not only bring more demand for services but also a population looking for a lower cost of living. And that lower cost of living can be found in Hopkins and Wood counties, just as the demand for housing grows so does the cost. Today there are more young families, children and parents experiencing poverty, insufficient housing, and food insecurity. Unfortunately, the number of cases being referred to foster care is also starting to increase as household income decreases for younger families. Just as other communities experience growing pains so do our rural areas of Wood and Hopkins County and the need continues to grow for services for our most vulnerable and marginalized populations.

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:

Tyler and Jacksonville	Winnsboro and Sulphur Springs

• Behavioral health
    o Mental health
    o Substance abuse
• Obesity
• Food insecurity
• Abuse
• Poverty*
• Workforce development /employment*
	• Access to primary care
	• Behavioral health
	    o Mental health
	    o Social media, screen time, phone addiction
	    o Anxiety
	    o Depression
	• Food insecurity
	• Education/workforce development
	• English as second language
	• Poverty

*Jacksonville lead indicators that did not appear in Tyler but will combine as Primary Service Areas overlap.

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. Concerns persist in areas such as mental health, obesity and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this stage of life, 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 in Tyler and Jacksonville?

Mental Health

1 IN 5

of all Texas youth are affected by a mental, emotional, developmental or behavioral condition.

31%

of surveyed Texas youth reported feeling sad or hopeless every day for at least two weeks before the 2021 Youth Risk Behavior Survey.

Youth mental health is an urgent and growing concern across Texas, including in the communities served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville. According to the 2021 Youth Risk Behavior Survey, which focused on students in grades 9–12, 1 in 5 Texas youth experience a mental, emotional, developmental or behavioral condition, and 31% reported feeling sad or hopeless every day for at least two weeks. These issues can significantly affect academic success, relationships and future health. This data underscores the need for expanded early intervention, school-based mental health programs and improved access to care to support the well-being of youth in these communities.

Substance Use Amongst Texas Students

Substance use among Texas students in grades 7–12 remains a persistent concern, with alcohol continuing to be the most commonly used substance — reported by over 36% of students in 2022. Tobacco use saw a sharp rise from 18.6% in 2020 to 21.7% in 2022, while marijuana use remained steady at around 15%. Prescription drug misuse has steadily declined but still affects nearly 9% of students. These trends highlight the need for ongoing prevention and early intervention efforts in schools and communities to address youth substance use and its long-term health impacts.

Substance use amongst Texas students (grades 7-12)
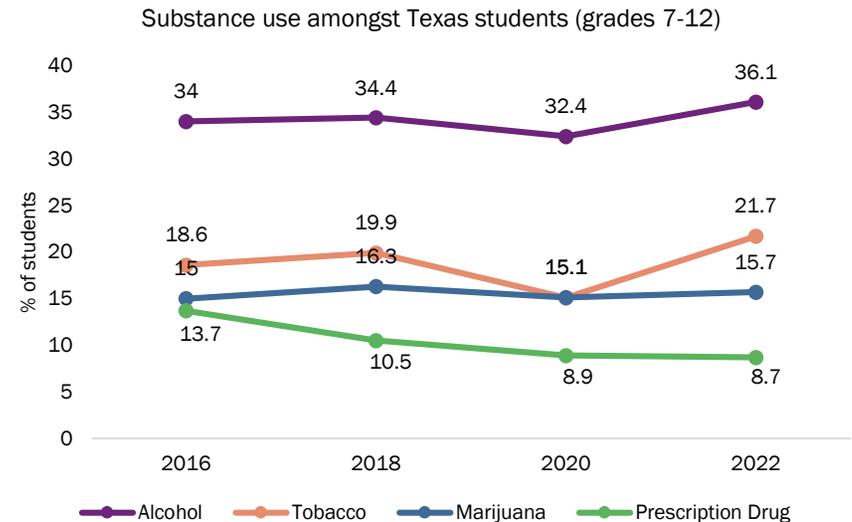
Source: Texas School Survey of Drug and Alcohol Use | Substance use amongst Texas students (grades 7-12): Percentage of students (grades 7-12) in Texas schools who had used selected substances at least once in the past school year: 2016-2022

Obesity

- In 2020, one-fifth of children in Texas between the ages of 10–17 met criteria for obesity, a figure 4% higher than the national average.
- Periodic state assessments show that this rate will likely continue to worsen.
- Amongst 4th graders, the percentage rose from 24% in 2009 to 27% in 2017.
- In Texas, Hispanic and African American children have nearly twice the rate of obesity compared to non-Hispanic white children.

Childhood obesity remains a serious concern in Texas, especially in the communities served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville. In 2020, one in five Texas children aged 10–17 met the criteria for obesity — 4% higher than the national average — and state assessments suggest this trend is worsening. Among fourth graders, obesity rates rose from 24% in 2009 to 27% in 2017, and Hispanic and African American children experience nearly twice the rate of obesity compared to non-Hispanic white children. These findings, sourced from the Robert Wood Johnson Foundation's State of Childhood Obesity Report and the Texas Department of State Health Services, underscore the need for culturally responsive, community-driven strategies that promote healthy eating, physical activity and equitable access to wellness resources.

Food Insecurity (0 – 17 Years)

Food insecurity rates in the United States have shown an increase from 2019 to 2023, dropping from 15.3% to 18.36%. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have consistently reported higher rates of food insecurity compared to the national average. Notably, the rates in these areas decreased in 2021 but have since increased and they remain above the national average. The broader impact of these trends highlights ongoing challenges in addressing food insecurity at both local and national levels.
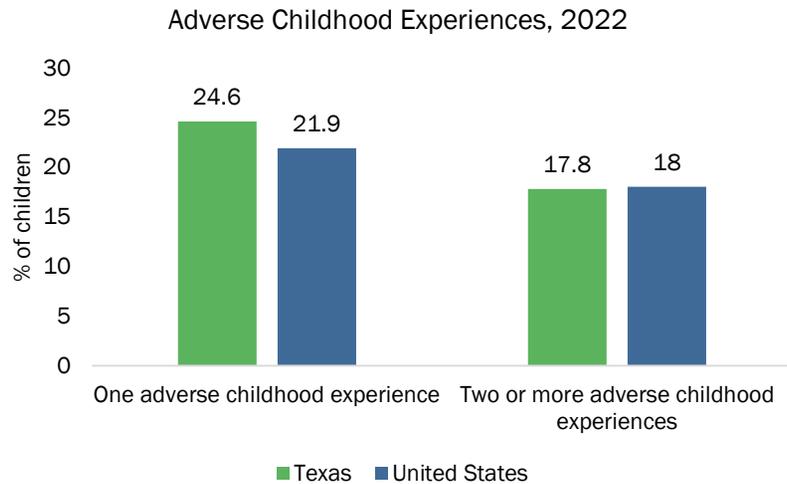

Food insecurity (0-17 years)

Legend: CHRISTUS Mother Frances Hospital - Tyler (Counties); CHRISTUS Mother Frances Hospital - Jacksonville (Counties); Texas; United States
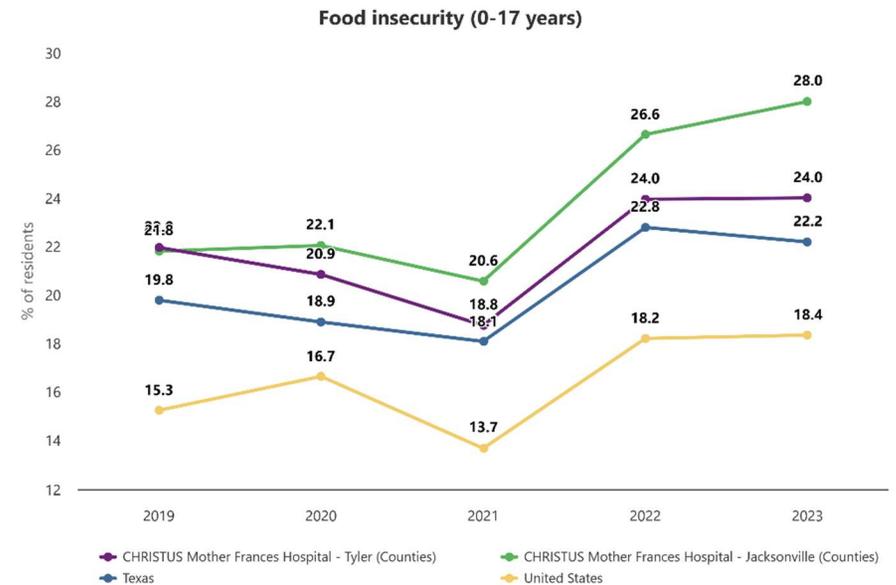
Created on Metopio | metop.io/i/869bhha9 | Data source: Feeding America: Map the Meal Gap

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.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) affect nearly one in four children in Texas, with 24.6% reporting at least one ACE — surpassing the national average. In the communities served by CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, these experiences — such as exposure to violence, parental separation or household substance use — can disrupt a child's emotional and physical development. With nearly 18% of Texas children experiencing two or more ACEs, the long-term impact includes increased risk for chronic disease, mental health challenges and academic difficulties. Addressing ACEs through trauma-informed care, early behavioral health screening and community-based family support services is essential to improving outcomes for children and families in these Northeast Texas communities.

Adverse Childhood Experiences, 2022

Poverty Rate (5 – 17 Years)

The poverty rate in the United States has decreased from 17.86% in 2015-2019 to 15.89% in 2019-2023. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have shown fluctuating poverty rates over the same period. Notably, CHRISTUS Mother Frances Hospital - Jacksonville experienced a significant increase in poverty rate to 23.86% in 2019-2023. Overall, Texas has a higher poverty rate compared to the national average, but it has also seen a decline over the years.
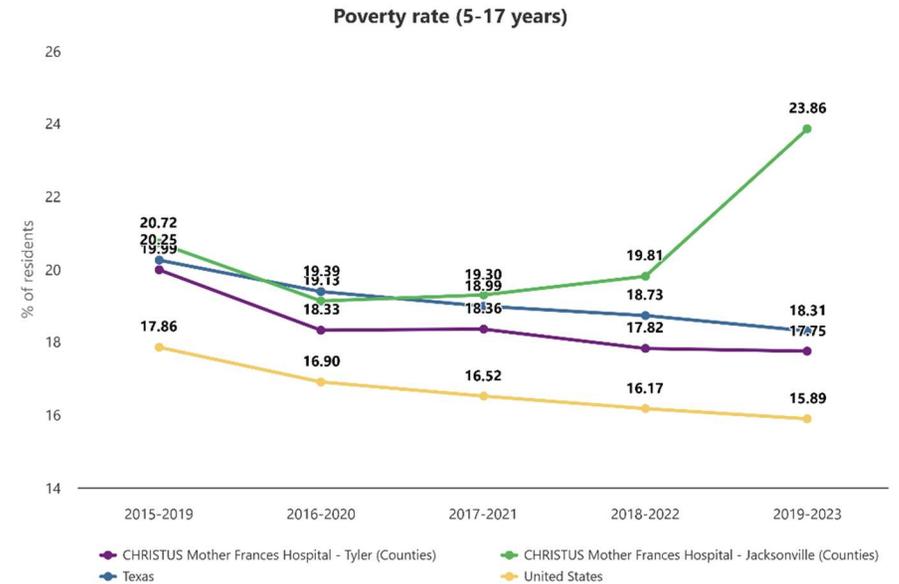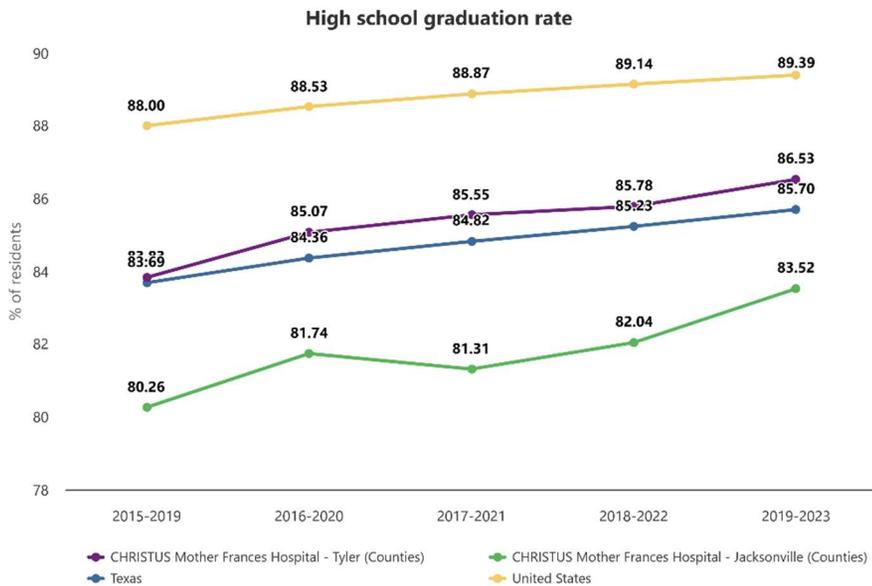

Created on Metopio | metop.io/i/jqsy9xsn | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

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

Source: National Survey of Children's Health | Adverse Childhood Experiences, 2022: Percentage of children ages 0-17 who have ever experienced parental divorce or separation; household with an alcohol or drug problem; neighborhood violence victim or witness; household with mental illness; domestic violence witness; parent served jail time; treated or judged unfairly due to race/ethnicity, sexual orientation, gender identity, or a health condition or disability; or death of a parent.

High School Graduation Rate

The high school graduation rate at CHRISTUS Mother Frances Hospital - Tyler has steadily increased from 83.83% in 2015-2019 to 86.53% in 2019-2023. Similarly, CHRISTUS Mother Frances Hospital - Jacksonville saw an increase from 80.26% to 83.52% during the same period. Texas and the United States also experienced rising graduation rates, with Texas reaching 85.7% and the United States achieving 89.39% by 2019-2023. Overall, the data indicates a positive trend in high school graduation rates across all regions.

Higher Degree Graduation Rate

The higher degree graduation rate in the United States has shown a consistent upward trend from 2015 to 2023, increasing from 40.63% to 43.78%. CHRISTUS Mother Frances Hospital - Tyler, located in Texas, has also seen a steady rise in its graduation rate, reaching 31.41% in the most recent period. Similarly, CHRISTUS Mother Frances Hospital - Jacksonville, also in Texas, has experienced an increase, with its rate growing to 24.88%. Overall, Texas has outpaced the national average, with its graduation rate climbing to 40.82% from 2019-2023.

High school graduation rate

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
United States	88.00	88.53	88.87	89.14	89.39
CHRISTUS Mother Frances Hospital - Tyler	83.83	85.07	85.55	85.78	86.53
Texas	83.69	84.36	84.82	85.23	85.70
CHRISTUS Mother Frances Hospital - Jacksonville	80.26	81.74	81.31	82.04	83.52

CHRISTUS Mother Frances Hospital - Tyler (Counties)
CHRISTUS Mother Frances Hospital - Jacksonville (Counties)
Texas
United States

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

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

Higher degree graduation rate

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
United States	40.63	41.56	42.38	43.06	43.78
Texas	37.12	38.11	39.06	39.86	40.82
CHRISTUS Mother Frances Hospital - Tyler	28.30	29.33	30.18	30.25	31.41
CHRISTUS Mother Frances Hospital - Jacksonville	21.32	21.82	22.33	23.02	24.88

CHRISTUS Mother Frances Hospital - Tyler (Counties)
CHRISTUS Mother Frances Hospital - Jacksonville (Counties)
Texas
United States

Created on Metopio | metop.io/i/2d6cn6h7 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

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

What Is the Story Behind the Data in Tyler and Jacksonville?

The focus groups all confirmed behavioral health, education, and access to care as key issues. Too often, access to care is limited for children who do not have insurance and are not on Medicaid. According to the focus groups, the answer is for communities to have a strong Federally Qualified Health Center that will take those children as patients. It was noted that the Tyler Family Circle of Care had opened a clinic opportunity within the Chapel Hill School District and that CHRISTUS Trinity Mother Frances Health System provided the EPIC electronic health record for them, so the employees, including teachers and students, had access to primary care. That service is not found in other school districts. The group also discussed that the athletic trainers assigned to various schools in the community provided free follow-up care for students who were injured and needed physical therapy, regardless of where their injury occurred.

But it was behavioral health access for students that remained a major concern for all the groups. Many in those groups also reminded the group of the problem with food insecurity and the concern if funding were to be cut for the school lunch programs.

While many of the schools offer programs to assist students through dual credit programs while they are still in high school, the ability to pay for community colleges or universities is a barrier for many to get out of poverty. The group encouraged everyone to consider helping students with scholarships, even of relatively small amounts.

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How Are We Doing in Winnsboro and Sulphur Springs?

Poverty Rate (5 – 17 Years)

The poverty rate in the United States has generally declined from 17.86% in 2015-2019 to 15.89% in 2019-2023. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both located in Texas, have shown similar trends, with rates decreasing over the same period. Sulphur Springs started with a higher poverty rate of 21.7% in 2015-2019, which dropped to 17.88% in 2019-2023, while Winnsboro's rate decreased from 20.07% to 16.42%. Overall, Texas has also seen a decline in its poverty rate, aligning with the national trend.

Uninsured Rate (5 – 17 Years)

The uninsured rate in the United States has remained relatively stable, ranging from 5.49% to 5.77% between 2015 and 2023. Texas has a higher uninsured rate compared to the national average, fluctuating between 12.1% and 13.1%. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both located in Texas, have uninsured rates consistently higher than the national average, with Sulphur Springs showing a slight increase over the years.

Poverty rate (5-17 years)

Created on Metopio | metop.io/i/ggo5onap | 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).

Uninsured rate (5-17 years)
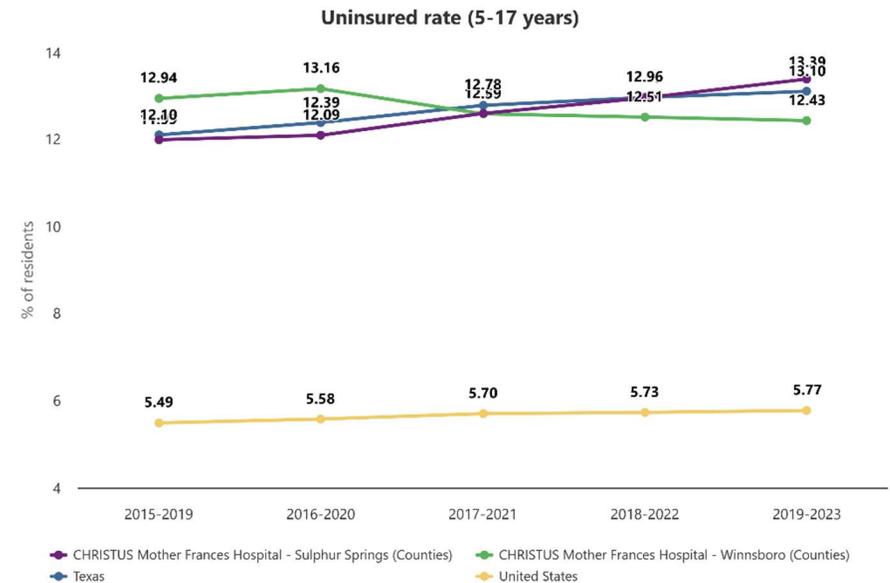
Created on Metopio | metop.io/i/eu7uvp14 | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Mental Health | Anxiety and Depression

1 in 5
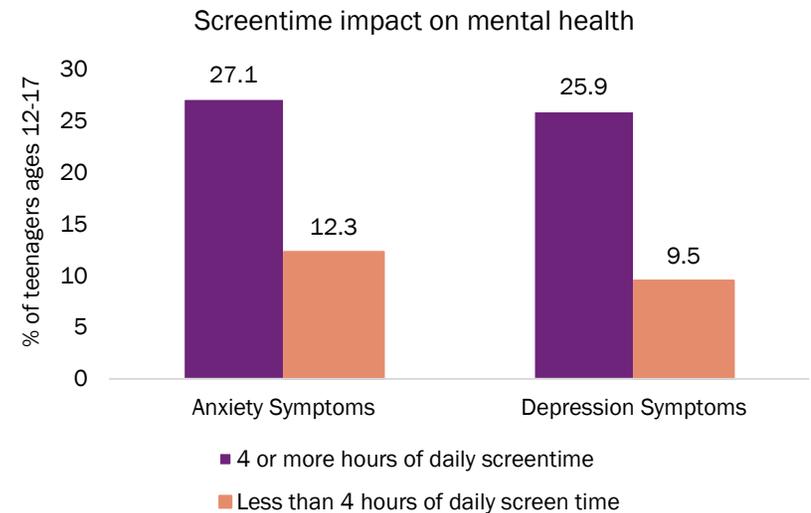of all Texas youth are affected by a mental, emotional, developmental or behavioral condition.

31%
of surveyed Texas youth reported feeling sad or hopeless every day for at least two weeks before the 2021 Youth Risk Behavior Survey.

Youth mental health is a growing concern in Texas, with one in five young people affected by a mental, emotional, developmental or behavioral condition. In rural communities like those served by CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs, limited access to mental health services can make early identification and treatment more challenging. Alarmingly, 31% of surveyed Texas youth grades 9-12 reported feeling sad or hopeless for two or more weeks, a signal of depression that often goes untreated. Strengthening school-based mental health supports and expanding access to youth counseling services is critical to ensuring long-term well-being for young people in these areas.

Screentime Impact on Mental Health

Excessive screen time is strongly linked to worsening mental health in teenagers, with those spending four or more hours per day on screens reporting significantly higher rates of anxiety (27.1%) and depression (25.9%) compared to their peers with less screen time. In rural communities like those served by CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs, where digital access may substitute for social interaction or recreation, the risks are particularly concerning. The data underscores the importance of promoting healthy screen habits, increasing access to in-person youth engagement opportunities, providing support for extracurricular programs and exercise and ensuring families have tools to support balanced technology use. Addressing these factors is critical for improving adolescent mental health outcomes across these Northeast Texas communities.

Screentime impact on mental health

Category	4 or more hours of daily screentime	Less than 4 hours of daily screen time
Anxiety Symptoms	27.1	12.3
Depression Symptoms	25.9	9.5

% of teenagers ages 12-17

■ 4 or more hours of daily screentime
■ Less than 4 hours of daily screen time

Source: National Center for Health Statistics, National Health Interview Survey – Teen | Screentime Impact on Mental Health: Percentage of teenagers ages 12–17 who had symptoms of anxiety or depression in the past 2 weeks, by daily screen time: United States, July 2021–December 2023

High School Graduation Rate

The high school graduation rate in the United States has steadily increased from 88.0% in 2015-2019 to 89.39% in 2019-2023. Texas has also seen a rise in its graduation rate, from 83.69% to 85.7% over the same period. CHRISTUS Mother Frances Hospital – Winnsboro has consistently outperformed the state average, with graduation rates ranging from 85.53% to 86.76%. Meanwhile, CHRISTUS Mother Frances Hospital – Sulphur Springs has consistently been below the state and national averages.
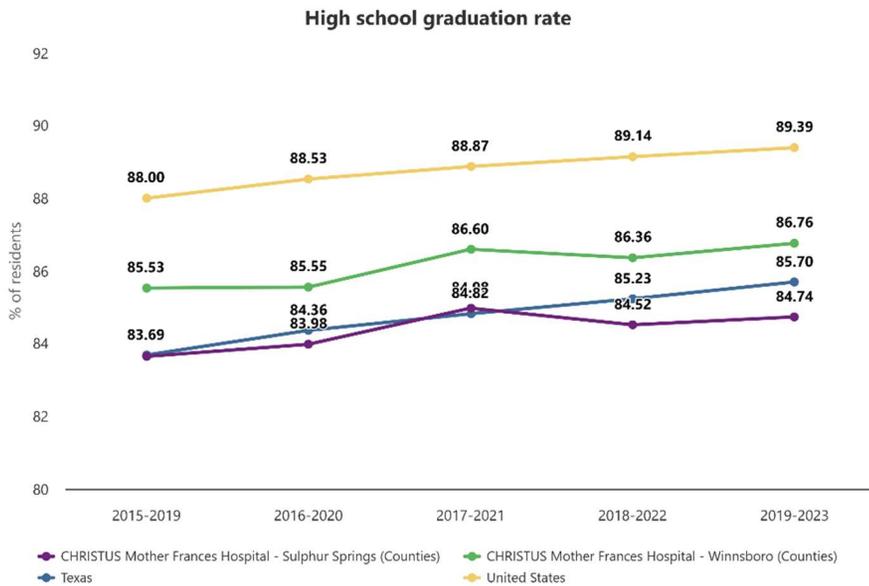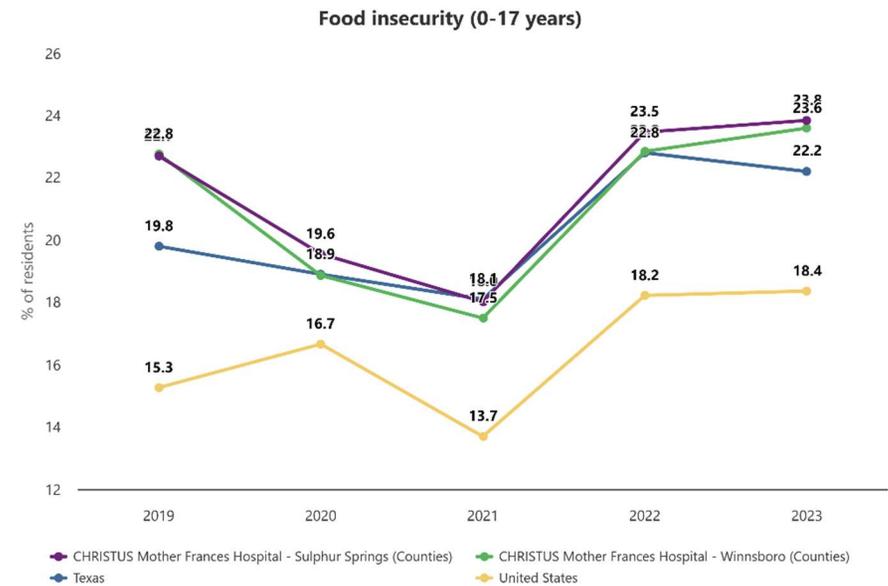
Food Insecurity (0 – 17 Years)

Food insecurity levels in CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro counties in Texas have been consistently higher than the national averages from 2019 to 2023. In 2022, both counties experienced a significant increase in food insecurity, reaching 23.46% and 22.85%, respectively. Despite some fluctuations, the overall trend shows these counties facing greater challenges with food insecurity compared to Texas and the United States as a whole.

High school graduation rate

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
United States	88.00	88.53	88.87	89.14	89.39
CHRISTUS Mother Frances Hospital - Winnsboro (Counties)	85.53	85.55	86.60	86.36	86.76
Texas	83.69	84.36	84.88 / 84.82	85.23	85.70
CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)	83.69	83.98	84.82	84.52	84.74

CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)   CHRISTUS Mother Frances Hospital - Winnsboro (Counties)
Texas   United States

Food insecurity (0-17 years)

	2019	2020	2021	2022	2023
CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)	22.8	18.9	18.0	23.5	23.8
CHRISTUS Mother Frances Hospital - Winnsboro (Counties)	19.8	18.9	17.5	22.8	23.6
Texas	19.8	18.9	17.5	22.8	22.2
United States	15.3	16.7	13.7	18.2	18.4

CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)   CHRISTUS Mother Frances Hospital - Winnsboro (Counties)
Texas   United States

What Is the Story Behind the Data in Winnsboro and Sulphur Springs?

Key elements for communities to grow and be economically healthy are a strong school system, healthcare providers including a hospital, and opportunities for job growth. Hopkins and Wood Counties are fortunate to have strong and excelling school systems. Both in Winnsboro and Sulphur Springs, the schools provide excellent resources for preschool students to ensure they are ready to learn when they enter kindergarten regardless of your income level. The support for students continues and is recognized by the level of high school graduation rates, but it becomes more difficult to be able to earn a two-year or four-year certificate/degree mainly due to costs. Therefore, support for scholarships and helping students learn how to get financial aid is very important. Fortunately, there are job shadowing programs at medical clinics and in hospitals which have a growing need for and are expanding jobs that have good salaries and benefits. There are also many jobs in the area with small businesses and there are opportunities for individuals to own their own businesses.

Despite these opportunities, many families face a gap in healthcare coverage, they earn too much to qualify for Medicaid but cannot afford private insurance. As a result, people seek medical care at the hospital emergency department when they really need to see a doctor in a clinic setting. Unfortunately, many delay care until their condition worsens, leading to longer recovery times and missed school days for student

Another challenge in the community and in schools is the growing need for English language proficiency not just for students but also for the parents When language barriers exist, it becomes difficult for parents to support their children's education, and currently, there are limited resources available to assist these families. These challenges contribute to elevated stress levels among students and parents, underscoring the urgent need for accessible behavioral health services and access to behavioral health resources is limited in all communities.

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:

Tyler and Jacksonville	Winnsboro and Sulphur Springs

• Access to care/primary care
    o Preventative care*
    o Insurance*
• Chronic conditions
    o Diabetes
    o Cancer
    o Heart disease
    o Obesity
• Food insecurity
• Behavioral health*
    o Mental health*
    o Substance abuse*
• Housing instability*
	• Access to primary care
	• Chronic diseases
	    o Diabetes
	    o Cancer
	• Food insecurity
	• Behavioral health
	    o Mental health
	    o Substance abuse

*Jacksonville lead indicators that did not appear in Tyler but will combine as Primary Service Areas overlap.

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 in Tyler and Jacksonville?

Uninsured Rate

The uninsured rate varies significantly across different age groups and locations. In Texas, the overall uninsured rate is 17.36%, with CHRISTUS Mother Frances Hospital - Jacksonville and CHRISTUS Mother Frances Hospital - Tyler reporting rates of 19.28% and 17.25% respectively. The highest uninsured rate is among the 18-39 age group in Jacksonville at 33.48% and Tyler at 29.88%, while the lowest rate is among those 65 and older at 0.76% in Jacksonville and 0.79% in Tyler.

Visited Doctor for Routine Checkup

The data shows the percentage of people who visited a doctor for a routine checkup across various locations from 2018 to 2022. CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, both located in Texas, had slightly lower rates compared to the national averages. The national average saw a decline in 2020, likely due to the COVID-19 pandemic, before rebounding in 2022. Overall, Texas and the United States maintained higher routine checkup rates compared to the specific hospital locations.

Uninsured rate by Age, 2019-2023
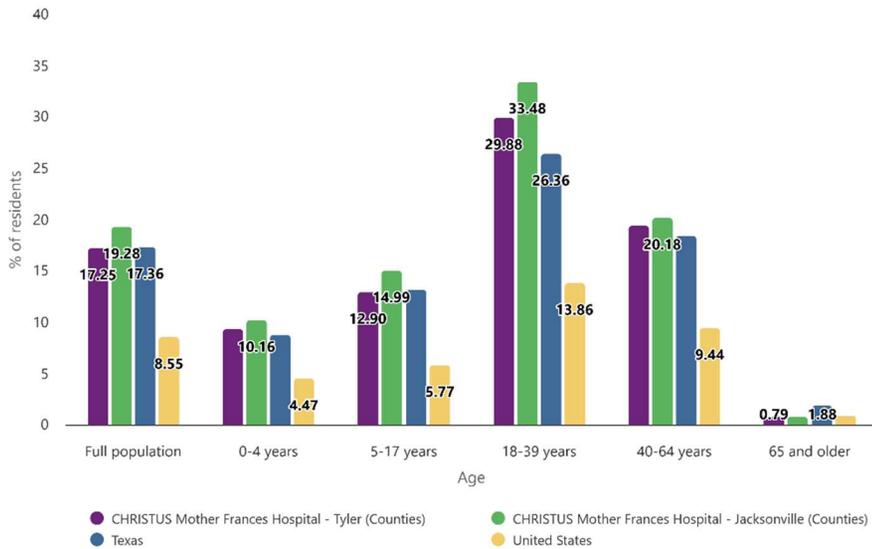
Created on Metopio | metop.io/i/th6v8c73 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Visited doctor for routine checkup
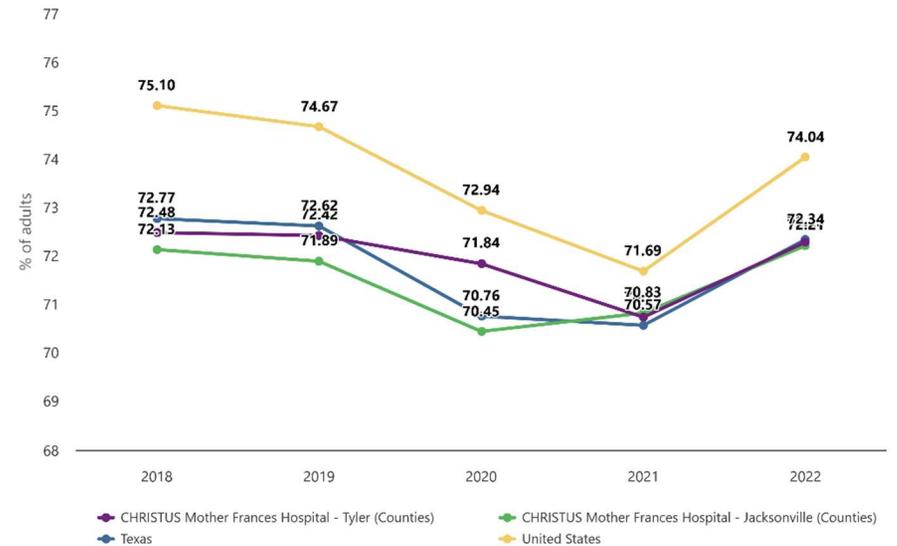
Created on Metopio | metop.io/i/wuotei8w | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)

Visited doctor for routine checkup: Percent of resident adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, condition) in the previous year.

Diabetes Mortality by Age

Diabetes mortality rates are significantly higher at the CHRISTUS Mother Frances Hospital - Tyler service area compared to the state and national averages. In Texas, the mortality rate is 25.57, while the United States average is 24.9. This indicates a notable disparity in diabetes-related deaths at the specified hospital. Data for CHRISTUS Mother Frances Hospital – Jacksonville service area is not available for this age range.

Diabetes mortality (40-64 years)
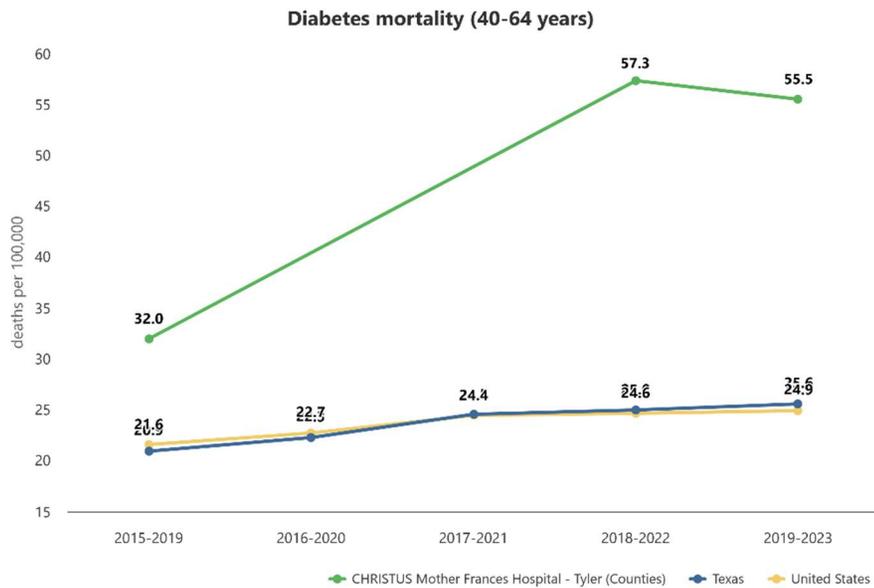
Created on Metopio | metop.io/i/be83fndb | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Cancer Mortality

Cancer mortality rates have generally declined across the United States from 2000 to 2023. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital – Jacksonville service areas have shown fluctuating rates, with Jacksonville's rates being consistently higher than Tyler's. The national average has decreased from 154.7 in 2015-2019 to 142.8 in 2019-2023. Texas has also seen a decline, with rates dropping from 163.56 in 2000-2004 to 135.58 in 2018-2022.

Cancer mortality (40-64 years)
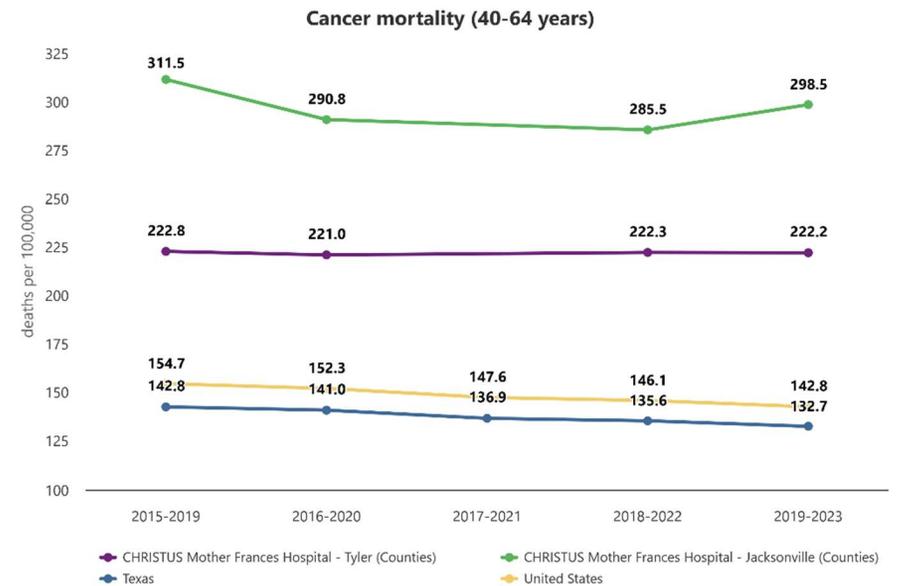
Created on Metopio | metop.io/i/yq6z51he | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good 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).

Heart Disease Mortality

Heart disease mortality rates have been analyzed for CHRISTUS Mother Frances Hospital – Tyler service area, CHRISTUS Mother Frances Hospital – Jacksonville service area, Texas, and the United States from 2015 to 2023. The rates for both hospitals in Tyler and Jacksonville have consistently been higher than the state and national averages. Over the years, heart disease mortality rates in Texas and the United States have remained stable. However, the rates for the hospitals in Tyler and Jacksonville have remained relatively stable, with a slight increase in Jacksonville.

Heart disease mortality (40-64 years)

deaths per 100,000

	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
Tyler	192.8	195.6		195.8	196.1
Jacksonville	189.8		202.8		194.1
Texas	117.7	119.6	120.8	120.8	120.2
United States	114.5	117.2			119.2

- CHRISTUS Mother Frances Hospital - Tyler (Counties)
- CHRISTUS Mother Frances Hospital - Jacksonville (Counties)
- Texas
- United States
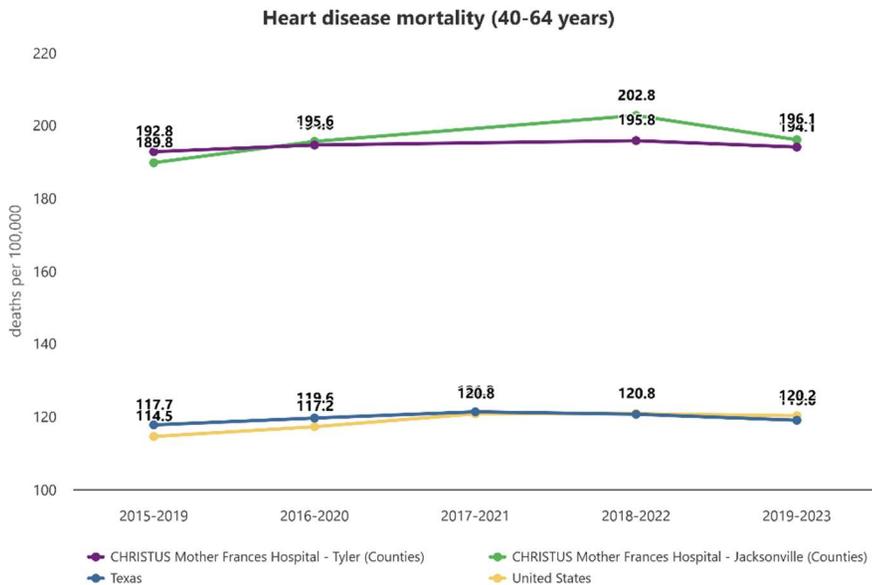
Created on Metopio | metop.io/i/wwtroe7w | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

Obesity

Obesity rates in Texas and the United States have shown a consistent upward trend from 2018 to 2022. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have reported higher obesity rates compared to the state and national averages. This highlights the need for targeted interventions in these areas to address the growing obesity epidemic.

Obesity

% of adults

	2018	2019	2020	2021	2022
Jacksonville	40.2	38.2	40.5	41.3	39.3
Tyler	36.6	37.3	38.7	37.6	38.6
Texas	34.8	35.5	36.5	36.2	36.8
United States	30.9	32.3	32.5	33.5	33.8

- CHRISTUS Mother Frances Hospital - Tyler (Counties)
- CHRISTUS Mother Frances Hospital - Jacksonville (Counties)
- Texas
- United States
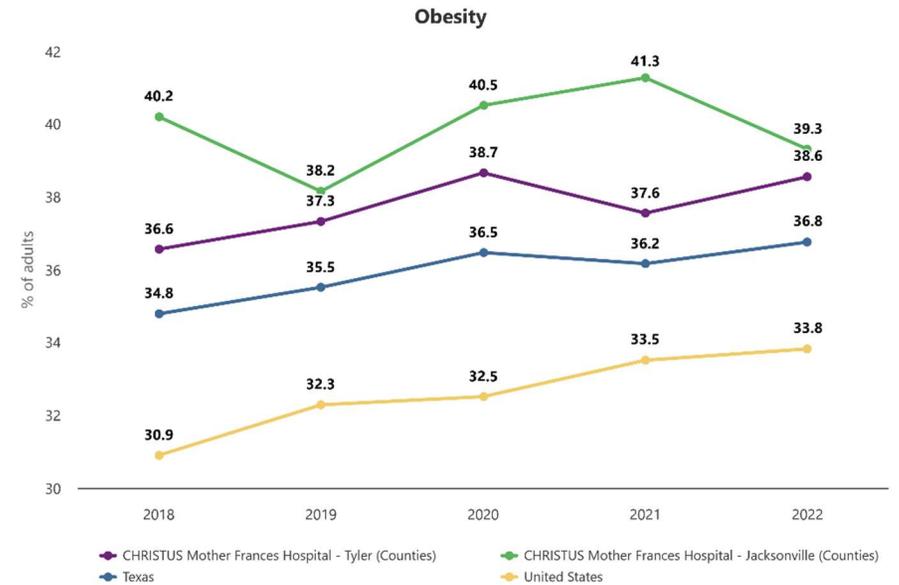
Created on Metopio | metop.io/i/aqdy5eop | Data sources: Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Food Insecurity

Food insecurity rates in the United States have fluctuated over the past five years, with a notable increase in 2023. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have consistently reported higher rates of food insecurity compared to the national average. In 2023, the rates at these hospitals were 17.12% and 18.52%, respectively, while the national average was 14.46%. Texas as a whole also experienced a higher rate of food insecurity at 17.6% in 2023.
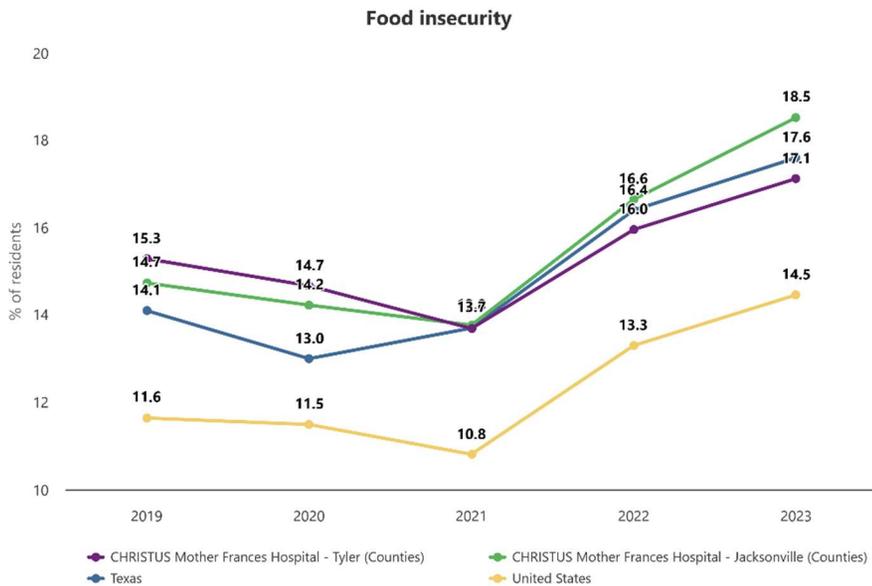
Food insecurity

Created on Metopio | metop.io/i/qzjkxwo1 | **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.

Self-Reported Poor Mental Health

Self-reported poor mental health has been on the rise in the United States, with significant increases observed from 2018 to 2022. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, both located in Texas, have reported higher rates of poor mental health compared to the national average. The data indicates a growing mental health crisis, with Texas showing a steeper increase in reported cases compared to the overall U.S. trend.

Self-reported poor mental health
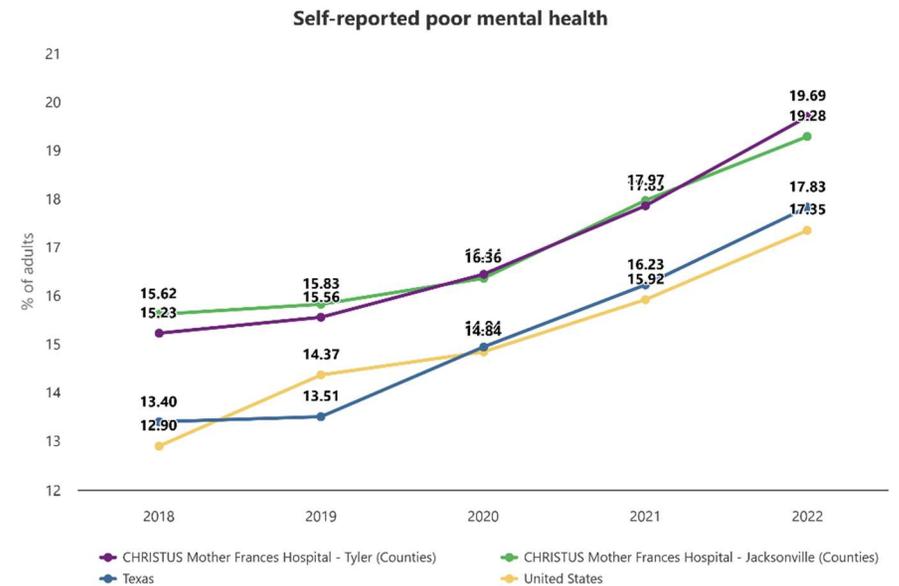
Created on Metopio | metop.io/i/9dnbt9ga | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

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

Suicide Mortality

Suicide mortality rates vary significantly across different age groups and locations. In Texas, the overall suicide mortality rate is 13.94, slightly lower than the national average of 13.98. CHRISTUS Mother Frances Hospital - Tyler reports a higher rate of 21.62, while CHRISTUS Mother Frances Hospital - Jacksonville has an even higher rate of 28.84. Among young adults aged 18-39, Jacksonville's rate of 77.57 is alarmingly high compared to the national rate of 18.36. For the 40-64 age group, both Texas and the United States have similar rates around 18, but Jacksonville's rate of 56.46 stands out as particularly high.
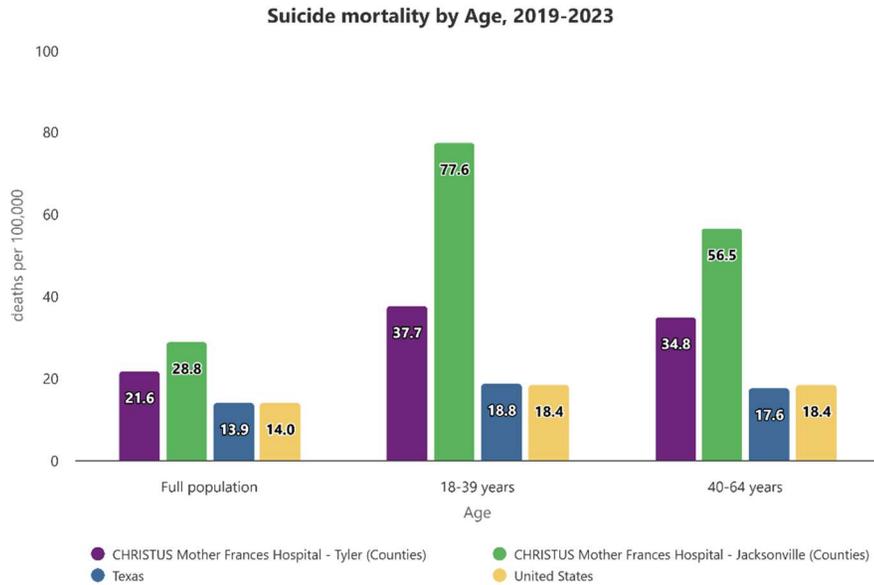
Suicide mortality by Age, 2019-2023

Depression

Depression rates have been consistently higher at CHRISTUS Mother Frances Hospital - Tyler compared to other locations, including Jacksonville, Texas, and the United States as a whole. In 2022, the rate at Tyler reached 24.3%, significantly above the national average of 22.53%. The data indicates a general upward trend in depression rates across all locations from 2019 to 2022. This trend suggests a growing mental health concern that warrants attention and intervention.
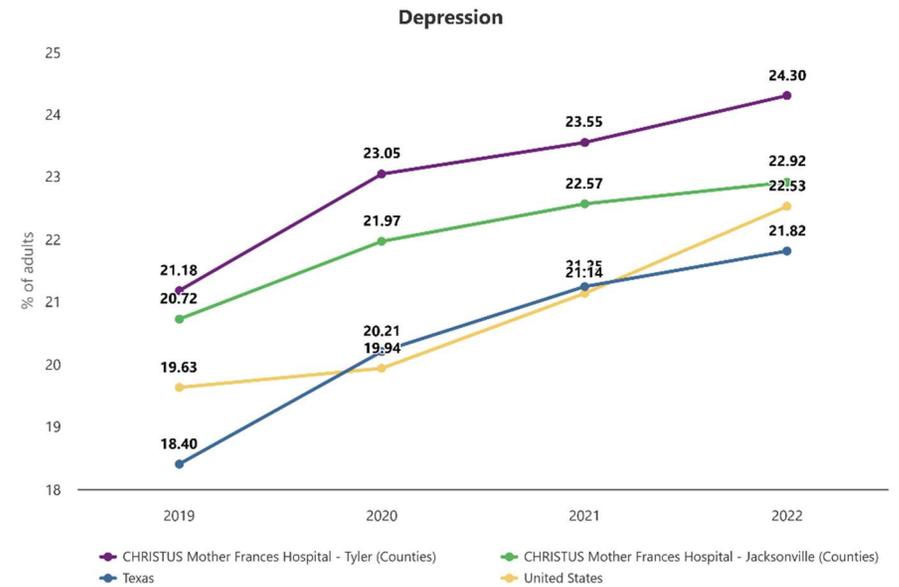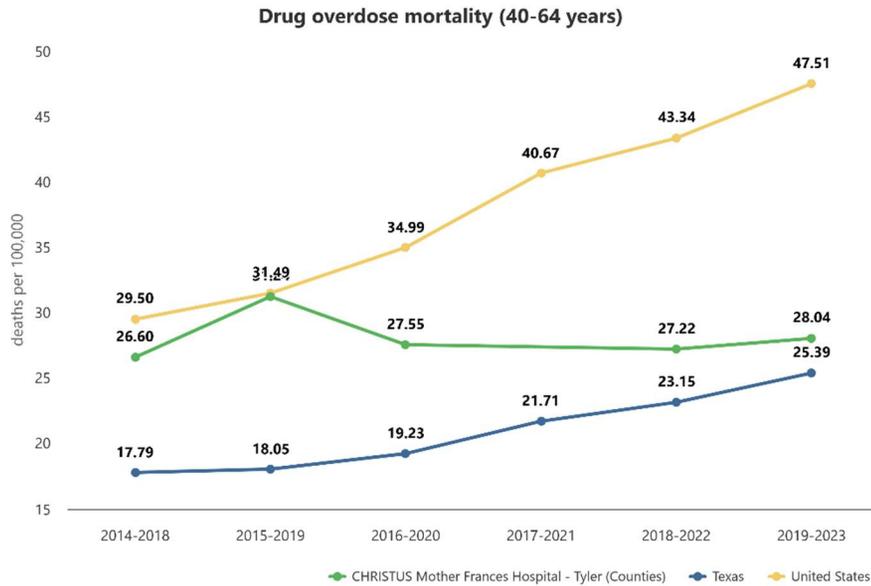
Depression

Drug Overdose Mortality

Drug overdose mortality rates have shown a concerning upward trend across various regions. CHRISTUS Mother Frances Hospital - Tyler has experienced fluctuating rates, peaking at 31.24 in 2015-2019. Texas has seen a steady increase, reaching 25.39 in 2019-2023. Nationwide, the rates have surged dramatically, culminating at 47.51 in the same period, indicating a significant public health crisis. Data for CHRISTUS Mother Frances Hospital – Jacksonville service area is not available for this age range.

Drug overdose mortality (40-64 years)

Households Below ALICE Threshold

The ALICE (Asset Limited, Income Constrained, Employed) threshold represents households that earn above the federal poverty level but still struggle to afford basic necessities like housing, child care, food, transportation and health care. These families often work multiple jobs but remain financially insecure. In 2018, 46.37% of households in the CHRISTUS Mother Frances Hospital - Tyler service area were below the ALICE threshold, while the rate in Jacksonville was even higher at 56.45%. At the same time, Texas had a rate of 44.0%, slightly above the national average of 41.5%. By 2023, Tyler and Jacksonville saw modest decreases to 44.88% and 49.69%, respectively. Texas's rate decreased to 42% and the national average matched the state average. These figures highlight the ongoing economic challenges many working families face, particularly in Northeast Texas.
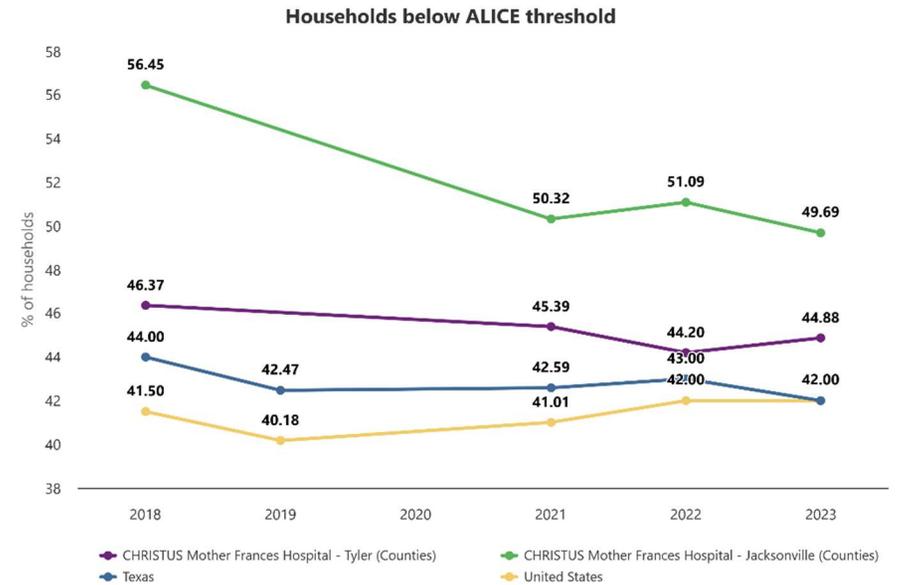
Households below ALICE threshold

What Is the Story Behind the Data in Tyler and Jacksonville?

A growing concern across the region is the increasing number of adults without health insurance. With potential reductions in Medicaid subsidies and broader cuts to Medicaid and Medicare, the uninsured population is expected to rise further. This issue is widely viewed as a systemic challenge—one rooted in national policy decisions rather than something that can be easily addressed at the local level.

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Underlying this trend is the persistent issue of poverty, not only in Northeast Texas but across the state and country. Addressing economic hardship through education and workforce development emerged as a key priority. There is strong support for expanding access to career pathways that do not require a traditional four-year degree, especially those offering stable employment and upward mobility.

Community education also plays a vital role in promoting health and resilience. There is a clear interest in programs that teach healthy eating habits and address food insecurity—both of which can reduce long-term healthcare needs. However, limited access to preventive health screenings remains a barrier, particularly for those without insurance.

Mental and behavioral health needs are also escalating. Limited access to services is contributing to challenges in employment stability and increasing poverty rates. Housing affordability compounds these issues, with many residents unable to afford even rental properties due to rising costs. These interconnected challenges are especially pronounced in rural areas, where resources are often more limited.

How Are We Doing in Winnsboro and Sulphur Springs?

Physician Use Delayed Due to Cost

Physician use delayed due to cost has been a significant issue across various locations. At CHRISTUS Mother Frances Hospital - Sulphur Springs, the rate increased from 16.02% in 2004-2010 to 21.21% in 2006-2012. Similarly, CHRISTUS Mother Frances Hospital - Winnsboro saw an increase from 16.02% to 20.91% during the same periods. The United States has had a consistently lower rate compared to the two service areas.
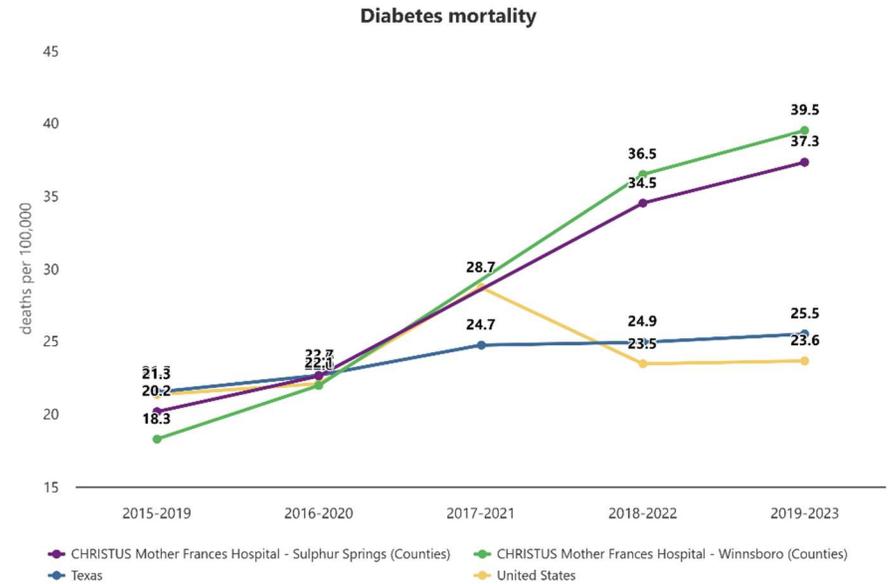
Physician use delayed due to cost

CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties) • CHRISTUS Mother Frances Hospital - Winnsboro (Counties) • Texas • United States
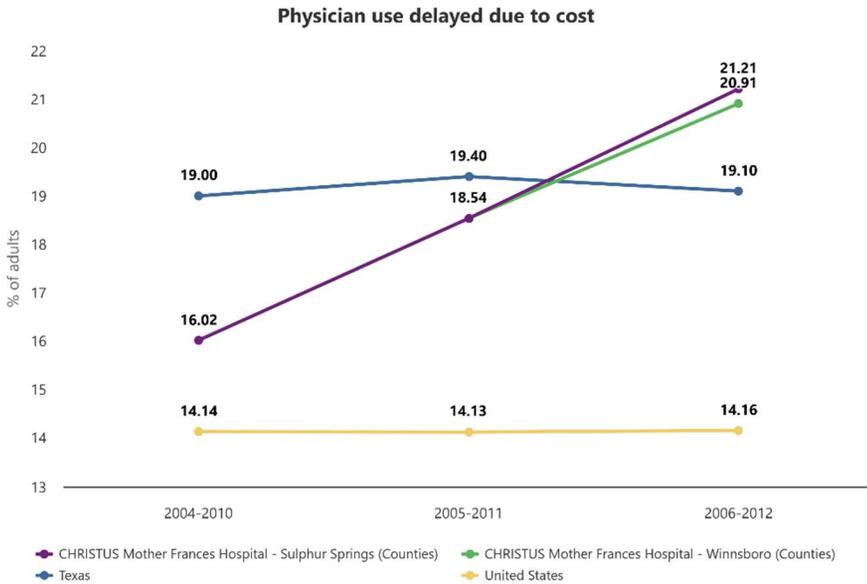
Created on Metopio | metop.io/i/vbpwbovw | **Data source:** Behavioral Risk Factor Surveillance System (BRFSS)

Physician use delayed due to cost: Percent of resident adults aged 18 and older who report needing to see a doctor, but not being able to because of cost, in the past 12 months.

Diabetes Mortality

Diabetes mortality rates have shown a concerning increase over the years in both CHRISTUS Mother Frances Hospital locations and across Texas and the United States. The most significant rise is observed in the 2018-2022 period, with rates reaching 34.51% and 36.48% at the respective hospital locations, compared to 24.94% statewide and 23.45% nationwide. This trend highlights a growing health issue that requires attention and intervention.
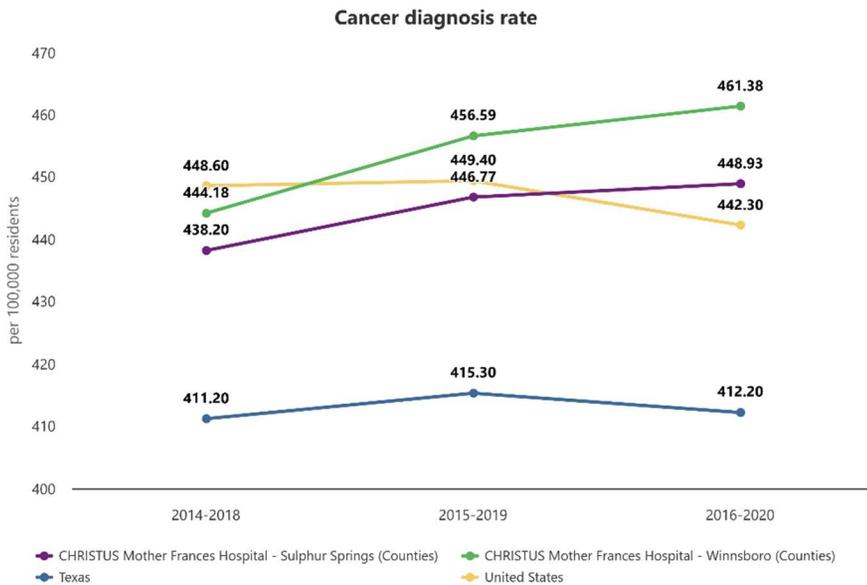
Diabetes mortality

CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties) • CHRISTUS Mother Frances Hospital - Winnsboro (Counties) • Texas • United States

Created on Metopio | metop.io/i/psob6j2i | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Cancer Diagnosis Rate

The cancer diagnosis rate in the United States has shown a slight decline from 448.6 diagnoses per 100,000 residents in 2014-2018 to 442.3 diagnosis per 100,000 residents in 2016-2020. The diagnosis rate at CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital – Winnsboro in 2016-2020 was a higher than the national average and state average. Notably, CHRISTUS Mother Frances Hospital - Winnsboro has the highest rate among the three, increasing from 444.18 to 461.38 over the same period. This trend indicates a need for further investigation into regional health factors contributing to these higher rates.

Cancer diagnosis rate

Created on Metopio | metop.io/i/2y1upojg | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.
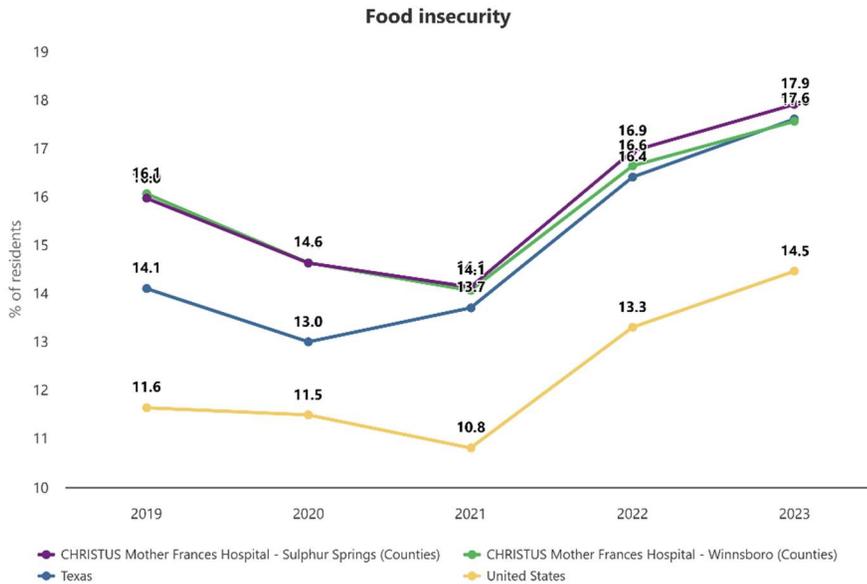
Cancer Mortality

Cancer mortality rates vary significantly across different locations. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both located in Texas, have higher mortality rates of 311.91 and 317.98 respectively. In contrast, the overall cancer mortality rate for Texas is 132.74, and for the United States, it is 142.85. These disparities highlight the need for targeted health care interventions in specific regions.

Cancer mortality (40-64 years), 2019-2023
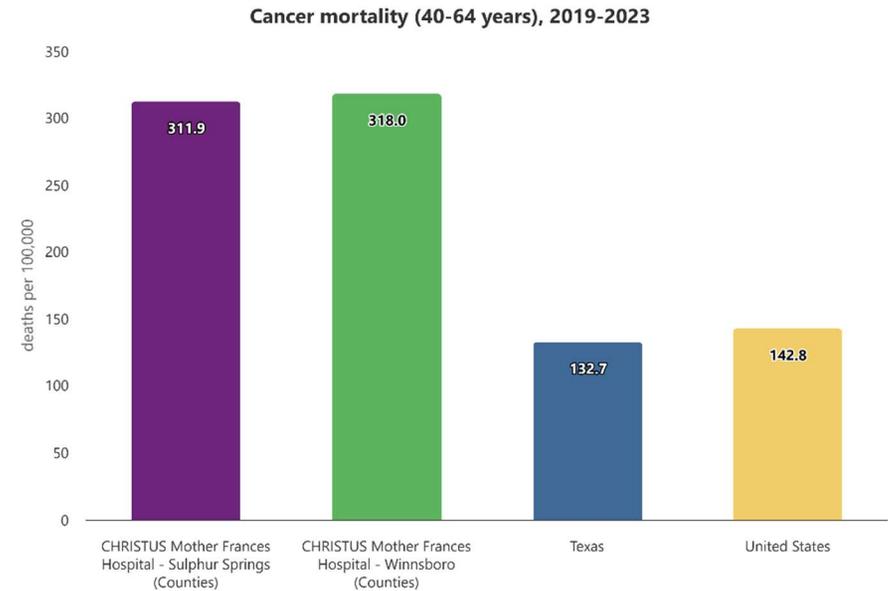
Created on Metopio | metop.io/i/1vvn2teg | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good 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).

Food Insecurity

Food insecurity rates in Sulphur Springs and Winnsboro, Texas, have consistently exceeded both the state and national averages from 2019 to 2023. Initially, these rates were around 16% in 2019, slightly higher than Texas' average of 14.1% and significantly above the national average of 11.64%. By 2023, food insecurity in these areas had risen to approximately 17.7%, while Texas saw a rate of 17.6% and the U.S. average increased to 14.46%.
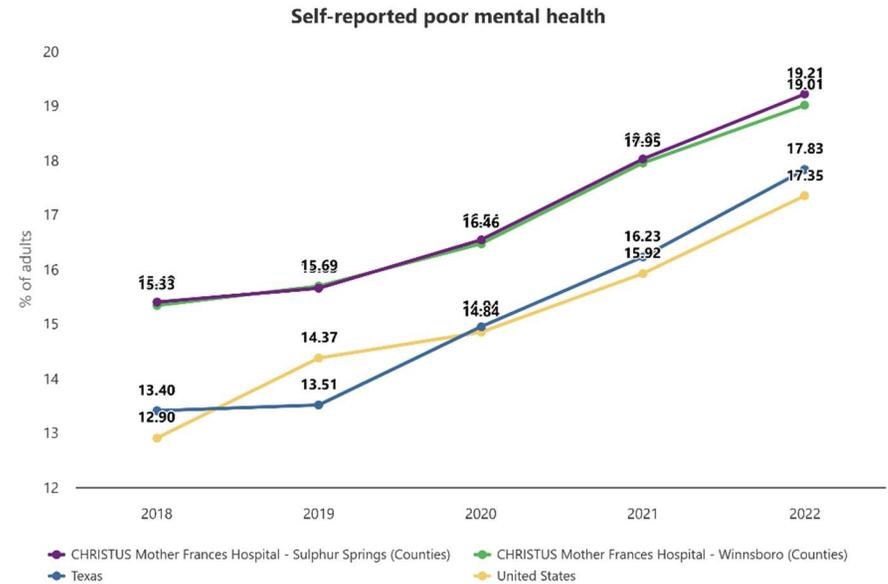
Self-Reported Poor Mental Health

Self-reported poor mental health has been on the rise in both CHRISTUS Mother Frances Hospital locations and across Texas and the United States. In 2022, the rates in Sulphur Springs and Winnsboro were 19.21% and 19.01%, respectively, significantly higher than the national average of 17.35%. Texas also saw an increase, with a rate of 17.83% in 2022. These trends indicate a growing mental health crisis that needs urgent attention.

Food insecurity

Legend: CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties); CHRISTUS Mother Frances Hospital - Winnsboro (Counties); Texas; United States

Created on Metopio | metop.io/i/45xaaz2d | 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.

Self-reported poor mental health

Legend: CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties); CHRISTUS Mother Frances Hospital - Winnsboro (Counties); Texas; United States

Created on Metopio | metop.io/i/r7yjtz2o | Data source: Centers for Disease Control and Prevention (CDC): PLACES

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

Suicide Mortality

Suicide mortality rates at CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro have consistently been higher than the Texas and United States averages from 2015 to 2023. The rates at these hospitals have shown an increasing trend over the years, peaking in 2018-2022. This contrasts with the statewide and national rates, which have remained relatively stable. The higher rates at these specific hospitals indicate a localized issue that may require targeted intervention.
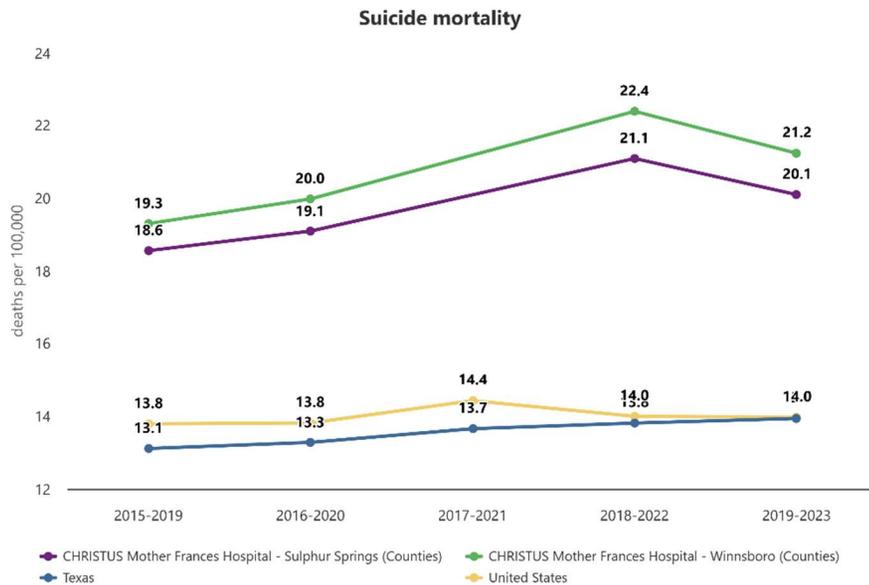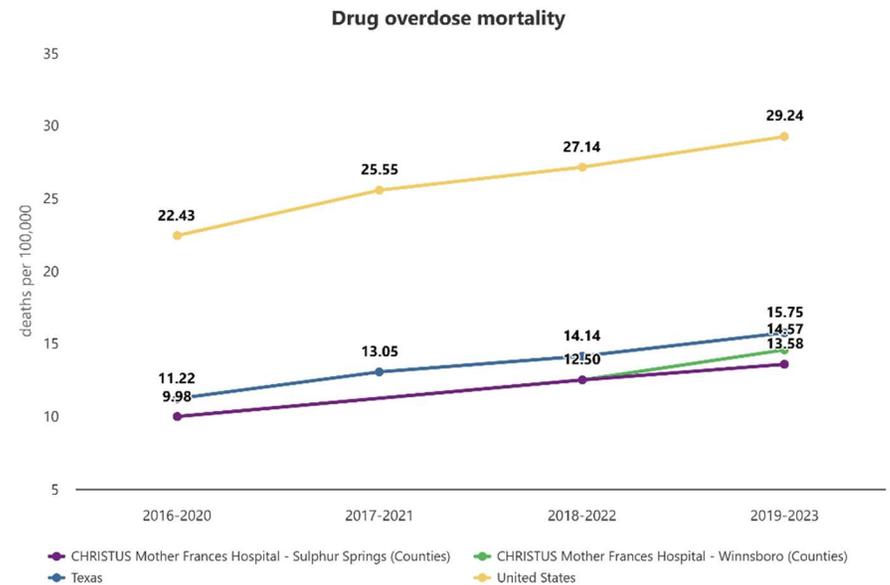
Drug Overdose Mortality

Drug overdose mortality has been increasing across all observed regions from 2016 to 2023. In Texas, the rate rose from 11.22 to 15.74 per 100,000 people, while the United States saw an increase from 22.43 to 29.24. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both in Texas, reported lower rates compared to the state and national averages. Despite these lower rates, both hospitals experienced a notable rise in drug overdose mortality over the observed period.

Suicide mortality

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

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

Drug overdose mortality

Created on Metopio | metop.io/i/16qfui9u | 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.

What Is the Story Behind the Data in Winnsboro and Sulphur Springs?

Young adults in Wood and Hopkins counties face a difficult balancing act: the need to work full-time to support themselves or their families often competes with their ability to pursue education or training programs. As a result, many are forced to pause or abandon their educational goals in favor of immediate income. Recognizing this challenge, local communities are increasingly investing in scholarships and employment-based education programs that allow students to remain in school while earning a living. These efforts reflect a broader understanding that educational attainment is closely tied to long-term economic stability and community well-being.

This stage of life is also when long-term health habits begin to take root. Poor nutrition, limited access to preventive care, and a lack of physical activity contribute to rising rates of chronic conditions such as diabetes. Support systems for managing these conditions—particularly those that help individuals and families adopt healthier lifestyles—remain limited. However, there are promising local initiatives: in Sulphur Springs, the hospital supported the development of a public walking path with exercise equipment, while in Winnsboro, a partnership between the hospital and the local food bank led to the expansion of food access through a new facility.

Chronic illnesses like heart disease and cancer also become more prevalent during this period, often accompanied by emotional strain, depression, and social isolation. These factors are contributing to a growing behavioral health crisis, with rising rates of substance use, overdoses, and suicide. Community members have also expressed concern about the impact of excessive screen time and social media use—particularly among youth and young adults—citing its role in increased bullying, reduced interpersonal skills, and diminished self-esteem.

To address these interconnected challenges, interventions should focus on expanding provider capacity and integrating behavioral health into primary care—especially for low-income and marginalized populations. Strengthening follow-up care and building stronger networks among existing community services will be essential to closing access gaps and improving outcomes across the region.

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:

Tyler and Jacksonville	Winnsboro and Sulphur Springs

• Access to care/primary care
   o Long-term care cost*
   o Medication cost*
• Behavioral health
   o Alzheimer's and dementia
   o Depression
   o Social isolation*
• Health education
• Food insecurity
• Inability to perform task of daily living*
	• Mobility
	• Falls
	• Behavioral health
	   o Alzheimer's and dementia
	   o Social Isolation
	• Access to care
	   o Medication cost
	• Poverty
	• Food insecurity
	• Housing instability

*Jacksonville lead indicators that did not appear in Tyler but will combine as Primary Service Areas overlap.

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 in Tyler and Jacksonville?

## Annual Median Cost of Long-Term Care Support Services

		Texas 2021 Annual Cost	Texas Change Since 2020	National 2021 Annual Cost	National Change Since 2020
In-Home Care	Homemaker Services	$54,912	9%	$59,488	10.64%
	Home Health Aide	$54,912	9%	$61,776	12.5%
Community and Assisted Living	Adult Day Health Care	$9,230	10%	$20,280	5.41%
	Assisted Living Facilities	$47,970	0%	$54,000	4.65%
Nursing Home Care	Nursing Home Semi-Private Room	$61,503	2%	$94,900	1.96%
	Nursing Home Private Room	$85,107	11%	$108,405	2.41%

The rising cost of long-term care is a growing concern for families in the communities served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville. In Texas, annual median costs now range from $9,230 for adult day health care to over $85,107 for a semi-private nursing home room. In-home care, including homemaker services, averages around $55,000 to nearly $60,000 annually. As 10,000 baby boomers turn 65 each day through 2030 — and with 7 in 10 expected to need long-term care — the demand and associated financial burden are increasing rapidly. These trends highlight the urgent need for affordable, community-based solutions and long-term planning to support aging populations in Northeast Texas.

Source: Genworth's 2021 Cost of Care Survey

Medication Cost

Percentage of Medicare beneficiaries who did not fill a prescription, cut pills in half, or skipped a dose due to concerns about cost
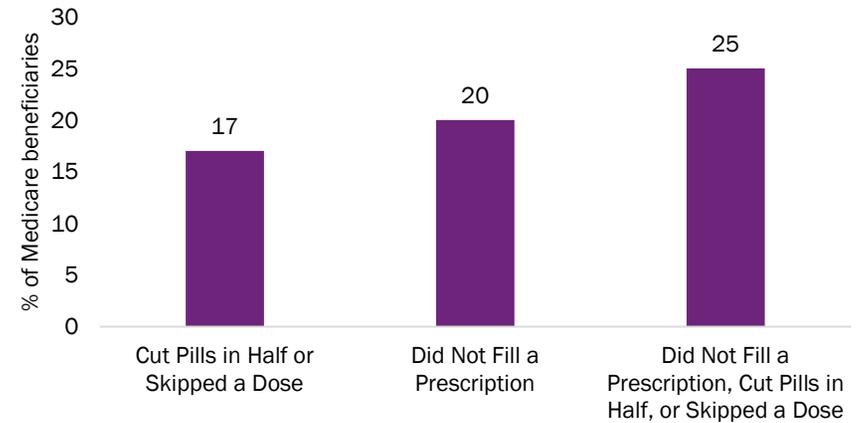

High medication costs are forcing many Medicare beneficiaries to make difficult decisions — 17% report cutting pills in half or skipping doses, 20% did not fill a prescription, and 25% experienced at least one of these cost-related barriers. In the communities served by CHRISTUS Mother Frances Hospital - Tyler and Jacksonville, where many residents are older adults living on fixed incomes, these patterns raise serious concerns. Forgoing or altering medications due to cost can worsen chronic conditions, increase hospitalizations and strain the health care system. This data underscores the need for expanded patient assistance programs, care coordination and education to improve medication adherence and reduce preventable health complications in Northeast Texas.

Source: Kaiser Family Foundation| Public Opinion on Prescription Drugs and Their Prices.

Alzheimer's Disease Mortality

Alzheimer's disease mortality rates have been tracked across various locations from 2015 to 2023. The service areas of CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville, have mortality rates significantly higher than the state and national averages. The rates in these service areas have fluctuated over the years, with 2018-2022 showing a marked increase. Overall, Texas and the United States have seen relatively stable rates, with slight increases over the same period.
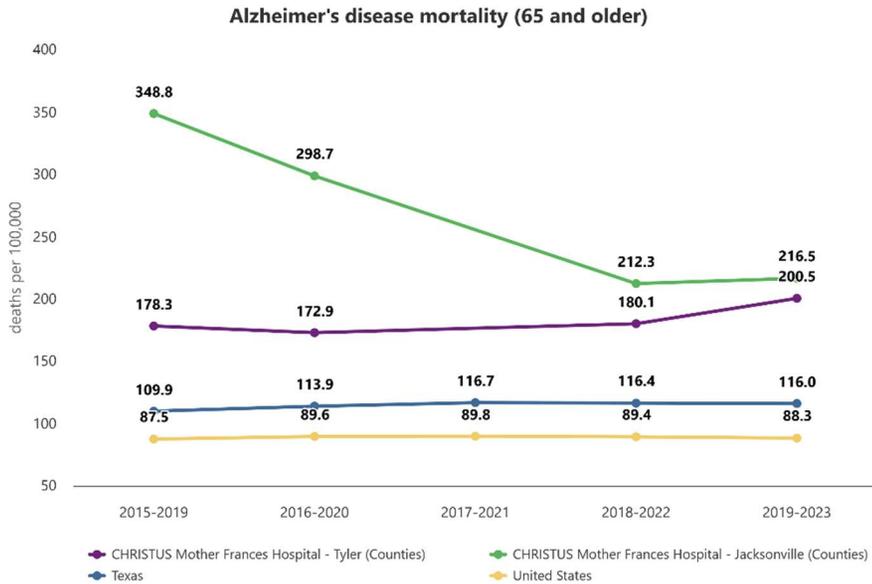
Alzheimer's disease mortality (65 and older)

Depression in Medicare Beneficiaries

Depression rates among Medicare beneficiaries in the United States have generally been lower than in Texas and significantly lower than in the specified hospitals. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville have shown increasing depression rates from 2018 to 2022, with Jacksonville having slightly higher rates in recent years. The rates in Texas and the United States have remained relatively stable, with a slight decrease observed in 2022 for Texas. These trends indicate a need for targeted mental health interventions in these specific locations.
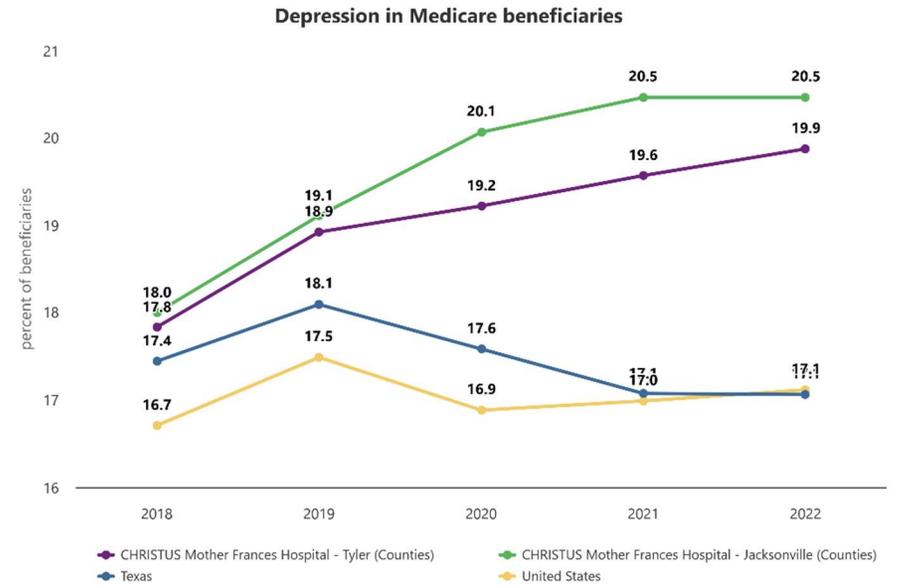
Depression in Medicare beneficiaries

Seniors Living Alone

Seniors living alone in the United States have steadily increased from 26.11% in 2015-2019 to 26.46% in 2019-2023. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville in Texas have shown fluctuations, with Tyler's rates ranging from 22.89% to 23.7% and Jacksonville's from 23.62% to 20.94%. Overall, Texas has seen a slight increase in the percentage of seniors living alone, rising from 23.35% to 24.01% over the same period.
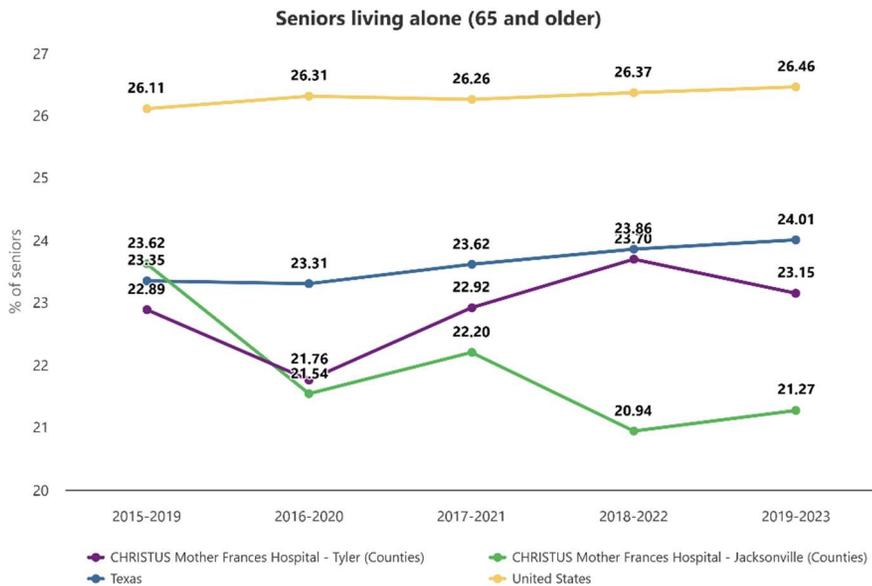
Created on Metopio | metop.io/i/azpx3pvz | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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

Poor Literacy and Functionally Illiterate

Poor literacy and functionally illiterate rates are significant in Texas and the United States. CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville report rates of 24.79% and 29.75%, respectively. Texas has a rate of 28.2%, while the United States has a lower rate of 21.8%.
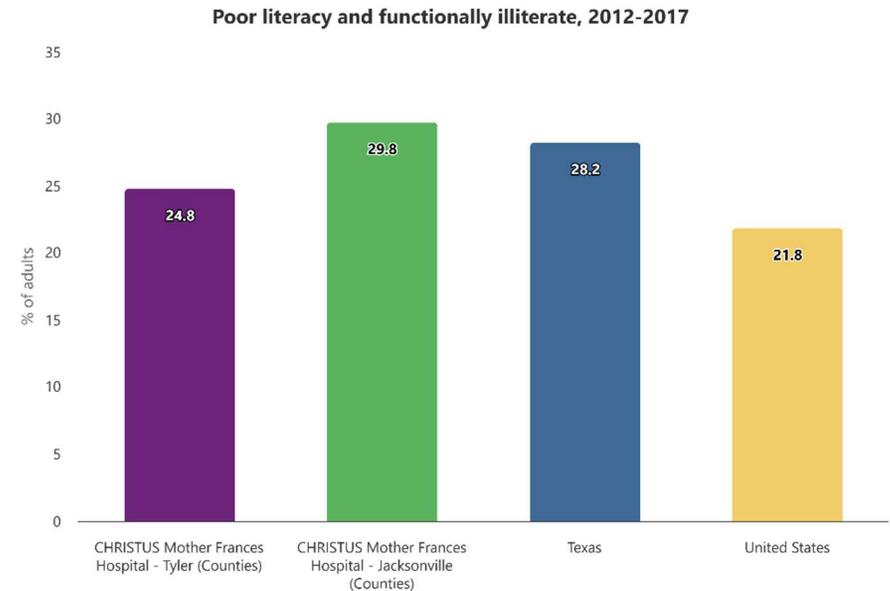
Created on Metopio | metop.io/i/qh84p5w3 | Data source: National Center for Education Statistics (NCES) (Program for the International Assessment of Adult Competencies (PIAAC))

Poor literacy and functionally illiterate: Percent of adults with a literacy score below 226. Adults at this level can be considered at-risk for difficulties using or comprehending print material.

Food Insecurity

Texas is second in the nation in the number of adults 50 and older facing hunger, with 1,098,400 adults.

1 in 10 Texas adults 60 and older are food insecure.

Food insecurity remains a significant challenge across Texas — especially among older adults — and the communities served by CHRISTUS Trinity Mother Frances in Tyler and Jacksonville are no exception. Texas ranks second in the nation for the number of adults aged 50 and older facing hunger, affecting over 1,098,400 individuals. Among adults aged 60 and older, 1 in 10 are food insecure, meaning they lack consistent access to enough nutritious food for an active, healthy life. These figures, sourced from Feeding America and the National Foundation to End Senior Hunger, highlight the economic vulnerability of older residents in Northeast Texas. In rural and underserved areas like Tyler and Jacksonville, limited transportation, fixed incomes and rising costs of living make accessing healthy food even more difficult. This data underscores the urgent need for community-based solutions — such as mobile food pantries, senior meal programs and wraparound services — to address food insecurity and improve the health and dignity of aging adults in these communities.

Independent Living Difficulty

Independent living difficulty has shown a decline in CHRISTUS Mother Frances Hospital - Tyler and CHRISTUS Mother Frances Hospital - Jacksonville counties from 2015-2019 to 2019-2023. The percentage of individuals experiencing independent living difficulty in these areas has consistently been lower than the Texas state average and the national average over the observed period.

Independent living difficulty (65 and older)

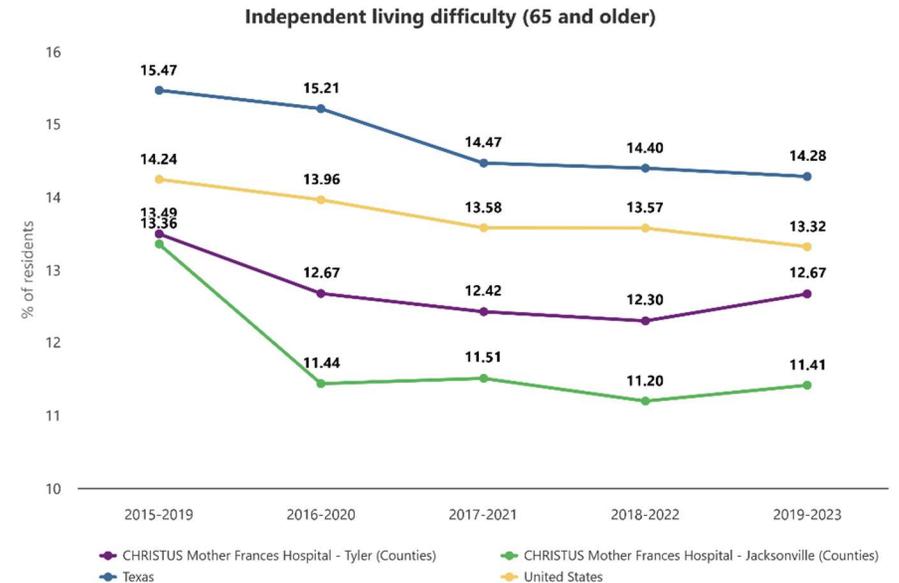|	2015-2019	2016-2020	2017-2021	2018-2022	2019-2023
Texas	15.47	15.21	14.47	14.40	14.28
United States	14.24	13.96	13.58	13.57	13.32
CHRISTUS Mother Frances Hospital - Tyler (Counties)	13.49	12.67	12.42	12.30	12.67
CHRISTUS Mother Frances Hospital - Jacksonville (Counties)	13.36	11.44	11.51	11.20	11.41

Created on Metopio | metop.io/i/nixsmyet | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Independent living difficulty: Percent of residents reporting difficulty doing errands alone such as visiting a doctor's office or shopping.

Caregiver Support

- Family members are providing between four to five hours of care per day.
- The burden falls on family members who are 55 years and older (4.09 – 4.85 hours).
- Spouses, unmarried partners or not a parent of a household child present in household provide the majority of care.

In the communities served by CHRISTUS Trinity Mother Frances in Tyler and Jacksonville, eldercare responsibilities often fall heavily on family members — particularly older adults and spouses. According to data from the U.S. Bureau of Labor Statistics (2021–2022 American Time Use Survey), family caregivers spend an average of 3.59 hours per day providing care to someone aged 65 or older, with those aged 55–64 averaging 4.09 hours and those 65 and older providing the most at 4.85 hours daily. The burden is even greater for caregivers who are not parents of a household child (3.79 hours) and those with a spouse or partner present in the household (4.05 hours). These trends reflect the hidden strain many families in Northeast Texas face while caring for aging loved ones — often balancing employment, personal health and caregiving duties. This data highlights the urgent need for caregiver support programs, respite services and policies that recognize and ease the growing demand on family caregivers.

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.

What Is the Story Behind the Data in Tyler and Jacksonville?

Older adults, particularly those aged 65 and above, face a unique set of challenges that are becoming increasingly urgent in rural communities. Long-term care costs and social isolation remain top concerns, especially for individuals living on fixed incomes without nearby family or support networks. These factors are contributing to a growing rate of food insecurity among seniors, many of whom struggle to access nutritious meals consistently.

Caring for individuals with Alzheimer's disease emerged as a particularly pressing issue. The condition affects not only the individual but the entire family. When someone with Alzheimer's is living alone, the risks of isolation, neglect, and deteriorating health increase significantly. Without regular check-ins or support, these individuals may miss meals, skip medications, and go without necessary medical care—leading to a decline in both quality of life and life expectancy.

Even when family members are available to help, the burden of caregiving can be overwhelming. Balancing work, childcare, and caregiving responsibilities often leads to stress and burnout, creating behavioral health needs for caregivers themselves.

Access to healthcare is another persistent barrier. Many older adults report difficulty finding providers who accept Medicare, and in rural areas, the lack of visiting specialists makes it even harder to manage chronic conditions such as diabetes, heart disease, and cancer. Orthopedic care is also in high demand, as mobility issues and fall risks increase with age, threatening seniors' ability to live independently.

Despite these challenges, communities are taking steps to respond. However, more targeted interventions are needed—particularly those that expand access to care, integrate behavioral health into primary care settings, and address food insecurity. Strengthening local networks and support systems will be essential to improving outcomes for older adults and their families.

How Are We Doing in Winnsboro and Sulphur Springs?

Independent Living Difficulty

The data reflects the percentage of adults with independent living difficulty across various locations over multiple years. CHRISTUS Mother Frances Hospital - Sulphur Springs and Winnsboro, both in Texas, show lower rates compared to the state averages. The rates have generally decreased over the years in all locations. The national average has consistently been lower than the state average, indicating a broader trend of independent living difficulty being more prevalent in Texas.

Independent living difficulty (65 and older)

Legend:
- CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)
- CHRISTUS Mother Frances Hospital - Winnsboro (Counties)
- Texas
- United States
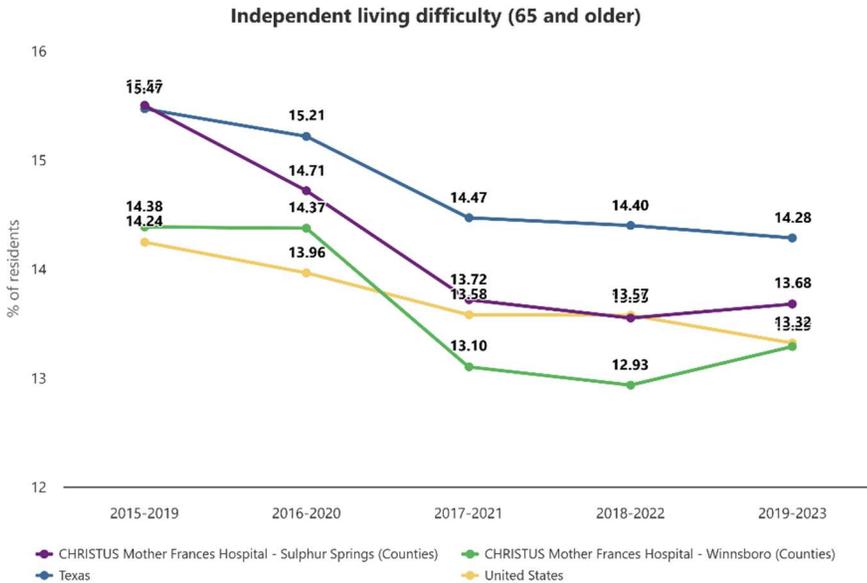
Created on Metopio | metop.io/i/fcznj6ch | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Independent living difficulty: Percent of residents reporting difficulty doing errands alone such as visiting a doctor's office or shopping.

Falls

Falls are the leading cause of injury-related death among adults 65 and older.

In Texas, 65.1 per 100,000 older adults die from falls.

Falls are the leading cause of injury-related death among adults aged 65 and older, with 65.1 deaths per 100,000 older adults in Texas, according to the Centers for Disease Control and Prevention (CDC). In rural communities like Winnsboro and Sulphur Springs — served by CHRISTUS Mother Frances Hospitals — this risk is heightened due to an aging population, fewer mobility resources and barriers to preventive care. Home hazards, medication side effects and lack of physical activity can all contribute to fall-related injuries. Addressing this issue through community education, fall prevention programs, physical therapy and home safety initiatives is essential to protecting older adults and supporting safe aging in places across Northeast Texas.

Alzheimer's Disease Mortality

Alzheimer's disease mortality rates are presented for CHRISTUS Mother Frances Hospital - Sulphur Springs, CHRISTUS Mother Frances Hospital - Winnsboro, Texas, and the United States from 2015 to 2023. In Sulphur Springs, the mortality rate decreased significantly from 396.29 in 2015-2019 to 255.78 in 2018-2022. Texas and the United States showed slight increases in mortality rates over the same period, with Texas rising from 109.94 to 116.39 and the United States from 87.53 to 89.38. The data for Winnsboro is incomplete but shows a decrease from 274.87 in 2015-2019 to 167.52 in 2018-2022.

Alzheimer's disease mortality (65 and older)

deaths per 100,000

- 396.3
- 274.9
- 289.7
- 311.7
- 255.8
- 167.5
- 109.9 / 87.5
- 113.9 / 89.6
- 116.7 / 89.8
- 116.4 / 89.4
- 116.0 / 88.3

2015-2019 · 2016-2020 · 2017-2021 · 2018-2022 · 2019-2023

- CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)
- CHRISTUS Mother Frances Hospital - Winnsboro (Counties)
- Texas
- United States
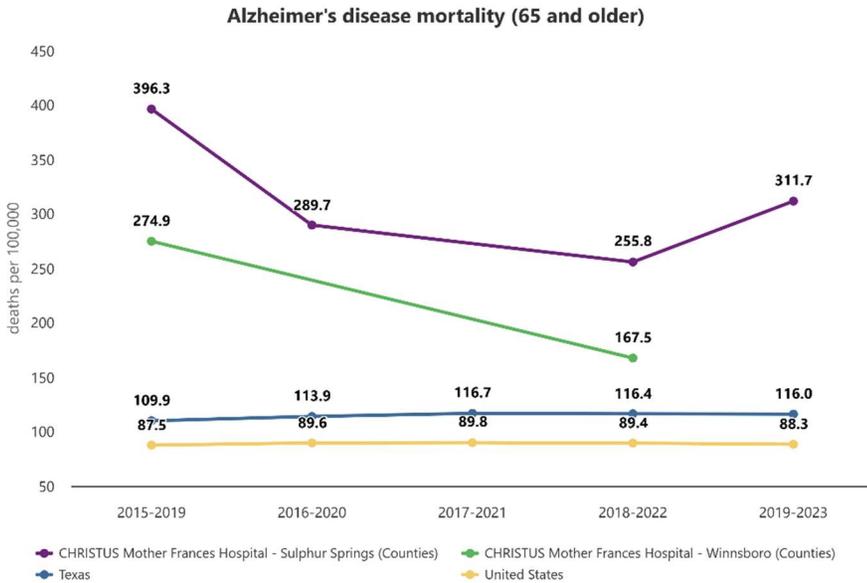
Created on Metopio | metop.io/i/ovrsn4qp | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

Seniors Living Alone (65 and Older)

Seniors living alone in the United States has gradually increased from 26.11% in 2015-2019 to 26.46% in 2019-2023. Texas has consistently had a lower percentage of seniors living alone compared to the national average, ranging from 23.35% to 24.01% over the same period. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both located in Texas, have shown similar trends, with percentages slightly higher than the state average but lower than the national average.

Seniors living alone (65 and older)

% of seniors

- 26.11
- 26.31
- 26.26
- 26.37
- 26.46
- 25.23
- 24.28 / 24.01
- 23.35
- 23.31
- 23.62
- 23.86
- 23.12
- 22.76 / 22.52
- 22.43
- 21.76
- 21.28 / 21.02

2015-2019 · 2016-2020 · 2017-2021 · 2018-2022 · 2019-2023

- CHRISTUS Mother Frances Hospital - Sulphur Springs (Counties)
- CHRISTUS Mother Frances Hospital - Winnsboro (Counties)
- Texas
- United States
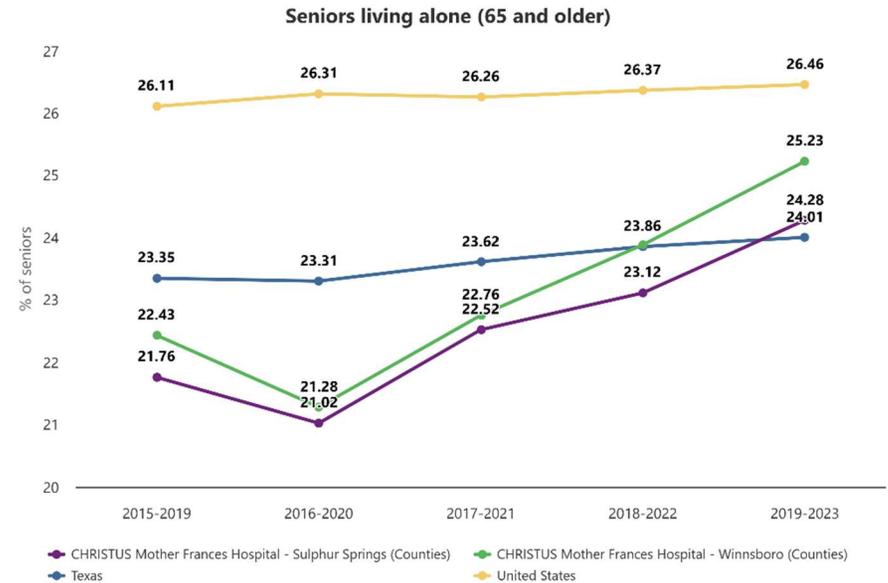
Created on Metopio | metop.io/i/5wdi9apf | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

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

Food Insecurity

- Texas is second in the nation in the number of adults 50 and older facing hunger, with 1,098,400 adults.
- 1 in 10 Texas adults 60 and older are food insecure.

Food insecurity among older adults is a growing concern in Texas, which ranks second in the nation with over 1 million adults aged 50 and older facing hunger. In communities served by CHRISTUS Mother Frances Hospital - Winnsboro and CHRISTUS Mother Frances Hospital - Sulphur Springs, where many seniors live on fixed incomes and in rural areas, access to consistent, nutritious food can be especially challenging. With 1 in 10 adults over 60 experiencing food insecurity, the risk of poor health outcomes, malnutrition and hospitalizations increases. Strengthening partnerships with local food banks, senior programs and transportation services is essential to ensuring older adults in these communities can age with dignity and stability.

Medication Cost

1 in 4

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

Medication affordability remains a critical barrier to health in rural communities like Winnsboro and Sulphur Springs, where many residents are older adults or living on fixed incomes. According to the Kaiser Family Foundation (KFF), one in four adults taking prescription drugs report difficulty affording them, a number that rises to 40% among those with household incomes under $40,000. In areas served by CHRISTUS Mother Frances Hospitals, this often results in skipped doses, delayed treatment and unmanaged chronic conditions. These challenges highlight the urgent need to expand access to prescription assistance programs, care coordination and patient education to ensure residents can afford and adhere to essential medications for long-term health.

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Poverty Rate (65 and Older)

The poverty rate in the United States has generally increased from 9.27% in 2015-2019 to 10.36% in 2019-2023. CHRISTUS Mother Frances Hospital - Sulphur Springs and CHRISTUS Mother Frances Hospital - Winnsboro, both located in Texas, have shown fluctuating poverty rates over the same period. Notably, Sulphur Springs had a lower poverty rate than the national average in the initial years but surpassed it in 2019-2023, while Winnsboro consistently had lower rates. The data indicates varying local economic conditions within Texas compared to the national trend.
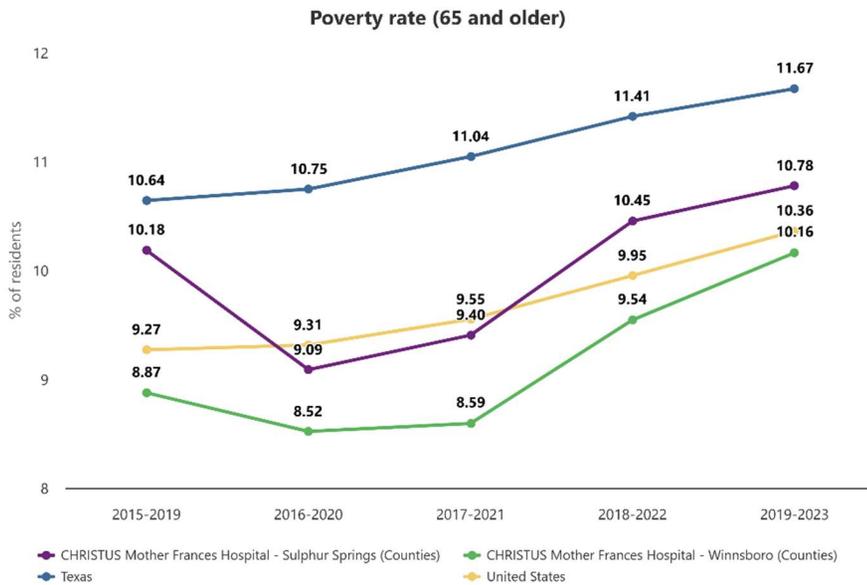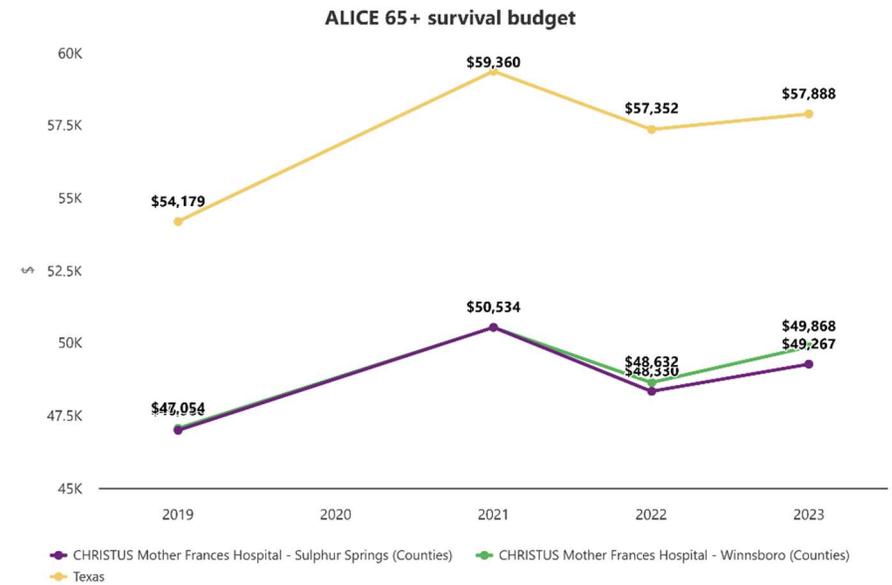
Poverty rate (65 and older)

ALICE 65+ Survival Budget

The ALICE 65+ Survival Budget represents the minimum income an older adult needs to afford basic essentials like housing, food, health care and transportation — without savings or extras. In 2019, the survival budget for older adults was $46,986 in Sulphur Springs and $47,054 in Winnsboro, compared to the Texas average of $54,179. By 2023, costs rose to $49,267 and $49,868 in these communities, while the state average climbed to $57,888. These figures highlight the financial strain many older adults in rural Northeast Texas face, living on incomes that don't keep pace with rising basic living expenses.

ALICE 65+ survival budget

Housing Insecurity

Housing insecurity is a significant issue across Texas, with an overall rate of 16.92%. Specific locations such as CHRISTUS Mother Frances Hospital in Sulphur Springs and Winnsboro report slightly lower rates of 15.8% and 14.78%, respectively. These figures highlight the widespread nature of housing instability in the state, with some areas experiencing marginally better conditions. Addressing this issue requires targeted interventions to support vulnerable populations and improve housing stability across Texas.

Housing Insecurity, 2022

Created on Metopio | metop.io/i/k1m4jdvy | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)
Housing Insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.

What Is the Story Behind the Data in Winnsboro and Sulphur Springs?

Older adults in Hopkins and Wood Counties, like many across the country, face a growing shortage of independent living facilities. The demand for these facilities has grown in the rural areas as children often live in other places too far away to have multiple or even weekly visits with their aging parents or grandparents. The importance of community as one grows in age is ever more important for behavioral health issues: feelings of self-worth, engaging with others, being a part of a group that "is expecting you to show up and participate", or just having someone check in to make sure you are ok. Without these connections and needs being taken care of, isolation and depression set in and the ability to stay healthy and exercise decreases immensely.

Food insecurity is another challenge that older adults face, often quietly. For older adults it is also more difficult to admit they are experiencing food insecurity, and they are more likely to show up for group meals than to go by themselves to a food bank for assistance. Thus, the need to support programs for meals and to offer special ways to get individuals engaged in community distribution of food to older adults is important.

Just like many other communities this area is facing more individuals with Alzheimer's and dementia and few services or places for them to live. These health issues, along with chronic diseases, are affecting the whole family and driving up the need for behavioral health and support groups – and no place has enough services but certainly not in the rural areas.

For older adults, other challenges included caregiver burnout. 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."

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Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) process concludes with deep gratitude to the many individuals and organizations that contributed their time, expertise and lived experiences 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.

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.

CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS Trinity Mother Frances Health System's leadership and mission integration department and CHRISTUS Health's community health and health equity team. The individuals in the table below played key roles in data collection, analysis, writing and editing:

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Jamie Maddox	Chief Nursing Officer	Jacksonville
LeaAnne Lemon	Executive Assistant	Jacksonville
Geertje de Jong	Chief Nursing Officer	Winnsboro
Debbie Lopez	Executive Assistant	Winnsboro
Father Justin Wylie	Pastoral Care	Winnsboro/Sulphur Springs
Paul Harvey	Ministry President	Winnsboro/Sulphur Springs
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Amanda White	Graphic Designer	System Office
Shakira Del Toro	Copywriter	System Office

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.

Windshield Survey Participants

We appreciate the team members and partners who participated in windshield surveys. Your firsthand observations of the built environment helped us better understand the places where people live, work and heal.

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.

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.

Contact Information

We are grateful to the hospital and clinical Associates, 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:
CHRISTUShealth.org/connect/community/community-needs